CASANepal
A new safe home for Nepal
Nepal, a Least Developed Country (LDC) characterized by slow economic growth, socio-economic underdevelopment, and a low level of human development, is emerging from a politically and socially fragile post-conflict era, structural poverty and inequality, and deeply entrenched forms of social exclusion.

Nepal’s new Constitution was promulgated on 20 September 2015 amidst protests in the south of the country, the country’s first local-level elections in 20 years are being held throughout 2017. It is expected that the complex transformation from a centralized unitary state to a decentralized federal one could lead to drawn out, confrontational negotiations between central and local actors. The roles and responsibilities of government structures at every level of the state will have to be redefined over the next few years.

Despite the unstable political situation, and due mainly to an enormous inflow of remittances (29% of the GDP in 2014), the percentage of the population living in poverty has dropped from more than 50% just over a decade ago to around 25% today. However, the recent devastating earthquakes have disproportionately affected the poorer sections of society. According to the official Post-Disaster Needs Assessment (PDNA), the earthquakes pushed an additional 2.5-3.5% of Nepalese (700,000–982,000 people)
Nepal in data

Population and wealth distribution

28,500,000 Inhabitants
10% of population holds 39% of the total wealth

Wealth distribution

15% Poverty line 1,90$/day

Human Development Index

1° Norway 0,949
2° Australia 0,939
2° Switzerland 0,939

144° Nepal 0,558

Job and salary

3% Unemployment
37% Child labour
43,9% Wage • 3,10$/day

Gender inequality

1° Switzerland 0,040
2° Denmark 0,041
3° Netherlands 0,044

115° Nepal 0,497

Education and gender inequality

41,20% 24,10%

Maternal mortality

258 deaths/100,000 births

New Mommy age

1,000 women / 72 age 15-19 years old

Sources:
into poverty in 2015/16. Moreover, the inability of the government to address months of political protests in 2015/16 about amendment of the constitution by traditionally discriminated communities in the Terai, and the related border blockade by India, further crippled the economy.
GENDER-BASED VIOLENCE: SITUATION ANALYSIS

Despite political commitments and a progressive legal and policy framework, GBV\(^1\) has long been a challenge in Nepal. In 2010, a preliminary mapping of GBV revealed that women of all ages are subjected to various forms of physical, sexual, and psychological abuse. The 2011 Nepal Demographic and Health Survey (NDHS) revealed that one in five women of reproductive age (15 – 49) reported a lifetime experience of physical violence and more than one in ten experience sexual violence. The lifetime experience of physical violence only, as well as experience of physical or sexual spousal violence, was greater for older women than younger women. 35% of women aged 45-49 had experienced physical or sexual violence in their lifetime, compared with 21% of women aged 15-19.\(^2\) Disturbingly, GBV is a major reason that suicide is the leading cause of death among Nepali women of reproductive age.\(^3\)

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1. Gender based violence (GBV) is an umbrella term for any harmful act that is perpetuated against a person’s will and that is based on socially prescribed gender differences between males and females. While men and boys can be victims of GBV (particularly sexual violence), GBV has a greater impact on women and girls.
2. Nepal Demographic Health Survey 2011
However, a majority of women who experience GBV (75%) do not seek any help and **only 7% of women who experienced sexual violence reported the assault**. Reports of recent violence were associated with older women (above 35 years), women with lower levels of social networking, and women living in the hill districts. In contrast, empowerment and the absence of spousal violence is strongly associated with positive health outcomes.4

According to a 2014 study, almost **1 in 2 adolescents believed that women should tolerate violence** in order to keep harmony in the family; 1 in 6 married girls had experienced physical violence, and 1 in 3 reported being forced to have sex by their husbands.5 The level of disempowerment of women in Nepalese society, their economic dependency on men, traditional power structures, the lack of familial and legal support, and their subordinate social position are all factors making them particularly vulnerable to GBV.6

A study on local security and justice perceptions in selected districts in Nepal in 2013 revealed that women’s sense of security has been declining over the

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4 UNFPA, USAID, UKaid, New Era, 2011, Women’s Empowerment and Spousal Violence in Relation to Health Outcomes in Nepal, Further Analysis of Nepal Demographic Health Survey


6 Office of the Prime Minister and Council of Ministers, A study on gender-based violence conducted in selected rural districts of Nepal, 2012
past years. This trend has emerged as a result of insecurities due to intra-familial and domestic violence perpetrated by husbands, in-laws, and extended family members. The study further states that violence against women is entrenched in the broader community as a result of patriarchy, underpinning the continued use of exploitative traditional and social practices such as chhaupadi, polygamy, child marriage, dowry-related traditions, allegations of witchcraft, and limited access to property and citizenship rights. Further, the study observed that growth in seasonal male migration is amplifying incidences of polygamy and other forms of violence.

Both men and women in the UNFPA Nepal Perception Survey, 2013, reported that physical abuse of women, rape, girl trafficking, polygamy, discrimination between sons and daughters, and child marriage are common forms of GBV in Nepal. More than 90% of women respondents knew about different forms of violence. One-fifth of the respondents informed that they have seen or heard of incidents of rape and attempted rape in their community. They shared that rape, attempted rape, staring at women, sexually suggestive comments, catcalling, and unwanted touch are common forms of GBV. Only 1 in 10 interviewed women knew that they should seek health care services following sexual violence. A majority of women expressed that women do not visit health facilities for fear of stigma and loss of honour for the woman’s family.

A study on masculinities among Nepalese men in relation to son-preference showed that a majority displayed high masculinity norms and high acceptance of violence against women. Nearly 55% of men in Nepal had witnessed gender discrimination and violence within the home while they were growing up, with the most common form being restrictions imposed on their female sibling. All this evidence helps us understand the scope and nature of the pervasive, persistent problem of GBV in Nepal.

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8 UNFPA Nepal Perception Survey, 2013

The Government of Nepal has carried out some positive initiatives in terms of GBV prevention and response. For example, Nepal has ratified many international instruments including the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1991 and its optional protocol in 2007, and reports to the UN on national implementation status every four years. The government’s Development Cooperation Policy 2014 has underlined the need to align development cooperation with national priorities on promoting social inclusion, improving the quality of life of marginalized citizens, conflict resolution and management, gender equality, and social development of the community.\(^{10}\) The 14\(^{th}\) Periodic Plan Approach Paper (2016-2020) defines gender equality as a key element of developing a just, secure and civilized society, and sets three main objectives to accomplish this goal, including “ending gender-based violence, discrimination, and exclusion.”\(^{11}\) The government is also voluntarily reviewing the ongoing implementation of

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\(^{10}\) Replaces the Foreign Aid Policy, 2002, to increase accountability and transparency by using aid money in priority areas in a selective manner, and to increase the use of country system in the mobilization of development cooperation in order to reach Nepal’s goal of upgrading its status from LDC to ‘Developing Country’ by 2022.

\(^{11}\) National Planning Commission, “14th Periodic Plan Approach Paper 2073/74 – 2075/76,” section 6.1.1
the Sustainable Development Goals, including SDG #5 on gender equality which encompasses ending all forms of discrimination, violence, and harmful practices against women and girls.\textsuperscript{12}

There are also a number of laws enacted to end GBV, including the provision of safe houses. Besides these, the Supreme Court has issued guidelines and directives on abolishing chhaupadi practices, protecting the privacy of parties in the proceedings of special types of cases, and a directive to control sexual abuse against women at the work place. The commitment of the GoN in relation to GBV is also expressed in various National Action Plans.

Despite many governmental efforts, effective implementation remains questionable when it comes to Action Plans, the enforcement of the laws, and the quality of services provided to GBV survivors. GBV prevention and response is still an arduous challenge for Nepal.

To address this problem, in 2007 Apeiron established CASANepal, a safe home to provide Rescue, Rehabilitation, and Reintegration (the three R’s) to survivors of GBV. Since its establishment, CASANepal has evolved and added a fourth R, Referral services, in order to provide complete and holistic support to those we serve.

\textsuperscript{12} SDG targets 5.1, 5.2, and 5.3
CASANepal was started with the main objective to strengthen existing support systems for survivors of gender based violence and their children.

CASANepal’s specific objectives are:
• To increase access to services (shelter, medical, psycho-social and legal) for most vulnerable GBV survivors in Nepal.
• To enhance women’s knowledge and awareness about women’s rights, sexual health and reproductive rights, harmful practices such as child and forced marriages, and more.
• To develop the necessary income generation skills for the women to be independent.
To pursue CASANepal’s objectives and produce long lasting, sustainable and measurable change, Apeiron has developed CASANepal’s Theory of Change (ToC).

According to the Theory of Change, CASANepal, fighting against all the barriers women have to face in life, works in five intervention areas:

- **Violence based on gender is reduced:** Women and girls live free from any form of violence and discrimination.
- **Gender equality is achieved:** Gender disparities and all inequalities are reduced so that people of all genders can pursue any opportunity they choose and are not restrained by gender-related barriers to rights, resources, and services.

**Impacts**
- Women can overcome the constraining barriers in their life, including economic dependence, restricted access to and control over resources, low literacy, and other social, economic, and legal challenges.

**Outcomes**
- Violence-related health issues decrease.
- GBV decreases.
- Women have economic independence.
- Knowledge of substantive gender equality increases.
- New opportunities created for individuals.

**Outputs**
- Survivors have safe shelter and a respite from abuse.
- Families and communities aware of consequences of GBV.
- GBV survivors possess an income-generating skill.
- GBV survivors know about legal rights and how to access services.
- CASA Nepal known for quality services.

**Outputs**
- Survivors’ mental and physical health improves.
- GBV survivors build support network with other survivors.
- GBV survivors are more literate.
- GBV survivors feel empowered.
- Referral system functional and consistent.

**Interventions**
- Safe shelter for GBV survivors.
- Counseling and care.
- Family counseling.
- Empowerment of GBV survivors.
- Income-generating skills for GBV survivors.
- Literacy and numeracy training.
- Women’s rights commodity training.
- Non-formal education (NFE).
- Referral system between Apeiron, government utilities, and service providers.

APEIRON WORKS MULTI-SECTORALLY, BUT GENDER AWARENESS IS AT THE CORE OF EVERYTHING APEIRON DOES.

**Problems**
- Gender Based Violence is a violation of individuals’ human rights.
- The consequences of GBV also affect society as a whole, visible in persistent poverty and economic, political, and social under-development.
1. GBV Response  
(Safe shelter, Counseling and care)  
2. GBV Prevention (Family counseling, Empowerment of the survivors)  
3. Micro-enterprise and skills development and support (Income-generating skills, Literacy)  
4. Rights Awareness & Education Support (Women’s rights awareness, NFE)  
5. Institutional Collaboration (Referral system)  

**METHODOLOGY**  
CASANepal adopts a survivor-centered approach, which means that everyone engaged in GBV survivor care must prioritize the rights, needs, and wishes of the survivors. Essentially, a survivor-centered approach aims to create a supportive environment in which the survivor’s rights are respected and in which she is treated with dignity and respect. This approach promotes the survivor’s recovery and her ability to identify and express needs and wishes, as well as to reinforce her capacity to make decisions about possible interventions.  

Based on this approach, the survivor has a right to:  
- **Be treated with dignity and respect** instead of being exposed to victim-blaming attitudes  
- **Choose the course of action** in dealing with the violence instead of feeling powerless  
- **Have her privacy and confidentiality** always preserved instead of exposure  
- **Live in a non-discriminating environment** (any discrimination based on gender, age, caste, race, ethnicity, ability, sexual orientation, HIV status or any other characteristic will not be tolerated)  
- **Receive comprehensive information** to help her make her own decisions instead of being told what to do  

The organization of the daily life in CASANepal encourages direct participation of the residents. Divided into three groups and organized into shifts on a weekly rotating basis, the residents are responsible for carrying out various tasks such as cooking, cleaning, gardening, and taking care of the children. Essentially, they are actively involved in the management of the center.
The above five areas of interventions are built into the Case Management Protocol of CASANepal. The protocol prescribes how CASANepal implements numerous services to help survivors achieve their plans. The Case Management Protocol provides instructions on how to create and implement customized recovery.
plans and to improve tailor-made services. It ensures survivor-centered decision-making throughout the resident’s stay in CASANepal.

The Case Management Protocol recommends a step-by-step process to be taken for each individual that approaches CASANepal. There are 12 steps prescribed, as follows:

**STEP 1: IDENTIFICATION OF THE SURVIVOR**
This is the first step in case management. A survivor is identified through various sources. Usually, women reach CASANepal through the referrals from agencies such as the Nepal Police, district-level Women and Children Offices, hospitals, women’s groups, and other community groups or service providers. After an initial assessment of the case with the referring organizations, the survivors are brought to CASANepal.

**STEP 2: RESPONSE TO IMMEDIATE PHYSICAL NEEDS**
Once the survivor is in CASANepal, her immediate physical needs are assessed and treated. The staff make women feel at ease by not asking any questions at this stage. This step is integral for staff to build a good relationship with vulnerable new arrivals to the safe home.

**STEP 3: ORIENTATION ABOUT THE SAFE HOME AND ITS SERVICES**
After survivors’ immediate physical needs are met, they are oriented by staff about the safe home and its services. This gives survivors an opportunity to understand CASANepal’s activities and decide if they want to take part. During this step, the survivor is asked if she wishes to contact her family. If she wishes to, the staff will contact her family, but if she doesn’t wish to, she will not be forced to contact them.
STEP 4: FIRST CASE MEETING
The first case meeting usually takes place within seven days of the survivor’s arrival at the safe home. The staff of the safe home (a psychosocial counselor, supervisor, and social worker) sit with the survivor and informally discuss how her stay has been within the first week. Until this meeting, the survivor is not asked about her case, experience, or the reason she is in the safe home. This meeting will initiate the relationship of the staff with the survivor to plan for her rehabilitation. At this stage, no major discussions are undertaken, but some details about the survivor’s case, her wishes, and her plans are gathered by the staff. It may be the case that the survivor needs a totally different solution than what the safe home can offer. In more than few instances, CASANepal has received cases who needed complete mental rehabilitation services. The survivor might need to be institutionalized or seen by a psychiatrist. In these circumstances, the survivor needs to be referred to another facility that specializes in relevant services. If the survivor does not need to be referred to other institution, then she will be invited to stay in the safe home as its resident.

STEP 5: SAFE HOME INTAKE
After the survivor is invited to stay in the safe home as a resident, then long-term planning regarding logistics, scholarships for her children, group-work, etc. will be made. During this time, other assessments (see step 6) will also be conducted. She will be provided with new seasonally-appropriate clothes, a monthly supply of hygiene items such as soap and toothpaste, and stationary.

STEP 6: ASSESSMENTS
The initial assessments will be conducted by the safe home staff within the 4th week of the resident’s stay in CASANepal. The assessments will be done in five areas:

I) General health assessment
II) Psychosocial assessment
III) Legal assessment
IV) Literacy level assessment
V) Family assessment

These assessments will help to a) establish the preliminary status of the resident before designing interventions, and b) lay the foundation for developing an individual case plan. For these assessments, different agencies with expertise on the subject matter may be consulted such as LACC (Legal Aid Counseling Center) for legal assessment and JHPIEGO (John Hopkins Programs for International Education in Gynecology and Obstetrics) for health assessments. The psychosocial assessment, literacy level assessment, and family assessment will be conducted by the in-house psychosocial counselor and NFE (Non Formal Education) facilitator. Based on these assessments, the psychosocial counselor will prepare a confidential case study.

STEP 7: SECOND CASE MEETING
Within the 6th week of the resident’s stay, a second case meeting will be conducted with her in order to develop her own customized case plan. The psychosocial counselor, who also acts as the case manager, facilitates this process. Each resident will have her own case plan according to her needs, wishes and interests. The case plan is a vital tool to ensure the best possible outcomes for the resident’s rehabilitation, development and future. Case plans make clear to both the staff and the residents why CASANepal is involved, which issues can be addressed, and the responsibilities of
each individual. The case plan focuses on three main components:

i) Socio economic rehabilitation
Contribute to CASANepal’s theory of change intervention of micro-enterprise and skill development and support, each resident will have the socio-economic rehabilitation component in her case plan. This plan’s component will create self-confidence amongst the residents, strengthening them personally and financially. It will also help them to lead a productive life with dignity. Moreover, the attitude of the family towards the survivors also positively change if the survivor becomes economically empowered. In this rehabilitation component, occupational trainings are offered to the residents as per their interest and capacity. CASANepal proudly offers diversified vocational rehabilitation, employment placement service, and business planning for the residents.

ii) Psychosocial rehabilitation
All the survivors have experienced trauma from violence. The residents are therefore provided with recovery-oriented care. More often than not, the underlying psychosocial problems are the main factor that hinders the survivor’s capacity to recover. A feeling of worthlessness is a major psychological problem faced by the GBV survivors who have approached CASANepal in the last 10 years.

The psychosocial counselor will make individual counseling plans as per the need of the resident. The counselor is a full-time staff member, which means that she is available day and night if
someone needs her assistance. During the sessions, the counselor also provides various therapies such as dance therapy, talking therapy, meditation, eye movement therapy, etc. The counseling sessions are also conducted in a group which in itself is a therapeutic activity. These group sessions provide the survivors with a safe and supportive space for them to explore a range of issues and interact with others with similar experiences.

iii) Re-integration plan
Pre-reintegration activities are planned in this component. This may outline key stakeholders’ involvement for the survivor’s reintegration into her community and household. Family counseling and couples counseling are the main activities that are planned in addition to the resettlement plan if the residents do not wish to return to their communities of origin.

STEP 8: IMPLEMENTATION OF THE CASE PLAN
As per the case plan, the residents are capacitated to carry out planned actions. To accomplish their goals, each resident will have access to:

i) Skill Development Trainings
The skill development trainings are further categorized in two sections:

i.a) Professional Trainings
These trainings are long term (up to 6-month long) skill development trainings to enable women to earn sufficient income to be independent. These trainings are selected with the residents as per their interest, capacity and market demand.

For example: Tailoring, Beautician, Security Guards, Montessori teachers, etc.

i.b) Home-based production trainings
Compared to the professional trainings, these trainings are short term. However, they are very helpful to earn a small income in the survivor’s downtime, as well as in their own homes in the future. The trainings are: Candle making, sour candy making, knitting, and recycled plastic handicraft making etc.

ii) Individual counselling and Group counselling

iii) Therapeutic Activities

iv) Life skill awareness sessions

v) Scholarship support for children

vi) Distribution of seed capital

STEP 9: FINAL CASE MEETING
Two weeks before the resident’s exit from CASANepal, a final case meeting is conducted with the counselor, supervisor, social worker, and the survivor. In this meeting, the reintegration/resettlement plan is revised again with the survivor. Information about how to contact whom in case of trouble, referral points, and various advice are given to survivors before they leave. A final case meeting also helps the resident to be mentally prepared about her exit plans.

In the Final Case Meeting, the two main driving questions are:

Have the goals been achieved?
During the time the survivor stays in the safe home, her goals as previously planned might not be fulfilled due to various reasons such as changes in the situation at home or within herself, a delay in legal procedures, etc. If the
goals have not been achieved, the case plan will be revised and steps 8 and onward will be taken again.

If the goals have been achieved, the final questions will be:

Does the survivor need more assistance? Even if the previously planned goals have been achieved, the survivor may have developed different needs during the stay.

If she needs more assistance, the case plan will be revised and the steps 8 onward will be taken again.

If she doesn’t need more assistance, she will be prepared to exit CASANepal.

**STEP 10: CASE CLOSURE**

Once the survivor is ready to leave CASANepal, her case is closed. The case closure usually takes place after ensuring that the family and/or community has addressed the survivor’s protection concerns and she no longer needs a safe home.

During the case closure, the survivors’ evaluation of the services provided by CASANepal will be conducted through Service Feedback Forms. This feedback is very important for case management, as well as the safe home’s operations, and are continuously analyzed. In addition to the evaluation of services, a follow up plan will be made. The safe home supervisor and psychosocial counselor will follow-up regularly with each survivor.
2016 DATA

CASANepal guests

- 85 Women
- 30 Kids
- Total: 115

Types of GBV endured by the residents*

- Rapes: 5
- Physical assaults: 15
- Denial of resources: 48
- Emotional abuses: 15
* 2 cases are not officially GBV

Age group of the residents

- 30: 15-20 years
- 46: 21-30 years
- 8: 31-40 years
- 1: 40+ years

Financial status and utilization

- 46% Safe Home Operations
- 15% Administrative costs
- 3% Outreach
- 4% Reserve Fund
- 32% Services

Reintegration

- 51 Residents reintegrated
- 10 Residents resettled in different communities

29 women are still in CASANepal, following their own recovery plan.
(Names changed)

“My Name is Chaya. I am 21 years old. I got married when I was 19 years old. Everything went well at first but after few months our marriage turned sour just because I was sick for few days. They did not help me get the treatment, so I had to go to my parents’ house where I had to stay for few days. When I went back, my in-laws along with my husband accused me of having cancer and started verbally, emotionally and physically abusing me. I was always accused of not bringing enough dowry. I went back to my parent’s home. Few ‘wise’ people from the society again took me back to his house to understand if it was my fault and if possible for me to stay there. My in-laws mistreated them and told me that I could go live in the jungle for all they care. I stayed with my parents and one day I met a social worker who helped me file the case against my husband. The legal proceedings was taking a long time. I was starting to feel depressed and suicidal. The most important thing I needed that time was shelter and I needed to be independent. The social worker advised me to go to Casa Nepal. I came to Casa Nepal and learnt to stay in a group where I don’t feel alone. I learnt many skills such as life skills, knitting and dance. I wanted to take the Montessori Training and Casa Nepal provided the best. I got a job as soon as the training finished.
Right now, I am teaching in a Montessori based school and earning 8,000/- NRs. per month since few months. I am still staying in Casa Nepal and will resettle somewhere when I have enough fund. I can talk to the psychosocial counselor anytime I feel like. I feel confident. I am happy.”

“My name is Babita. I am 16 years old and I passed SLC last year. I had been talking to Sunil on the phone since last two years. Later Sunil introduced me to his friends on the phone. After I passed SLC, Sunil along with his friends came to my district. It was the first time that I saw him. He said he wanted to marry me. When I told him to go and talk to my parents, he didn’t want to. He pressured me to run away and I did. He took me to Pokhara. It was a beautiful place. After a night, we came to Kathmandu. Sunil asked me to stay with his friend for few hours, so that he can arrange another room for us. He didn’t return. His friend raped me that night. Sunil returned next day and took me to the outskirts of Swoyambhu where I could see only few houses. Surendra and Sunil took me to Sunil’s uncle’s house. His uncle was an old man. Next day, Sunil and Surendra left me there to look for room to rent. They didn’t return. The old man raped me every night. I was locked inside his house in the middle of the jungle for 25 days. During the earthquake, I was there. In the meanwhile, my brother somehow managed to find Sunil’s phone number and filed a complaint against him. The police tracked his phone number and forced him to show where I was. The police found me in the old man’s house. Two out of three men are in custody at the moment and Cellrd is following
up my case. I was sent first to another women’s shelter. I tried to kill myself there. They tried to send me to different other shelters but no one was willing to keep me. Finally, they sent me to Casa Nepal.

I like staying in Casa Nepal. I like how the people here listen to me. They asked me if I would like to contact my family. At first I was scared but I really missed my mother. They made contact with my mother and she travelled 3 days from the village to come and see me. Casa Nepal even hosted my mother and paid for her travelling expenses. We hugged each other and cried for a long time. My mother stayed with me for few days and accompanied me to the hospital. My mother was also skeptical about the idea to take me back home, but with lots of motivation she arranged for me to stay with my cousin sister in another district. Nowadays, I am taking my regular medicines and I am taking tailoring course staying with my sister. I have a good relationship with my family. I hope to be independent and I want to fight against trafficking and women’s rights violation issues.”

(Note: The survivor was suffering from severe depression and post-traumatic stress disorder. The doctors prescribed daily medicines and that she be kept with family. Casa Nepal is regularly following up on her.)

“I feel much better after the counseling sessions. I can finally sleep better these nights after a long time”- Rabina, 27 years old

“I was convinced it was my fate as a woman and a wife and that I deserved to be beaten up. I thought ‘rights’ was a man-thing.”- Sarita, 32 years old

“Only when I am dancing, I forget the...
image of my husband hanging himself and the constant blame from my in-laws that it was all my fault.” – Suntali, 25 years

“They said I could not earn because I was illiterate, that I was born to be enslaved. I now can read and write. I do my maths to make the draft of the clothes that I stitch. I became a tailor.

Last month, I earned NRs. 30,000/” – Mina, 22 years

“I like the knitting sessions. We sit and talk about so many things in each other’s lives while we’re creating beautiful products which we can sell. If I could, I would knit all day.” – Radha, 18 years
# MAIN BUDGET

Casa Nepal Budget - for the year the period of April 2015 to March 2020

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<td>Beneficiaries selection</td>
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<td>visit in various districts</td>
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<td>1</td>
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<td>1</td>
<td>560.000</td>
<td>560.000</td>
<td>5.091</td>
<td><strong>Full-time from July 2016</strong></td>
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<td>Co- warden</td>
<td>Annual</td>
<td>1</td>
<td>200.000</td>
<td>200.000</td>
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<td>1.2.4</td>
<td>Shelter assistant</td>
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<td>1.2.5</td>
<td>Sewing trainer</td>
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<td>120.000</td>
<td>120.000</td>
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<td>1.2.6</td>
<td>Knitting Trainer (part time)</td>
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<td>115.000</td>
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<td>1.2.8</td>
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<td>245.000</td>
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<td>1.2.11</td>
<td>Recruitment and Staff capacity building (As Need)</td>
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<td>25.000</td>
<td>25.000</td>
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</tr>
<tr>
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<td><strong>Group Total (1.2)</strong></td>
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<td></td>
<td><strong>2.220.000</strong></td>
<td><strong>20.182</strong></td>
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Casa Nepal Budget - for the year the period of April 2015 to March 2020

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<th>Description</th>
<th>Unit</th>
<th>Qty</th>
<th>Rate</th>
<th>Amount NRS</th>
<th>Amount €</th>
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<td>Services</td>
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<td>3.1.1</td>
<td>Medicine &amp; First Aid Treatment</td>
<td>month</td>
<td>12</td>
<td>3.000</td>
<td>36.000</td>
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<td>Legal fees and consultancy</td>
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<td>50.000</td>
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<tr>
<td>3.1.3</td>
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<td>Annual</td>
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<td>100.000</td>
<td>100.000</td>
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<tr>
<td>3.1.4</td>
<td>Vocational Training</td>
<td>people</td>
<td>35</td>
<td>15.000</td>
<td>525.000</td>
<td>4,773</td>
<td>not all the beneficiaries will attend trainings</td>
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</table>

| Group total (2)                  | 711.000 | 6.464 |

| 4 | Services After Safe Home       |          |     |        |            |          |      |
| 4.1 | Exit, Reintrigation and Followup|          |     |        |            |          |      |
| 4.1.1| Net working (Visit and workshop) | Annual  | 1   | 10.000 | 10.000     | 91       |      |
| 4.1.2| Beneficiaries return bank to home | Lumpsum | 1   | 22.000 | 22.000     | 200      |      |
| 4.1.3| Micro enterprise start-up      | Lumpsum  | 1   | 150.000| 150.000    | 1.364    |      |

| Group Total (3)                  | 182.000 | 1.655 |

| GRAND TOTAL                       | 5.212.000 | 47.382 |

NOTE: Apeiron believes that education is fundamental to prevent gender-based violence and reduce gender inequality, that is why in CASANepal we invest in education in various ways:

1. Survivors’ children who are going to stay at the safe home for a long period are enrolled in a nearby boarding school;

2. Young GBV survivors, who are too young for vocational training and employment, are provided with the opportunity to continue and complete their studies;

3. While leaving CASANepal, women are provided with a fund to pay their children’s school expenses for the next two years.
CONCLUSIONS

Since its opening, in April 2007, CASANepal has served over 500 women and children survivors of gender based violence. Over the time the importance of our work to the existing support systems for GBV survivors and their children became more evident.

In 2015 CASANepal became member of the Asian Network of Women’s Shelters, getting the opportunity to be an active participant of the women’s shelter movement in Asia. In 2016, following an in-depth assessment of CASANepal and its methodology, UNFPA Nepal (United Nation Population Fund) chose Apeiron as one of the partners of “Gender Based Violence Prevention and Response” project in East Nepal.

Our role in the project, is to provide technical backstopping to the government shelters in Okhaldunga, Sindhuli and Udayapur Districts. Recently UNFPA extended our working area to the West Nepal. CASANepal model is nowadays well-known and it has gained a reputation for successfully serving GBV survivors and keeping in touch with them long after they return to their communities, but our mission is not yet fulfilled.

At Apeiron, we will always stand side-by-side with women, helping them to overcome the constraining barriers in their lives and realize their potential.
ABOUT US

Apeiron is a non profit organisation working for a gender equal society in Nepal since 1997.

Through 4 main areas of interventions; Gender Based Violence Prevention and Response, Awareness and Education, Income Generation and Institutional Collaboration, Apeiron fights against prejudice, violence, and inequalities so that women develop the skills necessary to support themselves and their families.

By helping women confront uphill battles, we enable them to overcome the constraining barriers in their life and realize their potential.

www.apeironglobal.org