

GENDER-BASED VIOLENCE IN THE AFTERMATH OF THE NEPAL EARTHQUAKE

BACKGROUND

In the aftermath of the Nepal earthquake, gender-based violence (GBV) is likely to increase because communities and family structures are disrupted, populations are displaced, and an already fragile protection system is strained. The earthquake has intensified pre-existing vulnerabilities and the situation of women and girls is of particular concern. Humanitarian response in previous emergencies has shown that GBV— particularly sexual violence - increases in the immediate aftermath of an emergency. **The experience for women and girls in Nepal prior to the earthquake included significant levels of GBV** as demonstrated in the figures below.

- 22% of women aged 15-49 had experienced physical violence.¹
- 12% of women aged 15-49 had experienced sexual violence at least once since the age of 15.²
- Forced/early marriage is a pervasive phenomenon, despite the legal age for marriage being 18.
- Harmful traditional practices constitute forms of GBV, including:
 - Dowry-related violence;
 - Deuki (girls being offered to god and not allowed to marry);
 - Chhaupadi (the practice of keeping a menstruating woman in a small shed away from the main house); and
 - Accusations of witchcraft.
- Between 5,000 and 12,000 girls and women aged 10 - 20 years of age are trafficked every year, 75% of whom are below 18 years of age and are sold into forced prostitution.

Intersectionalities such as caste, age, marital status, disability often exacerbate the level of discrimination that women and girls experience. **The ongoing crisis will greatly heighten the level of vulnerabilities of women and girls at risk.**

LOCAL CAPACITY TO RESPOND TO GBV

Prior to the earthquake, there were ongoing efforts in Nepal at national and local levels to address GBV, which can be further promoted in the earthquake response effort. The Government of Nepal has taken steps to end violence and inhumane treatment of women and girls, including the creation of the 2010 Action Plan against GBV, which is focused on prosecution, protection and prevention. Nepal also benefits from a vibrant women's civil society movement that is actively working to fight GBV. However, a 2010 mapping found that GBV services for survivors were weak and unorganized, often inaccessible for GBV survivors.³

In the immediate aftermath of the earthquake, the Department of Women and Children (DWC) expressed concern for women and girl's protection and convened the GBV Sub-Cluster in order to prioritize prevention and response to GBV, which has been actively engage in the relief efforts. The Protection Cluster has estimated figures for most-affected females in the 14 affected districts. This ranges from 415,620 in Kathmandu to 10,913 in Rasuwa. Support and services are being organized around these figures as well as the dynamics of each affected district. District level protection mechanisms have been activated and women's groups are being mobilized. Reports of sexual violence

¹According to the National Demographic Health Survey (2011)

²Ibid.

³<https://asiafoundation.org/resources/pdfs/GBVMappingNepal.pdf>

and harassment have already been received, and are being addressed, but are hampered by the extent of the earthquake damage across 14 different districts, requiring a large-scale response.

URGENT ACTION NEEDED TO PREVENT AND RESPOND TO GBV

1) Donors must support the \$7.5 million of urgently needed funds for GBV programming in the Flash Appeal. This support will advance the development and implementation of lifesaving GBV services, including:

- A. Providing immediate **health care and psychosocial support** for GBV survivors, including ensuring that Clinical Management of Rape (CMR) is available in health centers and through mobile teams, and post-rape treatment kits are distributed to affected areas where health actors can be trained in administering the kit.
- B. Establishing a **referral system** to support GBV survivors' access quality care and support.
- C. Ensuring the availability of **female-friendly spaces** for integrated services and safe shelter for women and girls – with particular focus on marginalized groups and those in need.
- D. Ensuring humanitarian agencies work with **national government plans and policies** and national partners, including the Department of Women and Children and civil society organizations.
- E. Promoting **prevention and protection** initiatives throughout all activities.
- F. Ensuring women have **access to essential protection items** through dignity kits, such as sanitary pads, clothing, and flash lights.

2) Donors, humanitarian agencies and organisations, must ensure that GBV prevention and response is prioritised as a lifesaving intervention. In keeping with the IASC's *Centrality of Protection in Humanitarian Action* and the *Call to Action on Protection from GBV in Emergencies*, the humanitarian sphere must strive for every humanitarian response to mitigate GBV risks, especially violence against women and girls, from the earliest phases of a crisis, and to provide safe and comprehensive services for those affected by GBV.

3) Donors should ensure that the humanitarian programs they fund, across all sectors, are designed and implemented according to the *Inter-Agency Standing Committee Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. The IASC GBV Guidelines lay out a set of holistic and multi-sectoral actions and interventions to both prevent and respond to GBV in humanitarian settings. Prevention and response is to be undertaken by a well-coordinated array of humanitarian actors from the earliest stages of any emergency.

4) Humanitarian agencies and organizations must ensure that their programs are designed and implemented in consultation with local, earthquake-affected women and girls. Earthquake-affected women and girls have the best understanding of what they, their families, and communities need in the relief and recovery effort and they must be consulted throughout the humanitarian program cycle.

5) Humanitarian agencies and organizations must ensure that future early recovery efforts include GBV programming and mitigate risks. Women and girls' vulnerability to GBV requires ongoing attention beyond the immediate humanitarian response.