



## Interactive Theatre for Justice Training Summary Report for VSO Nepal - November 2019



*Figure 1: the antagonist - the husband character is challenged by a police officer (photograph taken by Priyanka Budhathoki)*

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## Introduction

In June 2017, Voluntary Service Overseas (VSO) and Theatre for a Change (TfaC) signed a Memorandum of Understanding to work together in partnership, with TfaC providing training and technical support to VSO volunteers and staff in the use of TfaC’s methodology in support of VSO’s work on adolescent and youth sexual and reproductive health and rights (AYSRHR).

In February 2018, TfaC delivered a 10-day Interactive Theatre for Justice (ITJ) training in Pokhara, Nepal for 20 youth leaders from Dhading, Lamjung, Parsa and Surkhet districts. The training built their capacity to devise, perform and facilitate ITJ for preventing child marriage and promoting girls’ education.

In November 2019, TfaC returned to Nepal and delivered another ITJ training for 18 participants in Godawari. The goal of this training was to equip participants with the knowledge, confidence and skills to devise, perform and facilitate ITJ performances and workshops that encourage breaking the silence in relation to gender-based violence (GBV). The process of reporting and referral as well as challenging the stigma faced by a GBV survivor within their own communities were the foci of this project.

## The Training

The 10-day ITJ training was held at Godawari Village Resort in Godawari from 9<sup>th</sup> – 20<sup>th</sup> November 2019. VSO also provided a day and a half of GBV training at the mid-point of the ITJ training.

The participants were members of a variety of VSO local partner organisations from four regions – Siraha and Saptari in Province 2 and Kapilvastu and Rupandehi in Province 5. From Province 2, there was one officer from Samagra - a Holistic Development Service Centre (Siraha), four participants from Siraha Youth Nepal (the president of SYN and three members) and four members of youth group IDEA Nepal (Saptari). From Province 5, there were five participants from Human Rights organisation Mahuri Home in Kapilvastu (one officer and four members) and four members of a Rupandehi youth group. We also had one VSO national volunteer, a SAHAJ GBV specialist and three VSO staff.

The training curriculum was developed by TfaC based on conversations with VSO staff as well as materials provided by VSO, including the SAHAJ proposal, theory of change and log frame. The log frame contained outcomes focused on empowering women, girls, families and communities to challenge harmful social norms and intervene against GBV. Key indicators linked to these outcomes included the ability of women and girls to report cases of GBV to the police or judicial committees, challenging social attitudes that say GBV is a private matter, and that reporting GBV brings shame upon the family.

The training began with a series of team building activities designed to develop trust and co-operation in the group. These activities introduced key themes like awareness of one's own behaviour and equal participation – themes which would run throughout the training. A participatory baseline was conducted which proved revealing of the participants' understanding of GBV as well as their willingness and ability to report it. This will be analysed further under the section 'Baseline and End line analysis'. At this stage, it became clear that GBV knowledge was present for some, but not all participants.

The training then focused on gender expectations and GBV within the context of Province 2 and 5 in Nepal. Power amongst the recently-married husbands and their families and the lack of power amongst young brides (especially for those whose dowry payment is low/ incomplete) was explored via activities such as 'sculpting' and 'come alive' which demonstrate these very discrepancies in power via body sculptures – ie. the different levels men and women adopt, their gestures, gaze and use of voice (or indeed its absence). The group also explored how as women and men they are expected to use their voices, bodies and space by others – be they close friends and relatives and/ or other influential community members. These influences were identified via a mapping activity that not only identifies who or what the messages may be, but also how close and influential these people may be to our protagonist. Perceptions of what a married girl/ young woman 'should do and expect' from



her husband and in-laws, what young married men have ‘the licence’ to do, how these deeply cultured and ingrained perceptions get acted out in daily life, and how these perceptions determine the power that a young married man has (as opposed to the young married wife in her now in-laws’ home) were explored in embodied detail. The lack of GBV knowledge, awareness and ability to report that had begun to emerge during the baseline, became increasingly clear during these sessions particularly when we looked at the definition and examples of GBV. Emotional GBV as well as sex without consent were challenged by some as genuine examples of GBV. Female participants were keen to share their personal, powerful experiences of GBV. The following day, one of the male participants who had challenged the idea that sex without consent is GBV shared how he had in fact perpetrated GBV with his own wife in a number of different ways and had not realised it until this point.

The group also explored what barriers might prevent them from reporting - post-reporting stigma and violence from the partner and in-laws emerged as the most threatening. They then looked at how they might be able to challenge gender expectations as well as the stigma/ those who stigmatise GBV survivors. They experimented with ways of changing their own perceptions of gender and barriers to reporting using their voices, bodies and space differently. For example, two of the male participants decided to try playing female characters who had experienced GBV. Female participants tried reporting GBV to a variety of ‘authority’ characters and tried to challenge the beliefs that fuel stigma via education. Many participants remarked how “revealing”, “empowering”, and “transformative” this experience was for them.

Having shared a number of personal experiences of GBV, both as survivors and perpetrators, the group then learned how to turn these real stories and experiences into two pieces of Interactive Theatre for Justice (ITJ)– one for each region and each with a different aim. The Province 2 piece revealed the negative consequences of failing to report to encourage audience/ community members to practice reporting to the various individuals and organisations that it may demand. The Province 5 piece revealed the stigma experienced by a GBV survivor post-reporting, with a view to encouraging the audience/ community to challenge the stigma faced and those who perpetrate it. The group learned how to develop the characters for each of these pieces and how to bring them to life via performance. The group then learnt how to facilitate ITJ as well as develop a curriculum and plan two workshops for their own communities.

Near the end of the training, the group had the opportunity to perform and facilitate ITJ for the first time with an invited audience made up of a variety of stake holders – amongst them police officers and superiors, legal experts and VSO staff.

Unfortunately, the second stage of this project – the pre-planned in-region supervised implementation in Provinces 2 and 5 - was cancelled unexpectedly by VSO two days before the end of the training.

## Needs Assessment Findings

All participants completed a Training Needs Assessment before the training began.

Feedback from this assessment indicates that most participants had no/ little experience of facilitation regarding GBV prior to the start of the training, with a few having between two to three years' experience.

Most of the participants are not currently working with marginalised/ vulnerable groups, but some are working with youth groups – particularly in schools and in a hospital. The SAHAJ GBV specialist as well as VSO staff have worked with marginalised communities such as Dalit, Madheshi, and Janajati (lower caste group) communities.

Participants indicated that the key GBV issues for their participants and communities were the dowry system, domestic violence, harmful traditional practices, witchcraft and superstition, rape (including marital rape), sexual exploitation, female child labour, child marriage, sexual harassment, unequal participation, lack of legal awareness around GBV, polygamy, lack of citizenship for lower caste women and girls, and the daily acting out of harmful gender norms.

Participants indicated that they wanted to develop the following skills as facilitators during the training period: self-confidence, performance skills, facilitation of equal participation and behaviour change particularly in relation to discrimination, personal development, public speaking skills, campaigning skills, how to reduce harmful gender norms, deepen knowledge regarding harmful gender norms, leadership skills, and practical skills to support a GBV survivor and stop GBV.

Many participants expressed excitement at being able to use this training with their communities. Some of the potential barriers that participants thought they might face when implementing the training included: lack of resources – including financial, the space to run the workshops and educational tools, a shortage of skilled facilitators, a lack of further training, difficulty in challenging social taboos, permission from the community to perform ITJ, difficulty gathering community members, resistance to pieces by male community members, language barriers, recruiting and travelling with female participants who may not be granted permission, lack of awareness from community members, political barriers and protests, geographical barriers and participant illness.

These needs were addressed throughout the training in the following ways:

1. *Team-building and advocacy knowledge, attitude and skills practice* – throughout the training, participants practiced shifting from an assumption of individual responsibility for justice-seeking and stigma-challenging to working as a team to support each other throughout the process of speaking out and survivor support. Assertiveness activities and Touch-tag were particularly useful tools as they brought in increasingly more

individuals and organisations to support them during reporting, stigma-challenging and survivor support.

2. *Participant support and wellbeing* – all three Nepali languages in the room were accommodated via translation amongst those who spoke two or three of the languages. This also increased equal participation amongst those who did not speak Nepali. This being the first trip away for the participants, there was much in the way of acclimatisation difficulties. This was addressed via the two VSO staff who took part in the training who supplied medication where necessary and encouraged participants to stay in the space with us if they felt able to.
3. *Institutional support* – the internal performance reassured the participants of some of the concerns listed above related to responses to ITJ. However, the supervised implementation is required to support the participants and mitigate any risks they feel they may encounter in their own communities. Building internal support to use the techniques and skills they have acquired in existing programmes and projects will now be vital to ensure confidence during implementation following the training. Despite meetings with senior organisational staff regarding implementation during the 16 Days of Activism events that followed immediately after the training, this was not mobilised.

### Impact and Evaluation results – Baseline/End line findings and analysis

TfaC conducted a participatory baseline and end line to measure the changes in knowledge, attitudes and skills pre and post training. The results are as follows:

#### *Knowledge of GBV*

To compare the group’s GBV knowledge prior to and post training, TfaC read out loud the statements below. Participants were asked to close their eyes and raise their arm if they considered each one to be an example of GBV.

Statements:	Baseline	End line	Difference
1. A man whistles at a woman on the street	16	17	+2
2. A girl is forced to marry an older man	17	17	0
3. A girl undergoes mutilation of her genitals	17	18	+1
4. A girl does housework	9	12	+3



5. A girl is forced to spend time outside the house when she has her period	16	18	+3
6. A bride's family is required to pay dowry to the groom's family	17	18	+2
7. A woman is allowed to do paid work	3	0	-3
8. Making fun of girls as being weaker than boys	14	18	+5
9. Having equal expectations of girls and boys	1	1	0
10. a) Sex within marriage without consent	5	17	+12
b) Marital rape	17	18	+2
11. Making a girl or woman feel uncomfortable in public	16	18	+3
12. Giving a female employee a promotion at work	6	0	-6
13. Socially isolating a woman as a result of her sexual, reproductive or mental health status	16	18	+3
14. Telling a woman that she shouldn't talk openly about any difficulties with her relationship with her husband	9	18	+9
15. Letting a woman decide if, when and who to marry	0	0	0

By the end of the training, there were eight statements that all of the participants felt were examples of GBV compared to the beginning of the training where each GBV statement was met with disagreement by at least one participant. This reflects a significant shift in understanding the variety of manifestations of GBV.

The statements in red represent examples that are not GBV. Here too the shift is clear – where there was confusion at the beginning of training – ie. that a woman is allowed to do paid work and giving a female employee a promotion at work were found to be examples of GBV by a few participants, this had shifted significantly towards the end of training where there was only one participant who felt that equal participation for both boys and girls was an example





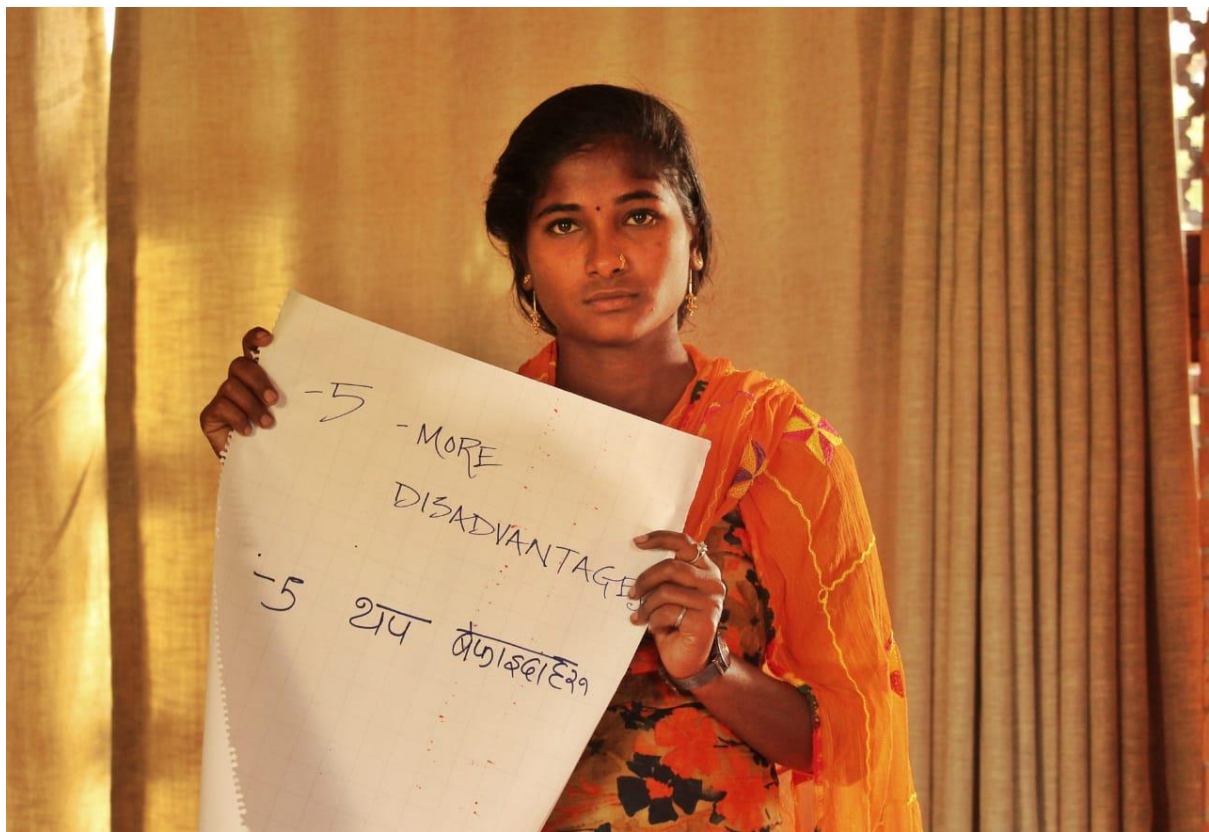
of GBV. Statement 4 is the one exception here – where more than half the group felt that this was an example of GBV. In hindsight and bearing in mind the reality of a child bride’s role and fate within this context, this statement was probably not clear as an example of ‘not GBV’. Most child brides are immediately taken out of school, are often not granted citizenship, not allowed to do paid work and are expected to cook and clean for their husbands, in-laws and children for the rest of their lives. So, the increase in participants may reflect a new discovery for the group – ie if a girl is doing housework, this is most likely not to be by choice and probably denies her an education, the possibility of a career, independence and wider life chances.

The two most significant shifts in understanding are around statements 10 and 14. As demonstrated by the two versions of statement 10, there was initially disagreement amongst the group that sex without consent within a marriage was in fact marital rape. This had shifted significantly by the end of the training. Regarding statement 14, it became clear early on that the very aim of the project – i.e. breaking the silence regarding what is considered a private matter versus one that should be reported - was a value held by half of the participants. Having explored the negative consequences of what can happen if a woman is prohibited to





speak about issues within a relationship, the findings above demonstrate a shift in understanding.



*Figure 2: at the beginning of training, this participant felt there were more disadvantages to reporting (Photograph taken by Priyanka Budhathoki)*

### *Attitudes towards reporting GBV*

To compare participants' feelings about, and attitudes towards reporting GBV pre and post training, we had a one-word verbal brainstorm to the question: 'What are some advantages to reporting GBV?' and another to the question: 'What are some disadvantages to reporting GBV?' We then laid down a spectrum line running from -5 (more disadvantages) through to 0 (same number of advantages and disadvantages) through to +5 (more advantages). The group was then asked to move to the number that corresponded to how they felt personally about reporting GBV. One person standing at each number was then asked why they had chosen to stand there.



Spectrum line number	Baseline: Number of participants	Reason for standing at that number:	End line: Number of participants	Reason for standing at that number:	Difference between baseline and end line:
-5: Definitely more disadvantages to reporting GBV	1	'If you report, you will end up with even more problems, including harassment'	0		-1
-4			0		0
-3			0		0
-2			0		0
-1			0		0
0 – the same number of advantages to disadvantages	1	'The survivor may end up with a new set of problems if they report'	0		-1
+1	2	<i>Technical issue – the translated reason cannot be heard clearly on video</i>	0		-2
+2	2	'We need to begin with small steps first – that is - we can start by talking about it first, because at the moment it is still too taboo in our culture'	0		-2
+3	4	'Even if the survivor reports, they may not get justice especially if the perpetrator is in a position of power. This	2	'If it is a serious case of GBV – like someone being beaten, I will report it'	-2



		might exacerbate depression and she may die'			
+4	3	'To prevent the deliberate abortion of girls'	5	'If it happens to me, I will not tolerate it and I will report it. If it happens to someone else, I will also report it and support the survivor'	+2
+5 – definitely more advantages to reporting	5	'The number of incidents will increase if we do not report'	12	'I will not tolerate any violence. If anything happens to me, I will speak out. I will raise my voice and I will report any kind of violence'	+7

During the baseline, the participants were distributed along the entire length of the spectrum with only five participants standing at +5 (definitely more advantages) compared to the end line where all participants gathered between +3 to +5 - reflecting a shift in attitude towards

reporting and speaking out. What is also significant is that the reasons not to report did not feature at all during the end line.



*Figure 3: by the end of training, the participant previously at -5 (definitely more disadvantages) had shifted to +5 (definitely more advantages to reporting) and practices reporting (photograph taken by Priyanka Budhathoki)*

### *Skills to report GBV*

To compare participants' skills and ability to report, they were asked to identify five individuals and/or organisations that they would report GBV to in their community. These were written down on pieces of paper and placed in a U-shape on the floor as well as an extra sheet which read: 'I would not report'. Participants were then asked to move to the person written on the piece of paper who they would report to first if they found out that their neighbour is suffering gender-based domestic violence. Six volunteers then picked up the pieces of paper and role-played these individuals/organisations. Finally, one person next to each piece of paper was asked to show how they would report the incident.

Baseline: Who to report to?	Baseline: Number of participants	End line: Who to report to?	End line: Number of participants	Differences
Ward chair person	2	Ward chair person	2	0
Ward member	4	Gender Education Network	14	+ 10 A ward member was replaced by the Gender Education Network
Civil Society Member/ Role Model	4	Civil Society Member	1	-3
Judicial Committee Co-ordinator	1	Judicial Committee Co-ordinator	1	0
Police officer/ Women's cell	5	Police officer	0	-5
I would not report	2	I would not report	0	-2 Reasons given for not reporting during baseline: 'Despite reporting, she may not get justice' 'It should be resolved within the family'

The ward member in the baseline was replaced by a Gender Education Network in the end line. This was for a number of reasons. As stories were shared and the dynamics of power explored, it became clear that it is quite common for a ward member to encourage 'internal' resolution to maintain 'good' relations with other powerholders and to not 'rock the community boat'. What also became clear throughout exploration of the process of reporting

is that in order to mitigate risk to someone who speaks out (as well as the survivor), the participants felt it was important to feel supported by an organisation (rather than an individual) which would be aware of and provide continuous support (as opposed to a one-off visit) throughout a process that may involve several steps regarding long-term justice, survivor and advocacy safety.

The commitment to reporting shifted significantly - by the end of the training, none of the participants aligned themselves with the 'I would not report' sign and many participants expressed a zero-tolerance attitude to GBV. However, the fact that no-one would go to the police first proved both disappointing and revealing. As the women's personal stories were shared, what became increasingly apparent is how often women who report are told that GBV is a private matter and are advised to return home to 'talk' to their husbands (the very people who were in some cases threatening to or had tried to kill them). What was also pointed out was that it was common knowledge that police officers within their communities were perpetrators of GBV themselves. It became clear that it was the ongoing support of local gender rights driven organisations that had proved pivotal in advocating the reporting process for these women as well as supporting them post-reporting.

There is clearly a gap then in attitudinal capacity on the behalf of the police. A suggestion for future collaboration then could be to support IP-SSJ (Integrated Programme for Strengthening Security and Justice) and MIPP (Modernisation and Improvement of Policing) by Theatre for a Change running an Interactive Theatre for Behaviour Change training with the police and other relevant duty-bearers (judicial committee co-ordinators, ward members, role models etc) to focus on their response to GBV reporting. This also ties in with the SAHAJ objectives shared by VSO with TFAC earlier this year.

Another important aspect that this finding reflects is a change of attitude regarding responsibility – ie. that the participants are not expected to report, challenge stigma and support survivors as individuals – a prospect that emerged at the beginning of training and one that felt a daunting deterrent to doing all of the above. By the end of the training, participants felt both reassured and galvanised by the possibility of being a part of a collective effort to speak out – by both drawing on existing support networks as well as encouraging survivors, perpetrators and fellow community members to do the same.

### **Feedback from participants**

Having read the Evaluation Forms which the group completed on the final day of the training, feedback is mostly very positive, with the average score for each section as follows (on a scale of 1 to 5, with 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree):





Statement	Average score
1. The objectives of the training were clearly defined.	4.88
2. Participation and interaction were encouraged.	4.88
3. The topics covered were relevant to me.	4.35
4. The content was organized and easy to follow.	4.77
5. This training experience will be useful in my work.	4.56
6. The trainer was knowledgeable about the training topics.	4.82
7. The trainer was well prepared.	4.88
8. The training objectives were met.	4.88

When asked how this training impacted them personally and professionally, participants responded in the following ways:

*“I have been able to develop my personal and professional life through ITJ – it helped me to acquire more knowledge about how to reduce GBV, I am now able to create a piece of ITJ and it changed my personal life too”*

*“I got more and more knowledge about gender and skills too. After this training, I feel confident to stop violence in society. And I can also make changes in my personal life”*

*“I learnt about Interactive Theatre for Justice and have been able to change my life. From now on, I will not take part in violence and will teach others about GBV”*

*“This training had a good impact both personally and professionally. Before, I did not speak in front of people/the public but after this training I am able to perform to the public and also to be a facilitator”*

*“I learnt new knowledge and skills in relation to violence and how to reduce it. After this training, I feel I can be a helping hand to change society”*

*“I am able to make changes in my personal life. And also, to get a job in future. Through this training, I learnt that I must give voice to the voiceless person and change society”*

*“This training made great changes. It changed my behaviour regarding speaking in public, knowledge about sex and gender and giving justice to the survivor”*



*“The ITJ training has had a positive impact personally and professionally. It helped me to learn more about gender and different types of violence. I was not aware of these but after the training I have changed my behavior too”*

### **Key successes**

- Excellent attendance, participation, energy and commitment from the group throughout the training period despite much in the way of illness. Accommodating the participants in the same venue as the training contributed significantly to this. The participants’ personal investment in the training process was also clear – they made a significant shift from beginning to end in terms of their own values, their commitment to activism, as well as demonstrable development of key skill sets including performance, facilitation and workshop planning.
- Swift response from VSO and SAHAJ management and education team to deliver one and a half days of GBV training when their lack of knowledge on the subject became evident. Although this was challenging for the participants in that they had 12 days of training without a break, it clearly cemented the shifts of thinking and attitudes that had begun in days two and three of the TfaC training.
- The internal performance proved a particularly beneficial experience for the participants as perhaps most importantly for a project aimed at breaking the silence, they developed the skill to speak directly to and sometimes challenge those in authority.
- Although ITJ facilitation is a challenging set of skills to assimilate, at least one facilitator in each pair of regions emerged who has the capacity to fulfil this role – given the opportunity for more supervised practice.
- The two VSO staff who participated in training fulfilled their roles with great care in all respects – supporting the participants and the training delivery, translation, venue logistics and documentation via film and photography.
- The national VSO volunteer member who participated in the training was an excellent leader – observant and prepared to fulfil any role that might have been required – as well as role model participant, interpreter, performer and participant supporter.
- Transitioning from water bottles to refillable water tank - saving hundreds of plastic bottles over the course of the training period.

### **Key challenges**

- Recruitment – most participants were younger than expected and demonstrated significantly less knowledge in GBV than we had anticipated. We therefore spent more

time than planned increasing their knowledge regarding GBV and accommodating the process that is a shift in attitude. However, as mentioned above, VSO and SAHAJ did act swiftly and as demonstrated by the baseline and end line, most of the participants' attitude to reporting and challenging social stigma did change significantly.

- **Illness** – many participants fell ill throughout the training. For many of them, this was their first time away from their native region and they struggled to acclimatise. However, attendance was still very good on the whole with participants staying with us in the space despite their ailments.
- **Safeguarding** – there were concerns about the participants being accommodated within close proximity of each other and away from home. Participants were entering each other's rooms and one participant was inebriated one evening during dinner. The former issue was mitigated via the GBV training that emphasised the importance of boundaries, questions and consent. The latter was reported to VSO.
- **Languages** – there were two local languages and Nepali being spoken in the room as well as English. Initially this proved challenging, as those whose first language was Awadhi or Maithili, understood Nepali but did not want to speak it. This challenge was eventually overcome by encouraging the participants to respond and perform in their own language and contributions were interpreted twice where necessary – i.e. Awadhi into Nepali, Nepali into English.
- **Allocated hall and clashing events** – we had to shift spaces on three occasions as two loud events had been planned just outside our space. Despite it being a little too small, there was thankfully an alternative space available on both occasions.
- **The shifts in attitude regarding GBV, boundaries, consent and equal participation** were remarkable within such a short space of time, but certain participant-led activities, discussions and extra-curricular time spent together revealed that attitudes among some of the participants are still not gender sensitive or equal and still require attention and support.
- **Administrative and logistical support** – learning from ITJ training conducted in 2018 pointed to the need for participating VSO staff to be relieved of administrative and logistical support. At the beginning of training in 2019, this was guaranteed. However, as the training progressed, this became noticeably less reliable with various logistical and administrative items requiring repeated reminders in order to materialise and in a few cases, these did not materialise at all – the certificates of attendance and completion being one example. It is still not clear whether the participants have received certificates.
- **The most disruptive challenge** faced by the TfaC facilitators, participating VSO staff and ultimately the participants, was the verbal cancellation of the pre-planned

supervised implementation six days before it was due to happen. This was not received in writing until after the second TfaC facilitator had arrived in the country (to support supervised implementation) and attended the debrief. At this stage it is still unclear whether the recently trained participants will receive support to further practice their recently acquired ITJ skills.

### Recommendations and next steps

Theatre for a Change would recommend the following:

1. The challenges of finding participants over the age of 25 (women especially) who are available to travel and train for two weeks appeared to be significant, but perhaps next time the number of participants can be smaller – i.e. to have a slightly smaller number of participants, but ones who VSO feel confident are well-versed in GBV and committed to activism prior to training. A one-to-one interview (rather than a group interview) based on GBV knowledge, attitudes and commitment to participation might be more useful with less emphasis on an interest in Drama.
2. A training session dedicated specifically to gender-based behaviour, boundaries, questions and consent in relation to one another outside as well as inside the training room – i.e. as well as training on ground rules and equal participation during the training, extending this to what happens outside the training space and timetable to address the reality of accommodating a group of young people in close proximity over a two-week period.
3. The participants are now trained in how to devise, perform and facilitate ITJ performances and workshops. They have created two powerful pieces that carry the capacity to shift attitudes to breaking the silence via reporting and challenging survivor stigma. So far, they have had only one opportunity to do this with a live audience of power-holders. They are keen to perform and practice facilitation within their own communities. There are currently at least two VSO staff members who are familiar with the process of community implementation and have the capacity to enable this process. It would be wise to make this happen sooner rather than later whilst the participants are still feeling confident and galvanised to increase reach and impact.
4. Interactive Theatre for Behaviour Change training by Theatre for a Change with the Nepali police and other relevant duty-bearers. Police response and the part that they play in perpetrating GBV in their own homes and communities was a recurring theme and obstacle throughout the training. Whilst these pieces focussed on reporting and challenging post-reporting stigma, some of the participants suggested pieces in which the police officer might play the antagonist. It might be interesting then as a scaling

up strategy, to address this attitudinal gap by engaging directly with the Nepali police as well as MIPP and IP-SSJ as mentioned earlier.

5. As a scaling up strategy, exploring the possibility of using the methodology to train teachers as life skills facilitators in schools. Embedding the methodology within the national teaching curriculum will enable greater access to students and behaviour change among adolescents, especially regarding child marriage, eloping and dropping out of school.
6. Developing a relationship with Ministry of Education officials, to gain broader support for working within the curriculum and power-holders - especially in relation to the prevention of child marriage, the dowry system and the rights of young girls who are removed from school once married.
7. Involving the MoE, the Nepali police and other key stakeholders/potential funders as much as possible as and when the ITJ performances and workshops can be implemented in the community – e.g. by inviting them to both.
8. Investing in the professional development of certain participants who demonstrated excellent leadership skills throughout, and utilizing their WhatsApp group as a monitoring tool and platform for sharing best practises regularly.
9. Lastly, to mitigate risk that community members may feel and/ or face should they then decide to report (especially post-ITJ performance), it will be important to establish collaborative relationships with the local power-holders in Siraha and Saptari as well as Kapilvastu and Rupandehi who are involved at various stages throughout the referral and support process – this might include judicial committee co-ordinators, ward members, civil society members etc. They could then be invited to and be present during and after the performances for anyone who would like to report. Another organisation that would be useful to have attend during the community performances is Forum for Women, Law and Development (FWLD) – a local Nepali NGO dedicated to non-discrimination and upholding Women’s rights.

## Conclusion

It is clear that the group responded very positively to this training, both in terms of the participatory nature of the methodology, as well as expanding their own understanding of GBV and how to make the most of their personal experiences of it.

Whilst the regional groups were initially competitive, group trust and identity eventually formed, and the group worked very well together. Having initially wrestled with openness regarding GBV, inclusivity and equal participation, these were eventually overcome, and this personal process will be a part of their key strengths moving forwards.



Having created, performed and facilitated ITJ, it will be something of a challenge to sustain confidence and activism unless they are supported to put these skills back into practice as soon as possible. The group has already started thinking about other pieces of ITJ that they would like to create that address province-specific examples of GBV. This shows great interest and enthusiasm about using the approach in the long-term. We would encourage VSO to invest in their professional development - individually and collectively.

This training has proved to be particularly transformative on the personal front. The participants have come a long way - from a patchy understanding of GBV and a reticence to speak out, to a more comprehensive understanding of GBV and how to use their own experience of it to inspire others to shift their attitudes and behaviours. We hope that VSO will support their development. We are very much willing to support this process however we can.



*The ITJ participants with VSO staff and TfaC trainer (photograph taken by Priyanka Budhathoki)*