



**GENDER EQUALITY UPDATE 25:
COVID-19 AND HARMFUL PRACTICES
IN NEPAL**

DECEMBER 2020

BRIEF: COVID-19 and Harmful Practices in Nepal¹

Introduction

The purpose of this brief is to facilitate a multi-level and multi-sectoral approach through recommendations for humanitarian and development actors responding to COVID-19 to address harmful practices specific to Nepal.

This brief is published as a Gender Equality Update on behalf of the United Nations Harmful Practices Working Group (HPWG). The HPWG was established in 2018 by the UN Country Team (UNCT) to support an informed, coordinated and coherent approach to addressing harmful practices across outcome areas of the UN Development Assistance Framework (UNDAF) 2018-2022.

Global lessons learned from past crises suggest that the most vulnerable, including women and girls, will bear the majority of the negative impacts of COVID-19. For example, in Nepal, it is likely that COVID-19 and the measures to respond to it are exacerbating the risk factors associated with harmful practices.

At a time when increased social isolation and restrictions on women and girl's movements in many parts of Nepal is resulting in the entrenchment of negative gender norms, coupled with reduced access to support services and the reallocation of funds away from gender equality and women's empowerment (GEWE), there is a critical need to look closely at how these factors are changing the dynamics around harmful practices across the country.



Women, girls and children standing in a queue to collect relief materials.
Photo: UN Women

Understanding Harmful Practices

Harmful practices are persistent behaviours that discriminate against individuals and groups based on socio-demographic characteristics such as sex, gender, age, caste, ethnicity, language, religion, physical ability, sexual and gender identities.² They are deeply entrenched within social, cultural and religious norms and are often perceived as traditional or normal in communities in which they are practiced. Harmful practices disproportionately affect the lives of women and girls, and people with multiple marginalised identities.³ Globally, some common forms of harmful practices include child marriage, bride price or dowry, female genital mutilation or cutting (FGM/C), among others.

While the prevalence of harmful practices varies across regions and they manifest in different forms, they tend to have common causes including unequal power dynamics, gender inequality and patriarchal social and gender norms, which are usually compounded by particular religious and cultural beliefs. At present, the global and local evidence base on the specific factors which increase the risk of harmful practices is fairly limited. However, by cross-referencing literature on the drivers of violence against women (VAW) against studies of harmful practices in different settings, we can build a picture of the most likely risk factors for harmful practices – check figure below.



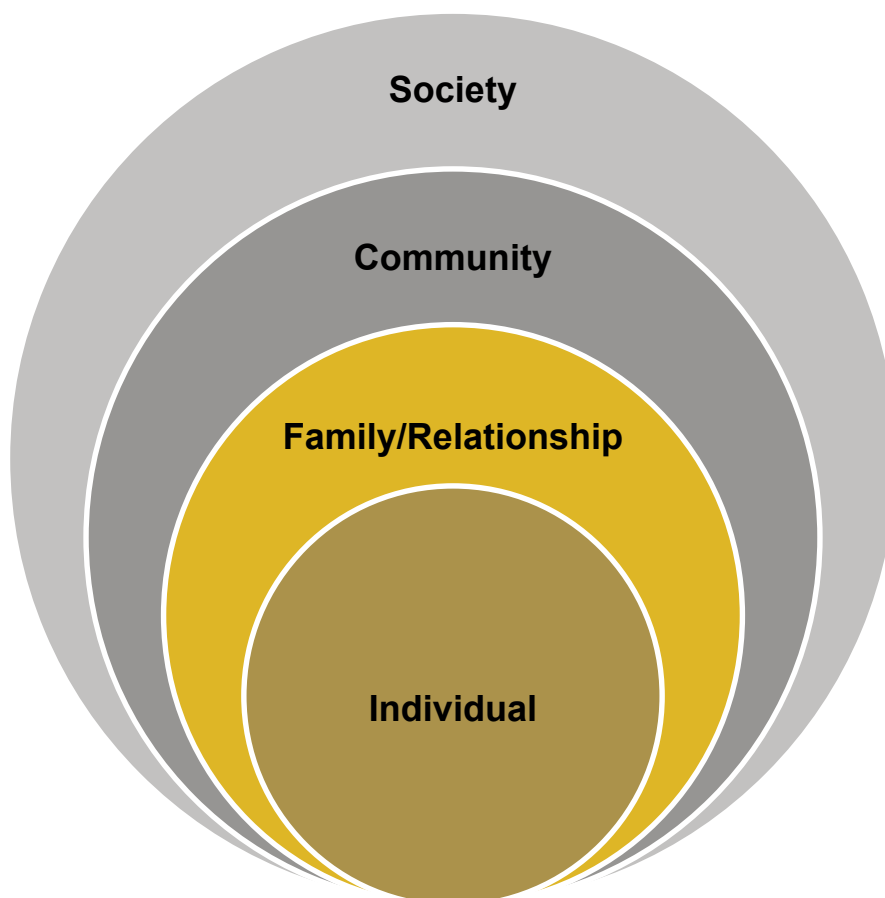
As part of awareness raising campaign, a volunteer from Nagarik Aawaz, UN Women's partner, explaining about domestic violence and reporting mechanisms to the communities of Province 3 during June 2020. Photo: Nagarik Aawaz

Society

- **Men's control of decision-making**
- **Shared beliefs that men deserve greater prestige and value in society**
- **Poverty levels**
- **Lack of economic rights for women**
- **Discriminatory family and citizenship law**
- **Conflict and normalization of violence in general**

Community - Shared Beliefs and Norms

- **Men's right to discipline and control women's behavior - including acceptance of wife beating**
- **Cultural acceptance of harmful practices**
- **Emphasis on women's purity and family honor**
- **Shared beliefs that women and girls should be blamed for experiences of violence**
- **Rigid ideas about masculinity and femininity**
- **Religious beliefs, including fear of retribution from God/Gods**



Family/Relationships

- **Male authority and power over household**
- **Unequal decision-making**
- **Poor communication and use of violence as conflict resolution**
- **Shared beliefs that men should be the breadwinners and women should be caregivers**
- **Prioritizing family unity**
- **Harsh parenting practices**

Individual

- **Socio-demographic characteristics (eg - Gender, age, education, employment, caste)**
- **Attitudes about gender roles and use of violence**
- **Experience of violence during childhood**
- **Alcohol and substance abuse**

Figure 1. Socio-ecological model: Factors that increase the risk of VAW occurring⁴

In order to develop strategies to reduce a specific harmful practice, it is important to undertake analysis to determine which of these risk factors are most prevalent in a given setting and how to address these alongside gender and power inequalities. It is also important to be aware that in contexts where multiple harmful practices coincide, such as child marriage and bride price/dowry, negative outcomes can be compounded. For example, in Nepal dowry has been linked to perpetuating the practice of child marriage, as younger girls require lower dowries.⁵ Child marriage then has devastating consequences for girls such as increased risks of intimate partner violence (IPV), correlation with teenage pregnancies, higher rates of maternal and child mortality, poverty, and negative educational outcomes for both mother and child.⁶



Group counseling sessions were organized by UN Women's partner, Women's Rehabilitation Centre (WOREC) in a quarantine site in Kailali, Province 7. Photo: WOREC

Harmful Practices in Nepal

In Nepal, multiple harmful practices exist. In 2017, the UN Harmful Practices Working Group (HPWG) conducted a Community Perception Survey which focused specifically on five harmful practices that contribute to negative life outcomes for individuals based on their gender, age, caste/ethnic group and/or geographical location. These include:

1. **Caste-based discrimination,**
2. **Menstrual restrictions including *Chhaupadi*,**
3. **Child marriage,**
4. **Dowry, and**
5. **Witchcraft accusations and prosecution (WAP)**

Although these harmful practices are distinct in practice, geographical spread and intensity, they are interconnected because they are all driven by unequal power dynamics and systemic inequalities based on gender, caste, ethnicity and other identities. Thus, some individuals may experience several forms of harmful practices throughout their lives due to the multiple and intersecting marginalities they face. For example, caste-based discrimination is a structural, systemic issue that permeates across all levels of society in Nepal and

affects people of all genders. Nonetheless, violence and discrimination are still gendered. For example, Dalit women and girls are specifically at risk of sexual assault by upper caste men. They are also more at risk of witchcraft accusations.⁷ Overall, most of the harmful practices common in Nepal disproportionately affect women and girls and four of these harmful practices are also considered forms of violence against women and girls.

In addition to the five harmful practices mentioned above, son preference, gender-based sex selection (GBSS), bonded labor, femicide and polygamy exist in Nepal.⁸ These practices can lead to risk of violence and exacerbate other harmful practices such as dowry and child marriage. The cultural practice of daughters moving away from their parents' home after marriage coupled with dowry demands are important drivers for son preference and daughter aversion, as sons bring financial and human capital to the family.⁹

Evidence shows that GBSS, in particular, is rapidly increasing in Nepal and a significant risk of increased GBSS during COVID-19 exists.

In the short term, GBSS may decrease because of lockdowns and restricted access to sexual and reproductive health (SRH) services and reproductive technologies.

In the long term, the rise in unwanted pregnancies may increase the pressure to sex select for a boy.

Harmful Practices during Times of Crisis

Evidence from previous crises around the world, whether triggered by conflict, natural disaster, or pandemics, can provide important indications as to how they affect existing gender inequalities and might impact on harmful practices during the current COVID-19 pandemic. Experiences from the Cholera outbreaks in Yemen, Syria, and Haiti; Ebola in Sierra Leone, Liberia, and the Democratic Republic of the Congo; and other acute emergencies strongly indicate that those belonging to the most vulnerable and marginalized groups, particularly women and girls, will be disproportionately affected.^{10,11}

School closures intended to reduce the spread of COVID-19, are likely to have long-term implications for children, especially girls. In some areas of West Africa, school closures due to Ebola saw a sharp rise in adolescent pregnancies and child marriage, and a decrease in girls' school enrolment once schools reopened.¹²

Evidence from multiple settings, including India and Bangladesh, shows that child marriages and dowry practices often increase during crises as many families turn to these as a negative coping mechanisms to deal with greater economic hardship and to protect girls from violence outside the home and avoid the shame of their daughters engaging in pre-marital relationships or becoming pregnant outside marriage.^{13,14} In Bangladesh, there is evidence that many families marry their girls at young ages to mitigate the loss of land and shelter due to floods and natural disasters.¹⁵ Meanwhile, in India, a children's helpline reported a 17% increase in distress calls related to early marriage of girls in June and July compared to the same period a year earlier.¹⁶ Less is known about the impact of pandemics on other harmful practices that are prevalent in Nepal.



A health worker checks body temperature of patients at Jeetpurphedi Health Post.
Photo: UNFPA

Emerging Evidence on the Intersections of COVID-19 and Harmful Practices in Nepal

There are serious concerns about the regression of progress made in recent years around the protection of women and children in Nepal due to COVID-19. These relate both to the general uncertainty and fear associated with the pandemic as well as the impact of government responses to control the spread of disease, such as lockdown measures and temporarily closing down institutions that provide services. In particular, the short and long-term implications of restricted access to basic social services such as schooling, healthcare, and some social protection measures including GBV services are a significant concern.¹⁷ There is also a fear that communities will resort to negative coping strategies, such as child labour and child marriage, to mitigate the loss of livelihoods and community support systems.

Child Marriage

Although available evidence at the time of writing does not indicate an increase in child marriage in Nepal, references from other countries and past crises suggest that child marriage is likely to increase. For example, emerging data from a girls' education programme for low-income communities with high dropout rates and vulnerability to abuse in Nepal, have reported that almost 12% of targeted girls have been out of touch and not participating in the radio distance learning since the lockdown began. Several girls from the programme have eloped with boys in their class or communities, with some evidence indicating increased monitoring and controlling behaviors by family members as a reason for elopement.¹⁸ Additionally, in a recent survey conducted in some parts of Nepal, 37% of respondents reported an increase in violence against children due to the COVID-19 lockdown.¹⁹



Ritu B.K., raised the challenges faced by herself and her friends during a community dialogue held by her school in Hetauda, Makwanpur District. Photo: UN Women/Merit Maharjan

Dowry

In Nepal today, dowry (*dahej or tilak*) is a forced financial and/or material arrangement to be given by the parents of the bride to the parents of the groom as an essential condition of the marriage.²⁰ Although illegal in Nepal, dowry is practiced across socio-economic groups and the education, occupation and status in society of the groom and his parents are major factors in dowry payment.²¹ The practice is most prevalent in Eastern Tarai, especially among Hindu and Muslim communities. Although available evidence does not show a change in dowry practices, the loss of livelihoods and income during COVID-19 could result in girls getting married younger so that parents can pay less dowry. It is also possible that girls and women who are already married - especially those who were married young and/or whose families were not able to pay the expected dowry - may experience an increase in domestic violence from their husbands and in-laws, especially if the husband's family are also facing economic constraints due to COVID-19. On the other hand, some families may not have the ability to pay dowry at all, in which case dowry practices may stagnate during COVID-19 but potentially pick up again once economic activities become viable.

Menstrual Restrictions including *Chhaupadi*

Menstruation is considered a taboo in some parts of Nepal and although the practice of *chhaupadi* has been criminalised, it still continues in many areas. Many of the programmes working to change *chhaupadi* and norms around it have been disrupted due to COVID-19. Managing periods hygienically, safely, privately and with dignity has become a challenge during the pandemic, particularly given the presence of men and older family members in the household during lockdowns. With everyone at home, women may face controlling and restrictive behaviours when seeking to manage menstruation, such as wanting to leave the house to access WASH services and facilities or purchase Menstrual Hygiene Management (MHM) products.

As the pandemic sweeps across Nepal, there is also a risk that regular healthcare resources will be diverted to the COVID-19 response, further reducing the already limited access to MHM services, putting girls and women at a greater risk of infection and discomfort. For example, a recent study in 30 countries, including Nepal, found that people who menstruate have observed the following issues as a result of COVID-19: severe shortages of products (73%); inflated prices of pads and tampons (58%); lack of access to basic information and services about MHM (54%); reduced access to clean water to manage periods (51%); and increased stigma, shaming or harmful cultural practices (24%) as a result of increased social scrutiny at this time.²² In quarantine facilities, returnee migrant women and girls may face similar issues compounded by lack of privacy. They may also face restrictions around touching and cooking certain foods, eating amongst others, and accessing certain spaces, such as temples of shrines within the schools that serve as quarantine facilities.

Caste-based Discrimination

Despite laws banning caste-based discrimination, discriminatory beliefs and practices are widespread in Nepal. Even during the COVID-19 lockdown,



Mona B.K. from Achham, Sudurpaschim Pradesh of Nepal, wants to be a teacher in the future. She is from the Dalit community, the majority of whom still live below the poverty line. Photo: UNFPA

there are reports that Dalit and indigenous peoples of Nepal continue to be discriminated against, raped and murdered²³ and perpetrator impunity continues to be the norm.²⁴ Dalit women and girls are at particular risk of experiencing both caste- and gender-based discrimination during COVID-19. They are perceived to be at the bottom of the caste, gender and class hierarchy in Nepal and thereby face the most severe forms of deprivation compounded by violence, sexual assault and humiliation.²⁵

Furthermore, pre-existing discrimination against ethnic groups from the Tarai region such as Madhesis, Tharus and other minorities seems to be exacerbated by the fear that returnee migrants entering Nepal from India are spreading the disease. In quarantine facilities, cases of “untouchability” have emerged – Dalit members being asked to prepare their food separately,²⁶ and others refusing to eat meals cooked by Dalits,²⁷ and refusing to drink from water sources touched by Dalits. Since a key protective measure from COVID-19 is hand washing, this could be a significant barrier and risk factor for the Dalit community. All the emerging evidence points towards deep rooted discriminatory attitudes and beliefs being magnified during COVID-19. In addition, there have been gendered differences in the treatment of migrants returning home during COVID-19, with cases of men being welcomed and young women in particular looked at with suspicion.

Witchcraft Accusations and Prosecution (WAP)

WAP in Nepal are often based on local superstitious beliefs²⁸ that provide an explanation for phenomena that would otherwise be unexplained and/or unbearable, such as natural disasters, sudden outbreaks of illness or death in a harvest, livestock illnesses, mental health problems, disability, etc. WAP exist in all provinces of Nepal but the most severely affected area is the Tarai region – one of the poorest regions, with very high illiteracy rates and a lack of healthcare services.²⁹ Evidence from studies and local

statistics from Nepal show that those who experience WAP belong to already vulnerable or marginalized groups, especially women who are widowed, divorced, elderly, single, living in poverty and/or lower caste.³⁰ People with psychosocial and intellectual disabilities also often face WAP. Most accusers of witchcraft are upper caste.

While the number of WAP cases are low³¹ comparatively to other harmful practices in Nepal, the potential for extreme violence against those accused is very high. WAP often leads to ostracization, humiliation, torture, and death. During COVID-19, there may be heightened risks of WAP, particularly against the most vulnerable in society, as an environment of fear and suspicion can foster extreme violence and accusations against people for spreading COVID-19. Furthermore, lockdowns can restrict access to protection, health (including mental health) services and community safety nets, compounding the risks of WAP for the most vulnerable in society.

Misinformation can not only increase the risks of COVID-19 but also incite fear and promote harmful behaviours and stigma towards people who have had or are suspected of having COVID-19 in a community.

This can compound the discrimination already experienced by those affected by harmful practices, particularly those at risk of caste-based discrimination and WAP.

Recommendations

Experience from past epidemics highlights the importance of a twin track approach, combining support to organisations directly working with those at risk and survivors as well as sectoral interventions.³² Overall, coordinated, multi-level and multi-sectoral approaches are recommended to prevent and respond to the potential increase in harmful practices in Nepal.

POLICY- LEVEL



- **Advocate for the integration of efforts to end harmful practices into national COVID-19 emergency response plans (ERPs) and recovery efforts including economic recovery.**
- **Support and advocate for provincial and local governments to mainstream harmful practices and gender considerations in their COVID-19 emergency response plans.**
- **Advocate for legislation to be complemented with medium- and long-term transformative programming³³ that addresses the root causes of harmful practices and works across all levels of society to address beliefs, practices and norms that uphold harmful practices.** Such programming will help ensure that communities recover from and build resilience to future shocks.

SERVICE AND SYSTEMS LEVEL INTERVEN- TIONS INCLUDING AT THE CLUSTER LEVEL



- **Build on the existing work of the Humanitarian Cluster System, including the Gender in Humanitarian Action (GiHA) working group's efforts on Gender Equality and Social Inclusion (GESI), data preparedness, and draw on lessons from the earthquake response, to improve the mitigation of harmful practices in the COVID-19 context.** In particular, work with clusters to ensure that harmful practices are factored into cluster interventions. Furthermore, build on the collaboration between clusters and sub-clusters, and the GiHA and UN harmful Practices working groups come up with concrete interventions and ensure a multi-sectoral response.
- **Ensure the continuation of efforts to end harmful practices by adapting existing programmes to the COVID-19 context and advocating for the continuation of funding for these interventions.**
- **Conduct gender analysis of harmful practices at the cluster level for provinces with higher prevalence and spread of certain harmful practices to identify the risk factors associated with COVID-19 and inform cluster-level responses to COVID-19.** Ensure the inclusion of local feminist groups and community-based organisations, with representation from minority groups and vulnerable populations via phone or other viable socially distanced options. The gender analysis should take into account various domains³⁴ and levels of analysis³⁵ to capture the various ways COVID-19 can affect harmful practices.

Building on existing evidence and materials, the table below provides specific recommendations for each sector in terms of protecting vulnerable populations, particularly women and girls, from harmful practices during and after the COVID-19 pandemic.³⁶

EDUCATION



- **Continue to support school-aged children - especially girls from low-income communities at risk of high dropout rates and violence - through self-learning materials (internet, radio, television, and phone and print learning).**³⁷ Allocate funding to rapidly respond to rising needs for distance learning. Keeping girls in school can disrupt child marriage.
- **Monitor school dropout of girls and ensure their return to school.** Find ways to remain in contact with girls, parents to engage with them to monitor participation in educational activities, and socialization.
- **Upon opening of schools, monitor whether changes in harmful practices can be seen for example, whether discrimination/stigmatisation towards girls or Dalits have increased.**

WASH



- **Preposition and distribute dignity kits and kishori (adolescent) kits that women and girls prefer and are accustomed to using.**³⁸
- **Ensure that the provision of essential WASH facilities is prioritised in health care facilities, COVID-19 quarantine facilities, schools, public health spaces, communities and households, and consider the gendered use of such facilities.** For example, a gender-sensitive toilet will include locks on the inside, lights inside and outside, disposable bins, wash buckets and running water inside the toilet. Women and girls should be consulted to determine the placement of women's toilets so that they can safely access toilet facilities but still maintain privacy.³⁹
- **Ensure that WASH facilities in quarantine, isolation and hospital settings are responsive to the needs of menstruating women and accessible irrespective of whether women/girls are menstruating.**
- **Mitigate immediate risks of caste-based discrimination.** Although a transformative approach to the issue of untouchability may not be possible during emergency response, ensuring multiple access points to WASH and food preparation facilities can mitigate the risks of caste-based discrimination in quarantine facilities.

PROTECTION



- **Monitor harmful practices as part of existing protection monitoring, community outreach and communication for development (C4D) mechanisms.**
- **Strengthen referral pathways to ensure that service providers have the capacity and resources to continue providing essential services**, including psychosocial counselling, health, legal, police, shelter/safehouse and livelihood support, particularly to the most vulnerable groups. In particular, ensure funding for service providers continue and don't get de-prioritized.
- **Strengthen phone, online and remote modalities of providing VAWG support services (ex. psychosocial support, legal counselling and assistance, etc.) that are survivor-centred by ensuring that service providers have the capacity to respond to an increase in domestic violence calls. Provide operators with resources for responding to harmful practices.** Promote the use of help-line services including but not limited to Khabar Garaun – 1145, Asha Crisis Centre – 9801193088, Transcultural Psychosocial Organisation – 16600102005, Antenna Foundation Nepal – 16600136040 and 9801571236, and legal aid by Forum for Women, Law and Development as follows:

#	Lawyers	Province	Helplines
1	Meena Giri	1	9842-045843
2	Om Kumari Sah	2	9841-747032
3	Lalita Shrestha	Bagmati Province	9845-031945
4	Kalpana Bhandari	Gandaki Province	9856-008973
5	Sushama Gautam	Lumbini Province	9851-120060
6	Gita Koirala	Karnali Province	9863-126060
7	Kaushila Yogi	Sudurpaschim Province	9868-002020

- **Ensure frontline workers (police, quarantine facility staff, health facility staff, including One-Stop Crisis Management Centres (OCMCs)) have the skills and capacity to respond to harmful practice cases, and/or are able to make the appropriate referrals in a non-stigmatising and non-discriminatory manner.**
- **Incorporate harmful practices into protection monitoring and reporting networks that build on and strengthen existing forms of reporting with specific alert systems on harmful practices to mitigate impact, enhance response, support cross-sectorial response and inform risk mapping and protection analysis.** Ensure diverse representation in protection monitoring to capture specific experiences of those from historically marginalized groups including Dalits. Ensure that health and education actors are aware of mandatory reporting for cases involving violence against children, which may intersect with harmful practices such as child marriage.

- **Coordinate with security forces to ensure human rights approaches to enforcing lockdown measures**, including risks associated with quarantining, and ensure law enforcement remains an essential child protection and VAWG service, including for addressing criminalized harmful practices.
- **Engage the Risk Communication and Community Engagement (RCCE) cluster group in developing and disseminating protection messages (in local languages) highlighting the vulnerability of children, women (gender-based violence, domestic violence and other harmful practices), migrants, persons with disabilities, elderly, persons of concern and refugees in the current situation.**

HEALTH



- **Ensure continued service delivery – primary and secondary health care facilities should continue to provide sexual and reproductive health services, including pre- and post-natal care, and care for survivors of violence.** Strengthen the VAWG referral pathway to reflect the increased demand for GBV support services, particularly socially distanced psychosocial support. Ensure that the numerous hotlines for GBV survivors remain functional, knowledgeable about harmful practices, and are able to manage the increased demand.
- **Monitor whether historically marginalised groups are able to access and receive non discriminatory healthcare services (COVID and non-COVID).**

LIVELIHOODS



- **Ensure that any women's economic empowerment, cash transfer or skills-building programmes include gender transformative components.** Programmes that incorporate skills-building interventions seem to be more effective in delaying marriage and reducing or eliminating dowry payments than cash incentive programmes focused on school retention alone.⁴⁰ Evidence shows that economic empowerment programmes can potentially increase women's risk of violence, particularly in areas where women do not have much power in relationships. Programmes that were most successful at reducing IPV included gender transformative components with women and men.⁴¹
- **Recognising that child marriage and dowry may be used as negative coping mechanisms in the context of a socio-economic crisis and loss of livelihoods, identify existing programmes to channel livelihood assistance to affected households, particularly focusing on the wellbeing of girls.**

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- **Continue to use different forms of media to target misinformation and stigma around COVID-19, which can aggravate harmful practices.**⁴² Share resources and stories of resilience and positive change rather than sensationalizing stories of harmful practices/VAWG during COVID-19.⁴³ Draw from lessons learnt from the stigma around the HIV/AIDS epidemic in Nepal to contribute towards addressing COVID-19 related stigma.



- **Engage with women’s and marginalized groups to identify key gaps and challenges in accessing accurate information about the COVID-19 pandemic and available relief.** Ensure that women, often conduits of information in their communities,⁴⁴ can access information about how to prevent and respond to COVID-19 easily and in ways that they understand.
- **Centre women and girls by engaging local women and youth led feminist organisations and community-based organisations, in addressing the intersections of COVID-19 and harmful practices.**⁴⁵ **Women and girls are uniquely at risk but also uniquely well placed to lead.** Hence, include members and leaders of these organisations in emergency preparedness and response efforts as well as monitoring of the impact of COVID-19 on women and girls.

MERL – MONITORING EVALUATION, RESEARCH AND LEARNING



- **Using existing mapping and monitoring tools, to target responses in provinces most at risk of negative impacts in relation to harmful practices due to COVID-19.** Do not assume that COVID-19 and its effects on harmful practices will affect every province equally. Harmful practices are more prevalent in certain provinces of the country compared to others and responses to COVID-19 an harmful practices should be targeted accordingly.
- **Continue to collect monitoring data on COVID-19 disaggregated by gender, age, caste and disability at a minimum but go beyond disaggregation by collecting data on gender-sensitive indicators.** Use participatory monitoring tools with local communities, activists and organizations working in the field.⁴⁶ Ensure that cluster groups are feeding back information to each other and to the UN Harmful Practices Working Group.
- **Invest in MERL around harmful practices throughout the COVID-19 crisis in order to inform policy and programming during the pandemic and beyond, and to measure efficacy of post-crisis recovery.**
 - Continue to monitor and collect data on key indicators for the harmful practices mentioned above including but not limited to school enrolment, retention and dropout rates, domestic violence and child marriage.
 - Invest in and conduct more formative research on the scale, severity and complexity of more “invisible” harmful practices such as WAP, dowry and menstrual hygiene restrictions.
 - Invest in and conduct more rigorous cross-sectional and longitudinal studies on child marriage and caste-based discrimination.

End Notes

¹ This brief was written by **Deviyani Dixit** with additional inputs from **Alice Kerr-Wilson** and **Lyndsay McLean** on behalf of the Prevention Collaborative in collaboration with the United Nations Nepal Harmful Practices Working Group.

² All terminology related to harmful practices is based on - United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.

³ United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.

⁴ Adapted from The Equality Institute. (2018). *Piecing Together the Evidence on Social Norms and Violence Against Women*.

⁵ United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.

⁶ Kidman, R. (2016). *Child marriage and intimate partner violence: a comparative study of 34 countries*. International Journal of Epidemiology, 662–675; Peterman A., Potts A., O'Donnell M., Thompson K., Shah N., Oertelt-Prigione S., and van Gelder N., (2020). *Pandemics and Violence Against Women and Children*. CGD Working Paper 528. Washington, DC: Center for Global Development.

⁷ United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.

⁸ Some religious harmful practices specific to Nepal include *deuki* (offering a Hindu girl to a temple for ceremonial purposes) and *jhuma* (a Buddhist practice of offering a daughter to a monastery to bring good fortune to the family), and other practices such as *dhan-khaane* (receiving money for solemnizing the marriage of a child). However data are limited and further research is needed to understand the scale and severity of these harmful practices in Nepal.

⁹ United Nations Population Fund and United Nations Children's Fund. (2020). *Child Marriage and Other Harmful Practices: A Desk Review of Evidence from South Asia*. UNFPA, Bangkok.

¹⁰ Menéndez, C. Et al. (2015). "Ebola crisis the unequal impact on women and children's health." *The Lancet*, 3(3), 130.

¹¹ UNFPA. (2020). *Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-10) Prevention, Protection and Response*. Coronavirus Disease (COVID-19) Preparedness and Response – UNFPA Technical Brief V.

¹² Menéndez, C. Et al. (2015). "Ebola crisis the unequal impact on women and children's health." *The Lancet*, 3(3), 130; Girls Not Brides. (2018). *Child Marriage in Humanitarian Settings*. Thematic Brief; International Rescue Committee. (2015). *Private Violence, Public Concern – Intimate Partner Violence in Humanitarian Settings*. Practice Brief; Bandiera O, Buehren N, Goldstein M, Rasul, I and A Smurra. (2018). *The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program*. Working Paper.

¹³ Girls Not Brides. (2018). *Child Marriage in Humanitarian Settings*. Thematic Brief; International Rescue Committee. (2015). *Private Violence, Public Concern – Intimate Partner Violence in Humanitarian Settings*. Practice Brief.

¹⁴ However, evidence shows that women and girls experience IPV at much higher rates than non-partner sexual violence in conflict and humanitarian settings; Save the Children. (2014). *Too Young to Wed: The growing problem of child marriage among Syrian girls in Jordan*; Women's Refugee Commission. (2016). *A Girl No More: The Changing Norms of Child marriage in Conflict*; The Global Women's Institute and the International Rescue Committee. (2017). *No safe space: A lifetime of violence for conflict-affected women and girls in South Sudan*.

¹⁵ Human Rights Watch. (2015). *Marry Before Your House is Swept Away – Child Marriage in Bangladesh*.

¹⁶ <https://www.bbc.com/news/world-asia-india-54186709>

¹⁷ Emerging data from the COVID-19 pandemic show an increase in domestic violence cases, which can speak to broader gender disparities during times of crisis that can be indicative of negative effects to Harmful practices in Nepal.

¹⁸ Sharma, N. (2020). *Child marriages up during Nepal lockdown*. Nepali Times.

¹⁹ Plan International and Save the Children. (2020). *Because We Matter: Addressing COVID-19 and Violence against Girls in Asia-Pacific*.

²⁰ Examples of dowry gifts include land, vehicles, gold, cash, jewelry, furniture, household items, electronics, clothes, and/or animals.

²¹ United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.

²² Plan International. (2020). *Periods in a Pandemic: Menstrual hygiene management in the time of COVID-19*.

- ²³ <https://www.hrw.org/news/2020/06/01/nepal-ensure-justice-caste-based-killings#>
- ²⁴ <https://www.nepalimes.com/here-now/they-killed-our-son-and-now-they-are-killing-justice/>
- ²⁵ United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.
- ²⁶ <https://nepalmonitor.org/reports/view/29283>
- ²⁷ <https://nepalmonitor.org/reports/view/29372>
- ²⁸ Evidence from Nepal shows that belief in witchcraft and WAP exist among people, irrespective of their individual religion and/or faith. However, some studies show that religious people, particularly those who are practicing Hindus, may be slightly more inclined to also believe in witchcraft.
- ²⁹ Grigaitė, Ugnė. (2018). *Witchcraft Accusation and Persecution of Women in Nepal*.
- ³⁰ United Nations Nepal. (2020). *Literature Review on Harmful Practices in Nepal*. United Nations (UN) Harmful Practices Working Group, Nepal.
- ³¹ National statistics only scratch the surface and do not capture the realistic scale, severity and complexity of this phenomenon. The number of registered cases decreased from 2015-2017 but uncertainty exists around whether the decreased numbers of registered cases are due to actual decrease in WAP instances or due to the active work of local and international NGOs and independent lawyers. Qualitative data indicate more frequent occurrences of WAP – one every week.
- ³² Fraser, Erika. (2020). *Impact of COVID-19 Pandemic on Violence against Women and Girls*. VAWG Heldesk Research Report, No. 284. UKAID.)
- ³³ Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A, Christo des, N. (2020). *Effective design and implementation elements in interventions to prevent violence against women and girls*. What Works To Prevent VAWG? Global Programme Synthesis Product Series. South African Medical Research Council, Pretoria.
- ³⁴ Domains of analysis include: 1) Laws, policies, regulation and institutional practices, 2) Cultural norms and beliefs, 3) Gender roles, responsibility and time used, 4) Access to and control over assets and resources, and 5) Patterns of power and decision-making.
- ³⁵ Levels of analysis include the levels in the socio-ecological model: 1) Individual, 2) Family/Relationship, 3) Community and 4) Society.
- ³⁶ MoWCSC, CARE Nepal, UN Women and Save the Children. (2020). *Report Summary: Rapid Gender Analysis on COVID 19 Nepal, 2020*.
- ³⁷ United Nations. (2020). *COVID-19 Nepal: Preparedness and Response Plan (CPRP)*. United Nations Nepal.
- ³⁸ IRC and Columbia University. (2017). *A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response – The Full Guide*.
- ³⁹ WaterAid. (2018). *Female-friendly public and community toilets: a guide for planners and decision makers*. Water Aid, WSUP and UNICEF.
- ⁴⁰ United Nations Population Fund and United Nations Children's Fund. (2020). *Child Marriage and Other Harmful Practices: A Desk Review of Evidence from South Asia*. UNFPA, Bangkok.
- ⁴¹ Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Rachel Jewkes (2020). *A rigorous global evidence review of interventions to prevent violence against women and girls*, What Works to prevent violence among women and girls global Programme, Pretoria, South Africa.
- ⁴² The Risk Communication and Community Engagement (RCCE) interagency working group are working strategically and comprehensively with the Government of Nepal to disseminate reliable and accurate COVID-19 related information.
- ⁴³ United Nations. (2020). *COVID-19 Nepal: Preparedness and Response Plan (CPRP)*. United Nations Nepal.
- ⁴⁴ Ibid.
- ⁴⁵ Asia-Pacific Gender in Humanitarian Action Working Group and GBV AoR Asia and the Pacific. (2020). *The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific*. UN Women.
- ⁴⁶ The SASA! M&E Tools by Raising Voices are straightforward forms that can be used by activists and local community members to collect monitoring data through participatory methods - <http://raisingvoices.org/activism/institutional/monitoring-and-evaluation/>

For more information, contact:

Focal points, HPWG:

Aino Efrainsson
aino.efrainsson@un.org

Akseli Emil Lamminmaki
akseli.lamminmaki@unwomen.org

Apekchya Rana Khatri
khatri@unfpa.org