Detailed Mappping of Women's Shelters with Particular Focus on Effective Referral Mechanism for Gender-Based Violence Survivors

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PREFACE

Saathi is a pioneering organization in the crusade against domestic violence in Nepal and has long been working for the safety, security and empowerment of women and girl survivors of violence. Since its establishment in 1992, Saathi has been raising awareness and running campaigns against gender-based violence (GBV), building collective movements from the community to the policy level, and, most importantly, providing immediate support to victims and survivors of different forms of violence. Beginning with the establishment of the first shelter home for women and girl survivors of domestic violence in Nepal in 1995, Saathi has expanded its residential services for GBV survivors to four shelter homes: one in Province 3, two in Province 5, and one in Province 7. Providing holistic shelter services remains one of Saathi's core objectives.

Due to the credibility and trust developed by Saathi in providing shelter homes in Nepal, the organization was chosen as one of four consortium members to implement the Integrated Platform for Gender-Based Violence Prevention and Response (IPGBVPR) project, which commenced in 2017. The National Women Commission (NWC), a constitutional body, with support from the World Bank, successfully initiated the IPGBVPR project to provide holistic services to GBV survivors through a one-door system. The project's Khabar Garaun Helpline 1145, which is operated by NWC, is effectively raising awareness about GBV and connecting survivors to relevant services, including shelters.

The importance of shelter homes was further highlighted by the COVID-19 pandemic, during which the number of GBV cases increased significantly. This, coupled with the inability of survivors to access services due to lockdowns and other measures, reinforced the need for shelter services to be considered an 'essential service'. Realizing the need for a unified voice, Saathi initiated the National Network of Women Shelters in December 2020, consisting of 18 member organizations providing shelter services. The main objective of the network is to improve referral mechanisms for GBV survivors, institute a proper case management system for uniformity and accuracy in data collected, and establish shelter as an essential service. Data is seen as an important advocacy tool with which to lobby the government and donors for the Network's objectives.

During this crucial period, the World Bank supported Saathi to conduct a 'Detailed Mapping of Women's Shelters with Particular Focus on Effective Referral Mechanisms for GBV Survivors and Enhanced Social Media Outreach'. I believe that the findings of this study will enable the Network to conceptualize an effective and efficient road map with which to take things forward. On behalf of Saathi and myself, I sincerely extend my gratitude to the World Bank for the financial support provided to Saathi to undertake this important assignment, which will undoubtedly provide guidance on the meaningful operation of shelters in Nepal, by both government and non-governmental organizations. The mapping exercise was made possible by the support and contribution of many esteemed individuals and government stakeholders, as well as the NWC, its members, and partner organizations. I acknowledge their precious time and the

recommendations, provided during the focus group discussions and key informant interviews. Their feedback and input has made the mapping exercise comprehensive.

My sincere thanks and appreciation goes to Ms. Jaya Sharma, Senior Social Development Specialist for Nepal, Ms. Deepa Rai, Coordination and Communication Consultant, and Ms. Sailja Shrestha, Program Assistant – colleagues from the World Bank – for their continuous support and guidance. I express my special gratitude and thanks to the Study Lead, Ms. Pinky Singh Rana, and Dr. Madhuri Singh for sharing their profound knowledge on GBV and shelter operations and for leading the exercise tirelessly, despite Pinky going through personal grief at the time. The study team – Ms. Tsering Kenji Sherpa (coordinator/researcher) and team members Ms. Laxmi Thapa, Ms. Jemie Shrestha and Ms. Sami Rajeshwori Singh – deserve my heartfelt thanks for their zeal in bringing out this research. Last, but not least, I would like to thank the Finance Officer, Mr. Amit Shrestha, who managed the financial part of this study efficiently, and Ms. Suvekchya Rana, Saathi's Senior Program Officer.

In retrospect, it has been an honor to walk alongside my sisters and daughters on their path to recovery, confidence and independence. However, most shelters provide support for survivors for a limited time only, which is not sufficient to fully prepare them for community reintegration. Hence, I strongly urge all stakeholders to conceptualize the establishment of 'second stage homes', where survivors can obtain the required support to establish themselves in society, fully empowered.

Thank you.

Yours sincerely,
Uma Rajya Laxmi Shah
President and Co-founder
Saathi

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ACRONYMS

ABC Nepal	Agroforestry, Basic Health and Cooperative Nepal
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COVID-19	corona virus disease of 2019
FGD	focus group discussion
GBV	gender-based violence
GEDSI	gender equality, disability, and social inclusion
IPGBVPR	Integrated Platform for Gender-based Violence Prevention and Response
KII	key informant interviews
LGBTQIA	lesbian, gay, bisexual, transgender, queer, intersex and asexual
MoWCSC	Ministry of Women, Children and Senior Citizens (formerly the Ministry of Women, Children and Social Welfare)
NCRC	National Child Rights Council
NFDN	National Federation of the Disabled Nepal
NGO	non-governmental organization
NHRC	National Human Rights Commission
NMS	National Minimum Standards
NRM	national referral mechanism
NWC	National Women Commission
OCMC	One-Stop Crisis Management Centre
PNCC	Pravasi Nepali Coordination Committee
PWD	person with disability
SOP	standard operating procedure
WOREC	Women's Rehabilitation Center

EXECUTIVE SUMMARY

Introduction

This report contains the findings of a qualitative study undertaken with stakeholders engaged directly and indirectly in operating shelter homes and safe homes in Nepal. Drawing on responses from 50 key informant interviews (KIIS) with gender-based violence (GBV) survivors and government and non-government frontline service providers, as well as 4 focus group discussions with members of the National Network of Women Shelters, legal aid organizations, field mobilizers, and counselors, the report concludes that shelter homes are an essential service that needs to be prioritized by the Government of Nepal. It also concludes that the absence of an effective national referral mechanism for GBV survivors has resulted in numerous challenges for survivors as well as service providers in this sector.

Objectives

The objectives of this study were to:

- Map the existing shelter services available for GBV survivors in Nepal towards more coordinated and effective shelter service provision, policies, and referral pathways for women and girls.
- Assess the gaps and challenges across the service chain, as well as the partnership opportunities among shelter organizations and relevant stakeholders in Nepal.
- Create awareness among the general public about the existing laws, the availability of shelter services, and existing referral mechanisms in Nepal.

Key findings

Shelter homes as an essential service

- Government and non-government shelters in Nepal provide shelter, food, psycho-social and legal counseling, referral services, education, and economic support, among other things, for GBV survivors. However, there is inequitable distribution of shelter homes across the country.
- Financial sustainability is a major challenge for almost all shelter homes.
- There is a common consensus among respondents that that shelter homes would benefit from close coordination between the three levels of government (local, provincial, and federal).
- Nepal's transition to federalism has created ambiguity regarding federal budgetary support to government-managed safe homes, which was previously allocated directly by the Ministry of Women, Children and Senior Citizens.

Shelter operators' reflections and lessons learned

- The reintegration of GBV survivors remains a major challenge and, in some instances, survivors move from one shelter home to another, which limits the space available for other survivors, highlighting the need for a more survivor-centric social reintegration approach.

- Second-stage homes and government or municipal-subsidized hostels that prioritize socio-economic empowerment need to be introduced.

Case management, counseling needs, and challenges
- Comprehensive safety plans to prevent the re-victimization of GBV survivors are lacking in most shelter homes.
- The COVID-19 pandemic created new challenges for service providers, including fear of being infected and lack of mobility due to lockdowns, which hindered efforts to provide services, while at the same time the number of GBV cases increased.

Existing shelter policies and practices
- The current National Minimum Standards (NMS) for Protection and Care of Trafficking Survivors, which is followed by shelter homes, requires shelter homes to meet a very high standard in comparison to the funding received by most homes (government-run safe homes or NGO-operated shelters). The NMS needs to be revised (or technical and financial resources increased) to enable shelter homes to comply with these standards.
- Existing shelter policies do not address recent trends such as de facto relationships (a non-married couple living together) and cyber-harassment.

National referral mechanism
- Lack of a formal national referral mechanism is resulting in coordination delays, hindering survivors from seeking services, and making them vulnerable to re-victimization.

Shelter data for evidence-based advocacy
- All shelter homes, government as well as NGO-operated, maintain gender equality, disability and social inclusion (GEDSI) disaggregated information on survivors, for data maintenance and reporting purpose only.

Secondary trauma and remedies
- The physical, psychological and emotional well-being of frontline shelter service providers is largely overlooked. In addition, the COVID-19 pandemic has created new difficulties for these service providers.

CHAPTER 1. INTRODUCTION

1.1 Background and Rationale

Shelter services form an integral component of essential services for gender-based violence (GBV) survivors. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in its concluding observation on the 6th periodic report of Nepal, has recommended establishing shelter services, including in rural and remote areas, to ensure the safety and security of women and girls who are experiencing (or at risk of) various forms of violence[1]. The importance of shelter homes has been further highlighted by the COVID-19 pandemic, during which the number of GBV cases rose. This, coupled with the inability of survivors to seek services due to lockdowns and other restrictive measures, has highlighted the need for shelter services to be considered an essential service by the Government of Nepal.

The National Women Commission (NWC) – with support from the World Bank and in partnership with Saathi, Child Workers in Nepal (CWIN), the Legal Aid & Consultancy Center (LACC) and Transcultural Psychosocial Organization (TPO) – has been implementing the Integrated Platform for Gender-based Violence Prevention and Response (IPGBVPR) project since 2017. The main objective of the project is to provide a better response to GBV by enhancing the efficiency and effectiveness of service delivery through the Khabar Garaun Helpline 1145, by raising awareness of GBV and women's rights, and by promoting a gender-equitable attitude among the public.

Saathi, with its three-decades of experience in this field, saw the need for shelter services to be recognized as an essential service in Nepal. This need was further highlighted by the COVID-19 pandemic. To address this, the National Network of Women Shelters was recently formed under the leadership of Saathi with the goal of lobbying the government to recognize shelter services as an essential service.

Against this background, one of the first and crucial steps towards ensuring survivors' access to shelter homes was to conduct a detailed mapping of shelter services across the country to allow for a better understanding of the gaps and challenges in shelter service provision – at the policy as well as the implementation level. In the context of the COVID-19 crisis, it has also become essential to assess referral mechanisms nationally, so as to build a robust foundation for the sustainability of the existing national GBV response mechanism (established under IPGBVR project) and of shelter homes across the country.

1.2 Objectives

The core objectives of this study were to:
- Map the existing shelter services available for GBV survivors in Nepal towards more coordinated and effective shelter service provision, policies, and referral pathways for women and girls.
- Assess the gaps and challenges across the service chain, as well as the partnership opportunities among shelter organizations and relevant stakeholders in Nepal.

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[1] https://fwld.org/wp-content/uploads/2019/01/Concluding-comments-English.pdf

- Create awareness among the general public about the existing laws, the availability of shelter services, and existing referral mechanisms in Nepal.

The study focused on the following, which provide the framework for the presentation of the findings:
- Shelter homes as an essential service
- Role of government in strengthening shelter homes
- Shelter operators' reflections and lessons learned
- Case management, counseling needs, and challenges
- Existing shelter policies and practices
- National referral mechanism
- Shelter data for evidence-based advocacy
- Secondary trauma and remedies

1.3 Methodology

The methodology for this study involved an initial discussion by the study team leads with the president of Saathi, as well as the World Bank team, to ensure a common understanding. Data collection involved a literature review, key informant interviews (KIIs), and focus group discussions (FGDs). For primary data collection, following initial information on GBV shelter homes across the seven provinces provided by the Ministry of Women, Children and Senior Citizens (MoWCSC), members of the National Network of Women Shelters, and various online sites, the following steps were undertaken:
- Identification of the different types of respondents to be included in the study
- Development of checklist for KIIs and FGDs
- Orientation for researchers on tools and their pre-testing
- Scheduling of KIIs and FGDs with respondents, and confirmation of virtual mediums to be used

A total of 14 shelter homes (2 from each province) were selected to participate in the KIIs, which were conducted with shelter managers. Selection was based on the following criteria to ensure a holistic perspective: type of shelter home (e.g., supporting domestic violence survivors, trafficking survivors, young women, persons with disability, etc.); operated by government or non-government organization (NGO); date of establishment of shelter home; inclusion of new and established shelter homes; and type of survivors catered to by the shelter home. Due to lack of government-run shelter homes in Karnali Province, only one shelter home (NGO-operated) manager was interviewed in that province.

Table 1. Number of Respondents and Method of Data Collection

SN	Type of respondent	No. of respondents	Data collection tool
Government representatives			
1	NWC member	1	KII
2	NWC Helpline counselor	1	KII
3	Representative from MoWCSC	1	KII
4	Representative from National Human Rights Commission (NHRC)	1	KII
5.	Attorney General's Office	1	KII

6	District Bar Association	1	KII
7	National Child Rights Council (NCRC)	1	KII
8	One-Stop Crisis Management Centre (OCMC) supervisor/manager	7 (1 from each province)	KII
9	Nepal Police Women Cell	4	KII
10	Government-managed safe home	6	KII
11	Deputy mayor	7 (1 from each province)	KII
Survivors, NGOs providing shelter services, external development partners			
12	NGO-managed shelter home	7	KII
13	External development partner	1	KII
14	NGO providing shelter support for persons with disabilities (PWDs)	1	KII
15	President of Saathi	1	KII
16	CEDAW committee member	1	KII
17	President/chairperson of National Network of Women Shelters	9	FGD
18	Member of National Network of Women Shelters	9	FGD
19	Legal aid organization	6	FGD
20	Field mobiliser	4	FGD
21	Survivor	8	KII
Total*			KIIs: 50; FGDs: 4 with 28 discussants

*Note: Respondent number in all below figures is based upon 54 respondents, i.e. 50 KII respondent and 4 FGDs. In FGDs, if majority or more than 50% have agreed to a response it is calculated as one respondent, unless there is general disagreement.

1.4 Ethical Considerations

Most interviews were conducted virtually, via Zoom. However, many government-run shelter homes lacked Internet, hence, telephone interviews were conducted and recorded. During each KII and FGD, the study objectives were shared and consent for the interview and recording obtained. Ethical standards were duly taken into account, such as the non-disclosure of survivors' names, and necessary precautions adopted to avoid causing discomfort or re-traumatization.

1.5 Limitations of the Study

The ongoing COVID-19 pandemic prevented the study team from administering in-person interviews and in-person FGDs, which the team believes would have generated more nuanced information. As all interviews and discussions were administered virtually, issues of technicality and accessibility arose in some instances. Specifically, some respondents did not have access to the Internet, requiring interviews to be conducted by phone. As many survivors had returned home due to the COVID-19 pandemic, coupled with the sensitive nature of the interviews and time constraints, the number of survivors interviewed is much lower than initially envisaged.

Finally, despite the study team's best efforts, challenges were faced in incorporating the voices of members of the lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) community, as initially planned. This was due to three main reasons: shelter homes specifically catering to the LGBTQIA community could not be identified, the COVID-19 pandemic made it difficult to reach out to members of the LGBTQIA community and request their time, and the limited timeframe of the study prevented team members from spending more time pursuing identified respondents.

CHAPTER 2. KEY FINDINGS

This chapter outlines the main findings of the study on the eight specific areas covered, namely: (1) shelter as an essential service, (2) the role of the government in strengthening shelter homes, (3) shelter operators' reflections and lesson learned, (4) case management, counseling needs, and challenges, (5) existing shelter policies and practices, (6) need for national referral mechanism, (7) shelter data for evidence-based advocacy, and (8) secondary trauma and remedies. The findings are presented under each category and according to the critical queries covered during data collection.

2.1 Shelter Homes as an Essential Service

This study found that shelter homes for GBV survivors were initially established in Nepal by NGOs, with the government joining the sector at a later stage. Government and non-government shelter homes/safe homes[2] have been established in all seven provinces of Nepal to meet the needs of GBV survivors for food, shelter, medical care, legal aid, psycho-social counseling, and other needs. Shelter homes vary in terms of the target group supported, type of services provided, and length of services offered. The study found inequitable distribution of shelter homes in Nepal across the provinces, with the majority of homes in Bagmati Province (Province 3) and only two in Karnali Province (Province 6), operated by the NGOs Aawaaj and Women's Rehabilitation Center (WOREC).

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[2] Both terms are used interchangeably in this study.
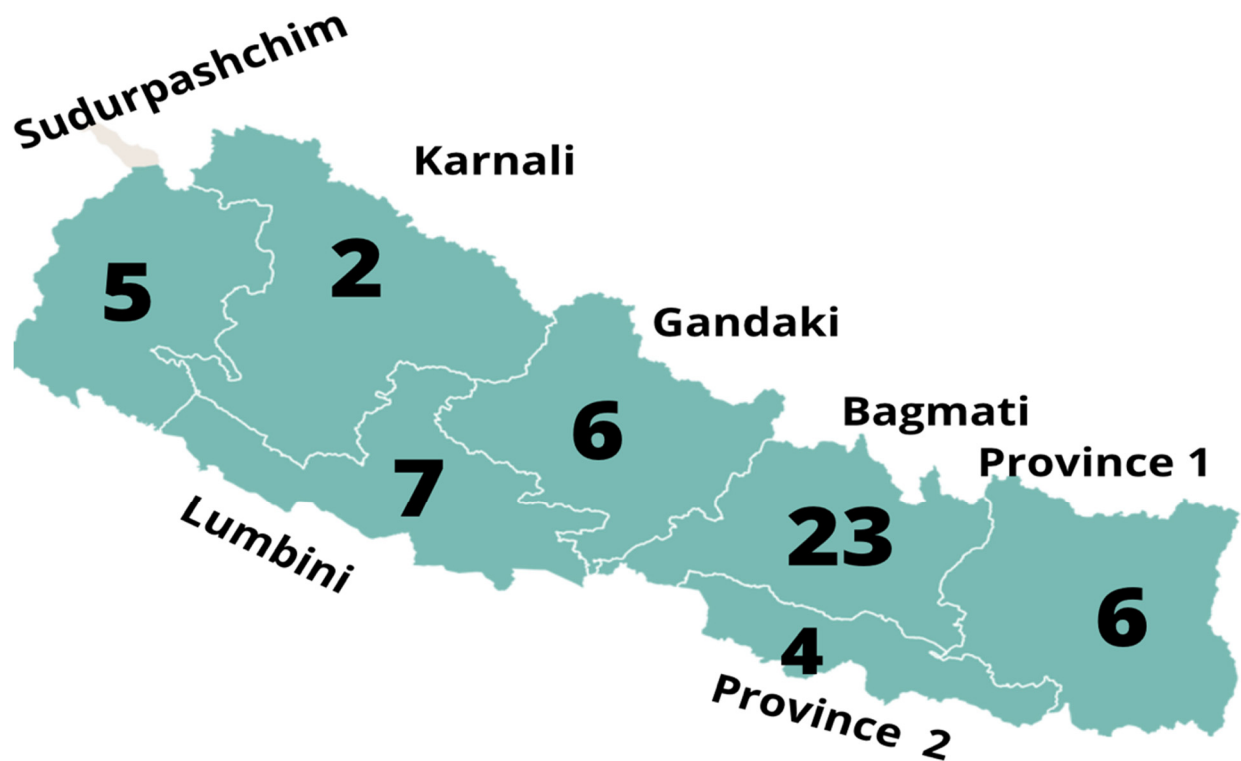
Figure 1. Number of Shelter Homes in Nepal | *Source:* Based on information received from MoWCSC

Shelter homes are fundamental for the protection of survivors' rights and dignity. Notwithstanding the type of survivors supported – minors, adolescents, women, PWDs, senior citizens or members of the LGBTQIA community – or the length of service provided and whether the home is run by the government or an NGO, the findings of this study highlight the fact that shelter homes play an important role in the protection of GBV survivors and their dependents, and the prevention of re-victimization, including possible homicide or suicide.

Figure 2. Are Shelter Homes for GBV Survivors an Essential Service? (n=54)

- No response 17%
- Strongly agree 22%
- Agree 61%
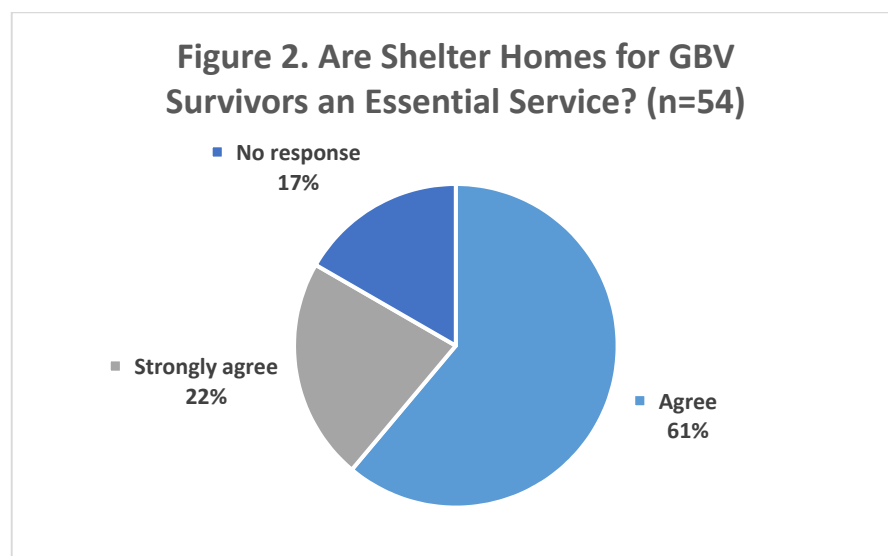
I can say this with absolute certainty, Charimaya would not be alive if shelter home had not protected, provided training and empowered me to be an inspiration for many other human trafficking survivors like me.
Charimaya Tamang, survivor-turned-activist; Anti-trafficking Hero of 2011, awarded by US State Department

Shelter homes are very important and needed because victims [sic; survivors] openly talk with NGO people and open up easily. Victims do not trust government officials and fear they will do something and also fear perpetrators will harm them.
Elected government representative

However, the timeframe required for supporting GBV survivors remains uncertain, among both policy makers and implementers, and there is inadequate clarity on the elements to be considered to determine the short-term and long-term service requirements of survivors. Given this gap, there is a need for clarity on what the following terms mean: transit home, short-term shelter, long-term shelter, and second-stage home, including their respective objectives and timeframe of support.

Regarding GBV survivors with special needs, there is general consensus that survivors from the LGBTQIA community, PWDs, and people with mental health concerns require specialized support. The needs of members of the LGBTQIA community and PWDs can, and should, be addressed through the provision of proper infrastructure, along with trained and sensitized human resources in existing shelter homes to create an enabling and inclusive environment. It is also important to ensure that frontline workers and other service providers do not hold discriminatory attitudes – either overtly (verbally) or in terms of their behavior. For survivors with severe mental health concerns (such as severe depression, psychosis, multiple personality disorder), participants in this study recognized that separate locations are sometimes needed to address their needs.

Despite the clear need for shelter homes, financial sustainability remains a challenge for almost all homes, including government-supported safe homes. Furthermore, the findings indicate that the focus in Nepal is generally on family reintegration, however, the needs and interests of survivors vary and a more nuanced understanding is needed. It is argued that a survivor-centric approach needs to be adopted to protect the rights of survivors and their interests need to be prioritized during the reintegration process.

The study determined that the technical skills, know-how, and infrastructure required to support GBV survivors with special needs (such as survivors from the LGBTQIA community, PWDs, and people with mental health issues) are fundamentally missing from shelter homes. Women shelter homes are not special needs-friendly; PWD survivors are either referred to other shelter homes or compelled to be retained due to lack of referral space. The study was unable to find any shelter homes catering for members of the LGBTQIA community though reference if supporting some LGBTQIA members came up.

In summary, this study concludes that shelter homes are an essential service that should be supported technically and financially by the federal, provincial and local governments.

The key findings of the study in relation to shelter as an essential service are as follows:

Q: Are shelter homes for GBV survivors an essential service?

- All respondents – government and non-government stakeholders, law enforcement officials, and legal service providers to survivors and shelter home operators – highlighted the need for shelter services for GBV survivors. A common voice emerging across respondent groups is that shelter homes are the last resort for GBV survivors; without shelter support, many survivors would be at risk of losing their life and may be pushed into even more vulnerable and exploitative situations. One legal aid respondent noted: "Shelter homes fulfil the need to protect human rights [....] provide empowerment, protect physical integrity and promote conscious right to choose."

> *A shelter home is a safe space for survivors, where they can get immediate relief, as well as services such as psychosocial counseling, medical support, and legal support. It addresses the crucial period, which is 24 to 72 hours after violence is inflicted on the survivor.*
> Study respondent

> *We cannot predict that x number of events will happen, and thus we will need shelter homes for x number of people. Even if there is 1 GBV survivor needing shelter, this service must be available to them.*
> Study respondent, NGO

> *It is my strong suggestion there must be 753 shelter homes/safe homes established at all local levels, whether run by CSOs [civil society organizations] or the government, so that they are accessible to all and victims [sic; survivors] of GBV can receive immediate services. When they are only established at the district level, a woman may need to travel for 4–5 hours, on foot or by bus.*
> NHRC member

Services Provided by Shelter Homes

Fooding		Reintegration
Clothing	Psycho-social counseling	Vocational training
Education	Legal counseling	Recreational activity
Medical services	Para-legal support	Financial support
Shelter support	Representation in court	Field visits/Follow-up
Rescue operation		Support to orphan children
Required referrals		

Figure 3. Services Provided by Shelter Homes

Q: What are the major contributions of shelter homes/safe homes in Nepal?

- In Nepal, shelter homes were first introduced by NGOs, some of the pioneering organizations being Saathi (which established the first shelter home for domestic violence survivors), Agroforestry, Basic Health and Cooperative (ABC Nepal), Maiti Nepal and WOREC (which both support trafficking survivors), and CWIN (which supports children).
- A diverse array of GBV survivors are serviced by government and non-government shelter homes, ranging from survivors of domestic violence, rape, trafficking, and sexual abuse, migrant women and returnees, including women (married, single, widow, those in a de facto relationship, etc.), girls, and children born out of rape with their mothers. More recently, a shelter home for migrant returnee men has also been established by the Pravasi Nepali Coordination Committee (PNCC), the first of its kind in Nepal.
- Shelter homes provide the following services: rescue, shelter, food, clothing, medical services (e.g., immediate first aid, medical check-ups, psychological assessment, etc.), referral, education, training, counseling, legal aid, para-legal support, support for orphaned children and their referral, safe motherhood support, and safe abortion services. Recreational activities, job opportunities, family counseling, family reintegration, and socio-economic empowerment also form core components of support. However, the support offered varies according to the organization's area of focus and capacity.
- Shelter homes may be categorized according to the timeframe of support provided to GBV survivors. Crisis or emergency centers and transit homes provide short-term support prior to referral to another home. Most shelter homes provide six to nine months of support, with only a couple providing long-term shelter support.
- Shelter homes are primarily donor dependent, either on international NGOs, national and international philanthropists, or, in some instances, on the government.

Q: Is there need for separate shelter homes for groups with special needs such as children, PWDs and members of the LGBTQIA community?

Children:
- According to the National Child Rights Council (NCRC), in 2019/20, 11,350 children (5,194 boys and 6,156 girls) were under the protection of 489 children's homes operating in 45 districts.[3] The findings of this study reveal the inadequacy of shelter homes for child survivors of GBV in Nepal, given the rising trend in violence against children[4] (in fiscal year 2018/2019 there were 1,080 reported cases, which increased to 1,302 in 2019/2020).[5]
- The study findings underline the increasing trend in child victimization, including during the lockdown period, and the need for at least one children's home per district. However, some respondents voiced concerns about the non-effectiveness of the children's homes already established and in operation. On-site monitoring of 216 children's homes conducted by NCRC in

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[3] Government of Nepal, Ministry of Women, Children and Senior Citizens, National Child Rights Council. 2020. *State of Children in Nepal 2020*. Kathmandu: National Child Rights Council, p. xii.

[4] This refers to child rights violations including cases of sexual abuse, child labor, child marriage, murder, trafficking, abduction, suicide, physical and mental punishment, abortion and abduction.

[5] Government of Nepal, Ministry of Women, Children and Senior Citizens, National Child Rights Council. 2019. *State of Children in Nepal 2019*. Kathmandu: National Child Rights Council, p. 45. https://bettercarenetwork.org/sites/default/files/2020-11/1588671135status%20report%20ENGLISH.pdf

2019/2020, revealed that the condition of 102 children's homes was considered 'good', 100 were 'satisfactory', and 14 were 'poor'.[6]

- Lack of information on, and access to, shelter services for children was reiterated by respondents across the provinces.

Shelters for children cannot be in operation if they cannot provide the essential needs required by children.
NCRC respondent

People with disabilities:

- The literature review included a rapid assessment conducted by the National Federation of the Disabled Nepal (NFDN) on the *Impact of COVID-19 Pandemic and Lockdown on People with Disabilities*,[7] which surveyed 422 respondents from 71 districts, revealing that 4.1% of respondents faced violence and abuse at the beginning of the first lockdown in Nepal (between 12 and 22 April 2020; a total of 11 days).

- PWD-GBV survivors are identified as one of the most vulnerable groups, with highly limited access to services and justice, often with "no one who supports or listens to them" (KII respondent working with PWDs). In 2013, the Government of Nepal introduced a directive on 'Accessible Physical Structure and Communication Service Directive for People with Disabilities',[8] which contains mandatory provisions for making public places accessible for PWDs, both physically and also in terms of communication; however, according to the respondents in this study, there are "no specific mandatory government provisions that state shelter homes must be disability friendly in terms of accessibility" (KII respondent working with PWDs).

- PWD voices call for the inclusivity of PWD-GBV survivors – with the exception of those with mental health issues who require independent support systems – by ensuring the necessary infrastructure and staff capacities in existing shelter homes. However, the study notes that neither government nor NGO-managed shelter homes are currently able to cater for PWD-GBV survivors; some of the reasons given for this include the fact that shelter homes are often operated in rented spaces and, thus, infrastructural changes are unable to be made, as well as inadequate human and financial resources to address special needs.

In any society, the people who are most marginalized, whose identity is not recognized, whose mobility is restricted, they are ones most impacted by GBV, sexual abuse within the family and workplace harassment. However, even though they are one of the most affected groups, their access to justice is almost non-existent.
Representative from National Federation of the Disabled Nepal

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[6] Government of Nepal, et al. 2020. *State of Children in Nepal 2020*, p. 45. Note that 55 children were subsequently removed from the 14 child care homes considered 'poor'.

[7] National Federation of the Disabled People. 2020. *Impact of COVID-19 Pandemic and Lockdown on People with Disabilities: Rapid Assessment Report.* Kathmandu: NFDN, p. 45. https://nfdn.org.np/wp-content/uploads/2020/05/NFDN-Nepal_IMPACT-OF-COVID-19-PANDEMIC-AND-LOCKDOWN-Checked-Accessibility.pdf

[8] Government of Nepal. 2013. *Accessible Physical Structure and Communication Service Directive for People with Disabilities.* Approved by Government of Nepal (Council of Ministries) on 2069/11/06 BS (February 17, 2013 AD). https://nfdn.org.np/accessibility-guideline-eng/

LGBTQIA:

- A survey[9] conducted by the Blue Diamond Society on the impact of COVID-19 on the LGBTIQ community that surveyed 211 people (of which 172 responses were analyzed) in August 2020 found that 29.7% of respondents reported experiencing violence in the months following the outbreak of COVID-19.[10] Some 21% of respondents identified their partner or a family member as the perpetrator. The types of violence experienced included psychological violence (36%), social discrimination (32%), and sexual violence (7%). Only one individual had filed a complaint.

- The respondents to this Shelter Mapping Study reported encountering challenges when dealing with survivors of GBV from the LGBTQIA community. In particular, respondents reported inadequate understanding of the community and their needs among shelter service providers – both frontline workers and organizations. The study team was also unable to identify any shelter home specifically catering to LGBTQIA needs.

2.2 Role of Government in Strengthening Shelter Homes

The Government of Nepal is playing a vital role in supporting survivors – through law enforcement agencies, hotline services, One-Stop Crisis Management Centres (OCMCs) and safe homes. While these measures are vital, the quality of support invariably depends on the individual-level of ownership of the GBV issue by the management and staff of the organization and the staff providing the service, as well as the commitment of policy makers and stakeholders to GBV issues, the institutionalization of GBV concerns, and the ability to make links with various support mechanisms.
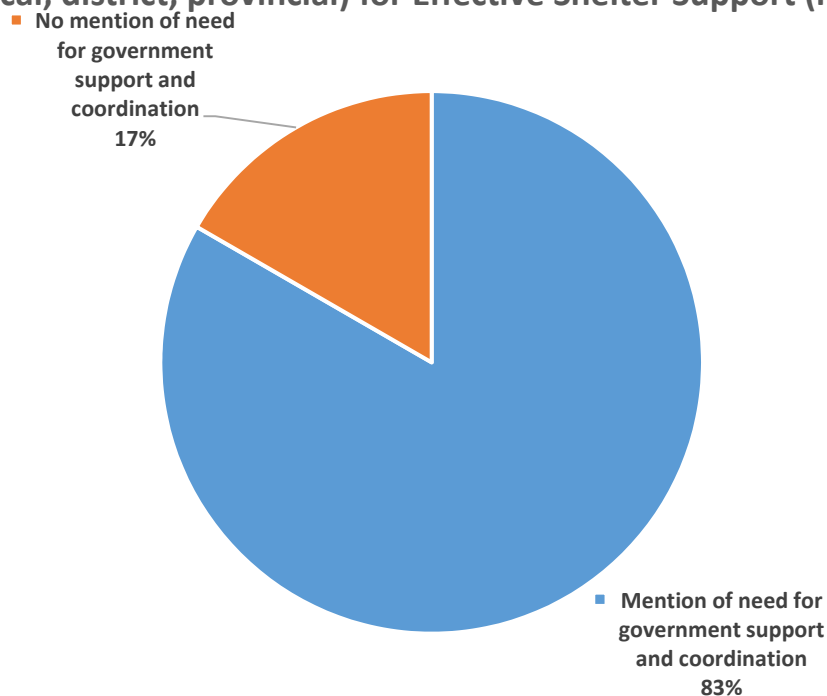
The study generates mixed results about OCMCs and hotline services, in terms of the limited knowledge of staff, inability to reach GBV survivors, inadequate number of centers, inadequate capacity of personnel in centers, insufficient budget and/or ineffective utilization of funds, lack of transparency, and non-functionality of some OCMCs. Bureaucratic processes, hierarchy and political influences are also impacting on the effectiveness of services.

The study notes the need for law enforcement agencies to ensure greater coordination between their various departments, as well as with other stakeholders, to ensure speedy legal processes for GBV survivors. In the judiciary system, the need to expedite GBV trials, ensure victim/survivor and witness protection, and ensure survivors' speedy access to compensation were identified as critical. The study concludes that shelter homes and their staff play an active role in referring survivors to appropriate legal counsel, updating survivors on their case status, and ensuring access to justice and compensation. For this, shelter home staff require frequent orientations and updates on existing laws and procedures, and, if possible, an in-house legal professional should be added to the staff.

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[9] Bhandari, A. 2020. *Impact of COVID-19 Pandemic on LGBTIQ Community in Nepal*. Kathmandu: Blue Diamond Society. https://bds.org.np/wp-content/uploads/bsk-pdf-manager/2021/02/E-Survey-Report-Impact-of-COVID-Pandemic-on-LGBTIQ-Community-in-Nepal-1.pdf

[10] According to the survey, data was collected between 20 and 27 August 2020 and focused on the post-COVID-19 period and the subsequent lockdown imposed by the Government of Nepal and how it affected members of the LGBTIQ community.

Figure 4. Need for Coordination and Support From Government (local, district, provincial) for Effective Shelter Support (n=54)

- No mention of need for government support and coordination — 17%
- Mention of need for government support and coordination — 83%

Budgetary allocation, as stated earlier, is a major concern for shelter homes. Due to failure to institutionalize budgetary allocation from local and provincial level governments, government-run safe homes face delays in receiving funds, with most safe homes reporting having to frequently visit local government offices to ask for their allocated budget. NGO-run shelter homes remain overwhelmingly dependent on donors or, in some instances, private philanthropists, and are yet to attain sustainability.

Finally, Nepal's transition to a federal government system is bringing new challenges. According to some shelter managers, the transition has created ambiguity regarding federal budgetary support for government-managed safe homes, which was previously allocated directly by the MoWCSC. Additionally, some government respondents, including in a few OCMCs, expressed frustration over the lack of ownership of GBV concerns by municipalities. Some municipalities and rural municipalities were hesitant to provide services to survivors from other municipalities, stating that budgetary support must come from the survivors' municipality.

The key findings of the study in relation to the role of the government in strengthening shelter homes are as follows:

Q: What has been the role of local, provincial, federal governments in strengthening shelter
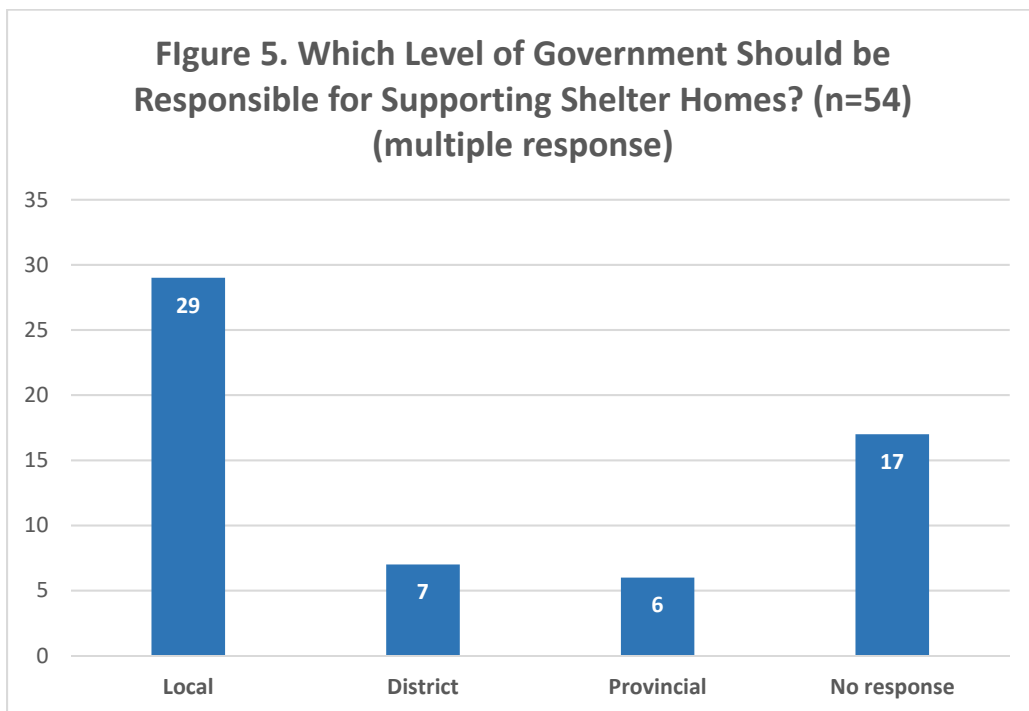
home/safe home services?

- The Government of Nepal has been financially supporting safe homes for trafficking survivors. It has also linked the OCMCs to safe homes to ensure holistic survivor support. The NCRC is reportedly (according to respondents to this study) supporting some of the 489 children's homes in Nepal, although this is on a case-by-case basis and dependent on the number of children in the homes.
- A common consensus among respondents is that shelter homes would benefit from close coordination between all three levels of government (local, provincial and district levels), as well as support from local government.

> *Financial resources are sent to short-term service centers every year in the form of conditional grants. This year funds were sent to 21 short-term service centers. Rehabilitation funds for victims of human trafficking demand resources according to the expenses.*
>
> *For long-term service centers 60 lakhs (approximately US$50,000) was provided last year and 20 lakh (approximately US$16,600) has been given this year. Provincial governments are also supporting us, but due to the lack of land, work has not commenced in other provinces. However, in Province 5 and Sudurpaschim Province, work is underway.*
>
> Study respondent, MoWCSC

- The Government of Nepal's *Fifteenth Plan (Fiscal Year 2019/20–2023/24)* states that "Long-term and short-term rehabilitation centers with integrated services will be operated from the provincial level to local levels for women surviving or impacted by violence". It further states that, "An emergency rehabilitation fund will be set up at the provincial and local levels for the relief, rescue, free legal aid, psychosocial counseling, and skills development programs for survivors of violence."[11] Despite these provisions, with the exception of the limited funds allocated for government-supported safe homes for trafficking survivors, the findings suggest that funding for shelter homes is not prioritized. This has resulted in shelter homes being generally donor dependent. Members of the National Network of Women Shelter said that support from the government and private sector varies, citing that, in some instances, such as in Gandaki Province, advocates are demanding the establishment of safe homes and working on a procedure for their operationalization; in others, such as Karnali Province, support remains minimal.
- At the local level, resource allocation for shelter homes is dependent on the capacity of field personnel, as well as shelter home staff, to convince elected representatives to prioritize homes for GBV survivors, as well as the knowledge, interest, and ownership of the issue by shelter home staff and elected representatives. The lack of budgetary allocation is also pointed out by NGO representatives, who assert that conditional grants for women are part of grants for overall development activities, and that GBV and shelter services remain under-funded and under-prioritized. An emerging challenge is some that some municipality level voices are saying that survivors should be supported by their municipality of residence, which is not always practical if the survivor has had to flee to another location.

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[11] National Planning Commission. 2020. *The Fifteenth Plan (Fiscal Year 2019/20–2023/24). Chapter 7: Social Sector (7.6 Gender Equality and Women Empowerment)* (unofficial translation). Kathmandu: Government of Nepal, National Planning Commission, p. 267.

FIgure 5. Which Level of Government Should be Responsible for Supporting Shelter Homes? (n=54) (multiple response)

- Respondents also highlighted that political bias in the distribution of some existing funds, such as the Mangala Sahana Long Term Rehabilitation Centre (supported by the MoWCSC), has resulted in inequitable resource distribution.
- There was general consensus among provincial stakeholders (government and non-government respondents) about the need for shelter homes, as well as the need to overcome existing coordination gaps between levels of governments, as shelter homes cannot be run in isolation. The respondents highlighted the need to increase the number of shelter homes, implement laws, collaboratively engage in drafting laws, and collaborate with the private sector in sharing information, overcoming challenges, and supporting, rather than competing with each other.

Figure 6. Need for Government to Recognise the Need for Shelter Homes (n=54)

- Question not asked 18%
- Yes, Need for government to recognise the need for shelter homes 41%
- No mention of need for government to recognise need for shelter homes 39%
- No need for government to recognise need for shelter homes 2%
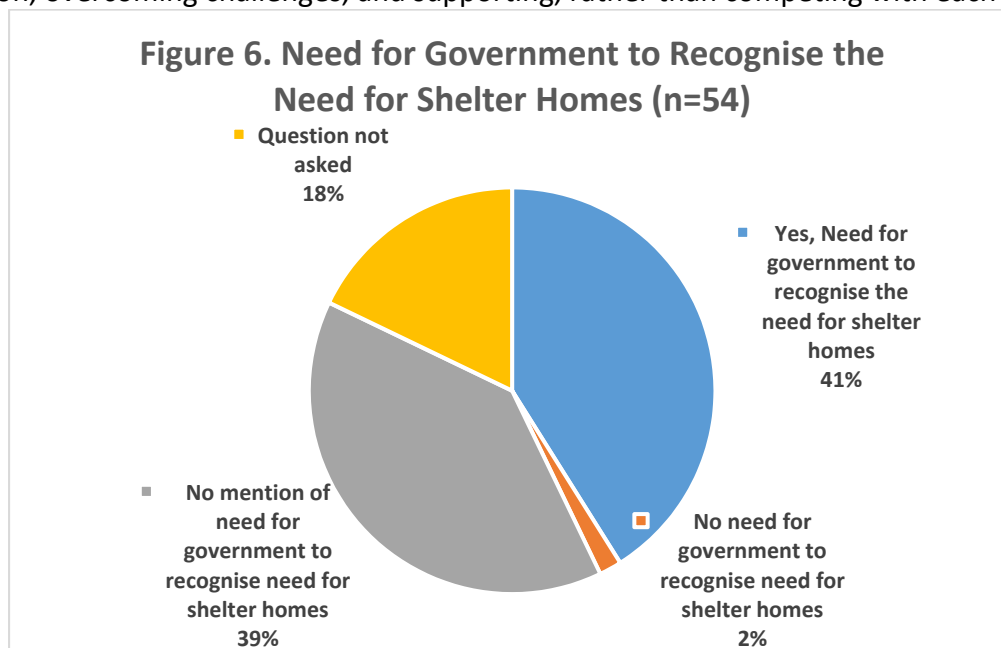
The government, in B.S. 2066/67 [2009/10 AD], saw the need for shelter homes and established some. Since they established them, they should have formalized them somewhere too.

Shelter home manager-cum-counselor

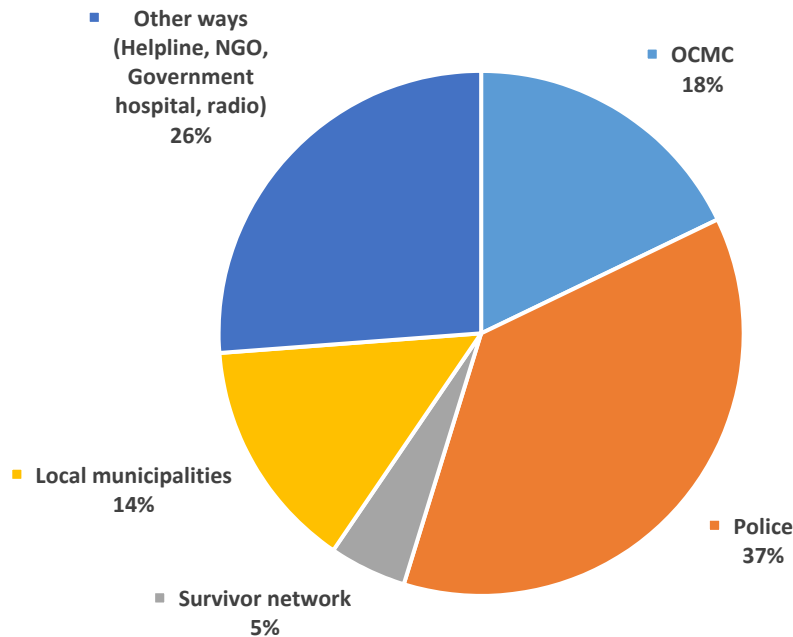## 2.3 Shelter Operators' Reflections and Lessons Learned

The experiences of shelter operators across the seven provinces in Nepal indicate a need for greater work on GBV prevention, with all three levels of government mandatorily prioritizing and taking responsibility for prevention of, and protection from, GBV and the provision of holistic support to GBV survivors. There is a need for enhancing understanding among shelter operators about evolving and contextual GBV issues, core principles and international standards, including cyber-crime, online child sexual abuse, de facto[12] relationships and the ensuing exploitation of rights (because women in de facto relationships are unable to ask for the rights that would accrue if the relationship was legalized), child sexual abuse, and mental health concerns, among other things. The need to build skills to address survivor needs is also evidenced by this study.

Family reintegration is not always a solution for survivors, and the study concludes that socio-economic empowerment and the boosting of survivors' self-esteem and self-confidence can be facilitated during an in-between phase, such as a second-stage home or post-shelter home (e.g., a subsidized women's hostel) to help them develop skills and independence. A second-stage home would help survivors to reintegrate into society.

Organizations managing shelter homes need to closely address and ensure healthy survivor-to-survivor, and survivor-to-shelter staff relations to safeguard the dignity and rights of all. The study concludes that the government and NGOs operating shelter homes/safe homes must regularly enhance the skills and capacities of staff to keep up with changes in GBV and ensure effective support to survivors of GBV.

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[12] Couples living together and in a relationship, but not legally married.

Figure 7. Ways in Which Survivors Accessed Shelters (n=54) (multiple response)

- OCMC 18%
- Police 37%
- Survivor network 5%
- Local municipalities 14%
- Other ways (Helpline, NGO, Government hospital, radio) 26%

The key findings of the study in relation to shelter operators' reflections and lessons learned are as follows:

Q: How do survivors typically access shelter services?

- Factors such as location, date of establishment, and networking between the shelter home and local bodies determines the accessibility of shelter services to survivors. Survivor responses indicate that they accessed shelter services via the police, Women's Cell at Nepal Police, OCMCs, ward offices, and through the 1145 Helpline (callers to the Helpline are also provided with the cost of transport to the shelter home).

- Shelter managers' report that survivors are referred to them by the police, OCMCs, and municipality offices. Some organizations have conducted awareness raising programs to increase knowledge about GBV and raise awareness of their services among survivors. Well established shelter homes did not feel the need to raise awareness and reported that many people already knew of their location. Survivor-to-survivor referrals were also reported. In some locations, such as Solududh Kunda Sewa Kendra, survivors were aware of the shelter home, as it was the only one in the district.

- In government-run safe homes, most cases were referred by the police and OCMCs. Awareness raising about safe homes is not prioritized, as they depend on case referrals by government bodies. However, in 12 local level governments in Sudurpaschim Province, each municipality reportedly had a psychosocial counselor facilitating orientations on shelter information, OCMCs and GBV issues (including polygamy and child marriage). This has contributed to raising awareness of safe homes.

Q: What are your reflections on GBV prevention?

- Based on their long years of experience, shelter home operators underscore that efforts for GBV prevention are inadequate, and that seeking shelter support is seen as a survivor's last resort. There is a general consensus on the need for all three levels of government to recognize the need for, as well as run, shelter homes, while collaborating with NGOs and the private sector for the holistic and sustainable support of survivors. This would facilitate survivors' speedy access to justice and compensation, and empower women and people from marginalized groups and safeguard their dignity.
- Emerging issues such as de facto relationships (and the absence of contextual laws on such relationships), cyber-crime, child sexual abuse, mental health, and the need for special support systems to address survivors' immediate and long-term needs were highlighted by shelter operators.
- Reintegration continues to remain a challenge for many GBV survivors and, in some instances, survivors move from one shelter home to another. Although this limits the space available for other survivors, it also emphasizes the need for a more survivor-centric social reintegration approach. It also calls for more coordination and linkages with government and development partner-run programs for livelihood support.

2.4 Case Management, Counseling Needs, and Challenges

Case management plays an important role in meeting survivors' immediate needs. It is a multidisciplinary and collaborative process that involves assessing, planning, evaluating and implementing options, and providing services based on the needs and choices of the survivor.[13] The study found that most shelter homes possess independent case management systems, in which detailed information on survivors is recorded. All shelter home operators recognize case management as necessary for the submission of reports to the government and donors.

By adopting a case management approach, service providers also help survivors to consider and manage the psychosocial consequences of GBV. Effective case management and counseling are also linked to ensuring that survivors have access to justice and compensation, as shelter homes facilitate legal referrals – in most instances to legal aid organizations or district courts. Survivors seldom visit legal entities on their own, due to lack of awareness of their rights and legal procedures, lack of financial resources, and lack of trust in the judicial system.

Despite the importance of case management systems and their use by most shelter homes, these systems are not centralized in a common portal for shelter homes and information-sharing remains inadequate. Government-operated safe homes are also left to their own devices in terms of case management. This study notes that safety planning measures to prevent further exploitation are not supported by most shelter homes. The findings also indicate inadequate monitoring and oversight of shelter homes by the government, increasing the risk of mismanagement and, thus, increasing the vulnerability of survivors.

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[13] UN Women. 2013. *Case Management.* UN Women, Virtual Knowledge Centre to End Violence against Women. https://endvawnow.org/en/articles/1570-case-management.html

The key findings of the study in relation to case management, counseling needs, and challenges are as follows:

Q: Do shelter services such as counseling (legal, medical, psychosocial), referral and rehabilitation support the successful reintegration of GBV survivors?
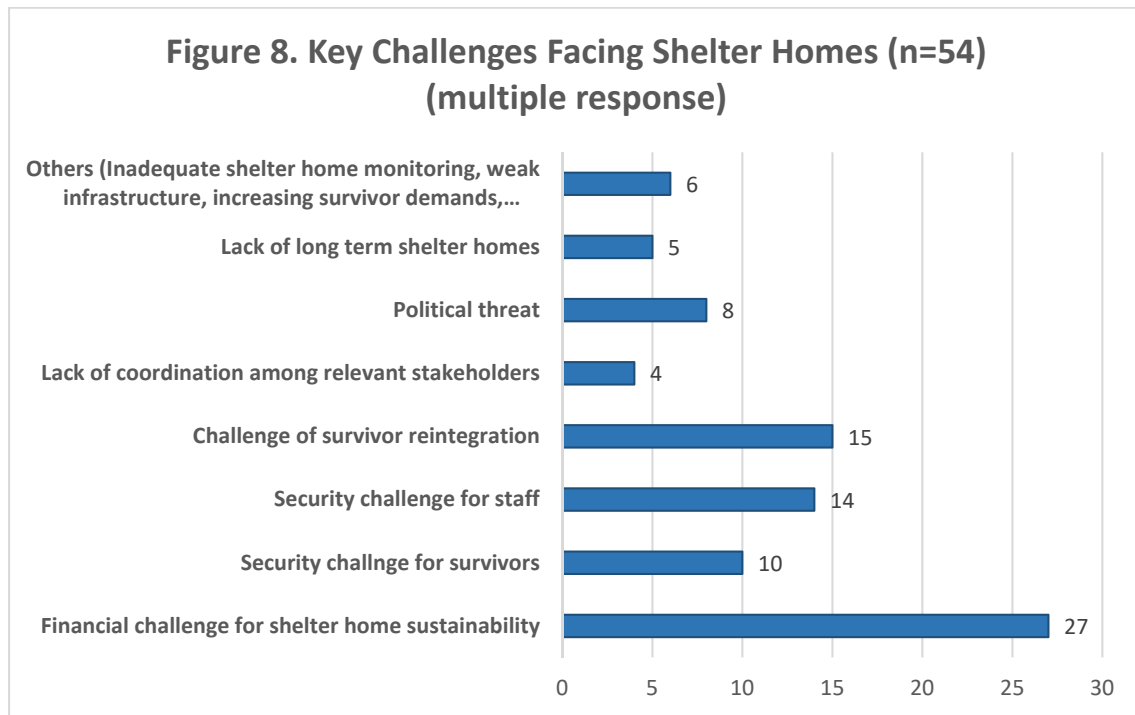
- All shelter home managers said that their services, particularly psychosocial counseling, support the reintegration of survivors. Family counseling is recognized by most shelter managers as a means of ensuring successful reintegration. However, references were made to cases of incest and rape where reintegration was not possible and long-term shelter was critical. In such cases, shelter service providers emphasized the importance of skill trainings and economic empowerment to enable the socio-economic empowerment and independence of GBV survivors.

> *If there is no counseling, we only see the surface issues and if we don't address them [the deeper issues] there are more chances that she will be re-victimized. Only after counseling, do we know the real problem.*
> Shelter home manager

Q: Will individual and group counseling on safety planning measures help GBV survivors from experiencing re-victimization?

- There is general consensus on the importance of counseling and safety planning measures to prevent the re-victimization of survivors. Some respondents noted that the services provided to survivors must be holistic to ensure the independence of survivors upon leaving the shelter home.
- Most shelter homes provide survivors with the contact details of the home and those of relevant stakeholders, such as the police, when the survivor leaves the shelter home. While follow-ups are conducted to monitor survivors' safety upon returning home, safety measures (such as maintaining medical prescriptions and keeping important documents and funds ready in case of emergency) are not usually part of such safety planning measures.
- Among the respondents in this study, only the NWC Helpline representative possessed technical knowledge on safety planning measures, due to a visit abroad to observe helpline operations in the United Sates. It is reported that in Nepal the focus is on information collection for data, interventions and queries, but in the United States the focus is on the immediate safety of survivor including the following: Are there harmful weapons in the home or not? If so, where are they? Where is the safest place for the survivor to hide the weapon? Subsequently, a safety plan is developed to include an assessment of the risks, documents, medical needs, and so forth with safety plans being dissemination among survivors

Figure 8. Key Challenges Facing Shelter Homes (n=54)
(multiple response)

Challenge	Value
Others (Inadequate shelter home monitoring, weak infrastructure, increasing survivor demands,…)	6
Lack of long term shelter homes	5
Political threat	8
Lack of coordination among relevant stakeholders	4
Challenge of survivor reintegration	15
Security challenge for staff	14
Security challnge for survivors	10
Financial challenge for shelter home sustainability	27

Q: What are the major challenges in ensuring the success of shelter support?

Economic:
- Lack of steady financial resources was cited by shelter home operators as one of the greatest challenges. While NGO-run shelter homes are donor-dependent, government-run homes cite lack of budget provided to them by the government. A common narrative is that following the establishment of local governments under federalism, there has been a lack of coordination, resulting in an inability to access budget funds allocated to them. The NWC Helpline representative also reported that some municipalities did not recognize shelter homes previously run by the Women Development Division and, thus, refused to provide budgetary funds. The lack of financial resources has led to a lack of human resources and inadequate infrastructure to address the needs of survivors.

Security:
- Shelter home managers, OCMC staff, NWC Helpline staff and the NCRC representative all reported threats from perpetrators and supporters of perpetrators to be a major challenge in ensuring the success of support to GBV survivors as well as staff security. Such threats, at times also from political parties, obstruct survivors' access to justice. Another concern in relation to security, as identified by the NWC Helpline representative, is maintaining confidentiality about cases among survivors in shelter homes.

Reintegration:
- Most shelter managers reported that survivors often reside in shelter homes for long periods of time, as they have no other place to go to. One shelter home manager noted the need for a comprehensive reintegration guideline for survivors. Things covered by such a plan include

confidence building, life skills training, and other things that support economic empowerment and independence. The NHRC representative stated that: "There are a lot of women accessing the shelter service, however, we do not see women leaving the shelter services at the same rate, which hampers the quality-service ratio" (KII with NHRC respondent). The challenges of reintegration also impact on shelter homes' financial resources and, in turn, their ability to provide services to new survivors.

Coordination among stakeholders:
- Shelter home managers also cited lack of coordination among government bodies for ensuring quality support to survivors. This applies not only to budget allocation, but also in regards to legal concerns, such as citizenship, with government bodies at the local level unable to address the issues faced by survivors.

Political threats:
- Shelter home managers cite political threats as a major obstruction to survivors' access to justice. Reported incidences include shelter managers being asked to withdraw cases and accusations against some perpetrators due to their political affiliations.

Q: How can shelter homes be operated if there is obstruction of financial resources? What happens to the residents of shelter homes under such circumstances?

- Obstruction of financial resources (lack of resources as well as delays in receiving allocated budget funds) is identified as a major concern for both government and NGO-run shelter homes. As many NGO-run shelters are donor-dependent and work on a project basis, funds are discontinued upon conclusion of the project. Some NGO-run shelter homes reported having contingency plans and covering costs through other projects as a temporary measure. One NGO-run shelter home reported there were times when they contributed money personally to cover the operating costs of the shelter home.
- For government-run shelter homes, while local and, in some cases, provincial governments support homes, the support is neither continuous nor guaranteed. As such, many shelter home managers reported having to visit local authorities time and again to request the allocation of budget funds. Despite these challenges, all shelter home managers stated that in case of financial obstruction they try to ensure there is no impact on the provision of basic needs and services to residents.

Q: What challenges do shelter homes and helplines face during situations of crisis? Are service providers adequately skilled to respond to service seekers' needs during such situations?

- The findings of this study reveal that the COVID-19 pandemic has resulted in an increase in GBV cases and a decrease in survivors' access to services due to lockdowns and other measures.
- All shelter homes were providing services during the COVID-19 pandemic. This involved going to hospitals and police cells, which increased their vulnerability to infection, creating constant fear among frontline workers. Additionally, lack of proper infrastructure – such as lack of rooms for social distancing and isolation/quarantine – posed challenges for service provision. Mobility restrictions, limited access to services and stalled legal procedures led to a delay in the provision of support services. The absence of guidelines or procedures for operation during the pandemic

meant that shelter home managers were left to manage homes as best they could during the pandemic.

- Shelter homes report a lack of financial resources during the COVID-19 pandemic, as they were unable to submit proposals for funding.
- Counseling sessions were provided over the phone or by Zoom or WhatsApp, which is not as effective as in-person meetings, according to counselors.
- The NWC Helpline, which initially operated from office premises 24/7, shifted to a virtual mode following the first lockdown in Nepal. Challenges arose as service providers received calls in massive numbers; however, calls were not just about GBV, but in relation to other services such as relief distribution of food, among other things. For those working from home, security concerns arose, as they were often calling from personal numbers. To address these concern, staff were provided with office sim cards for their phones.

Q: What government support was provided during the COVID-19 pandemic?

- During the first COVID-19 lockdown, the NHRC representative reported encountering numerous challenges while working with female returnee migrants, such as the presence of over 50 pregnant women, female quarantine centers yet to be established, and few shelter homes able to support them. Two shelter home managers reported lack of response by the NCRC when they referred children during the pandemic.
- The NCRC reported following up with shelter homes to monitor the situation of children during the pandemic. It also coordinated efforts to provide essential goods, food, and support from the municipality or hospitals for children who had lost their parents due to COVID-19, or those who did not have food due to their parents' loss of livelihood. At the local level, information and notices were disseminated regarding such support.
- The MoWCSC representative noted that the GBV Prevention Fund was established to provide immediate service when a GBV incident occurred.
- The NFDN representative reported an increase in rape cases during the COVID-19 pandemic, including among PWDs.

2.5 Existing Shelter Policies and Practices

Existing guidelines for shelter management include the National Minimum Standard (NMS) for Care and Protection of Trafficking Survivors, 2012[14] and the Standard Operating Procedure (SOP) for Rehabilitation Centres Targeting Trafficking Survivors.[15] Both documents were endorsed by the Ministry of Women Children and Social Welfare (now the Ministry of Women, Children and Senior Citizens) in 2011. These documents are the government guidelines for operating a rehabilitation center or shelter. The other document consulted was the amended version of the Rehabilitation Centre

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[14] Ministry of Women, Children and Social Welfare. 2068 BS (2011 AD). *dfgj a]rlavg tyf cf];f/k;f/af6 kLl8t÷k[efljtx¿sf] x]/rfx tyf ;+/If0fsf nflu /fli6«o Go"gtd dfkb08, @)^**. Kathmandu: Ministry of Women, Children and Social Welfare. https://secureservercdn.net/160.153.137.99/qpa.4ef.myftpupload.com/wp-content/uploads/2018/08/National-Minimum-Standards-NMS-for-care-and-protection-of-trafficking-survivors-.pdf
[15] Ministry of Women, Children and Social Welfare. 2068 BS (2011 AD). *Punarsthapana Kendra Sanchalan Nirdeshika,* 2068 BS. Kathmandu: Ministry of Women, Children and Social Welfare. http://tponepal.org/wp-content/uploads/2018/08/Shelter-Home-Operating-Procedure-SOP-for-care-and-protection-of-trafficking-survivors-.pdf

Targeting Trafficking Survivors SOP (Punarsthapana Kendra Sanchalan Nirdeshika, first amendment 2072 BS [2015 AD]).

The aim of the NMS is to standardize the performance of service providers, ensure the rights of survivors, and encourage mutual coordination and cooperation between stakeholders. The SOP for Rehabilitation Centres Targeting Trafficking Survivors is recognized as addressing the diverse concerns of survivors, from maintaining confidentiality to ensuring reintegration, as well as the development of proper infrastructure to address the need of survivors for privacy and comfort.

All shelter homes mentioned using the Government of Nepal SOP for Rehabilitation Centre Targeting Trafficking Survivors to guide their operations. However, most are unable to adhere to the high standards in the NMS and SOP due to limited resources. Moreover, the monitoring mechanisms and capacities of monitoring teams also require capacity enhancement. Such challenges and gaps could lead to the latter compromising on important aspects of protecting survivors' rights, dignity and access to justice, which could render them more vulnerable.

Current policies also fail to put in place measures for shelter homes to deal with emerging trends such as cyber-harassment and de facto relationships. Thus, the SOP for Rehabilitation Centres Targeting Trafficking Survivors and the NMS need to be revised to ensure that measures are realistic, contextual and practical and take into account changing trends in GBV, as well as to ensure their implementation and monitoring and the accountability of shelter homes.
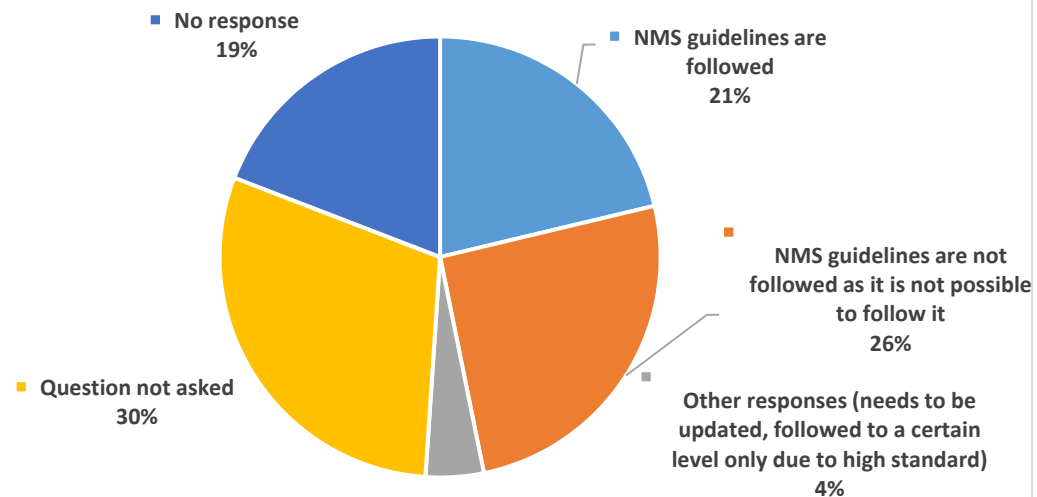
Lastly, despite the existing laws and policies on various forms of GBV (e.g., domestic violence, human trafficking, child marriage, etc.), the level of impunity in the country, coupled with a lack of support from communities and family members, impedes the protection of survivors and hinders the enforcement of their rights. Issues of impunity and accountability need to be addressed, as political influence and patronage persistently play a role in obstructing access to justice for GBV survivors.

The key findings of the study in relation to existing shelter policy and practices are as follows:

Q: Do shelter home policies and practices comply with the Government of Nepal's National Minimum Standards for Care and Protection of Trafficking Survivors and Standard Operating Procedures for Rehabilitation Centres Targeting Trafficking Survivors? Is it possible to follow all the directives mandated by the Government of Nepal (both provincial and federal level)?

- According to a government representative, "[the] current guidelines on Shelter Homes are very good and include different aspects such as how to make shelter self-sustainable, and how to make survivors socially and economically independent. Taking into consideration the issue of safety and confidentiality, shelter homes are also required to be situated x meters from city center." While this reflects the government's efforts to develop good policies and practices, lack of budget and monitoring has led to a lack of their effective implementation on the ground.

Figure 9. Perception of Compliance with government of Nepal's National Minimum Standard for Shelter Homes (n=54)

- No response 19%
- NMS guidelines are followed 21%
- NMS guidelines are not followed as it is not possible to follow it 26%
- Other responses (needs to be updated, followed to a certain level only due to high standard) 4%
- Question not asked 30%

The findings of this study reveal that while most shelter homes follow the SOPs, there were some instances in which they could not be followed. Respondents reported situations where two survivors had to sleep in the same bed due to lack of space or even on the floor, which is clearly in violation of the SOPs. Many government shelter home managers interviewed also reported being understaffed, with one individual taking on the role of counselor-cum-shelter manager. Similarly, many shelter home managers (government and NGO), also reported survivors staying in shelter homes for longer periods than mandated by the SOPs, due to lack of another place to go to, thus preventing other survivors from accessing services.

Regarding the NMS for the Care and Protection of Trafficking Survivors, the majority of shelter homes (government and NGO) stated it was difficult to comply with the NMS, as the standards were too high. Further, with most shelter home premises being rented, infrastructural changes are difficult to make. Government-run shelter home managers stated that it was not possible to follow the government's policies due to limited funds. Respondents also noted that, as the guidelines are old, they do not account for inflation and it is impossible to follow the policies.

The shelter guidelines and policies must be either revised to put in place more realistic ones that can be followed by the shelter homes across the country or the government must increase its budget allocation to ensure that shelter homes can follow these guidelines.
International development partner

Q: Are existing policies adequate to holistically include service provisions for different types of GBV survivors (e.g., migrant returnees, survivors of sexual violence, children, victims of cyber-crime, etc.)?

- The findings reveal that existing government policies fail to address the emerging trends in GBV, such as cyber-crime and de facto relationships. In relation to cyber-crime, there are currently no locally-based mechanisms at the local or district level to process such cases. All cases have to be sent to Kathmandu (via local law enforcement agencies) for processing by the Nepal Police Cyber Crime Bureau. The knowledge and capacity of law enforcement personnel across the country to deal with such cases remain uncertain.
- While de facto relationships are also becoming more common, due to lack of policies, shelter managers and legal representatives face uncertainty in dealing with GBV survivors in such living situations, as "living together relationship is not legalized by the government, so when the cases come we cannot fight for it [her rights]; there needs to be laws against it [sic; to protect women's rights in such situations]" (representative of High Court Nepalgunj).
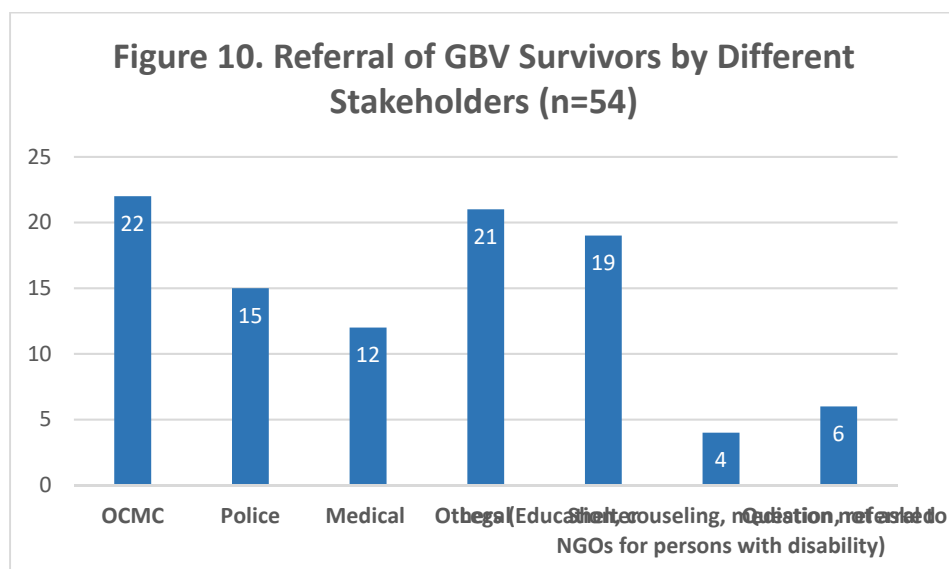
2.6 National Referral Mechanism

The study overwhelmingly identifies the need for a formal national referral mechanism (NRM) at the federal level and facilitating guidelines and directives at provincial and local levels for the effective referral of GBV survivors. Referral pathways need to adopt multi-pronged approaches for referrals to and from shelters and to relevant services for holistic survivor support. An immediate response is essential for GBV survivors to overcome trauma, build confidence, and enhance survival skills towards successful reintegration into their family (if possible) and society.

Delays in referral-based coordination deter survivors from seeking services, due to fear of re-victimization, among other things. Findings suggest an urgent need to create an inventory,[16] of existing services at all three levels of government and across the seven provinces to expedite the referral of survivors to the most appropriate and relevant services. Bureaucratic hurdles, impunity, nepotism, political influence and patronage, financial constraints, and the federal structure were identified as impediments to registering a complaint, accessing compensation, and family reintegration.

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[16] Although there is currently a Directory at the national level maintained by the NWC, it needs to be periodically validated and updated.

The key findings of the study in relation to the need for a national referral mechanism are as follows:

Figure 10. Referral of GBV Survivors by Different Stakeholders (n=54)

Stakeholder	Value
OCMC	22
Police	15
Medical	12
Other (legal, shelter, counseling, mediation, referral to NGOs for persons with disability)	21
	19
	4
Question not asked	6

Q: What are the types of referrals adopted for survivors within shelters and to whom?

- Once survivors are at a shelter home, the referral pathway commences with counseling to determine the survivor's needs, the OCMC for medical support, the Women Cell of the Nepal Police in case of criminal charges, and the Judicial Committee at the local level or other legal aid organization for legal support. Although most shelter homes adopt a similar referral pathway, the mechanism is not formalized, and referrals are largely dependent on personal networks and the connections of shelter home managers.

Figure 11. Need for National Referral Mechanism (n=54)

Response	Value
Agree	34
Strongly agree	14
No response	4
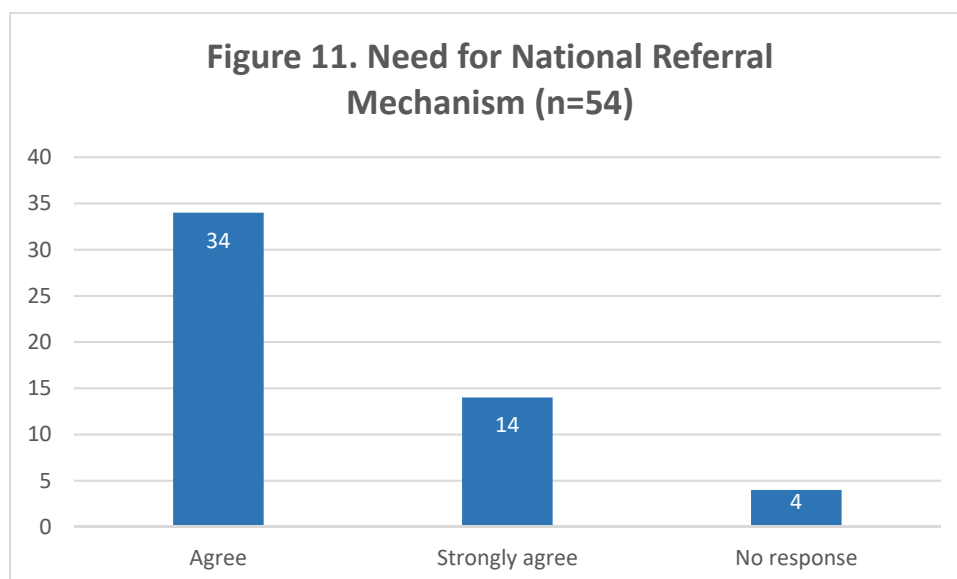
Q: Is there need for a national referral mechanism for shelter homes? How can it benefit different stakeholders, namely, survivors, shelter operators, law enforcement agencies, etc.?

- Shelter homes that had been established for a longer period and are, therefore, more experience, generally have a robust rapport with stakeholders, can lobby more convincingly with relevant government bodies and NGOs, and have easier access to referral services. In comparison, relatively new shelter homes can face challenges with referrals. It is difficult for new organizations to receive support for referrals, especially from government bodies. Province 1 has its own SOP for shelter homes, but this is not the case for other provinces.
- Conflicts between government bodies and municipalities are apparent, for instance, some municipalities are reluctant to provide services to survivors from other municipalities.
- Respondents from the government, NGOs, OCMCs, law enforcement agencies, and legal aid organizations all call for a robust NRM to enable the proper referral of survivors for the provision of speedy, appropriate and effective services and protection from re-victimization. Presently, referrals are *ad hoc,* based on organizational networks and personal contacts, and are mostly to and from OCMCs, the police, NGOs, the NWC Helpline 1145, NCRC Helplines 1098 and 104 for residential care, psychosocial counseling, skills training, legal counseling, and medical treatment. One respondent noted that "[…] referral is only possible due to personal connection with a government representative", while another reiterated that an NRM can help circumvent bureaucratic processes, which makes it difficult to provide services unless there is a personal contact.
- There is general consensus that an NRM would increase the effectiveness of services for GBV survivors, as efforts would be better coordinated, the quality of services improved, and, hence, legitimacy enhanced. An NRM would allow shelter homes to provide speedy, efficient, and holistic services, which would facilitate survivor reintegration due to engagement with the government at federal, provincial and local levels.

In the present situation, referral is only possible due to a personal connection with a government representative.

Focal person, OCMC Malangawa, Sarlahi

I don't think Nepal has a strong referral mechanism yet. Until now, all services that are based on referrals are provided on an ad-hoc basis, through personal networks and connections. At a systemic level, referrals have not been operated at the federal level or at provincial or local levels. CSOs [civil society organization] have also been contributed on a piecemeal basis.

International development partner

2.7 Shelter Data for Evidence-Based Advocacy

With the exception of the Deputy Mayors all other respondents were asked if they used the shelter home generated data for advocacy purposes. The importance of a GEDSI sensitive case management system is acknowledged and practiced by most shelter home operators. Some are also using specific software to centralize data management. In Nepal, efforts have been made to establish a Central Management System at the NWC as a national one-window response mechanism, but the utility of the system could be expanded. Some respondents pointed out that case management should be prioritized as an evidence-based tool for policy advocacy for GBV survivors. However, most shelter home operators use data for case maintenance and reporting purposes alone. The realization that GEDSI

disaggregated data can be a tool for evidence-based advocacy and lobbying, policy formulation and amendment, budgetary allocation, and the provision of road maps to address emerging issues is largely overlooked.

Figure 12. Use of GEDSI Data by Shelter Homes (n=54)
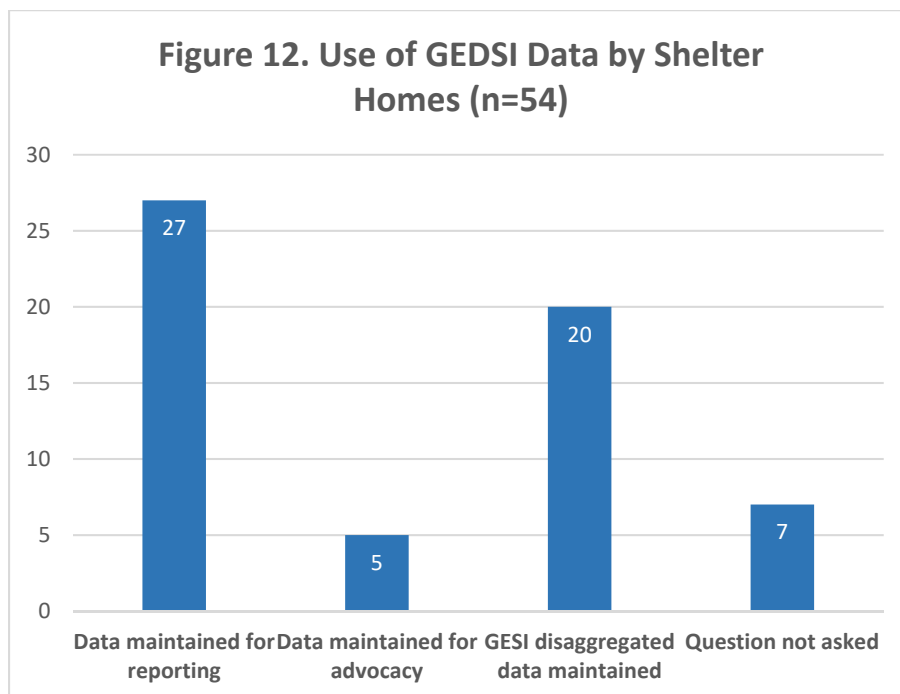
The key findings of the study in relation to using shelter data for evidence-based advocacy are as follows:

Q: Are shelter home data GEDSI disaggregated and utilized for evidence based advocacy?

- All shelter homes (government and NGO operated) reported maintaining GEDSI disaggregated data and records. Shelter homes prepare annual reports on the number of survivors serviced and type of services provided, as mandated by the government and donors.
- Cases are also documented according to the number of cases referred and number of departures from shelter homes. Case management and recording in specific formats and using a specific system is a priority for some organizations. Some NGOs use different software for case management to optimize the process. The Government of Nepal operates the Khabar Garaun Helpline 1145 for GBV and the NCRC operates the Helpline 1098 for children, and both maintain their own case management systems. Government-run safe homes are left to their own devices in terms of case management.
- It remains uncertain whether or not these systems contain comprehensive case management information – beyond GEDSI data and the service requirements of survivors.
- Some responses reflect weak monitoring by the government, increasing the risk of mismanagement of shelter homes and tampering in case management and, thus, increasing the vulnerability of survivors. A few organizations said that case management must be prioritized as an evidence-based tool for policy advocacy for different types of survivors (their age, type of violence, ethnicity, and perpetrators, etc.). The NCRC indicated that they are in the process of developing a case management information system for child protection and connectivity to the national system.
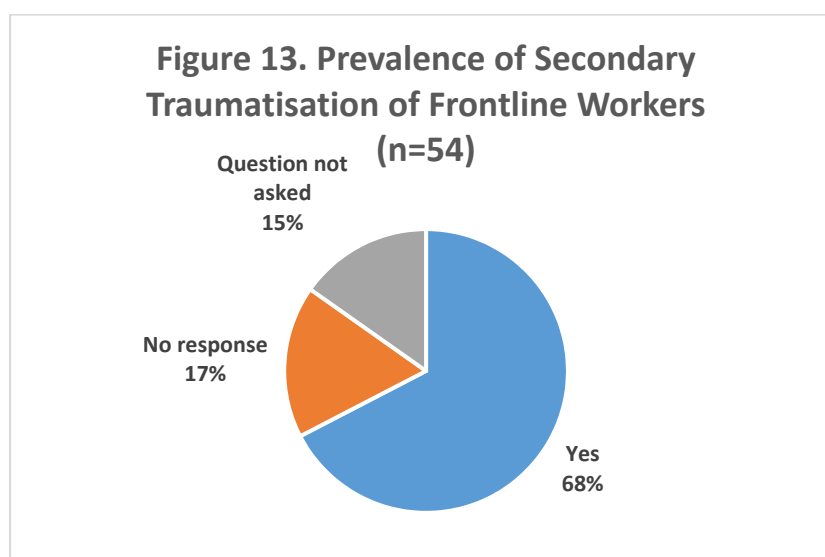
2.8 Secondary Trauma and Remedies

With the primary focus of shelter home managers, development partners, and the government on GBV survivors, the impact (physical and psychological) of such work on frontline service providers is largely overlooked and under addressed. Addressing the different needs of GBV survivors may not always be within the realm of the service provider's expertise, and working with survivors can put them at risk of physical and psychological harm. Such impacts can cascade down to other team members in shelter homes, and even their families.

Although the importance of self-care and therapy, including de-stressing exercises, is recognized by some organizations, scarcity of human and financial resources prevent these from being provided regularly. Random self-help exercises may help to some extent, but traumatized service providers cannot effectively support a person in need of emotional, psychological, and physical support when they themselves are burnt out or suffering from secondary trauma.

Trying to respond to the immediate needs of survivors, coupled with threats and pressure from perpetrators, and, in some instances, non-supportive communities, can lead to secondary trauma among frontline service providers. The study findings indicate there is a general perception among stakeholders that if they (frontline service providers) are in a salaried position they must do the job. Hence, it appears that a nuanced understanding of the secondary traumatization of frontline service providers – which is imperative for survivor support – is missing.

Additionally, while the increasing incidence of GBV is resulting in wider knowledge of the available shelter services, frontline workers face challenges when dealing with new and emerging types of GBV, which they are neither adequately equipped to deal with (with knowledge and skills), nor periodically updated about. Furthermore, the current COVID-19 pandemic has increased the risk of secondary traumatization of frontline workers.

Figure 13. Prevalence of Secondary Traumatisation of Frontline Workers (n=54)

Question not asked 15%

No response 17%

Yes 68%

The key findings of the study in relation to secondary trauma and remedies are as follows:

Q: Have service providers faced secondary trauma in dealing with service seekers? Has the organization/shelter taken measures to address these needs?

- Frontline service providers in government-run safe homes and related line agencies, NGO-operated shelter homes, OCMCs, and outreach workers face different levels of traumatization while undertaking their respective roles. Organizations and development partners expect an extraordinary level of service from them, with survivor welfare understandably prioritized.

Figure 14. Initiatives Undertaken by Shelter Homes to Deal with the Secondary Traumatisation of Frontline Workers (n=54)

Professional support 7%
Question not asked 24%
Counseling 24%
Others (Meditation, deep breathing exercises, self care sessions, etc.) 28%
Recreational activities (e.g. outings, dancing) 17%
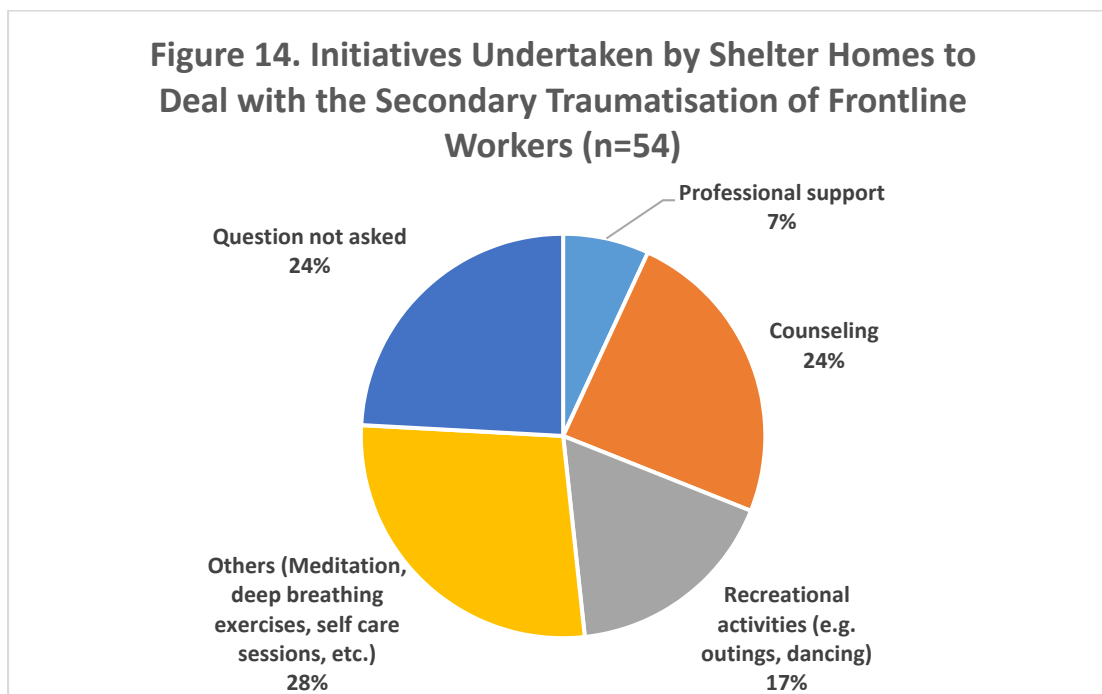
- Frontline service providers also face other challenges and threats, including political pressure, which can result in high staff turnover. The limited number of skilled frontline staff and the demanding nature of the work itself can result in staff burnout and secondary trauma. Some NGOs appear to be aware of the risk of secondary trauma and the need for self-care, maintaining a safeguarding policy for staff, providing regular counseling support, recreational activities, group discussions, and regular meetings to de-stress frontline service providers. The findings reveal that the government also seems to be 'awakening' to the needs of frontline service providers, taking steps to address concerns faced by service providers.

- Security measures are needed to deal with threats to frontline service providers from perpetrators and their supporters.

> *Sometimes we receive calls at 12:00 am at night about rape cases, then we have to go to the hospital, then bring them to the shelter. This may go on until 3:00 am in the morning. This impacts on us not only mentally, but also physically.*
> Psychosocial counselor

> *We currently only have three staff, however more people are required. If someone gets sick, it is very difficult to manage.*
> Shelter home manager

CHAPTER 3. RECOMMENDATIONS

This chapter sets out the recommendations based on the findings of this Shelter Mapping Study, according to the eight specific areas of the study.

3.1 Shelter Homes as an Essential Service

Recommendation 1. Shelter homes should be established and supported at the local and district levels, so that survivors can access services quickly (local) and be located at a safe distance from their home or place of abuse (district).

Recommendation 2. Some survivors have special needs and different infrastructure and skills may be needed to meet their needs. Hence, it is necessary to ensure the availability of shelter homes, including adequate infrastructure and human resources, to meet the needs of PWDs, members of the LGBTQIA community, survivors with mental health challenges, and other special needs groups.

Recommendation 3. Increase the number of shelter homes, including transit homes, emergency centers, drop-in centers, and short-term, long-term, and second stage shelter homes, across the provinces, depending on need.

Recommendation 4. There needs to be collective advocacy to recognize shelter homes as an essential service.

3.2 Role of Government in Strengthening Shelter Homes

Recommendation 5. Prepare guidelines for enhanced coordination across the three levels of government (local, province and federal) and ensure budgetary allocation for shelter homes. Budget funds must be allocated by the Government of Nepal for different categories of survivor groups, including those with special needs.

Recommendation 6. Develop guidelines on the current GBV Fund to ensure its effective implementation, as well as accountability (government and shelter homes) to support survivors.

Recommendation 7. Identify collaborative strategies for the sustainability of shelter homes, including by working with the private sector and overcoming donor-dependency.

Recommendation 8. Carry out lobbying against the unequal distribution of government funds for political reasons.

Recommendation 9. Promote subsidized hostels across all levels of the government to promote the effective reintegration of survivors into their families and communities.

Recommendation 10. Raise awareness on emerging issues such as cyber-crime and de facto relationships, as well as measures for shelters homes to effectively support survivors.

Recommendation 11. Include family and distance counseling (by phone, Zoom, or WhatsApp) as

services provided in shelter homes and supported by the Government of Nepal.

3.3 Shelter Operators' Reflections and Lessons Learned

Recommendation 12. Prioritize awareness raising on shelter homes and their services, and the different stakeholders that can support referrals, through various ongoing development programs.

Recommendation 13. Conduct regular orientations and training for shelter home operators on emerging trends in GBV, existing legal provisions, and the roles and responsibilities of shelter home operators. Enable shelter home managers to provide survivors with safety plans prior to their departure from the home. The focus should be placed on the reintegration of survivors through family counseling, as well as skills and training opportunities and seed funds to facilitate the economic independence of survivors.

Recommendation 14. The federal government and municipalities should support subsidized hostels for women. In Nepal, hostels mostly cater for students and some for working women, but all are run by private entities. A state-run or subsidized hostel would provide a good option for women to remain in transition for a longer period of time, while building their self-confidence and independence.

Recommendation 15. The establishment of second stage homes/hostels to support survivors is critical to the social and family reintegration process, which should facilitate job placement and the initial partial payment of rent to help survivors transition from shelter home support to self-reliance.

3.4 Case Management and Counseling Needs and Challenges

Recommendation 16. Establish a centralized and uniform case management portal for shelter homes to centralize data and for better information sharing to improve service delivery. The portal will provide local, provincial and national data and support the analysis of trends in GBV and in the types of violence. However, technical expertise and resources are essential to ensure that the portal uses best practices and is sustainable.

Recommendation 17. Safety planning measures for survivors (such as having medical prescriptions, support, and important documents ready) are currently lacking in shelter homes. Orientations for shelter home managers and organizations are needed to ensure that safety planning measures are taken. This is a fundamental recommendation requiring investment.

Recommendation 18. The government should undertake periodic monitoring and supervision of shelter homes, along with technical backstopping, to address challenges and gaps.

Recommendation 19. Crisis measures should be developed based on the recent COVID-19 pandemic and other past experiences. It is recommended that a study be undertaken on remote case management and the opportunities, strengths, challenges and lessons learned. Based on the findings, training should be undertaken for shelter operators and frontline workers.

3.5 Existing Shelter Policies and Practices

Recommendation 20. Shelter homes should ensure survivors' right to information (see Annex 2) and address issues such as survivor protection, witness protection, access to compensation, support with understanding the status of legal cases, and so forth. Mechanisms need to be put in place at the local and district levels to ensure access to justice for survivors.

Recommendation 21. Policies and guidelines on shelter homes, such as the current NMS, should be reviewed and revised in coordination with frontline workers and shelter home managers/operators. Current laws and policies need to be monitored, for instance by Judicial Committees[17] at the local level, which are authorized to address certain GBV cases.

Recommendation 22. There is a need for clear, robust, and implementable shelter home plans, policies, and guidelines, and their regular monitoring and oversight to ensure that the quality of services is maintained with a focus on infrastructure and human resource, and the provision of technical backstopping by the Government of Nepal, NGOs, and external development partners to enhance the quality of support to survivors and frontline service providers.

3.6 Need for National Referral Mechanism

Recommendation 23. There is a need to establish a formal national referral mechanism to ensure that the quality of services is not dependent on individual connections or networks. The current loose network must be formalized, with regularly updated mapping of services, both government and non-government. A formal mechanism would:

- Increase the effectiveness of work due to coordinated efforts
- Enable survivors to receive quick, effective and holistic services, address their right to information, and address citizenship needs, etc.
- Increase the legitimacy of shelter home frontline workers
- Enhance local government involvement to ensure survivors' safety during and after the reintegration process
- Ensure inter-governmental connectivity, both vertically and horizontally
- Ensure regular coordination between government, non-government, and private sector agencies for effective support, management, and strengthening of shelter homes
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Recommendation 24. Review existing and proposed referral mechanisms to develop a national referral mechanism for referring service seekers, while maintaining confidentiality and anonymity for survivors to ensure their security and safety.

Recommendation 25. The newly formed National Network of Women Shelters should lobby the Government of Nepal for a national referral mechanism for easy access to services by survivors, and/or parties working on their behalf, as well as the allocation of budgetary funds for referrals and transfers.

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[17] Government of Nepal's Local Government Operation Act 2075 mandates Judicial Committees and Community Mediation Centers to look into cases of GBV of civil and family nature.

3.7 Shelter Data for Evidence-Based Advocacy

Recommendation 26. Shelter homes should use available disaggregated data for evidence-based advocacy. This would include data on the type of GBV faced, the service required, any challenges in reintegration, the cost of shelter support, and anything else needed as evidence for legal and policy formulation, review and amendments, and budgetary allocation.

Recommendation 27. Review and update case management and referral forms periodically to capture emerging trends, and observe transformations in GBV in terms of survivor profiling; the newly formed National Network of Women Shelters can play a significant role in this regard.

Recommendation 28. Shelter homes should submit an annual report to relevant government bodies (such as the MoWCSC and Nepal Police), which should contain consolidated data for national purposes. Survivor confidentiality should be maintained during this process.

3.8 Secondary Trauma and Remedies

Recommendation 29. Ensure an adequate number of shelter home personnel and conduct regular orientations and training for frontline workers on state-of-art skills and knowledge. This will help them deal with different forms of GBV and its impacts, including for special needs groups (children, PWDs, members of the LGBTQIA community, those with mental health issues) to effectively serve survivors. Training to address survivor dignity and ways of respectfully addressing the needs of survivors should be regularly undertaken.

Recommendation 30. Provide remedies to address secondary trauma among service providers, as well as ensure security for frontline service providers in shelter homes.

Recommendation 31. Ensure that shelter homes have access to budget funds for regular training, recreational activities, and to support the physical, emotional and psychological health of frontline service providers.

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ANNEX 1. LEGAL PROVISIONS ON GBV AND ITS COMPENSATION

Gender based violence:

● Constitution of Nepal, 2015, Article 38 (3): "No woman shall be subjected to physical, mental, sexual, psychological or other form of violence or exploitation on grounds of religion, social, cultural tradition, practice or on any other grounds. Such act shall be punishable by law, and the victim shall have the right to obtain **compensation** in accordance with law."

Rape:

● The Chapter on Rape in Country Criminal (Code) Act, 2017 defines the crime of rape as nonconsensual intercourse with an adult woman or any intercourse with a girl under 18 (thereby defining rape as committed by men against women and girls. The chapter stipulates the punishment for the offender, ranging from 10 to 20 years imprisonment Section 220 also defines incest as rape and prohibits sexual abuse against child. Section 228 provides for appropriate compensation to be provided to the victim. The time limitation to file the case is one year from the date of the occurrence of the offence, except in the case of rape by incest.

Domestic violence:

● The Domestic Violence (Offence and Punishment) Act 2009 bestows the right to file a claim against domestic violence on the Police, National Women Commission or local government bodies (municipal and village) when there is reason to believe that an act of domestic violence has been, is being, or is likely to be, committed. A person who commits an act of domestic violence shall be punished with a fine (ranging from NPR 3,000 to NPR 25,000) or six months imprisonment, or both. The Act provides that the proceedings of such cases shall be in-camera. It also provides for compensation to be granted to victims of domestic violence, depending on the nature of the act of domestic violence and degree of pain suffered by the victim. The offence of domestic violence must be reported within 90 days of the commission of the crime.

Human trafficking:

● According to the Human Trafficking and Transportation (Control) Act 2007, the compensation to the victims of trafficking shall not be less than half (50%) of the fine levied as punishment to the offender. The Act also decrees the maintenance of confidentiality of the name and address of the informant.

Accusation of witchcraft:

● The Witchcraft Allegation (Offence and Punishment) Act 2016 makes it an offence to allege that any person practices witchcraft. It also provides for victim protection and compensation.

Cyber-crime:

● The Country Criminal (Code) Act, 2017, Chapter on Offences relating to Defamation, provides that no person shall commit libel. The Act prohibits any person from damaging the character of another person by words in writing, by conduct, by signs, by visible representation, by publicity, or by other means. Any person involved in libel shall be punished with up to two years imprisonment or a fine of up to NPR 20,000, or both, and if the libel is committed or caused to be committed by electronic means or other means of mass communication, such person shall be imposed an additional sentence of up to one year imprisonment or a fine of up to NPR 10,000. The limitation period to file a claim related to libel is three months from the date of knowledge of the commission of the offence.

ANNEX 2. LEGAL PROVISIONS ON THE RIGHT TO INFORMATION ON INVESTIGATION, PROSECUTION, PROCEEDINGS AND COMPENSATION

The Crime Victim Protection Act, 2075 (2018)

Extract from the legislation:

7. Right to information relating to investigation: (1) where the victim so demands, the investigating authority or body shall provide him or her with information on the following matters as soon as possible:

(a) Medical, psychological, psychiatric, social, legal or any other service or counseling to be received by the victim pursuant to this Act or the prevailing law,

(b) Name and full address of the prosecuting body,

(c) Name, office and telephone number of the investigation authority,

(d) Progress report of investigation and enquiry,

(e) Name, age, address and complexion of the suspect,

(f) Where the suspect is arrested, description thereof,

(g) Matters expressed in relation to the offence by the suspect or any other person before the investigating authority,

(h) Where the suspect has absconded from the custody of the investigating authority or has been arrested again, description thereof,

(i) Where the investigating authority has released a person remanded in custody or arrested in the course of investigation, upon considering that it is not necessary to keep that person in custody, description,

(j) General information about the investigation and enquiry processes to be carried out with respect to the offence pursuant to the prevailing law.

(2) Notwithstanding anything contained in clauses (d), (e), (f), (g) and (h) of sub-section (1), in cases where it is likely to adversely affect the investigation into the offence or to pose threat to body, life and property of the suspect or any person associated with him or her if such information is provided to the victim, the investigating authority shall not be compelled to provide such information to the victim, and the authority shall give information thereof, along the reasons why information could not be so provided, to the victim.

8. Right to information relating to prosecution: The prosecuting body or authority shall provide the victim with the following information as to the offence as soon as possible if the victim so demands:

(a) Where decision has been made not to institute the case, the ground and reason for making such decision not to institute the case,

(b) Where decision has been made to institute the case against any person but not to institute the case in the case of any person, the name, surname and address of the person against whom the decision has been made not to institute the case, and the ground and reason for making decision not to so institute the case,

(c) Where decision is made to institute the case, a certified   copy of the charge-sheet,

(d) General information relating to the court proceedings that take place pursuant to the prevailing law,

(d) Where any additional claim has been made pursuant to the prevailing law with respect to the person against whom the case has been instituted or the person against whom the case has not been instituted for the time being, description thereof and the order made by the case trying authority in that respect.

(e) Where the victim is also an eyewitness of the offence, information relating to the role to be played by him or her as a witness,

(f) Where the accused who has absconded at the time of filing the charge-sheet is arrested in pursuance of the order of the case trying authority or voluntarily appears, description thereof,

(g) Where the Government of Nepal has decided to withdraw the case filed in the court in relation the offence, description thereof.

9. Right to information relating to judicial proceedings: The prosecuting body or authority or court or the concerned body shall provide the victim with the following information as soon as possible if the victim so demands:

(a) Where the accused has to remain in detention for trial, description thereof,

(b) Where the accused is not required to remain in detention for trial or the accused who has been detained is released from detention, description thereof,

(c) Date, venue and time of hearing to be held by the court,

(d) Where the accused has made an application that he or she be released on bail, guarantee or on the condition of making appearance on the appointed date pursuant to the prevailing law, information related thereto and the content of the order made on such application,

(e) Description of the terms and conditions set by the case trying authority while releasing the accused on bail, guarantee or on the condition of making appearance on the appointed date or for the safety of the victim or close relative of the victim,

(f) Where the accused has filed a petition to the appellate level against the order made by the court of first instance pursuant to the prevailing law that he or she should be released on bail, guarantee or on the condition of making appearance on the appointed date, the notice of the petition and description of the order made on such a petition,

(g) Where the accused held in detention for trial escapes from the detention has been rearrested or voluntarily appears, description thereof,

(h) Where the accused or offender has been released from detention or prison on the condition of supervision, the conditions of supervision, and where such conditions are altered, the details relating to the altered conditions and the date on which such alterations come into force,

(i) Whether the accused or offender released from detention on the condition of supervision has complied with the conditions of supervision or not,

(j) Where the accused or offender has been transferred from the prison pursuant to the prevailing law, description relating thereto,

(k) The punishment imposed on the offender and in the case of the sentence of imprisonment, the period when the service of the imprisonment completes,

(l) Where the offender has absconded prior to the service of the sentence of imprisonment or has been rearrested, description thereof,

(m) Where the punishment sentenced to the offender is pardoned, postponed, charged or reduced or where the offender gets clemency from the punishment under any legal provision prior to the service of the sentence of imprisonment, description thereof,

(n) Where the perpetrator against whom the case has not been instituted or who has not been sent to prison or who has been released from detention on the condition of remaining under supervision pursuant to the prevailing law violates the terms and conditions of supervision, the body to which the victim may make a complaint against it and the manner of making such a complaint,

(o) Name and address of the prison where the offender is serving the sentence,

(p) Where the offender has got probation, parole or community service or open prison or any other facility of similar type, description relating to this,

(q) Whether the Government of Nepal has made an appeal or not against the decision made in relation to the offence,

(r) Where order has been made to summon the presence of the respondent on the appeal, if any, made by the defendant against the judgment, description thereof,

(s) Decision of the appellate level on the appeal made against the judgment, and its consequence,

(t) Where the offender has been put under supervision and an application is made by the offender or anyone else to change the terms and conditions of supervision or to revoke the order of supervision pursuant to the prevailing law, the decision made on that application,

(u) Where the accused or offender has died while in detention or prison, description thereof,

(v) Where the Government of Nepal sends back a foreign accused or offender out of the territory of the State of Nepal pursuant to the prevailing law or deports him or her to a foreign state or government, description thereof.

18. Right to information as to compensation: (1) Where the victim is entitled to obtain compensation pursuant to this Act or other prevailing law and the victim seeks information with respect to it, the prosecuting authority shall give the victim information about the action required to be taken in order to obtain compensation. (2) Where the prosecuting authority has the authority to take action relating to compensation on behalf of the victim pursuant to the prevailing law, the prosecuting authority shall, at the request by the victim, take such necessary action as to be taken on behalf of the victim.

ANNEX 3. PROPOSED SOP FOR NATIONAL REFERRAL MECHANISM

Step 1.   Helpline gets call from service seeker or other relevant institutions seeking guidance.

Step 2.   Helpline operator/staff asks relevant questions to identify the needs of the service seeker and decides on the immediate action to be taken.

Step 3.   Helpline operator/staff identifies the type of service required and, referring to the social mapping of services available, guides the caller to appropriate service.

Step 4.   For survivors, victims and at risk persons needing accommodation for immediate protection and security, connection should be made with the appropriate residential facility, depending on whether it is a case of domestic violence, a sexual offence, or a case of child abuse.

Step 5.   Once provision is made either for rescue or for the affected person to be able to travel; she should be connected to the relevant institution (e.g., a safe home, shelter or rehabilitation center) to seek service.

Step 6.   Once at the residential facility, after fulfilling the initial intake process, the staff/coordinator should start identifying the needs of the resident survivor and make appropriate referrals. The referral could be for health services, counselling services, legal aid and assistance, a First Incident Report (FIR) with the Police, or the filing of a legal case at court etc.

Step 7.   Referrals from the residential facility could be made either through the Helpline or directly with other available services, through the service directory created by NWC

Step 8.   After identification of any emergency short-term services (e.g. shelter), mid-term services (e.g., legal redress and health services), or long-term services (e.g., rehabilitation) needed, provision should be made for continuation of education or skills training for income generation or employment.

Step 9.   Referrals can be made both services may be both ways, either from the shelter to other associated services or to the shelter from these service institutions.

Step10.   Referrals may be made by community workers such as female community health volunteers (FCHVs), social mobilizers, women's groups, Men Engage Alliance, and Office of District Attorney General, One-Stop Crisis Management Centre (OCMC), safe homes, judicial committees, community mediation centers, NHRC, and MoWCSC through the Helpline or directly to the NWC partner civil society organization.

Step 11.   Referrals to residential facilities may be made by people working in the health sector, police, legal agencies or the judicial system itself.

ANNEX 4. MAPPING OF GOVERNMENT AND NGO RUN SHELTER HOMES

Organization name	Type of organization	Province	District
Phidim Sewakendra	Government	Province 1	Pachnthar
Inaruwa Sewakendra	Government	Province 1	Sunsari
Solududhkunda Sewakendra	Government	Province 1	Solukhumbu
ABC Nepal	NGO	Province 1	Biratnagar
KIN Nepal	NGO	Province 1, 2, Bagmati, Lumbini, Gandaki and Sudhurpaschim	Chitwan, Parsa, Lalitpur, Nawalparasi East, Kapilbastu, Banke, Rupandehi, Jhapa, Kanchanpur, Nawalparasi East, Morang
WOREC Nepal	NGO	Province 1, 2 Bagmati, Lumbini, Karnali, Sudhurpaschim	Western Rukum, Bardiya, Rasuwa, Salyan, Dang, Sunsari, Dhanusha, Morang, Sindhuli, Lalitpur, Udayapur, Kavrepalanchowk, Nuwakot, Kailali
Rajbiraj Sewakendra	Government	Province 2	Saptari
Mangalwa Sewakendra	Government	Province 2	Sarlahi
Guar Sewakendra	Government	Province 2	Rautahat
Saathi	NGO	Bagmati	Kathmandu
ASHA Crisis Centre	NGO	Bagmati	Kathmandu
Apeiron	NGO	Bagmati	Kathmandu, Sindhuli, Udayapur
Sahayatri	NGO	Bagmati	Dhading
Antardristi	NGO	Bagmati	Kathmandu
For the One	NGO	Bagmati	Lalitpur
POURAKHI	NGO	Bagmati	Kathmandu
PNCC	NGO	Bagmati	Kathmandu
Maiti Nepal	NGO	Bagmati	Kathmandu
Amkas	NGO	Bagmati	Kathmandu
Chhori	NGO	Bagmati	Kathmandu, Lalitpur, Nuwakot
Shakti Samuha	NGO	Bagmati	Kathmandu
Kumudini Nepal	NGO	Bagmati	Kathmandu
Women for Human Rights (WHR)	NGO	Bagmati	Kathmandu
Awaz Nepal	NGO	Bagmati	Dolakha
Women's Foundation Nepal (WFN)	NGO	Bagmati	Kathmandu
Change Action Nepal	NGO	Bagmati	Kathmandu

Rakshya Nepal	NGO	Bagmati	Kathmandu
Center for Awareness Promotion (CAP) Nepal	NGO	Bagmati	Kathmandu
Alpakalin Mahila Ashrya Kendra (Safe House) Dhulikhel Sewakendra	Government	Bagmati	Kavrepalanchowk
Hetauda Sewakendra	Government	Bagmati	Makwanpur
Byas Sewakendra	Government	Gandaki Province	Tanahun
Byas Sewakendra	Government	Gandaki Province	Tanahun
Baglung Sewakendra	Government	Gandaki Province	Baglung
Ramgram Sewakendra	Government	Gandaki Province	Nawalparasi
Beni Sewakendra	Government	Gandaki Province	Myagdi
Kopila Nepal	NGO	Gandaki Province	Pokhara
Three Angels Nepal	NGO	Gandaki Province	Pokhara
Mallarani Sewakendra	Government	Lumbini Province	Pyuthan
Ghorahi Sewakendra	Government	Lumbini Province	Dang
Gulriya Sewakendra	Government	Lumbini Province	Bardiya
Liwang Sewakendra	Government	Lumbini Province	Rolpa
Sandhikharka Sewakendra	Government	Lumbini Province	Aarghakhanch
Tamghas Sewakendra	Government	Lumbini Province	Gulmi
Musikot Sewakendra	Government	Karnali	West Rukum
Chandan-nath Sewakendra	Government	Karnali	Jumla
Aawaaj	NGO	Karnali	Surkhet, Bardiya, Dailekh, Kalikot
Mangalsen Mahila Bahuudeshya Sahakari Limited	NGO	Sudhurpaschim	Aacham
Alpakalin Mahila Surakshit Awas Griha	NGO	Sudhurpaschim	Bajhang
Srijanshil Samaj	NGO	Sudhurpaschim	Kailali
Dipayal Silgadhi Sewakendra	Government	Sudhurpaschim	Doti
Bhimdat Sewakendra	Government	Sudhurpaschim	Kanchanpur

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