CREATING [ ] SPACES
TO TAKE ACTION ON VIOLENCE AGAINST WOMEN & GIRLS

Women's Leadership in Addressing Harmful Social Norms to End Violence Against Women and Girls:

An Examination of Community Discussion Centres in Dailekh District, Nepal

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OXFAM

Research Report

Women's Leadership in Addressing Harmful Social Norms to End Violence Against Women and Girls: An Examination of Community Discussion Centres in Dailekh District, Nepal

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EXECUTIVE SUMMARY

The widespread prevalence of violence against women and girls (VAWG), including child, early, and forced marriage (CEFM), domestic violence, and human trafficking, is hindering progress on women's rights and opportunities in Nepal. Despite some well-intended policies and programs, implementation gaps remain a challenge. This gap is largely the result of deeply entrenched social norms, cultural values, attitudes, and practices that are rooted in gender stereotypes and discrimination that justify the violence and exploitation of women and girls. In response, Oxfam's Creating Spaces Project has a long-term vision to address VAWG and CEFM through coordinated prevention and response initiatives that embrace the core values of existing national policies and strategies. In this context, Everest Club Dailekh conducted the research presented in this report, to contribute to a better understanding on whether and how community discussion centres (CDCs) increased women's leadership on addressing harmful social norms to end VAWG and CEFM.

The methodology employed in this research was predominantly feminist, participatory, and qualitative, which substantiate changes brought about, and challenges faced by, the CDCs through the experiences and perspectives of its members. The tools and methods used include a review of relevant documents and findings from existing research on the same subject, training to staff as data collectors, focus group discussions and in-depth interviews with CDC participants, key informant interviews with relevant stakeholders who have a role in influencing change, case stories exploring the social phenomena around the influencers or women who are role models, and diary entries about CDC members' everyday lives. The conceptual framework for social norms change assumes that interventions for shifting patriarchal power structures and strengthening local women's rights movements are necessary for preventing and responding to VAWG and CEFM.

KEY FINDINGS

The research has identified numerous social norms that may jointly influence the risk of VAWG and CEFM, such as men's dominance and superiority over women through bride wealth (women as property of men), men's right to sex in marriage, menstrual taboo, untouchability, and daughter as others' property. Despite harms, people in Dailekh district are still following these norms. One of the main reasons for conforming to harmful social norms is to maintain their power over marginalized people, as well as fear of social backlash. Lack of knowledge on their negative consequences and the fear of spirit possession are other reasons. This research shows that older generation people, traditional healers and religious leaders/priests are the promoters of social norms.

Changing social norms is one of the best ways to end VAWG and CEFM. For social norm change, effective community mobilization, increased access to education, engagement of men and boys, and awareness and implementation of policy and legal reform are needed. Women-led collective action is the heart of social change. The research findings suggest that peer-to-peer learning and the CDC model is very effective to fight harmful social norms and advance gender equality. It has empowered women in their rights, knowledge of VAWG, gender discrimination, social inclusion issues, and life skills to address gender inequality. CDCs have built solidarity for transformative change of women, and organized several campaigns, which has provided a solid platform for advocacy. Through regu-

lar CDC classes, participants gained awareness on their rights, built their confidence, and improved leadership skills and capacity to self-advocate to access support services. Therefore, CDCs are a proven method to enhance skills and confidence of women and promote women's rights.

Women in Dailekh were recognized by the community as change agents after being part of the CDCs. They were gradually getting increased support from their male counterparts. CDCs, in coordination with the local governments, have sent a clear message that households involved in VAWG and CEFM would not get any support from the local government including social security benefits and registration of infants. It is encouraging to note that CDCs stopped a total of 67 cases of VAWG and 52 cases of CEFM in the last two years in the project area of Dailekh district. CDCs also helped women get into decision-making processes and leadership roles. The women gradually started acquiring their own identity, and hardly any community activities or decisions took place without women's participation.

Peer-to-peer learning within CDCs brought a number of positive changes in personal and family life of the participants. The women reported that they were unable to combat VAWG and CEFM before their participation in the CDCs. Lack of knowledge about their rights and available support services, lack of confidence and platform to raise their voices, fear of gender-based violence (GBV) from their partners, and lack of spare time to be engaged in gender equality work are the major reasons reported for not being able to contribute to social norm change if they were not CDC participants. Support received by CDCs to understand their rights, capacity building on how to take actions to enhance their safety and access to justice has empowered the women to contribute to social norms change.

RECOMMENDATIONS

The research findings suggest that peer-to-peer learning and the CDC approach was successful and probably the most relevant approach to reduce the incidence of VAWG and CEFM. However, due to their informal nature, CDCs may not be functional after the project is phased out. Replication and scaling up of the approach and practices to other areas is necessary to institutionalize and sustain the initiatives. Specifically, identify which of the local governmental bodies and departments hold responsibility for the VAWG and CEFM-related policies and processes, and build a case for how CDCs would fit within these existing structures to contribute towards the implementation of their mandate. Consider how to preserve the core values of the CDC model as it transitions from an informal to formal structure; it is critical that the peer-to-peer, women-led, and inclusive nature of the Centres are safeguarded by whoever takes ownership.

From a programming perspective, increase the reach of CDC activities to orient family members, particularly in-laws and husbands, on women's and girls' rights and gender equality. Also, strengthen the networking of CDCs with locally based community groups and organizations. Create opportunities for the economic empowerment of CDC members to sustain the women's autonomy beyond the lifetime of the Creating Spaces project. Training on livelihood improvement and vocational skills could be possible options for increased employment and entrepreneurship opportunities. Finally,

develop targeted advocacy and educational programs to improve laws to end VAWG and CEFM and their implementation, to further the engagement of males and boys in programming, and to raise awareness of inheritance and property rights as it related to women's rights.

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CONTENTS

LIST OF ABBREVIATION AND ACRONYMS

CDC	Community Discussion Centre
CEFM	Child Early and Forced Marriage
CSO	Civil Society Organizations
EC	Everest Club
FGD	Focus Group Discussion
GBV	Gender-based Violence
KII	Key Informant Interview
OCA	Oxfam Canada
REFLECT	Regenerated Freirean Literacy through Empowering Community Techniques
VAWG	Violence Against Women and Girls
VDC	Village Development Committee
WHO	World Health Organization
WRO	Women's Rights Organizations
UNICEF	United Nations International Children's Emergency Fund

LIST OF TABLES

LIST OF FIGURES

1. INTRODUCTION

1.1 Research background

Violence against women and girls (VAWG) is one of the most widely spread violations of human rights globally; WHO (2013) estimates that around one in three women globally will experience VAWG in their lifetime. VAWG faced from childhood to old age takes many different forms including domestic violence, sexual assault and harassment, child, early and forced marriage (CEFM), human trafficking, and female genital mutilation. **It is rooted in gender inequalities that are perpetuated by unequal social norms and oppressive systems of power, especially patriarchy.** Globally, an average of 35 per cent of women experience violence at the hands of their current or former partners in their lifetime, which is reported up to 70 per cent in some countries.

Similarly, more than one in three of around 650 million women alive today got married before 15 (Oxfam, 2019). In Nepal, according to Women's Rehabilitation Centre (2018), domestic violence is the highest reported category of violence against women making up to 65% of the reported cases. Women suffer domestic violence mostly from their husband (76% of perpetrators) and family members (24% of perpetrators). Sexual abuse accounts for 4 per cent of reported cases, where intimate partners were responsible for 33 per cent of these cases (WOREC, 2018). Another form of violence is social violence making 17% of the reported cases; Fifty-four per cent of such violence is perpetrated by neighbours and 18% by family members. Similarly, a global database of UNICEF (2018) reports that 37 per cent of women were first married before the age of 18. Note that the number of reported cases only represents a fraction of the total incidences of violence; as described further below, three quarters of women who had experienced physical or sexual violence at some point in their lives had not sought any help, nor reported these cases.

In Nepal, the widespread prevalence of VAWG is particularly acute when it comes to CEFM, domestic violence, and human trafficking. Despite some well-intended policies and programs, implementation has remained a challenge. This implementation gap is largely the result of deeply entrenched cultural values, attitudes and practices that are rooted in gender stereotypes and discrimination that continue to be used to justify the violence and exploitation of women and girls. In response, Oxfam has developed a long-term vision to address VAWG and CEFM through coordinated prevention and response initiatives. The Creating Spaces to Take Action on Violence Against Women and Girl project therefore aims to reduce VAWG and CEFM. In Nepal, over the five years, the project aims to reach approximately 45,000 direct beneficiaries (and 266,000 indirect beneficiaries) through an integrated and multifaceted approach, acting on multiple levels (individual, community, institutional and societal). The major objectives of the project are

- Strengthened engagement of key religious, community, private sector and political actors and youth in advancing women's leadership, women's rights and in reducing VAWG;

- Greater access to support services and economic opportunities for women and girls affected by violence and CEFM;
- Increased use of innovative knowledge, including best and emerging practice, and accountability systems to end VAWG.

The project builds on the compelling global evidence on combatting VAWG, which demonstrates that the most effective strategies involve engaging a broad range of social actors as well as institutional and political leaders in efforts to reduce social acceptance of gender-based violence (GBV) and related practices. And more importantly, it embraces the core values of national policies and strategies to address VAWG and CEFM. The overall project framework revolves around three pillars:

- *Pillar 1 – Prevention: Engaging key community actors to support and promote positive gender norms.* Strategies and activities for this program pillar target three groups, influencers (religious and community leaders, political leaders, and private sector), youth/adolescents and women and girl community leaders. The desired outcome is to strengthen their engagement to advance women's leadership and rights, and to reduce VAWG and CEFM.
- *Pillar 2 – Response: Supporting women and girls who have experienced violence.* Strategies and activities in this pillar target women and girls who have experienced violence, including CEFM, along with staff of key institutions that offer social or legal support services, or economic opportunities to improve access to these services for women and girls experiencing violence. Key groups including state actors, the private sector, and civil society organizations (CSOs), particularly women's rights organizations (WROs).
- *Pillar 3 – Sustainability: Building knowledge and capacity of institutions and alliances to influence change.* Strategies and activities in this pillar target supporting the capacity development of partner CSOs, especially WROs, and supporting national and regional, networks and alliances. The desired outcome is to support the increased use of innovative knowledge, including best and emerging practice for response, prevention, and accountability mechanisms, to end VAWG and CEFM.

The project is led by the Gender and Social Justice Program in Oxfam Nepal that envisions a safe and just society where women enjoy equal rights and are valued and acknowledged as decision makers at all levels.

1.2 Statement of the research problem

VAWG and CEFM are major social problems in Nepal and specifically more in the rural setting of the country. According to the Nepal Demographic and Health Survey (2016), 25 per cent of women have faced physical and/or sexual intimate partner violence over their lifetime, and in the past 12 months, 11 per cent of women faced physical and/or sexual intimate partner violence. As indicated earlier, most women had not sought any help, and two thirds had never mentioned the violence to anyone.The problem of not seeking care was particularly acute among women who had experienced sexual violence with only 7% having reported the assault, and only 4 per cent of women sought care from the state sector (police). The majority of the care-seeking women had relied on friends and family for care and support (NDHS 2016).

There is widespread prevalence of CEFM in Nepalese society. According to UNICEF (2018), thirty-seven per cent of girls in Nepal marry before age 18 and 10 per cent are married by age 15, in spite of the fact that the minimum age of marriage under Nepali law is 20 years of age. Boys also often marry young in Nepal, though in lower numbers than girls. Nepal has the third-highest rate of child marriage in Asia, after Bangladesh and India. Marrying at an early age not only puts young girls at risk of sexual health problems, including early and high-risk of unwanted pregnancies and HIV, but also hinders her educational and economic opportunities. While enabling laws and policies that denounce VAWG and CEFM are in place, implementation has been slow.

The Government of Nepal has been taking the issue of VAWG and CEFM seriously and the issue carries a high level of political salience with the formulation and implementation of a National Action Plan along with a National Steering Committee. Despite being high on the political agenda, there are still widely recognized gaps in both the evidence base concerning the extent of VAWG and CEFM in Nepal, and the effectiveness of the response mechanisms (Hawkes et al., 2013).

A number of social mobilization initiatives have been adopted by various NGOs in Dailekh; however, there lacks evidence on their effectiveness. In response to this knowledge gap, this research intends to generate evidence on the impact of community discussion centres (CDCs), a women-led social mobilization initiative of Oxfam and Everest Club under the Creating Spaces Project.

Dailekh falls under the Midwestern hilly district and Province 6 of the country. It is one of the remote districts with extremely challenging mountainous geography. Dailekh is also one of the 15 districts where the prevalence of child marriage is high. Superstition, and traditional social norms that are prevalent, accepted and practised in the society have led to CEFM and different forms of VAWG in the district. Consequently, girls and women are suffering and experience negative implications on their overall development.

Peer-to-peer learning or CDC approach is a community-driven approach for the prevention of VAWG and CEFM. It uses a rights-based platform to promote capacity building of the community and knowledge sharing, and to encourage community leadership on prevention strategies and pathways to change. To this end, CDCs were organized and operated by women who had experienced or were at risk of experiencing one or another form of GBV or gender discrimination and injustice guided by social norms. Through discussion classes and sharing of experiences, the CDC aimed to develop the skills and critical thinking of participants with regard to women's rights,

gender inequality and discrimination, GBV, and harmful gender norms and their consequences. Such discussions intended to create a shared space for dialogue within community structures.

The CDC approach has been promoted by Oxfam in Nepal through partner organizations for empowering women on their rights, VAWG, gender and social inclusion, and life skills to address gender inequality. In partnership with Everest Club, 45 REFLECT (Regenerated Freirean Literacy through Empowering Community Techniques) methodology-based CDCs were formed in Dailekh district. The CDC participants were selected in consultation with community leaders and priority was given to poor and marginalized women and girls who have experienced violence. CDC members were facilitated by CDC facilitators and social mobilizers to enhance their knowledge. The CDCs intended to teach participants skills on how they can react and speak up against the ill practices, and how to increase the awareness of the local community.

REFLECT Methodology

REFLECT is a literacy and community development tool. REFLECT stands for Regenerated Freirean Literacy through Empowering Community. It is a structured participatory learning process, which synthesizes planned and unplanned learning. REFLECT helps people to develop their capability to critically analyze their own environment and issues directly affecting them. It also helps people to write about their own lives and their world. REFLECT is also used as an empowerment strategy. It helps people to assert their rights, and become self-empowered to actively participate in the affairs of the world in which they live. The people participate by discussing issues, planning and taking actions to improve their lives. They do this by working together in community literacy circles, with a trained facilitator helping them to tackle common issues/problems by proffering sustainable solutions to them. At the same time, they improve their literacy and numeracy skills, which give them more skills/power to participate in the world in which they live.

REFLECT method is a participatory and interactive approach. There is a high level of participation and interest among participants. It uses Participatory Rural Appraisal (PRA) techniques and builds upon past literacy experiences. It offers practical and participatory methodologies for use by literacy facilitators that are working in their own communities. It strongly builds on the pillar that community people have a wealth of experiences with techniques, skills and coping mechanisms and as such should be put in the centre of their development process.

Source: FRC (2016), Oxfam Nepal (2017)

CDC Operational Criteria

- 20 – 25 members in a CDC
- Nine CDCs to run in one Village Development Committee (VDC)
- One facilitator to run two CDCs
- CDCs to run 3 days a week
- Inclusive participant recruitment criteria:
  - Women and girls of ages 16 – 45
  - Survivors of VAWG and CEFM
  - Women from various community groups at Ward level
  - Women deprived of social inclusion
  - Women with low income and limited access to resources
  - Single women or polygamy women
  - Women from minority, Dalit and marginalized groups

Overview of knowledge/ implementation gap

Social norms are a critical driver of VAWG and CEFM because people's perceptions, particularly with regard to their own social groups, are a powerful force in shaping human behaviour. Hence understanding how these perceptions are shaped, propagated, and can ultimately be changed is crucial. Much literature has examined various aspects of social norms (e.g., Pittman and Haylock, 2017; Oxfam India, 2016; Marcus and Harper, 2014), while few others have focused on analyzing social norms change to tackle VAWG (Alexander-Scott et al., 2016; Clark et al., 2018). Although there is extensive literature on social norms, GBV, and CEFM, there has been insufficient analysis on the role of women's leadership in addressing them. This research, therefore, aims to examine whether peer-to-peer learning and CDC collective learning lead to women's increased leadership on addressing harmful social norms.

VAWG and CEFM is rising rapidly in the municipality and rural municipality level in Dailekh. Taking the cases of Dailekh as an illustrative context, the findings of the research can be generalized in other districts, where the Creating Spaces project is being implemented. The research findings will support the Creating Spaces project to prove its hypothesis that peer-to-peer learning and CDCs are collective learning approaches that lead to women's increased leadership on addressing harmful social norms. Likewise, the findings of this research would be useful in assessing the role of local governments and other relevant stakeholders to formalize CDC structures. Additionally, the findings will also be a means to recommend and suggest the integration of the

CDC into local government programs, plans and budgets. Above all, the findings would strengthen the capacity of Everest Club (EC) in refining strategies and identifying program priorities, and will also be helpful to Oxfam and its other Creating Spaces partners who are working on the same aim.

1.3 Organization of the report

The research report is organized into five chapters. Chapter 1 provided a background to the research. Chapter 2 presents the research approach and methodology applied to this research. Review of literature that outlines overview of prior research, theoretical framework and other relevant concepts is presented in Chapter 3. Chapter 4 reports the findings of the ethnographic/qualitative data analysis on whether peer-to-peer collective learning leads to women's increased leadership on addressing harmful social norms to end VAWG/CEFM. In the final chapter, the research conclusions, limitations of the research, and recommendations are presented.

2. RESEARCH APPROACH AND METHODOLOGY

This chapter presents the methods that have been used in this research to investigate the effectiveness of women's leadership in addressing harmful social norms to end VAWG and CEFM in Dailekh district. This chapter describes the research objectives, design, research approaches and methodologies, data collection methods, data analysis and interpretation, and ethical considerations.

2.1 Research objectives

The overarching aim of this research project is to contribute to a better understanding on how the peer-to-peer learning model of the CDCs leads to women's increased leadership on addressing harmful social norms to end VAWG and CEFM, in order to formalize these structures as a municipality/rural municipality strategy.

The specific objectives of the research are

- To understand social norms that are perpetuating CEFM and VAWG in selected project working areas of Dailekh district;
- To document, through ethnographic methods, the stories of individual transformative leadership of women;
- To build the evidence on the effectiveness of the CDC approach to address VAWG and CEFM through peer-to-peer learning.

As part of the research, various stakeholders were consulted:

- CDC members
- Women and girls who have experienced or at risk of experiencing VAWG/CEFM
- Religious, community, private sector, political actors, local government, institutions, and alliances that are engaged in influencing change.

One of the explicit goals of this research was to build the research capacity of partner staff (CDC facilitators and social mobilizers). The research used CDC facilitators and social mobilizers as enumerators who were involved in data collection and in the preliminary data analysis of the research.

Research questions

The research has explicitly answered the following research questions:

- What do you understand by social norms?
- What are the existing social norms in your community related to VAWG and CEFM?
- Why do we follow these social norms?
- Who are the promoters of social norms and why?
- Are these social norms good for our community or bad?
- ·What should we do to change these social norms?
- What is the best way to fight harmful social norms?
- Do groups like CDC help to fight harmful social norms?
- How are groups like CDC helping to fight harmful social norms? Please state examples.
- How does CDC combat harmful social norms?
- How has CDC impacted on your personal and family life?
- How do you compare yourself now and before becoming a CDC member?
- Would you be contributing to social change, including to end VAWG and CEFM if you were not a CDC participant?
- How have you shared the knowledge on VAWG and CEFM that you have gained as a CDC member to other women, girls (apart from CDC members), men, and boys in your community?

2.2 Research approach

2.2.1 Alignment with feminist principles and gender considerations

This research has fully integrated a feminist approach to research throughout the entirety of the project and sought to be gender transformative. This research is aligned with feminist principles because this research is done for and about women, and all of the enumerators were women. The research team (consultant as well as enumerators) acknowledged its own bias and identified the human and social components of the research objectives, and defined a conceptual framework reflecting men's and women's experiences and leaving no room for male bias, prejudices and double standards. The researchers gave value to both men's and women's experiences, and used gender-sensitive language in this research report.

This research adopted three principles of feminist research as defined by Michelle Ollivier and Manon Tremblay (2000). First, its objectives include both the construction of new knowledge and the production of social change. This research is grounded in feminist values and beliefs and includes feminism in all stages of the research. Third, this research is characterized by its diversity, that is, it has used different methodologies from the perspective of women's empowerment. The research findings are extracted based on the realities of women's experiences, and actively enact structural social changes to end VAWG and CEFM. This research has also followed the principles of feminist methodology defined by Cook and Fonow (1986) throughout the research process and in the use of research results. The research has taken women and gender as the focus of analysis, valued the knowledge held by the participant as being expert knowledge and acknowledging their contribution, showed concern with ethics, and has an intention to empower women and change power relations and inequality.

A feminist approach to research is both a collective and reflexive process. Therefore, a research should evaluate whether or not a research has incorporated feminist principles or had gender transformative impacts. Documenting the research process itself in addition to meeting the research objectives is equally important. At the very heart of a feminist approach to research is challenging oppressive and exclusionary ways of generating and using knowledge to advance women's rights and gender equality. This research has applied Oxfam Canada's (OCA) feminist principles to examine whether the CDC collective learning model leads to women's increased leadership on addressing harmful social norms to end VAWG and CEFM, by better understanding and address the root causes of structural inequalities to transform systems of power in Dailekh district. It has analyzed the positional power of the multiple stakeholders within the project. Furthermore, this research has attempted to strengthen women's rights through capacity building and supporting their campaigns, and it supported participants to identify and strategize on ways to work to advance women's rights and gender equality that are appropriate to their specific socio-cultural, economic, and political contexts. The knowledge from this research was also co-created with participants, and the research findings were disseminated to the participants who validated the findings.

OCA's Feminist Principles

- Support transformative change: Has the research sought to better understand and address the root causes of structural inequalities to transform systems of power?
- Recognize power and privilege: Has the research analyzed the positional power of the multiple actors within the project, including the donor, OCA, country teams, partners, and participants?
- 'Nothing about me without me': Have research participants led in decision-making throughout the entirely of the project, from design to influencing?
- Put women's rights actors at the centre of our work: Has the research strengthened women's rights organizations or movements through capacity building, supporting their projects, facilitating collective action, or in other ways?
- Honour context and complexity: Has this research supported participants to identify and strategize on ways to work to advance women's rights and gender equality that are appropriate to their specific socio-cultural, economic, and political contexts?
- Celebrate diversity and challenge discrimination through an intersectional approach: Has this research recognized and sought to understand how multiple, intersecting identity factors shape participants' different experiences of inequality and oppression? Such identity factors may include gender, sexual orientation, age, race, class, ability, ethnicity, religion, marital status, citizenship, and caste, among others.
- Do no harm: Were participants made aware of OCA's safeguarding policies and procedures and has the project adhered to the highest ethical practices and standards of research?
- Balance learning and accountability: Did participants lead in the monitoring, evaluation, accountability, and learning (MEAL) components of the research?
- Support knowledge for transformative change: Has the knowledge from this research been co-created with participants, and do participants feel ownership of the knowledge in meaningful ways?
- Commit to organizational transformation: What were the successes and challenges to implementing a feminist approach to this research?

2.2.2 Participatory approach

Participatory approach was adopted while conducting this research. Using the participatory approach and tools, the enumerators sought to understand the opinions of various CDC members, interest groups and stakeholders. For this, the enumerators created an enabling environment through which the respondents could freely and actively share their meaningful views. Participatory approach is also a key component of feminist research design.

2.2.3 Appreciative inquiry

Appreciative Inquiry (AI) is a methodology that builds on people's strengths and on what works. To understand the views of the CDC members and other respondents positively, AI approach was adopted. The AI was used not only to bring important information to light, but also to make the CDC members feel that what they do and think is significant to address harmful social norms to end VAWG and CEFM.

2.2.4 Autoethnography

Autoethnography focuses on studying largely through direct field observation. Researchers generally become part of a culture that they want to study, then present a picture of that culture through the eyes of the community members. Characteristics of ethnographic research are (a) research is conducted in natural settings; (b) it provides holistic and systematic overview of the context and documents native perspectives; (c) research is done within the field site or community; (d) research is descriptive and interpretive, and is guided by general research questions not hypotheses and (e) research focuses on qualitative aspect on analyzing the meaning of words and images rather than numbers. Ethnography is usually conducted over a period of at least a year, usually several, so this research was more of an autoethnography that was, most importantly, used to build the capacity of the enumerators. Autoethnography is a form of qualitative research in which a researcher uses self-reflection to explore anecdotal and personal experience and connect the findings to wider cultural, political, and social meanings and understandings.

2.3 Research Methodology and Tools

A pragmatic approach covering a wide range of target groups was adopted for the purpose of research data collection. The methodology was instrumental in gathering factual information that is the basis for analytical assessment. The study mainly focused on qualitative information that substantiates changes brought about and challenges faced by the project.

The review of relevant documents and consultations with the concerned project officials aided in the identification of core issues and the focus of the study. During this stage, understanding the various issues pertaining to the objective of the research was listed out in order to develop appropriate instruments and tools for the review. The data collection tools including questionnaires, focus group discussion guides, and interview guides were developed and finalized in consultation with the project partner, Everest Club, and Oxfam team. The tools were also pre-tested in the field.

The data collection for the research was conducted by EC staff including social mobilizers and CDC facilitators during field visits. A training was conducted to train partner staffs in required research methods and tools, and data collection methods and processes. Key research stakeholders included CDC participants; women and girls who have experienced VAWG and CEFM or those at risk; religious, community and political leader; and representatives of the private sector, local government, institutions and alliances engaged in influencing change. The list of stakeholders to be consulted was finalized in consultation with Everest Club and Oxfam.

2.3.1 Literature review

A review of findings from existing relevant research from Nepal and previous work done by OXFAM Nepal in the same methodology was studied. Previous academic, applied and other relevant literature on VAWG and CEFM and social norms were also reviewed. Through the literature review, the research aimed to identify where other organizations had adopted similar models to the CDCs to fight social norms.

2.3.2 Primary data collection methods

Data collection took place in five existing VDCs in Dailekh district, Nepal where the Creating Spaces Project is implemented. Three of the existing VDCs (Dwari, Naumule, Kalika) now lies in Naumule Rural Municipality and two of the existing VDCs (Pipalkot VDC and Singhasaini VDC) lies in Aathbisa Rural Municipality (Figure 1). Numule Rural Municipality is about 12 kilometres far from Dailekh district headquarters (Dailekh bazar in Narayan Municipality), whereas Aathbisa Municipality is about 90 kilometres away from Dailekh bazaar through Karnali Highway. The study areas or CDCs, however, are located at further one to five-hour walk from the main road.

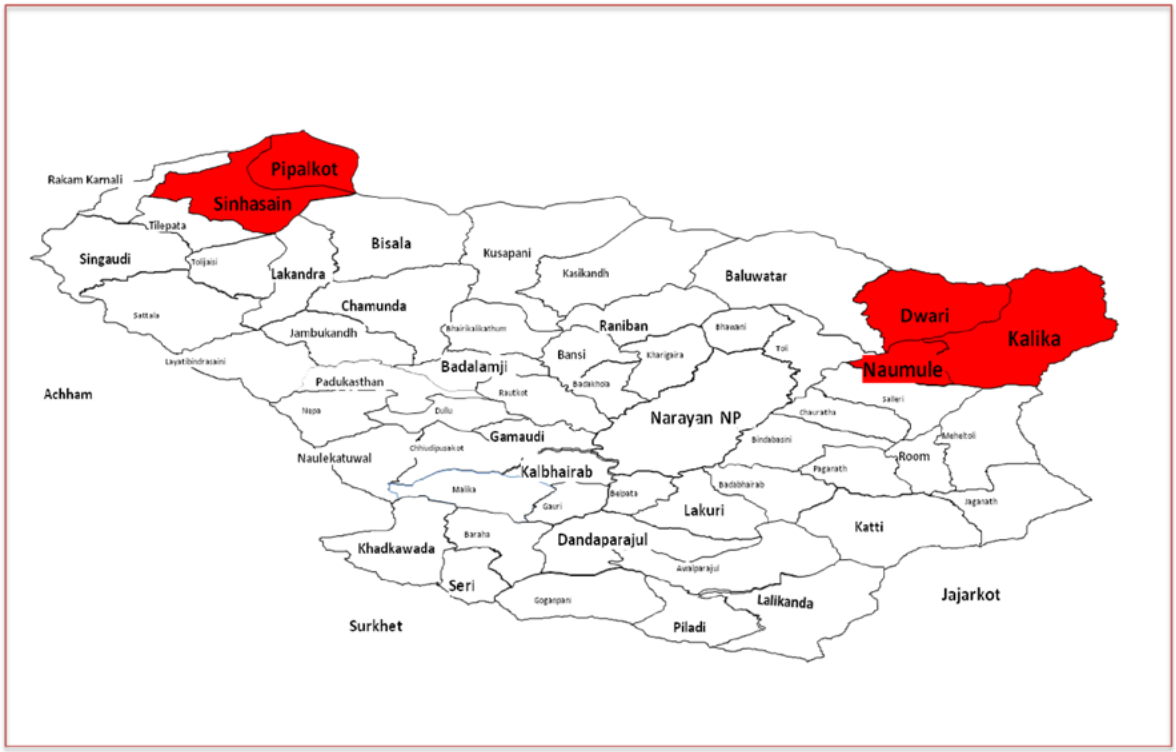

Figure 1: Map of the study area within Dialekh district

In order to examine the research questions and objectives within a concrete setting, this study focuses on members of CDCs as the key data source. The members of CDCs are the women members of the households who have been organized at community level in a group of 20-25 members to fight against VAWG and CEFM and other discriminatory gender norms and practices. Information at household level is most important, because it provides necessary information for assessing their understanding, attitudes, and leadership roles. Mostly qualitative information was collected from the field. In addition, useful information was also collected and reviewed through secondary sources in the form of documents that included relevant literature and project reports. The study pursued the following data collection tools and methods:

a) Data collection orientation training for partner staff

An important objective of this research is to build the capacity of partner organization staff on conducting research, particularly data collection and preliminary data analysis. Moreover, data collection becomes more effective if they are collected by the researchers who are in the day-to-day, face-to-face contact with the respondents. Therefore, local staff (social mobilizers and CDC facilitators) were selected and trained for this research as enumerators, given that they are local and are in constant touch with the CDC members and other stakeholders.

A 2.5-day enumerator training including pre-testing of the research tools and methodology was organized from 26 to 28 February 2019, including information and capacity building on the research method, processes, and the effective and efficient use of the research tools. The agenda of the training is given in Annex 1. The main objectives of the training were to prepare the enumerators to

- Understand the research overview and rationale of the research;
- Understand qualitative research methodology, especially methods for documenting the stories of individual transformative leadership of women;
- Collect primary research data from the field to analyze the social norms that are perpetuating CEFM/VAWG in the project district;
- Collect primary data from the field to analyze the evidence on the effectiveness of the CDC approach;
- Co-create a detailed research work plan.

Glimpses of orientation training on research methods and data collection
(Photo credit: Dr. Sunit Adhikari and Aarati Sharma, Dailekh Bazar)

b) Focus Group Discussions

Focus group discussions (FGDs) can be defined as a discussion with a group of people who have similar backgrounds in relation to the research objective for eliciting information from a large number of respondents. The methodology adopted for primary data collection through the FGDs mainly focused on perceptions, experience and anticipation of CDC members. The participants' views were assessed using checklists easily understood by them. The FGDs focused more on discussions as to whether CDCs' collective learning has empowered women to take effective leadership in addressing harmful social norms so as to prevent VAWG including CEFM. Their efforts, achievements, challenges and learning also formed part of the discussions. Three FGDs were conducted in each ward (existing VDC) and thus a total of 18 FGDs were conducted for this research with 240 female CDC members participating in the discussions. The disaggregated profile of the FGD participants is presented in Table 1. Disaggregation of respondents by caste group is important because social norms have a different impact on different caste groups; respondents from each caste group were interviewed. The total number of FGDs were determined after consultation with Oxfam team and the implementing partners, according to the number of CDCs in each VDC.

Table 1: Disaggregated profile of the respondents from each region

DATA COLLECTION METHOD	BRAHMIN/CHHETRI	DALIT	JANAJATI	TOTAL
In-depth interviews	13	9	23	45
Key informant interviews	10	4	13	27
Focus group discussions	49	53	138	240
Total	72	66	174	312

A checklist with a broad set of questions was prepared and used to extract information through the FGDs (Annex 2). Such discussions were facilitated by a team of three enumerators (CDC facilitator/social mobilizer). Each discussion started with a brief presentation about the enumerators, the research purpose and the ethical issues. However, the order and the way of asking the questions were adjusted to fit the specific group situation.

c) Key Informant Interview

In order to understand the overall context of VAWG and CEFM, prevailing harmful social norms, and the role and performance of CDCs, information was also collected from key informants. These key informants primarily included duty bearers, such as police officials, local government representatives, and non-state actors including local religious and political leaders and teachers who have a role in influencing social change. At least five key informants were interviewed in each Ward of the study area for a total of 27 key informants (Table 1). Interviewees for the key informant interview were selected purposively, in order to obtain information on their experiences regarding the aim of the research. Table 2 lists the categories and the number of key informants interviewed.

Table 2: Category and number of key informants interviewed

CATEGORY	NUMBER	REMARKS
Local government representatives	5	
Local religious leader	5	Priests, Dhami/Jhakri
Local political leader	5	
Police administration	2	
Other government representatives	2	
Teachers/local social activists	4	
Other members of community	4	

Such interviews were facilitated by the enumerators using a checklist as the interview guideline. The checklist used to guide the interviews is given in Annex 3.

d) In-depth Interview

In-depth interview is a qualitative research technique that involves conducting intensive individual interviews with respondents to explore their perspectives on a particular idea or situation. These in-depth interviews covered women and girls who have experienced VAWG/CEFM, their family members, and with members of CDCs. A total of 45 respondents were interviewed; this included one in-depth interview in each CDC (Table 1). The interviews were conducted by a team of three CDC facilitators/social mobilizers using a checklist as the interview guideline (Annex 3).

e) Case Stories

Case studies were collected to explore the social phenomena around the influencers or women who are role-modelling, to interpret their functions and meanings of human actions, and ideas and beliefs expressed through language or other activities. Attempts were made to explore what such women do, what they say, and how they work, and what change they have seen or felt being a part of the CDC. Case studies will be personalized and more effective if they are collected by the researchers who are in the day-to-day, face-to-face contact with the influencers or role models. Therefore, the CDC facilitators were trained and mobilized for this purpose as they are in constant touch with the CDC members. The method involved collection of success or change stories through autoethnographic methods. A checklist was used to collect the success or change stories given in Annex 4.

f) Diary Entry

Diary entry is used to collect qualitative information by having record entries about the CDC members' everyday lives in a diary or journal about the activity or experience being studied. Diary entry

can help the researcher to understand the behaviour of people and the processes being studies in the research, in a context that is more natural than interviews or meetings. Diary entries for this research were completed by the enumerators. This used a longitudinal technique, meaning that it was reported over a period of 8 weeks' time. It is expected that this method provided a contextual information on social norms that are perpetuating VAWG//CEFM and evidence on the effectiveness of the CDC approach. Diary entry was used as a tool for autoethnographic methods to systematically capture and analyze personal experience in order to understand cultural experience. Each enumerator made three to four diary entries during the data collection period.

2.3.3 Monitoring of Data Collection

As per the agreed work plan during the capacity-building workshop in Dailekh on 1 March 2019, a joint monitoring visit by Oxfam, the research consultant and EC program staff was organized to monitor, evaluate, and to provide feedback on the data collection process and progress to date. The field visit was conducted from 9 – 12 April 2019. The monitoring team visited both the clusters (Naumule and Aathbias), and it observed the facilitation of a FGD in each of the visited locations; feedback was then provided to the enumerators. The consultant himself also facilitated one FGD in each of the visited project sites. Overall, the data collection process and progress were satisfactory. However, in order to contribute to further capacity building of the field staff in data collection, some inputs were provided to the enumerators to improve their confidence in conducting FGDs, and to improve the quality and relevancy of the stories collected. As well, a couple of enumerators in Naumule cluster were uncertain in terms of what content they should include in their diaries, which delayed their start. This was clarified during this monitoring visit. Overall, the timing of this monitoring visit was appropriate and it provided critical clarity, guidance, and additional capacity building on data collection.

During monitoring of focus group discussion by CDC facilitators in Singhasain [Photo credit: Aarati Sharma, Singhasain Dailekh]

A debriefing meeting was organized with EC senior management team to share the findings from the monitoring visit. The following points were specifically highlighted in the debriefing meeting:

- All the data collection progress remained on track.
- The enumerators in Aathbis cluster were found more confident and clear about the research objectives, and data collection methodology than the enumerators in the Naumule cluster.
- Data collection processes, particularly maintaining dairies and success stories collection were discussed in detail again with the EC program team to improve data collection by enumerators in the Naumule cluster.
- Although the enumerators claimed that they have completed most of the data collection, they were asked/recommended to repeat one FGD and case stories in each Ward following the feedback provided by the Lead Researcher, during the monitoring visits in order to enhance their confidence on conducting FGDs and reporting case/success stories.
- The enumerators were recommended to think through their preliminary findings while compiling their field report, by reflecting on the "*W*" questions (what, how, why, when, who and so what).
- The EC program team was recommended to supervise the data collection processes and progress, to provide necessary support to the enumerators until the data analysis workshop, and to update the progress to Consultant and Oxfam team.

2.3.4 Data analysis and interpretation

The raw ethnographic data was in the form of field notes collected during the focus group discussions, interviews, case stories and diary entry. The respondents' expressions, comments, observations and feelings were reproduced in the enumerators' field notes, to the best of their ability. The field notes were written in Nepali language, the native language of the enumerators and the respondents.

Data analysis was guided by the predetermined themes and research questions, and data were analyzed manually. The major themes were identified and the information collected were coded as per the identified themes before summarizing and analyzing. Views expressed within the themes, as well as the relationship between themes were then summarized with relevant quotations that illustrate the themes. Interview notes from the interviews were reviewed and analyzed manually.

Data Analysis Workshop

A 3-day workshop on data collection was organized from 14 to 16 May 2019 in Dailekh district to provide a basic understanding of the qualitative and ethnographic data analysis to the field staff (enumerators) as a part of their capacity building. The specific learning objectives of the workshop were as follows:

- Understand the roles and importance of qualitative and ethnographic research;
- Achieve a working familiarity with a range of qualitative data analysis methods and process;
- Acquire skills in summarizing data and extracting/presenting the findings;
- Reflect on data collection work as a part of learning;
- Identify next steps, and discuss the dissemination strategy and planning.

A total of 17 field staff (enumerators) participated in the workshop (Figure 4). The agenda of the data collection workshop is presented in Annex 5. Since data analysis needs a basic level of education, it was difficult for some of the participants with lower education level to extract findings from the data. However, the workshop was successful to achieve its main aim of familiarizing enumerators with the data analysis process and methods, and presenting the findings.

Preliminary data analysis, particularly extracting and summarizing the initial findings was done by the enumerators during the data analysis workshop. The data was further analyzed by the consultant with the support of Oxfam and partner organization to produce a research report.

Participants busy with group work and presentation during data analysis workshop
(Photo credit: Aarati Sharma, Dailekh Bazar)

2.3.5 Dissemination and validation of research finding

Dissemination and validation of the research findings to the CDC members, communities and relevant stakeholders is one of the important parts of this research, and another key element of feminist research design. The dissemination and validation strategy involved sharing the research findings with the local communities, organizing dissemination activities, and validating them. Two dissemination and validation events were organized in the project area - one in Rakam Karnali of Aathbis Municipality on 10 July 2019, and another in Naumule Bazaar of Naumule Rural Municipality on 12 July 2019. The detailed plan of the dissemination and validation events was finalized in consultation with Oxfam team and EC Dailekh. The dissemination and validation events were facilitated by the CDC facilitators with support and guidance from the lead researcher, Oxfam team and EC project staff. Event participants included CDC members, members of the local communities, representatives of local government and other government agencies present in the areas, representatives of NGOs and INGOs working in the areas. Other key influencers for social norms change, such as local school teachers, priests/traditional healers (Dhami/Jhakri), and representatives from police also participated. Similarly, a district-level dissemination event was organized in Dailekh district headquarters on 26 July 2019, and the provincial dissemination event was organized in Surkhet on 28 July 2019. The main objectives of the district and provincial events were to disseminate the findings of the research and get their feedback on the research report. These events also aimed at getting support and commitment from the district-level stakeholders and provincial-level government on the recommendations of the research, particularly on the sustainability and scaling up of the CDC initiatives. The research findings were successfully validated by validation and dissemination event participants, and their feedback and comments were incorporated into this report.

2.4 Ethical considerations

The researchers (consultant as well as enumerators) ensured that the language used was culturally appropriate and respectful to participants interviewed. The research was conducted in a space that was socially acceptable for participants and where they feel free to speak. Participants were able to contact researchers if needed at a later date and consent was sought from the respondents before interviews and FGDs. This means that participants were informed on what the research was for, understood it, and were free to decide whether to participate or not (without inducement). The respondents were informed of her/his right not to participate in the study or discontinue participation or not to answer any questions asked. The interviews were conducted in private in a non-judgmental manner. Confidentiality of the information given by the informant was ensured. They were informed that their names and addresses would not be disclosed in any publications/ reports or presentations without consent. Participants in the research were informed about what the research would be used for. Women who took part in the ethnographic research method were informed in detail about how and when the information would be used; they were also asked to sign consent forms. All care was taken to keep their identities confidential and only relevant results were used to support the research. No children under the age of 18 were interviewed during this research.

2.5 Key dates

ACTION	WHEN	WHO
Training to implementing partner staff	27 February – 1 March 2019	Consultant, Oxfam, EC
Field work and data collection	March 10 - May 10, 2019	Consultant/ Participating staff/ Enumerators
Monitoring of data collection work	7 – 14 April 2019	Consultant, Oxfam
Data analysis workshop	14 - 16 May 2019	Consultant, Oxfam, Enumerators
Dissemination Activity	8 – 13 July 2019	Consultant, Oxfam, Enumerators

2.6 Limitations of the research

As with any research, there were limitations with both data collection and interpretation:

- The majority of the enumerators did not have experience of doing any FGDs, KIIs, in-depth interviews, case stories or diary entries. Despite the two-day capacity building training and field testing, due to a lack of previous experience, some of the enumerators limited themselves to just "checklists" and were unable to capture realistic data.
- Due to the qualitative nature of the study, the findings are descriptive rather than quantitative. The findings are drawn on the basis of respondents' experiences, and the experiences of individual women might be illustrative but not representative.
- The respondents were selected purposively, which might limit the possibility of generalizability of findings to a wider population.
- Scheduling appointments with key stakeholders particularly representatives of local government and political leaders was a challenge. Although it didn't have any impact on carrying out the research but the enumerators had a hard time during information collection.
- Due to the sensitive nature of the research subject, some of the respondents particularly key informants who have influence on promoting social norms (religious leaders, community leaders) were reluctant to provide information. The information provided by these respondents may not be fully realistic.

3. LITERATURE REVIEW

A review of findings from existing research from Nepal and internationally in similar area is presented in this chapter. First, review of previous academic, applied and other relevant literature on VAWG and CEFM and social norms is presented, which is followed by a brief review of Nepal Government's national strategy to end child marriage (2015 – 2030). Then, a theoretical framework for social norms change is discussed. Literature findings on the CDC model or similar models are discussed towards the end of this chapter.

3.1 VAWG, CEFM, and social norms

Previous studies in Nepal identified a variety of factors driving VAWG. The major factors included legal subordination, economic dependency, social norms and socio-cultural practices, and the social position of women that construct and reinforce male dominance and female subordination (Paudel, 2011, Ghimire and Samuels, 2014). As a result, women and girls in Nepal suffer from various types of violence: sexual exploitation such as trafficking, forced sex, and sexual harassment; domestic violence such as spousal abuse; family abuse such as polygamy, child marriage, widow abuse, dowry-related violence, emotional and mental abuse; and accusations of witchcraft or *Boxi (*Ghimire and Samuels, 2014). Social, political and religious norms identify women as the property of men, conflate women's chastity with family honour, and legitimize violence against women. Women's financial dependence, subordinate social status and a lack of legal support renders them vulnerable to continued abuse (Ghimire et al., 2013).

Nepali girls and women often are ascribed more conservative gender roles, experience less agency, and have restricted access to education and employment. Practices such as child marriage, the dowry system, son preference, and polygamy also contribute to the prevalence of VAWG (Clark et al., 2018). One study found that over 75% of men and women either completely or partially agreed that men were naturally aggressive, and nearly a quarter of men completely or partially agreed that it was a shame if a man could not or did not beat his wife (UNDP, 2014). There are similar factors driving CEFM in Nepal: all women not having a role in decision-making about their own lives, patriarchal gender norms that discriminate against women, perceptions of family honour and the desire to control women's sexuality, belief that women and girls are the property of men, lack of access to education and support services, and increased vulnerability of marginalized groups (Oxfam Canada, 2019).

Regardless of its type or context, VAWG is a social problem embedded within a broader social ecology (Craig et al., 2009; UNICEF, 2014), and social norms are a key aspect of this social ecology that can either prevent or perpetuate violence (Bhatla et al., 2015, Young and Hassan, 2016). Various authors have defined social norms differently. Mackie et al., 2012 define them as shared perceptions. Some other authors described them as unwritten rules about how to behave in a particular social group, community, or culture (e.g., Berkowitz, 2003; Marcus and Harper, 2014). They are the rules that prescribe what people should and should not do given their social

surroundings (Ghimire and Samuels, 2014; Watson, 2012). Social norms are commonly referred to as behaviours, attitudes, beliefs, and moral judgments about what behaviours are "right".

In order for a social norm to be perpetuated, the majority of people do not need to believe it is right or true, but rather perceive that others in their social group believe it to be right or true (Berkowitz, 2003). Borsari and Carey (2003) argue that social norms do not necessarily reflect reality; community people may think that a belief or behaviour is prevalent within their community when, in actuality, it is not. People conform to the norms even when there are no risks of social sanctions or do not reflect other people's preferences (Pryor et al., 2018).

Harmful social norms are deeply ingrained, and limit expectations of what women can or should do (Polman, 2019; Ali, et al., 2017; Unilever, 2017, Agénor, 2018).They have two distinct elements: (a) beliefs about what is normal practice in a particular group and (b) beliefs about what people in a particular community should do (Pryor et al., 2018). People comply with the social norms because they internalize the values embodied in those norms, and because they are motivated to avoid sanctions (UNICEF, 2010).

Nicchieri (2013) argues that people's choices are influenced by an interaction of social norms, people's attitudes and factual beliefs, and which in turn reflect their overall socio-economic circumstances, and political and cultural context. As suggested by Pryor et al. (2018), personal sense of identity is intertwined with the social groups that people want to identify with. So, people follow the group's norms to enhance their sense of self-identity.

Intersecting factors that uphold social norms

Understanding gendered power inequalities is thus vital for understanding different groups' capacity to challenge norms (Marcus and Harper, 2014). Several authors consider gender norms as a means of maintaining gender-inequitable ideologies, relationships and social institutions (e.g., Sen et al., 2007; Watson, 2012). According to Keleher and Franklin (2008), *"Norms are perpetuated by social traditions that govern and constrain behaviours of both women and men, and by social institutions that produce laws and codes of conduct that maintain gender inequities."* Hayward (2016) highlighted that actions to counter entrenched social norms need to strengthen disadvantaged group's capacity to challenge them. For example, social change may begin if girls refuse to comply with certain norms and are supported in doing so by others. However, social norms "haven't changed greatly because they are widely held and practised in daily life, and because they often represent the interests of power holders" (Munoz Boudet et al., 2012:16). For instance, Marcus and Harper (2014) argued that a father who has received a marriage proposal for his daughter of 15 years old is influenced by various factors such as his own attitudes, his perception of what other family members say, the appropriate age of marriage, and the views of local religious and political leaders on early marriage who are strongly influenced by social norms.

Social norms are not formed within a vacuum, rather, they are shaped by larger cultural, social, religious, and economic forces. For example, child marriage is perpetuated by an entrenched system of patriarchy, which denies women and girls' rights to their own body and sexuality (Malhotra et al., 2011). Another social norm associated with early child marriage is for religious reasons. Some

people believe that they will not get space in heaven after death if their girls are not married before their menstruation. Thus, social norms are one way that transmits violence within groups through the fear of social sanctions, desire to win approval, and internalization of normative behaviour (Ransford and Slutkin, 2016, Bandura, 2004). Fear of stigma, guilt, and shame all contribute to the maintenance of common practices by discouraging individuals from challenging prevailing norms (Marcus and Harper, 2014).

People are socialized into specific norms starting at a young age, allowing certain ideas and behaviours to be taken for granted as the only way to think or act. Childhood gender socialization is a key factor underpinning gender-discriminatory social norms. The norms socialize children to accept gender inequality (Munoz Boudet et al., 2012). According to a report (WHO, 2009), the social and cultural norms that lead to VAWG are learned in childhood. Witnessing violence in childhood creates norms that can lead to the acceptance or perpetration of a multitude of violent behaviours or acts.

The UN Secretary General's High-Level Panel on Women stressed that changing norms should be at the top of the 2030 Agenda, and everybody has a role to play in challenging these them (UN Women, 2018). There is a need to create an ideal world in which every woman and girl can create the kind of life she wishes to lead, unconstrained by harmful norms and stereotypes. The Panel On Women also aims to promote a world where even "men are free from the confines of adverse social norms and stereotypes of manhood and masculinity, and in which economies are growing and creating opportunities for men and women alike" (UN Women 2018:1). Gender-based violence, regardless of its form, does not happen in a vacuum. Internalized norms about masculinity and femininity delivered by the family, media, and other sources enable it. By acknowledging this link, we can encourage reflection on our role, as individuals and society, in creating a safe environment for girls and women (Agénor, 2018).

Women's leadership, and social and economic empowerment are considered a critical step in changing harmful social norms to prevent VAWG and CEFM (Polman, 2019). Literature suggests that social construction of leadership is strongly associated with males and masculine traits (Lewis, 2016, Oxfam, 2009). Although people argue that women should be empowered and should have equal access to leadership riles or decision-making spaces, they are reluctant to give women the opportunities to become leaders. Researchers pointed out two reasons for this invisibility of female leaders in our communities: society's unwillingness to select a female leader, and female members' reluctance to take leadership roles in mixed group activities. Although females are selected for highest leadership roles, their talents are attributed to social circumstances or sympathy rather than their talents (Agénor, 2018, Ali et al., 2017).

Developing the abilities of women and girls for critical thinking, fostering decision-making and action through collective processes, ensuring equal participation in developmental processes, and enhancing self-esteem and self-confidence in women are the basic parameters to promote women's autonomy and leadership. Training and improving the skills and capabilities of women would foster their leadership in changing harmful social norms (Gangadharan, 2014).

As well, policy-makers and researchers have increasingly turned attention and resources to closing gender inequalities in key economic and social indicators. However, the promise of gender

equality remains unfulfilled (UN Women, 2018). Promotion of women in governance and business can potentially improve both gender equality as well as governance and women's capacity. Mandated gender quotas over consecutive election cycles could reduce negative discrimination towards female leaders, and positively affect the behaviour of both leaders and citizens.

3.2 Nepal Government's national policy to end VAWG and CEFM

In recent years the government of Nepal has been doing various initiations including the reformation of the existing laws and policies to combat VAWG and CEFM. The Nepal government held its own national "Girl Summit" in Kathmandu in March 2016, which aimed to end child marriage by 2030, to align with the 2030 end date of the global Sustainable Development Goals. Recently the most significant initiatives to address GBV are the passage of the *Domestic Violence Act, 2009* and Domestic Violence (Offence and Punishment) Rules, 2010. A hotline service and establishment of a women's desk in the Prime Minister's office are other significant achievements, where any Nepalese woman can directly send her grievances, complaint and appeal against GBV (Law Commission Nepal, 2009). The Parliament of Nepal enacted a law on domestic violence in 19 April 2009, called *Domestic Violence and Punishment Act 2009*, which has defined domestic violence as "physical, mental, sexual, financial as well as behavioural violence." Victims of domestic violence are to file a complaint with the police, the local government, or a women's commission within 90 days of being subjected to the act(s). Government-founded service centres will provide victims with security, treatment, and rehabilitation, as well as such services as legal aid and psychological counselling. A person who commits an act of domestic violence shall be punished with a fine of 3,000 rupees up to 25,000 rupees or six months of imprisonment, or both.

The Country Code of Nepal, Chapter on Marriage provides that both parties must be 20 years of age for solemnizing a marriage. It states that early marriage, or marriage before attaining the age of 20 years, is a punishable offense. The jurisdiction to hear such cases lies with the District Court. Any person involved in solemnizing a child marriage shall be punished, with more severe sentencing and fines the younger the child (e.g. six months to three years imprisonment and a fine of 1,000-10,000 rupees if the child is below 10 years old). If a female ages 10-13 is married or caused to be married, the punishment is imprisonment for a term from three months to one year, with a maximum fine of 5,000 rupees. Likewise, if a female ages 14-17 is married or caused to be married, the punishment is imprisonment for a term not exceeding six months and/or a maximum fine of 10,000 rupees; and if a male or female under the age of 20 is married or cause to be married, the punishment is imprisonment for a term not exceeding six months and/or a maximum fine of 10,000 rupees. The limitation period to file a claim related to child marriage is only three months from the date of the marriage, which is a very short period, especially if a child forced to marry is very young, is uneducated, or in a remote area. They may not know at the time of the marriage that it was unlawful, and may not have access to legal support.

3.3 Changing Social Norms: A Theoretical Framework

Changing social norms is based on Social Norms Theory, which provides the theoretical foundation for understanding their role in perpetuating violence and how social norms change can lead to end VAWG and CEFM. The Social Norms Theory was first used by Perkins and Berkowitz in 1986 to address student alcohol use patterns. This theory aims to understand the environment and interpersonal influences in order to change behaviour. This approach of focusing on peers can be more effective to change behaviour than focusing on the individual. The primary focus of the theory is the peer influence and the role it plays in individual decision-making around behaviours. Peer influences and normative beliefs are especially important when addressing behaviours in youth. The theory suggests that human behaviour is influenced by misperceptions of how peers think and act. Similarly, Nudge theory illustrates the pathways through which behaviour change can shift social norms (Blankenship et al., 2006). It suggests that making small changes to the built environment can nudge people towards more desirable behaviours without restricting their choices. And when enough people are nudged into a certain practice, it will eventually change the old social norm. (Leonard, 2008).

Literature suggests that social norm change is not a linear process, rather needs knowledge about how the change can be engendered in different socio-economic-cultural and political settings (UNICEF, 2010, WHO, 2009). It is necessary first to understand the norms that we are trying to change. It is a long-term approach that involves individuals, communities and social structures and influencer in society (WHO, 2009). Four key areas are important for social norm change: (a) effective community mobilization, (b) prioritizing education and youth, (c) strategically engaging men and boys in prevention, and (d) utilizing policy and legal reform to address structural inequality (UN Women, UNFPA and DFAT 2016).

The conceptual framework for social norms change assumes that several forces that maintain VAWG and CEFM include existing power dynamics with respect to gender inequality, prevalent violent behaviours, social and psychological processes that reward for complying with social norms, and insufficient structural intervention (Paluck et al., 2010; Ransford and Slutkin, 2016; Rimal and Real, 2005; Landers, 2013). Therefore, interventions for shifting power structures, social movements that condemn violent practices, and policy change that punish violent behaviour are necessary.

Social change interventions can shift the social norms that promote VAWG and CEFM. Since human actions are interdependent, strategies should address the interconnected nature of social groups, while focusing on changing individuals' perceptions (Lilleston et al., 2017). Effective interventions should therefore aim at (1) targeting social norms directly (2) changing attitudes and beliefs, or (3) changing behaviours (Lilleston et al., 2017).

Social norms can be targeted directly by informing their audience of what is the right practice and what should be done or not done. These interventions tend to be informed by a planned change approach in which countering evidence is provided in order to alter socially shared beliefs about a given issue (Rousseau, 2001). Carter (2000) suggested that the use of leaders within social groups to openly demonstrate desired behaviours and opinions is one way of providing countering evidence. Such intervention shifts people's perceptions of what others in their social group do and think through the presentation of alternative social norms. These interventions or ideas are propa-

gated by influential and open-minded role models who facilitate the introduction of new ideas into a social group. The social group then adopts the ideas slowly (Rogers and Shoemaker, 1971).

Social norms can be targeted indirectly by changing people's attitudes and beliefs. These interventions seek to shift attitudes by introducing people to the harmful effects of a given behaviour and the benefits of avoiding that behaviour (Achyut et al., 2015). When a large number of people within a social group shift their attitudes towards a positive behaviour, eventually, the harmful norms related to that behaviour will also change. For instance, these interventions can involve community group discussions, and school-based campaigns to improve people's attitudes towards equitable gender roles to end VAWG and CEFM (Lilleston et al., 2017).

Another approach is to focus on changing behaviours (Lilleston et al., 2017). As suggested by Posner and Rasmusen (1999), sanctions imposed by formal laws are more effective to change behaviours than the informal social sanctions imposed by violating social norms. Likewise, cash or other tangible supports provide economic incentives to change the prevalence of a behaviour (Diepeveen and Stolk, 2012).

Literature suggests that social marketing approaches are adopted to change social norms in the high-income countries by correcting people's misperceptions about what others do (Berkowitz, 2010; Miller and Prentice, 2016). In the case of low and medium income countries, two intervention strategies are most commonly used to change social norms: (a) media campaign and (b) wide-reaching campaigns that often incorporate participatory discussions between members of the same community group (Cislaghi, et al., 2019; Vaitla et al., 2017). Although community-based discussions might have limited reach due to its coverage and resource-intense nature of the intervention, Cislaghi et al (2019) suggest that they are more effective than media campaigns at sparking public dialogue needed for people to change their perceptions (Cislaghi, et al., 2019). Through community discussions, participants raise awareness and generate community action in theirs and others' communities.

Proactive awareness-raising and engagement with women through peer-to-peer learning, and creating opportunities for girls to participate in social activities and mentorship, can contribute to changing harmful social norms (Unilever, 2017). Although there are very few literatures that examine women's leadership, existing literatures reveal that facilitating a change process through which participants share their knowledge with others can help achieve change in existing social norms, ultimately contributing to change in their practices (Cislaghi, 2019; Gelfand and Jackson, 2016). One merit of peer-to-peer learning models to other approaches is that through communication, ideas are passed from one cultural group to others. Another important benefit of such model is that the participants discuss anti-VAWG messaging to a neighbour, family member or husband. Thus the peers of directly exposed participants exhibit significant change, just on a lesser scale than those directly exposed (Gelfand and Jackson, 2016). The more frequent the communication, the more the new information will spread across the social network, evolving into a new reality. As the new understandings become meaningful, not only to individuals but also to communities as a whole, they embody more than new emerging beliefs and hence change harmful social norms (Cislaghi, 2017; Cislaghi, et al., 2019).

Cislaghi et al. (2019) found that organized diffusion method increased the positive changes in behaviours, and suggested that the new understanding and knowledge were becoming part of a new shared social narrative of acceptable actions. Integrating community-based and organized diffusion strategies, and peer-to-peer learning methods, within social norms interventions has the potential to achieve greater and more diffuse impact and reach. However, if community-based interventions intend to achieve change within participants' communities, they should equip participants with knowledge and skills to engage others in their network in transformative conversations (Cislaghi et al., 2019; Stern et al., 2017).

The theoretical framework reviewed above is relevant in the context of Creating Spaces project implemented in Dailekh district. As discussed above, the Creating Spaces project is working to enhance capacity of local women to end gender inequality and VAWG and CEFM through the CDC approach and peer-to-peer learning method in order to equip them with knowledge and skills required to change their attitudes and beliefs, to then foster positive changes in their behaviours and in the behaviours of their spouses, families, and broader communities. Through these changed behaviours, the ultimate goal is to change harmful social norms that perpetuate VAWG and CEFM. The Creating Spaces project has addressed all the four key approaches to changing norms: effective community mobilization, education of youths and particularly girls, strategical engagement of men, and the utilization of legal frameworks.

4. FINDINGS AND RESULTS

In this chapter, the findings of the primary research are reported. Firstly, the description of the social norms promoting VAWG and CEFM in the target communities is provided. Subsequently, the reasons for which people follow social norms and the promoters of social norms are described, followed by the negative consequences for women and girls. The effectiveness of the CDC and peer-to-peer learning models is then presented, as well as the impacts of CDCs on its members' personal and family life. Finally, this chapter concludes with a discussion of sustainability of the CDC model after the project is phased out.

Social norms related to VAWG and CEFM

Numerous social norms have been identified in the study area that may jointly influence the risk of VAWG and CEFM. These identified norms reinforced the literature review findings. Some of the most prominent norms described by the CDC members are as follows:

- Men's dominance and superiority over women;
- Men's ownership of their wives through bride wealth;
- Physical violence and wife beating as an acceptable action to resolve conflict
- Men's right to discipline or control women's behaviour;
- Men's right to sex with their female partners in marriage;
- The restricted mobility and freedom of women;
- Women's responsibility to maintain the marriage and family, and family privacy stigma;
- Women's responsibility for the shame associated with divorce or being unmarried;
- Men or family's honor linked to women's purity and chastity;
- Menstrual taboo that prohibits Hindu women and girls from participating in normal family activities while menstruating, as they are considered "impure";
- Untouchability or the practice of caste-based discrimination that does not allow so-called Dalits to touch non-Dalits or enter their houses;
- Daughters are others' properties and have to go to their husbands' houses after marriage;
- Parents blessed with a male child will definitely go to heaven after death, resulting in one of the reasons for the preference of having a son;

- Feeding ceremony of a baby boy in six months after birth while that for a baby girl is at five months after birth; and
- Naming ceremony celebrated only for baby boys, but not for baby girls.

Marriage was identified as an integral part of a girl's life and is related to her identity and status in society. Norms around marriage are highly gendered and linked to expectations and ideals of how a good girl and a good wife should behave**.** Beliefs and practices, such as social position of women as men's perceived entitlement to sex, lack of education and knowledge of sexuality, early marriage practises, husband's use of alcohol, and women's lack of family and legal support, have been reported as the major causes of VAWG.

The social norms have taught women to bear every humiliation, beating and molestation. Women do not speak out because of their fear of losing honour. Because of such silence, women become more vulnerable to violence. Wife beating and battering were reported as the most common form of abuse in Dailekh. A husband slapping or delivering a blow to his wife is regarded as routine husband-like behaviour. Also, a preference for a son leads to female foeticide, which is another example of where women are victimized.

4.1 Why do people follow social norms?

Social norms are unwritten rules about how to behave, and provide people with an expected idea of how to behave in a particular social group or culture. These are the accepted standards of behaviour of social groups that people conform to, most of the time. However, not all social norms are healthy and beneficial to the society. There are several that are harmful to people; nevertheless, people in the study area still followed them, knowingly or unknowingly. Some norms are maintained because people lack information or lack knowledge of other ways of acting that might challenge their views. Some people want to maintain their power over others, particularly over women.

There is a direct relationship between power and social norms. Social norms are the determinants of social stratification as they reflect and reproduce relations that empower some groups of people with resources, authorities and entitlements while marginalizing and subordinating others, and the underlying relations of power makes them difficult to alter or transform as also suggested by Sen et al. (2007). Inequalities between men and women are one of the most persistent results of power relationships in the society. Power relations in the community means a woman is to be powerless (quiet, obedient, accommodating) and a 'man' is powerful (outspoken, in control, able to impose his will), particularly in relation to women. Therefore, power relations tend to perpetuate gender inequalities.

Evidence from the field suggests that even if a person does not want to follow a social norm, he or she may do it because of the social pressure that is placed on him or her to conform. This supports the literature review findings. People in the study area conform to certain

norms because of negative experiences of what happened previously when people undermined them. People who tend to hold stronger religious beliefs generally fear the consequences of undermining norms. For example, although some households were convinced that *chhaupadi* (menstrual exiles) practice is bad and the menstruating women should be given milk, curd and other dairy products, fears of consequences for breaking menstrual taboos kept a tight grip; beliefs were also reinforced when in one instance, a milking buffalo got sick when menstruating women drank its milk. Similarly, when girls started to elope from school, parents quickly returned to the past belief that marriage was better for girls than education. This resulting in rising fear among the older generations that going to school is an opportunity for girls to leave their village, meet their boyfriend/girlfriend, and elope. Moreover, the belief that the early marriage of girls results in securing a place in the heaven after death has motivated several parents to get their daughters married at an early age.

The respondents reported that the lack of economic resources and knowledge is another important factor for following the social norms. In the rural settings, due to stagnant economic situations, men move away to find jobs, and women are left behind. Because women become so burdened with daily work, both paid work and unpaid household works, there is neither the space nor the economic resources to allow them to think about alternative ways of doing things. Also, poor women are more reliant on men **to support them financially. They have to experience violence for not h**aving money to leave, to find shelter, or to buy food. Women and girls living in poverty are more vulnerable to sexual exploitation, including trafficking. Similarly, poverty is reported as one of the main reasons behind early marriages in the district, particularly in the families with large family sizes. Most parents in such poor families are unable or unwilling to take care of their children and have their young girls married to reduce this burden.

Moreover, women are generally reluctant to seek support services, such as police and the legal system, due to their fear of shaming and social backlash. Perpetrators find this reluctance as a motivation to continue VAWG and other related harmful social norms.

Ironically, people follow social norms and practices due to some random incidences such as belief on diagnosis and care of diseases by *Dhami/Jhakri* (shaman/traditional healers). People's belief in spirits is prevalent, as is their fear of spirit possession. However, many people, especially children, have lost their lives depending on such shamans for illness diagnosis and care.

Promoters of social norms

Usually older generation people who are respectful in their family and society are the advocates of social norms; they often exclude or disadvantage women in relation to decision-making and access to economic and social resources. Traditional healers (*Dhami/Jhankri*) are strong promoters of social norms that are linked with religions and culture, such as menstrual taboo, women as men's property, and CEFM.

Similarly, religion shapes culture, social, political, and economic lives and is a powerful force influencing social norms. Religious leaders and so-called higher caste people are among the promoters of social norms that promote gender inequality and discrimation,

such as menstrual taboo, women's subordinance in society, restriction of women's sexuality and freedom, men's ownership of their wives, and early child marriage.

Social norms reflect and reproduce relations that empower some groups of people with resources, authorities and entitlements. In the study area, husbands and mothers-in-law were said to dominate and use domestic violence over their wives or daughters-in-law, demonstrating gender and power inequalities at the household level.

Mothers-in-law have traditionally been one of the greatest hindrances to empowering women. The research findings suggest that social norms have given mothers-in-law authority to practise discriminatory behaviour over daughters-in-law and influence their sons to act accordingly. This represents a culturally specific form of patriarchal bargain that has significant implications for women and girls. Mothers-in-law, who usually have obtained a relative position of power, often have a vested interest in perpetuating practices of control and power over their daughters-in-law, and, thus, there is the potential for this relationship to become violent.

It is certainly not that they are inherently bad women but they might have a fear of suddenly losing financial support from their sons after they get married, and they might start feeling jealous and desperate, which changes their behaviour. When mothers are threatened by their daughters-in-law, in terms of influence, money or opportunity, some will go as far as to instruct their son to 'put the wife in her place' and encourage their sons to perpetuate violent behaviours.

This research also hinted that young women, particularly daughters-in-law, live in scrutiny over every action they take. For example, if they wear something that makes them look beautiful when they go to town, their mother-in-law assumes they are meeting another man. This level of mistrust often leads to the wife being abused. Thus, this research suggests that mothers-in-law hold a great amount of power that can be wielded to empower their daughters-in-law, or to abuse them. If they use their influence for good, changing harmful social norms to end VAWG and CEFM would not be a far cry.

To abandon a harmful old norm requires that enough people in the reference group change their social expectations. A small number of highly influential people can more easily bring about change than a larger number of less influential people.

Negative consequences of social norms

Norms around chastity and marriage hamper girls' education in Dailekh district. Social norms are also harmful to the development of girls in the district. Research findings suggest that boys are treated as "successor" while girls as "an object to go to husband's house." There is evidence that boys were sent to English medium "better" schools, while girls were sent to the government schools, ranked lower in terms of quality of education. Furthermore, child marriage means that girls are taken out of school from an early age, depriving them of their educational capabilities and opportunities. This in turn prevents them from accessing employment opportunities, economic independence and in general a better standard of living. They also have to stay in

harmful relationships such as polygamous unions largely because of economic dependence.

The social norms that advocate for men's dominance and superiority over women, and men's ownership of their wives with right to sex through bride wealth, directly promote sexual violence. Similarly, wife beating is accepted as a way to discipline or control women's behaviour. In many cases, girls in early marriages do not know about their rights and hence experience domestic violence, and they have limited possibilities for remarriage because of social norms around virginity.

Child marriage, even when it is not forced, has very harmful consequences. Young girls are not able to fully and knowingly give their consent to the marriage. Child marriage takes away childhood and puts girls at risk for sexual abuse and violence by their husbands. Due to the lack of sexual and reproductive health rights, early marriages usually result in early pregnancies, which increases the risk of poor health conditions or even death of the mother or child (Raj and Boehmer 2013). Violence during pregnancies usually results in poor maternal health, even mortality, and infection to diseases.

Similarly, domestic violence has adverse effects on women's and girls' emotional and physical health, as do the chhau goth (menstruation hut) for the duration of their period. They are restricted from participating in everyday life and are deprived of eating nutritious foods including milk and milk products. There is always a risk of being raped in the *chhau goth*, or death from being bitten by a snake. For the poor health and sanitation condition in the *goth*, women die from illnesses, such as diarrhea, pneumonia, suffocation and smoke inhalation after lighting a fire to stay warm.

4.2 CDCs and the peer-to-peer learning approach

Community mobilization that is focused on empowering women is at the heart of social norm change. It has been proven to be an effective strategy to shift attitudes around violence, child marriage and gender inequality, by focusing on the rights of women and girls. Promoting access to, and control over, resources, assets and income for women and girls to reduce their economic dependence is critical to transforming unequal power relations and preventing VAWG and CEFM. It is therefore necessary to advocate for broader women's rights and empowerment initiatives as a contribution to addressing the root causes.

Oxfam in Nepal's Creating Spaces project implemented in partnership with Everest Club in Dailekh has designed and implemented edutainment and other social marketing activities and materials to advocate for women's rights and empowerment initiatives. CDCs and Interactive Forum Theatre are among the initiatives for community empowerment that have been proven to combat harmful social norms. According to EC Dailekh, a total of 67 cases of VAWG and 52 cases of CEFM have already been stopped through these initiatives in Dailekh district alone. These cases are summarized in Table 3 below. Highlighting the role of CDCs, the Ward Chairperson of Aathbis Municipality – 9 said, "*Empowerment of CDCs through regular discussion classes and support to various capacity building activities have made the CDC women capable to understand their rights, and to*

raise voice for their rights and justice, resulting in decreased cases of VAWG and CEFM." Similarly, FGD participants of existing Kalika VDC (now Naumule Rural Municipality, Ward no. – 4) said that participation in CDC classes has motivated the women to fight against harmful social norms.

It is encouraging to note that in Naumule Rural Municipality – 4 (existing Kalika VDC) alone, CDCs have stopped 9 cases of CEFM and 9 cases of VAWG. There was no reported case of VAWG and CEFM in this year in the project areas. Each CDC has contributed to stopping a number of incidents.

Table 3: Number of cases of VAWG and CEFM stopped by CDCs in Dailekh

TYPE OF VIOLENCE	PROJECT AREA (EXISTING VDCS)					TOTAL
	Pipalkot	Singasen	Duwari	Kalika	Naumule	
CEFM	17	13	8	9	5	52
VAWG	17	15	13	9	13	67

Source: EC Dailekh, July 2019

The research findings show that CDC approach is very effective to fight harmful social norms, and provides concrete evidence in this regard. CDCs are a community-driven approach and a right-based platform to promote capacity building of the community and knowledge sharing, and they encourage community leadership over prevention strategies. Such discussions create a shared space for dialogue within community structures.

The Creating Spaces project addresses action against VAWG and CEFM through three interlinked components: empowerment, solidarity, and campaigns.

Empowerment

The project has supported CDC women to understand their rights and know how to take actions to enhance their safety and access to justice. Peer-to-peer learning has increased the knowledge of women in various social aspects including women's rights, types and causes of VAWG, gender discrimination and social injustice, consequences of CEFM, the role of social norms, and legal provisions against such violence and discrimination.

In addition to training women and girls on their rights, Oxfam in Nepal and its partner have supported the rural women to develop capacity to advocate for their rights. *Rupantaran* life skills training was provided to the district project staff who then facilitated the training to CDC facilitators. The facilitators are rolling out the learning in their respective CDCs. The training focused on sexual and reproductive health, VAWG, CEFM, gender and social inclusion, civic participation, livelihood options and entrepreneurship development. Similarly, CDC members were trained on their rights, building their confidence, leadership skills and capacity to self-advocate to access support services through regular CDC classes. In addition, CDC members learned life skills such as speaking in public, negotiation and problem solving skill, basic literacy, and personal hygiene and sanitation.

Rupantaran Life Skills Training

Rupantaran (transformation) is the social and financial skills package, which aims at empowering adolescent girls and women through weekly sessions that are conducted by social mobilizers and facilitators over a period of months. This life skills training proved to be an effective way of creating a cohesive and supportive platform in which girls and women create a positive peer pressure to stay in school and community, help each other advocate with parents against child marriage, and build networks. It provides girls and women with practical skills and knowledge on gender equality and human rights (including child marriage-related information), reproductive health, GBV, nutrition, communication, decision-making and negotiation skills. The training not only helps expand networks among adolescent girls and women, it also capacitates them to be a change agent in their community. Rupantaran sessions are conducted with the help of the manual along with additional materials such as charts, stickers, and infographics.

Solidarity

Building solidarity is another key aspect for the transformative change of women. Empowered CDC members have liaised with other like-minded groups and individuals to form coalitions to lobby duty bearers to design and implement safe and quality gender-responsive public services such as education, health, transport, water and sanitation, early childcare, skill development and income generation support and street lighting.

Campaigns

Moreover, CDCs have organized several campaigns including door-to-door campaigns to raise awareness among the non-CDC households on gender inequality and violence, generate discussions on the issues, and to mobilize public support for greater respect for women's and girl's rights. Such public campaigns have provided a solid platform for advocacy to stimulate cultural and social norms change by encouraging the free flow of ideas and experiences.

Sharing of knowledge outside CDC members is important because the CDC only accommodated about 25 women, and the rest of the women would otherwise be left out. CDC members had included their husbands and in-laws in such discussions, which had significantly contributed to reducing VAWG and CEFM. Similarly, this knowledge was shared people who were influencing or had the capacity to influence harmful social norms and gender inequalities.

4.2.1 CDC Success Stories: Fighting social norms and gender-based violence

This section presents several success stories and quotations gathered from the CDC participants that illustrate how the CDCs had combatted CEFM, VAWG, traditional gender roles,

and other harmful social norms. These testimonies speak to how the CDCs can foster a positive impact on gender quality at the individual, family, and community-level.

How CDCs intervened in cases of CEFM and VAWG

Almost all CDCs in the district have conducted door-to-door campaigns to make the household aware about the legal age of marriage and the legal punishments associated with CEFM. The CDC members themselves have gained knowledge of legal provisions and transferred the knowledge to the broader community. As a result, incidents of VAWG and CEFM have been reduced in the Creating Space project working areas.

When a CDC member comes to know about VAWG and/or CEFM, she first informs the CDC facilitator and fellow members about it, and discusses the issues and strategy to deal with it. They then talk with the parents and the concerned girl and boy (together and separately) about the negative consequences of child marriage and the provision of legal punishment if committing such a crime. Most of the sharing is done informally, during family time or other community gatherings. Some women reported sharing knowledge with their friends and neighbours individually, either at personal meetings or during work. Although a few non-CDC women found the advocacy against social norms offensive at first, most women were said to be curious to learn more about their rights, and about other gender issues that they had experienced.

After learning about the legal punishments, some of the parents stopped the child marriages. However, few parents still want to go ahead, and that is where the CDC interferes. In the case when the laws that do exist are not reinforced or exercised, sometimes the CDCs act as an intervention mechanism. When needed, CDCs also get help from police and the local government to stop such ill practices. For instance, in Ward 5 of Aathbis Municipality, CDCs, in coordination with the local government (Ward Office), sent a clear message that all households involved in VAWG and CEFM will not get any support from the local government including social security benefits and registration of new-born children. This is an important example of coordination between CDC and the local government to fight harmful social norms. Fear of punishment was very effective to stop CEFM in the district. The community is now very much aware of the legal age for marriage, legal provisions for arranging early marriage, and the negative physical and psychological damage to the young girls who are married at an early age. Most of the parents are now committed to give their daughters a proper education.

At the beginning when CDC members organized a door-to-door campaign, the male members of the community ridiculed the women and blamed them as "*bhand*" or destructive. In Piplkot village of Aathbisa Municipality-5, the male members even increased physical violence on their wives in order to discourage them from attending the CDCs. In a few other villages, male members threw the CDC meeting minutes and other documents out of the CDC offices. Despite such hurdles, the women stood strong and finally succeeded in their goal. The men realized that they were campaigning for a good cause, and respected the women for their success in reducing VAWG and CEFM. The men were now afraid of the CDC members, whom they call "*padne wali*[1]" (or reader. People who used to blame CDC members as "going against the society and social norms" are now supporting CDC initiatives.

1 Men call CDC members *padne wali* (reader) in a satirical way, since the women attend discussion classes thrice a week.

Case study 1. CDC successfully stopped a child marriage

"My neighbour had almost completed all the arrangements for the marriage of his 16-year-old daughter. When I came to know about it, I approached my neighbour and requested him to not get her married at that age. I tried to convince him that the legal age of marriage is 20 years and there are other social and health-related consequences of early child marriage. He did not listen to a single word of mine. I also had a chance to talk with his daughter, but she was not happy with the marriage, she wanted to continue her education but could not tell her parents about it. I then discussed the issue in my CDC and we decided to stop the child marriage at any cost. I along with three other CDC members approached the parents of the girl again and made him aware that child marriage is a crime and also explained about the legal punishments for committing it. We also informed the parents that if they didn't stop the child marriage, we would file a case against them in the Aathbis Municipality office as well as in the District Administration Office, Dailkeh. Knowing the provision of legal punishments, the parents then backed off about the marriage. Their daughter is now in 10th grade and she wants to continue her studies to college level. The boy is also happy to wait until she is 20 or until she wants to continue her education."

A CDC member, Aathbisa Municipality-5
(FGD and In-depth Interview participant)

Case study 2. Community vowed to stop CEFM

Bayaldhunga CDC was formed in Aathbisa Municipality – 9 with support from Everest Club Dailekh. The CDC facilitator came to know that a local resident had arranged the marriage of his son with a girl both under the legal age of marriage (20 years old). She shared the issue with the CDC members and they approached the boy's parents to stop the child marriage; they explained to him the adverse effects of child marriage, particularly to the girl, and they requested that she marry after she is 20 years old. However, the father of the boy didn't listen to them, rather abused them verbally that they were interfering in his family matter and in the lives and happiness of his son and daughter-in-law. The CDC members also talked with the boy and girl, who realized the risk of getting married in early age. They became ready to live separately until they reach 20 years of age, and to continue their studies until then. The CDC members then re-approached the boy's father and reminded him of legal punishment if he didn't comply with the legal requirements. With the fear of legal punishment, the father finally agreed to get them married after attaining the age of 20 years. An agreement was signed by the parents of both parties in the presence of Ward-level representatives to stop child marriage, and the girl went back to her parents' home. The family members apologized for their treatment of CDC members and for attempting child marriage. All 114 people from this local also showed solidarity to the CDC actions against VAWG and CEFM, and signed the commitment paper, promising to support CDCs in their mission.

Case studies 3 and 4 below provide examples of how CDCs have successfully intervened in cases of domestic violence.

Case study 3. Violence by husband stopped after participation in CDCs

"I was beaten by my husband last year when I went to perform Deudal on the occasion of Women's Day with other women from the village. I was not a member of a CDC at that time. After my participation in CDC, I understood various aspects of gender rights and policies including women's rights and legal provisions for gender-based violence. I discussed these provisions with my husband and other family members, and warned them that I would take legal action if they continued any kind of violence on me. My husband now supports me with household chores, and participates in social events including Deuda. As a result, I stood second in the Deuda competition this year. Even my husband sometimes attends CDC discussions whenever he can manage his time. My husband who used to stop me from attending CDC classes now supports me in household chores so that I can attend the CDC on time."

A CDC member, Pariwartansheel CDC, Aathbias Municipality – 5, Pipalkot (Participant of FGD)

Case study 4. Stopping violence against women and girls

This is the story of a woman, resident of Naumule Rural Municipality – 5. She got arranged married at the age of 14 with a boy aged 16. She gave birth to three girls within five years of her marriage. Her family of five didn't have any regular source of income other than a small piece of land; production from which was hardly enough for six months. She had a burden of feeding her family, as her husband was not working. Her husband used to drink alcohol most of the time and beat her for not giving birth to a son. She was suffering from such physical violence for a long time and didn't seek any help for not knowing where she could get help. She started attended the CDC regularly for three days a week, when she came to know about various forms of gender inequality and discrimination prevailing in the community.

She started fighting against such gender inequalities and discrimination and helping survivors. One night, as usual when her husband starter physically abusing her after drinking, she thought that enough was enough, and then determined to get him punished for committing the crime. In the middle of the night, she went to the Naumule Police Office and put a complaint against her husband. Within the next two days, her husband was presented at the Police Office, where he apologized to his wife for the violence he committed, promised not to drink alcohol, and not to discriminate against his daughters. Since then, she has no more experienced violence by her husband, neither has he discriminated against his daughters. She is now a role model to fight against VAWG and CEFM in the community. She encourages all domestic violence survivors to

fight for their rights and justice. She is very thankful to the Creating Spaces project partners, the CDC members, and to the facilitator for the changes in her life.

Alcohol consumption

Alcohol use is an important contributing factor that increases occurrence and severity of domestic violence, particularly of intimate partner violence. The CDCs are also successful in controlling alcohol production, consumption and abuse. Community people perceive that alcohol is one of the contributing factors to VAWG.

In Aathbis Municipality – 5 (existing Pipalkot VDC), CDCs have made provisions of a fine of NRs. 1000 to those who produce alcohol and NRs. 500 for those who consume alcohol. Provision of such fines has found to be very effective in controlling alcohol in the project areas. The research found similar stories in other project areas too. Thus, control on production and consumption of alcohol is another important achievement of the CDCs in Dailkeh district.

As one FGD participant from Pariwartanshil CDC (Pipalkot, Aathbis Municipality – 5) indicated, *"such [alcohol] control has not only contributed to reduce the cases of VAWG but also increased productivity of men. Men...now support women in household chores and other ...activities such as agriculture."*

Case Study 5. CDC's campaign to control alcohol consumption

Realizing that alcohol consumption can exacerbate the occurrence and severity of VAWG, CDC members of Shiwalaya Community Discussion Centre, Aathbias Municipality – 6 (existing Singhasain VDC) decided to stop alcohol production and consumption in the community. They put notice in various public places about the punishment for production and consumption of alcohol in the village. They also organized door-to-door visits and campaigns about the negative consequences of alcohol consumption on health, wealth and other social aspects. The women checked houses and retail shops for any stock of alcohol and destroyed the alcohol if found. No one was found producing or consuming alcohol for about a month. The cases of VAWG were also very minimum during this period. However, after about a month when the Shiwalaya CDC members were patrolling in the village to check if alcohol consumption was controlled, a local woman of Singhasain – 6 was found consuming alcohol publicly and verbally harassing CDC members for controlling alcohol consumption and campaigning against harmful social norms. The CDC women discussed the issue with her and her husband, and informed them that they could take the harassment case to the Police Office. Upon their request not to take the case to the police, they paid the CDC NRs. 3,000 as compensation in the presence

of and with approval from local government representatives and other stakeholders. She has now completely stopped drinking alcohol, and is actively involved in the campaign to control alcohol. With the fear of punishment, people in Singhasain village do not produce or consume alcohol. This has had a positive impact on reducing the incidence of VAWG and promoting social harmony.

Women's empowerment and leadership

Women used to be totally ignored in the community before the CDC; they were not given the opportunity to share their voice and concerns. However, the research findings suggest that women who participated in the CDCs were now recognized as change agents for the positive changes they brought in the community, and they had gradually gained the increased support of their male counterparts.

The peer-to-peer learning approach has encouraged CDC women to participate in decision-making processes to build an equitable and inclusive society. Research findings revealed that women were silent participants in every community and user group meetings, and used to sign on the decision books and meeting minutes without understanding what decisions were made. Such meetings were dominated by men. After participation in the CDCs, women are empowered on their rights. The women no longer sign on the meeting minutes and decisions without fully understanding them and agreeing to them.

CDC members have been participating in various decision-making processes and leadership roles to take actions against various discriminatory social practices, such as providing awareness and justice to the survivors of VAWG and CEFM. With their participation, CDC members have gradually started acquiring their own identity, and no derogatory suffixes are added to their names after the name of their husband or other male members of the family. In most of the project areas, hardly any community activities or decisions were made without women's participation. Many CDC women had a new feeling of awareness and confidence after attending discussion classes and learning about their rights and other gender discrimination issues. Illiterate women joined literacy classes or went back to school after participating in CDC discussions, and could now write their names. They were hesitant even to tell their names while introducing, but now they can give a lecture on harmful social norms and its negative consequences in the society.

> *"We are very proud that we illiterate women are being able to conduct such a big social movement against VAWG and CEFM. We cannot read and write, but we can understand about our rights. This understanding and our efforts have made us respectable in the society."*
>
> *CDC Participant, Aathbis Municipality*

Another significant impact of the peer-to-peer learning approach is that the women have started organizing in various groups such as agriculture groups and cooperatives, and have started savings. However, they need support for income generation activities as a part of their livelihood improvement support, which the Creating Spaces project is considering to provide in the remaining project period.

Case Study 6. CDC to promote transparency and leadership

Our community forest user group (CFUG) committee decided to collect and sell resin from pine trees in the forest through a contractor. The elite committee members, mostly men, decided on the terms and pricing for the contract. The decision was neither participatory nor transparent. They were reluctant to share the contract to all the committee members and members of the CFUG. However, with our (CDC members') pressure they shared the terms and pricing of the contract, which were considered unacceptable to me and to the other women members of our CDC. The pricing was too low and the bidding process was not transparent. They also allowed the contractor for heavy tapping, which could cause severe damage to the trees. With the CDC's pressure, the committee then re-evaluated the bids submitted and made a transparent decision. The final contract amount was much more than the price in the initial contract, and the terms were much healthier to the trees. Now we are advocating for more representation of women members in the CFUG committee.

A resident of Aathbisa Municipality – 6, Dailekh
(FGD participant)

Case Study 7. From victim of violence to a successful business woman

A resident of Naumule Rural Municipality who is now a member of Naugaun CDC, is a victim of harmful social norms regarding child marriage. Her parents passed away when she was a small child, and she was raised by her relatives who never allowed her to go to school. She was forced to get married at an early age, and she always worked as a slave in her husband's house. Her in-laws gave her a tough time, even while she experienced physical violence by her husband. She was not ready to talk about the violence with anybody else or seek help from anybody. Like many other women, she also believed in the social norm that men have right to discipline or control women's behaviour, and physical violence on women is an acceptable form to resolve conflict. She has such a big burden of household chores that she hardly used to get time to take care of her children. Her life was miserable without any support from her family and no source of income.

With the formation and operation of Naugaun CDC in the village, she joined and attended the discussions regularly. She learned about women's rights, and legal provisions for committing

VAWG, CEFM, and other forms of gender discrimination. She also learned where and how to seek help. In addition, she learned basic literacy skills and started saving money with the CDC. With the savings, she started a vegetable farming and trading business at a small scale. She used income from the business on household expenditure, children's education, books and stationery, and other personal needs. The business gave her economic independence and she could decide where and how to spend the income. The behaviour of her husband and family members was also completely changed after she started earning income. Regular participation in the CDC not only empowered her economically, but also enhanced her leadership capacity. She is now the chairperson of the community-level poverty alleviation fund initiated by the CDC. She earns more than 20,000 rupees a year which has improved her confidence, and other CDC members also started to follow her steps of economic independence as a way to stop experiencing violence and to improve their livelihoods.

Menstruation and the Chhau Goth tradition

Some non-CDC households stopped sending women and girls to chaupadi sheds during menstruation following the practice of CDC member households. "*When they [CDC households] didn't suffer any negative outcomes for not living in chhau goth during the period, we wouldn't suffer either*," said a FGD respondent, Naumule – 3. However, they haven't been able to abolish this practice yet; women still remain isolated from their family, and are forbidden from entering kitchens and temples. But a menstruating woman can live in her room, and not in the *chhau goth* any more.

Case Study 8. CDC facilitated to keep a woman home during menstruation.

Before the start of the Srijanshil CDC, a resident of Aathbis Municipality – 5, Pipalkot used to live in a hut called Chhau Goth some distance from the family home, and was prohibited from participating in normal family activities; she was considered "impure' during the four days of menstruation. She was not allowed to eat/drink milk and any milk products or other nutritious food. She was not even aware about the use of sanitary pad during menstruation, without which it was not possible for her to attend any social activities including meetings. There was a risk of snake bites and attacks by dangerous animal in the hut, and a risk of being raped. After attending the CDC, she came to know from the CDC facilitator that menstruation occurs as part of a woman's monthly cycle and the menstrual cycle occurs due to the rise and fall of hormones. This is the time when women need nutritious food. She learned that it is just a myth and a social taboo, a product of harmful social norms. She then talked with her family and stopped living in the hut during menstruation. She now lives in a secure room inside her

house during menstruation, and eats nutritious food. She also uses sanitary pads during menstruating. This is a significant change brought on by participating in the CDC.

Rojana faced criticism even from her family members and neighbours for living inside her house during menstruation. She herself felt uncomfortable for practising against social norms, but when she learned that there was no negative consequences, she determined to campaign to make women's lives better. She together with the members of CDC started campaigning against this social taboo and promoted awareness to stay clean and use pads. The result is that all Srijanshil CDC members now do not live in the chhau goth during menstruation. Had there been no CDC intervention, Rojana believes that she and other women would have still been living in a hut away from house during menstruation.

Improved health outcomes

In addition to learning about gender equality and women's rights, CDCs provided women with information and support to improve their health, well-being, and quality of life. Many women lacked other avenues to learn about healthy living, or to access the kind of support and encouragement needed to make changes in their life. The collective approach of the CDCs empowered the women in the case study below to quit smoking.

Case Study 9. CDC helped to quit smoking

Bhade CDC succeeded to help a resident of Bhade village, Naumule Rural Municipality, Ward no. 3, to quit her smoking habit; she in turn succeeded to help her son quit smoking marijuana and to send him to school.

The woman was born in a poor family and, being a daughter, she was deprived of education during her childhood. She spent her childhood helping her mother with doing household chores. She got married at the age of 19, and she gave birth to two children when she was 23. Within another year, her husband died in India where he went for seasonal labour work. To overcome the grief of her husband's death, she started smoking and soon she started smoking heavily. As she didn't have any regular source of income, she started borrowing money to buy cigarettes. Her smoking cost used to be more than NRs. 500 per month. Her children also started smoking following her, and soon were taking marijuana. Due to the effect of heavy smoking, she was not in a situation to take care of her children or think about their education and future.

Knowing about her condition and thinking to help her get out of her situation, the Bhade CDC members invited her to attend CDC, but she did not listen to them. CDC members then went to her house and started counselling her to quit smoking and think about her children's future. After a few counselling sessions, she started attending the CDC, but still used to sit outside

and smoke without much attention on the discussion. The CDC facilitator explained the severity of smoking, one of the major causes of lung cancer, and demonstrated how much she can save if she quit smoking. She was a little scared of dying with cancer, and started attending the CDC regularly. She gradually reduced smoking and finally quit. She shared these risks with her children, who also quit smoking and started going to school. She started saving money which otherwise was spent on buying cigarettes. She is now a role model in her community and is campaigning against smoking. The CDC has planned to recognize her for her contribution in helping people quit smoking.

Improving women's access to social security

The CDC supported its members to overcome various other challenges, such as access to social security benefits. It is important to highlight that legal measures to refuse registration of child marriage can have unintended negative consequences on women and girls, as illustrated in the case study below.

Case Study 10. CDC helped a woman to get citizenship and receive social benefits

A resident of Aathbisa Municipality – 5, Pipalkot is now a member of a CDC. She was 12 years old when she got married to a boy of 14 years old. Due to child marriage, their marriage was not registered. She gave birth to a child at the age of 14 years. Since their marriage was not registered, the child's birth was also not registered. In the meantime, her husband went to India to earn a living. Her bad days started when her husband died while in India. Due to no citizenship, marriage registration and child birth registration, she was deprived of social security services including allowance for a single woman. She was even kicked out of her home for being a widow at a young age. Raj said that she was very depressed she had to spend her whole life in misery, without any ray of hope.

The woman sometimes used to go to Koldanda CDC run by the local women. After a long counselling by the CDC facilitator, she finally became a member of the CDC. Participating in the CDC, she learned about the legal rights of women and girls, and issues related to gender inequality and discrimination including VAWG and CEFM. This gave her confidence to express her problem in the CDC, and the CDC members decided to help her get her citizenship and the social benefits she deserved. They took the issue to the Ward Office and the Ward Office requested her parent-in-laws to provide a recommendation for issuing her citizenship. At first, her in-laws declined the request saying that she would get married with another person if she got the citizenship certificate, but the CDC members convinced them.Although she

got a recommendation, she had to go to Dullu Municipality Office to apply for the citizenship certificate and she did not have any money for transportation and application fee. The CDC lent her Rs. 3,000 and helped her to get a certificate from the Ward Office required for receiving the single women allowance. After receiving the allowance, she paid back the loan she took from the CDC. She is grateful to the CDC, Everest Club Dailekh, and Oxfam Nepal that the Creating Spaces project gave her "new birth". She is now actively involved in the CDC.

Education on gender equality from childhood

Research findings show that CDC members have started treating sons and daughters equally without any discrimination in their education and feeding. Respondents reported that it might be difficult for them to convince older generations, but they can start from themselves and teach their children. Specifically, there is a need for men to teach their children, particularly sons, to respect women and follow gender equal behaviour from childhood when social norms are learned. Reducing the cultural practices that harm women and girls from an early age is another effective practice. This is particularly important since witnessing violence and discrimination in childhood makes children believe in the social norms that can lead to the acceptance or perpetration of violent behaviours.

Similarly, formal education has an important role to play in building equitable gender relationships free from violence and discrimination. When CDC member households started sending their daughters to school, the non-CDC households also started following the practice.

The respondents stressed the need for education, and to encourage school children to participate in the campaigns to address harmful social norms, VAWG, and CEFM. Research findings suggest that children were already participating in creating awareness and knowledge through the formation of and participation in Child Clubs and Forum Theatres. Such interventions have brought changes in the attitudes and knowledge of school children on women's and girl's rights.

4.3 What makes CDCs effective at combatting harmful gender norms?

The CDC members expressed that they did not contribute to social change to end VAWG and CEFM before participating in the CDCs, due to various barriers:

- Lack of knowledge about their rights and legal provisions related to gender-based violence;
- Lack of knowledge about the issues of social norms, VAWG and CEFM;

- Lack of confidence and platforms to raise their voices;
- Fear of gender-based violence from partner and in-laws if they attended a meeting without their preapproval;
- Lack of knowledge of available support services, such as police and local government offices; and,
- Lack of spare time to be engaged in social works.

Some of the CDC participants interviewed reported that they were even given pressure by the family members in the past not to speak against social norms whether they feel comfortable with them or not. Any women raising their concern or dissatisfaction were accused of "*pothi basyo* (hen crowed)". Only a "rooster" is allowed to crow; crowing of "hen" is considered "inauspicious and threatening" and hence socially unacceptable[2].

According to the CDC participants, four factors underpin the effectiveness of the CDC model to address VAWG and CEFM in their communities:

Relevance to their lives:

The majority of the respondents from FGDs and in-depth interviews reported that CDCs and peer-to-peer learning were more effective than formal or school education to learn about social issues, because they involve learning through the sharing of experiences by the CDC members. For many of them, the knowledge they learned in discussion class was more practical and relevant to their own issues/problems.

Women-led:

CDCs were organized and operated by women who were the survivors of gender-based violence, gender discrimination, and injustices. Being a women's group, they knew what was prohibiting their rights, who were the promoters, and how women and girls suffered. Hence, there wouldn't be any other individual or group most appropriate than the women themselves to address thse issues. The sufferings experienced together, coupled with an increased awareness of their rights and knowledge of the negative consequences of such ill practices made CDCs the best forum to combat harmful social norms.

Peer-to-peer, discussion-based learning:

Peer-to-peer learning was a participatory and experience-based approach to ensure women and girls led the change for their own lives. Through discussion classes and sharing of experiences, the participants developed skills and critical thinking around their rights, gender inequality, gender-based violence and harmful gender norms and their consequences. Such discussions provide the women with opportunities to practise the skills and knowledge they had learned, and to help each other and the society to alleviate VAWG and CEFM.

[2] In many part of Nepal, crowing of hen is still considered as inauspicious and threatening, and hen is usually killed if crowed.

The ripple effect:

CDCs played a key role in transmitting social norms about VAWG and gender equality in the community. They had the potential to reach a large proportion of the population in the course of people's day-to-day lives. CDC participants were best placed to identify the priority populations, and where violence prevention interventions could be feasibly implemented.

> *"Before participating in the CDC, I did not have any knowledge about women's rights and awareness of VAWG or CEFM, nor was I empowered enough to speak in front of men or advocate against such harmful norms in the community. Now, I raise my voice against any injustice and gender inequalities. I understood that knowledge is empowerment and promoting knowledge to other women is my mission now. I am happy that participation in the CDC has transformed my life and I would like to bring positive change in the lives of other vulnerable women."*
>
> *A member of Bharbhare CDC, Naumule – 4 (existing Kalika VDC – 2)*
> *(In-depth Interview participant*

5. CONCLUSION AND RECOMMENDATIONS

The research findings confirmed that the peer-to-peer learning CDC model had enhanced women's leadership in addressing harmful social norms to end VAWG and CEFM in Dailekh district. The capacity-building and women-led approach have empowered the CDC members to enhance their safety and access to justice. The research documented several successes or change stories of the women survivors, and how they became a role model and change agent in their communities. These findings have great significance for Oxfam Canada, Oxfam Nepal Creating Spaces project and Everest Club, Dailekh and other agencies working in alleviating VAWG and CEFM.

The main outcomes of the CDCs are as follows:

- Significantly reduced the incidences of VAWG and CEFM. A total of 67 reported cases of VAWG and 52 CEFM have been stopped by CDCs in the last two years, and there were no reported cases from April to June 2019.
- Reduced cases of women living in *chhau goth* during menstruation, with an estimated 70% of CDC women no longer living in *chhau goth*. CDC members and other women in the project areas started living in a room of their house and received milk and milk products during menstruation.
- Increased knowledge of CDC participants on women's rights, gender discrimination and inequality, and harmful social norms.
- Increased the leadership and life skills, and self-confidence of CDC participants
- CDC participants raised their voices against gender discrimination and injustice, and harmful social practices.
- CDC participants started organizing in various social and economic groups, such as cooperatives, agriculture groups, and saving and credit groups.
- Demonstrated leadership by leading the community to fight against gender discrimination, injustice and harmful social practices
- Controlled alcohol consumption in many communities
- Gained support of the local government and local police in both Aathbis Municipality and Naumule Rural Municipality.

Sustaining CDC impacts

The research noted high level of commitment from the CDC members and local government representatives to sustain the project interventions and achievements. One strong indicator of sustain-

ability of the project impacts is that the CDCs were carrying out most activities out of self-initiation. Nevertheless, the organizational sustainability of the CDCs beyond the Creating Spaces project is still in question. Research finding suggests that peer-to-peer learning and the CDC approach were successful and probably the most relevant approach to reduce the incidence of VAWG and CEFM. However, due to their informal nature, CDCs may not be functional after the project is phased out. For instance, hiring a facilitator or paying rent for an ongoing class space could be a challenge. Replication and scaling up of the approach and practices to other areas is necessary to institutionalize and sustain the initiatives. It could yield significant outcomes if the CDC approach is formalized by the local governments, given their mandate under the existing federal structure to implement such initiatives. Otherwise, the absence of such provisions could jeopardize the gains made to date through the CDCs.

Local governments have shown solidarity to CDCs in their campaigns to stop VAWG. They have morally supported CDCs in organizing door-to-door campaigns and other activities, though financial and technical support were not provided. CDCs need support from local governments and other government agencies to take legal actions against the perpetuators since they do not have the authority to do so. For instance, Aathbisa Municipality -5 no longer registers or provides birth certificates to the households with child marriages. "*We are also considering to stop all social security services to the households with VAWG and CEFM,*" said the Ward Chairperson, Aathbisa Municipality – 9. Similarly, local governments are supporting CDCs in taking action against the perpetrators in close coordination with police. A Judicial Committee formed in each Palikas looks into such cases and punishes the culprits. Similarly, the Mayor of Aathbisa Municipality has already allocated a budget to conduct an awareness campaign to fight against harmful social norms and gender-based violence.

The Creating Space project has advocated with the local governments and other relevant government agencies situated in the project areas on the formalization of CDC initiatives as part of their annual plan and programming. This would increase the likelihood of their continuity, and by extension the sustainability of outcomes. The local governments were encouraged to recognize and accept CDCs as their implementing partners on gender-related programs, given the centres' influence in ending VAWG and CEFM. Most importantly, local government could facilitate the CDCs' registration as a legal entity, and allocate a specific budget to CDCs for be able to implement their advocacy campaigns and other activities. Although local governments have shown their verbal commitment to implement gender-specific plans and programs through CDCs, more advocacy and lobbying needs to be done at both local and provincial levels to ensure their follow-through.

5.1 Recommendations

Oxfam Nepal and Everest Club are encouraged to take the following recommendations into consideration to foster the continued development, impact, and sustainability of CDCs.

Foster the autonomy and leadership of women

- Create opportunities for the economic empowerment of CDC members to sustain the women's autonomy beyond the lifetime of the Creating Spaces project. Training on livelihood improvement and vocational skills could be possible options for increased employment and entrepreneurship opportunities.
- Explore opportunities for CDC members to assume positions in community and public groups and committees where they can continue to apply their leadership skills in practice.

Expand the reach, capacity, and leadership of CDCs

- Increase the reach of CDC activities to orient family members, particularly in-laws and husbands, on women's and girls' rights and gender equality.
- The CDC members need to build their capacity on minute/record keeping and proposal writing and reporting, in order to seek resources from the local government, and from other government and non-governmental agencies.
- Strengthen networking of CDCs with locally based community groups and organizations. It is necessary to link up the leadership of CDC members with local community groups or organizations in order to develop transformative leadership.

Formalize the role of CDCs

- Continue to advocate to local and provincial-level governments, or other suitable institutions, to formalize CDCs as women's rights groups and strategic partners in addressing VAWG and CEFM.
- Identify which of the local governmental bodies and departments hold responsibility for the VAWG and CEFM-related policies and processes, and build a case for how CDCs would fit within these existing structures to contribute towards the implementation of their mandate. Define what the specific role of CDCs would be, and how the centres would improve upon existing governmental efforts.
- Consider how to preserve the core values of the CDC model as it transitions from an informal to formal structure; it is critical that the peer-to-peer, women-led, and inclusive nature of the CDCs are safeguarded by whoever takes ownership. It is important to recognize that the government and its officials are still working within a patriarchal system that reinforces gender inequalities.

- Register the CDCs as a legal entity, in order to become eligible to receive financial support from governmental and non-governmental agencies, as well as financial institutions, to scale up advocacy campaigns.

Continue targeted advocacy and educational programs to support the work of CDCs

- Advocate to local governments to enhance and enforce policies, plans and programs related to VAWG and CEFM, and to involve CDCs in program and policy developments. Ensure that sanctions or measures taken to enforce the laws prohibiting CEFM do not cause further harm to young girls involuntarily involved in child marriages.
- Since family and community support is necessary for women to be able to seek and receive services to both respond to and prevent VAWG and CEFM, Creating Spaces project is encouraged to continue to work with men and boys to challenge gender norms.
- Consider a legal literacy campaign to raise awareness of inheritance and property rights for both men and women and where to seek legal support. Failure to understand this, particularly by women, has led to the increased economic dependence of women and increased vulnerability to violence.

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ANNEXES

ANNEX 1: TRAINING SESSION PLAN

CAPACITY BUILDING IN QUALITATIVE/ETHNOGRAPHIC RESEARCH ETHICS, TOOLS AND METHODOLOGY

At the end of the training, the participants will be able to:

- Understand the research overview and rationale of the research
- Understand qualitative, ethnographic research ethics, methodology and methods for documenting the stories of individual transformative leadership of women,
- Collect primary research data from the field to analyze the social norms that are perpetuating CEFM/VAWGs in the project district,
- Collect primary data from the field to analyze the evidence on the effectiveness of CDC approach of CS to address VAWG and CEFM through peer-to-peer learning
- Co-create a detailed research work plan.

TRAINING SESSION PLAN

DAY 1: 26 Feb

TIME	RESPONSIBLE	METHOD	SESSION DETAIL
4:00 – 5:30 pm	EC Oxfam Team, Consultant	Welcome, presentation	Inaugural Session • Formal welcome to training and overview of the training program • Introduction of participants • Expectation from the training • Training sessions and house rules

DAY 2: 27 Feb

8:30 – 11:00 am	Oxfam Team, Consultant	Presentation and discussion	Introduction to the Research – Creating Spaces • Rationale of the Research • Research overview and design • Research approach, methodology and process (ethnographic ethics and methods)
11:00 – 11:15am		Tea Break	
11:15 – 12:30 pm	Consultant	Presentation and discussion	Introduction to the Research (Contd...) • Research approach, methodology and process (ethnographic ethics and methods). • Finalization of stakeholders and individuals as audience for the research
12:30 – 1:30 pm		Lunch Break	
1:30 – 3:00 pm	Consultant	Presentation and discussion	Ethnographic tools design and development
3:00 – 3:15 pm		Tea Break	
3:15 – 5:00pm	Oxfam Team, Consultant	Presentation and discussion	Qualitative primary data collection • In-depth interviews • Focus Group Discussions (FGD) • Key informant Interviews (KII) • Observation and collection of case stories

DAY 3: 28 Feb

TIME	WHO?	METHOD	SESSION DETAIL	REMARKS
8:00am – 5:00pm	EC Oxfam Team, Consultant	Field Work	Field Visit with EC • Field visit with EC for pre-testing of the tools and methodology	Naumule VDC

DAY 4: 1 March

TIME	WHO?	METHOD	SESSION DETAIL
9:00 am – 1:00 pm	EC Oxfam Team, Consultant	Presentation, Discussion and Group Work	Research Planning Meeting • Review of pre-testing field visit • Co-creating work plan for the research • Identifying next steps (field team formation) • Reflections and follow-up • Training evaluation • Closing of training
1:00 – 2:00 pm		Lunch	
2:00 Onwards	Oxfam Team, Consultant	Travel	Travel from Dailekh to Nepalgunj

ANNEX 2: CHECKLIST FOR FOCUS GROUP DISCUSSION

a. What are the roles of your CDC in minimizing or reducing GBV and CEFM in your communities?
b. Did you get any support for being able to bring changes or awareness in community regarding GBV and CEFM?
c. What are the CDC activities conducted to increase the awareness level of community on the issues of GBV and child early and forced marriage?
d. What is the level of awareness of women and girls on action against GBV and CEFM? Is the awareness level enough to contribute to prevent themselves or their friends/relatives of GBV and CEFM?
e. What skills and capacity of women and girl leaders have been strengthened by the CDC collective learning approach to advance their rights and contribute to the prevention of VAWG and CEFM?
f. What is the level of acceptance to CDC by the community?
g. What community men think about the women who participated CDC before and after?
h. What is the level of ownership of CDC by local governments and stakeholders?
i. What are the major achievements or outcomes of CDC approach?
j. Have your group ever deal with harmful social norms? If yes what and how?
k. Have your CDC contributed on bringing or increasing individual transformative leadership of women? Any example?
l. What is the status of women in the community before and after CDC?
m. How effective is the peer to peer learning to address VAWG and CEFM? How ?
n. What is the role of different agencies and institutions to reduce GBV and CEFM?
o. Is there any change in the perception, attitude and behaviour of the community people on GBV and CEFM? Any evidence? What are the factors for the changes?
p. Is there any particular group or category of people who have changed their perceptions and views as a result of CDC approach? If yes, what could be the reasons?
q. Have the changes in perceptions and views on GBV and CEFM personally contributed at personal/family level to reduce GBV and CEFM? If yes, how? Any evidence?
r. Is there any mechanism to sustain the CDC peer-to-peer learning approach? If yes, what?
s. What are the challenges and lessons learned from the peer-to-peer learning approach? What would you do differently?
t. What changes would you like to see in your community in terms of supporting women who have experienced violence?

ANNEX 3: CHECKLIST FOR KEY INFORMANT INTERVIEW AND IN-DEPTH INTERVIEW

a. What do you understand by VAWG and CEFM or positive social gender norms? What is your perception and view on social norms that are perpetuating VAWG and CEFM?

b. Can you recognize and understand what constitutes VAWG and CEFM and its prevalence?

c. Are you aware of CDC or peer-to-peer learning approach and their contribution in reducing VAWG and CEFM through development of transformative leadership of women?

d. How the change in transformative leadership of women happened or how it become possible? Who are the main change factors/agents or influencers)?

e. Is there any change in the perception, attitude and behaviour of CDC participants on VAWG and CEFM after participating in CDC or peer-to-peer learning activities?

f. What activities did you participate in the CDC?

g. Where did you apply the learning of the CDC?

h. Has your male counterpart agreed and supported you being participants of the CDC?

i. Have your family member and children ever benefitted from your learning through CDC?

j. Is there any individual transformative leadership change on you due to participating in the CDC? If yes, what are the changes and how the changes happened on you? If no, why there is no change?

k. Have you yourself been involved in stopping VAWG and CEFM in your community?

l. Why do you think the CDC approach is important for community development, particularly reducing harmful social gender norms?

m. Do you think that CDC approach could be able to change the structure or the condition of women in the society? How?

n. How do you think that you have been recognized after being part of CDC? Give example.

o. What is the difference in your relationship with the government stakeholders/duty bearers before and after participating in CDC? Any evidence or example?

p. Do you think you can influence stakeholders and duty bearers on improving their accountability as a CDC participant? How?

q. Has CDC contributed to increase the social harmony among community women? If yes, how?

ANNEX 4: CHECKLIST FOR SUCCESS/CHANGE STORY COLLECTION

Contact name: _____

Contact information: _____

Address: _____

Contact number: _____

Time period of achievement: _____

Location of the story: _____

Characters of beneficiaries/impact group: _____

Identify positive project impact: _____

Describe the activities/actions that led to the impact: _____

Details of what happened in the activity: _____

Description of results or impacts:

- What change the beneficiaries or community experienced? _____
- Was it built on the achievement/learning from previous phase? If yes, how? _____
- Who contributed what in achieving the results? _____
  - What did they do? _____
  - How did they do it? _____
  - How long did it take? _____
  - What did it cost (VfM)? _____
- What were the implications of the results? _____
- How the change was possible? What are the linkage between activities and achievements? _____
- Context and barrier to success: _____
- (What were the challenges and how were they overcome? _____

Quote from participants: _____

Lessons learned and Sustainability

- What were the key elements that made this a success? _____
- What would you do differently? _____
- Mechanism to sustain the achievements and outcomes? _____

ANNEX 5: AGENDA FOR DATA ANALYSIS WORKSHOP

DAY	WHAT	WHO	HOW (METHOD)
DAY 1			
9:00 – 11:30	Data Analysis Workshop: Introduction/ Agenda Data Analysis Process (qualitative data analysis: developing and applying codes, identifying themes, patterns and relationships, and deriving findings from data)	EC Team Consultant	Presentation and discussion
11:30: 11:45	Tea Break		
11:45 – 1:00	Data Analysis Process (qualitative data analysis: developing and applying codes, identifying themes, patterns and relationships, and deriving findings from data)	Consultant	Presentation and discussion
1:00 – 2:00	Lunch Break		
2:00 – 3:30	Working on data: Different ways of summarizing data	Consultant Oxfam	Presentation and discussion
3:30 – 5:00	Summarizing data and extracting findings (in line with the research questions/objectives) • FGD	Consultant Oxfam Enumerators	Group work Presentation and discussion
DAY 2			
9:00 – 11:30	Working on data: Summarizing data and extracting findings (in line with the research questions/objectives) • KII	Consultant Oxfam Enumerators	Group work Presentation and discussion
11:45 – 1:00	Working on data: Summarizing data and extracting findings (in line with the research questions/objectives) • In-depth Interview	Consultant Oxfam Enumerators	Group work Presentation and discussion
1:00 – 2:00	Lunch Break		
2:00 – 5:00	Working on data: Summarizing data and extracting findings (in line with the research questions/objectives) • Case stories and Individual Diary	Consultant Oxfam Enumerators	Group work Presentation and discussion
DAY 3			
09:00 – 1:00	Compilation of major findings/reporting Reflection on Data Collection Work (Issues and challenges, Lesson learned/ Recommendation)	Consultant Oxfam Enumerators	Group work Presentation and discussion
1:00 – 2:00	Lunch Break		
2:00-4:00	Identifying next steps (dissemination strategy and planning) Workshop evaluation Closing of workshop	EC Team Oxfam Consultant	Discussion Presentation

1 Deuda is the most popular dance and song form of Mid-Western and Far-Western Hills of Nepal. It is a way of celebrating a festi*val, where* the participants organise themselves in a circle, hold each other's hands, and move themselves in harmony. Deuda is usually accompanied by a song that celebrates gods and goddesses and myths.