Case story of OCMC in Dang

Introduction:

Gender-based violence (GBV) reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its survivors. The links between GBV and poor health outcomes, although often ignored, require a strong response from health care systems. Victims/survivors of such violence suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula and higher risks of sexually transmitted infections and HIV issues.

Large numbers of women and children in Nepal experience GBV that results in physical, sexual and psychological damage. The Nepal Demographic and Health Survey (2011) (MoHP et al. 2012) found more than one in five women aged 15–49 having experienced physical violence at some point since age 15, while 9% had experienced sexual violence. A study on GBV in rural Nepal (Office of the Prime Minister and the Council of Ministers (OPMCM) 2012) found many women survivors had experienced physical, psychological, sexual and reproductive health problems, with 1 in 25 of the study sample having attempted suicide. Women experiencing sexual violence were more likely to report symptoms associated with sexually transmitted infections.

Case: cycle of violence

Nepalgunj: 16-year-old Sheetal lost her father when she was 4. Her mother fled with another man soon after the demise of her father. Her old grandparents raised her. At the age of 14, she was forcibly married to a person who was from the same community. Staying as a daughter-in-law with her in-laws became a horrific ride for Sheetal. Her husband and the family members constantly abused her. One day, she got blamed for robbery and they brought her to the police station. Sheetal was held at the police station in the name of interrogation for almost a month where the police constantly raped her. After knowing that Sheetal got pregnant, the police sent her to Tulshipur for a forced abortion in a private clinic of his contact; therein again, the doctor himself who did her abortion raped her. He kept her for a month under his guard, constantly raping her, and eventually fixed a plan to sell her in a brothel in India. Fortunately, Sheetal heard the plan of that doctor and escaped from his captivity. She reported this to the person who later brought her to the TPO office. She was screened at the TPO office and later at OCMC after an immediate treatment, was sent to the rehabilitation center. Her grandparents were informed but they said that they did not want to take her with them.

MoH is the main executive body responsible for implementing Clause 3 of the 'National Action Plan against Gender Based Violence (OPMCM 2010). This clause calls for providing integrated services to survivors of GBV by establishing hospital-based one-stop crisis management centres (OCMC).

MoH has, since 2011, established 17 OCMCs in district, zonal, sub-regional and central level hospitals where the Ministry of Women Children and Social Welfare (MoWCSW) has set up safe homes for temporary shelter. OCMC is an approach through which multi-sectoral services are provided to survivors. Treatment (physical and mental), counselling and medio-legal evidences collection and preservation are delivered at the OCMC/hospital. However, other services such as safe home, security, legal advice and support and rehabilitation are provided through the concerned partner agencies, with which OCMC coordinates.

OCMCs are a new and challenging initiative for Nepal's health system. Every year a national review workshop of OCMCs is organised involving central as well as key district level stakeholders to review the functioning and quality of services provided including how the District Coordination Committee (DCC) and hospital coordinate with other district agencies to provide shelter, legal and rehabilitation support to GBV survivors, and to identify good practices, lessoned learned, constraints and further support needs of OCMCs.

Supporting the establishment of OCMCs is a priority area of the Nepal Health Sector Support Programme (NHSSP)'s support to the government to respond to GBV. This case story documents the functioning of the OCMC of Dang Referral Hospital in Dang district.

OCMCs are mandated to provide following seven services to GBV survivors:

- Health services and the immediate treatment of physical and mental health conditions of GBV survivors.
- Medico-legal evidence collection, examination and preservation.
- Psycho-social counselling to survivors and perpetrators.
- Legal advice, counselling and support to survivors through district attorneys, paralegal and legal counsellors.
- Safe homes by directing survivors to safe shelter homes.
- Security by working with the police and district administration offices to provide security to survivors in hospitals, safe houses, and in their communities.
- Rehabilitation by providing further counselling to those affected by GBV after their initial treatment and providing livelihood support through skills development and seed money for income generation.

OCMCs also coordinate and collaborate with district health offices/district public health offices (DHOs/DPHOs), women and children offices (WCO), district police office, NGOs and civil society networks in order to raise awareness, advocate against GBV and lobby for support to GBV survivors.

Methodology of documentation:

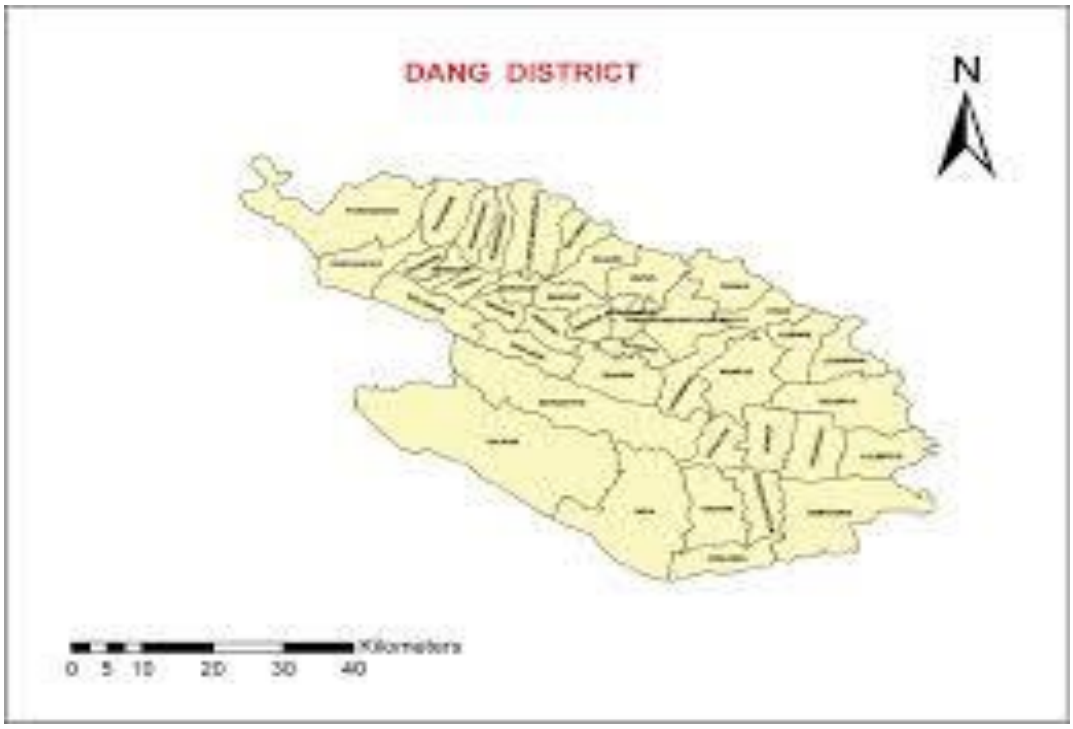
This case story assesses the functioning of Dang OCMC and the quality of services provided including how the respective hospital coordinates with other district agencies to provide legal, livelihood and rehabilitation support to GBV survivors, and to identify strengths, constraints and any further support needed by Dang OCMC. The documentation presents several specific efforts that are perceived to be unique and/or best practices. Information and data collection for the case study was carried out through:

- Desk review
- Interviews
- Focus group discussions
- Observations of service delivery and initiatives at the OCMC

Participants included government, non-government stakeholders, UN agencies, academia, survivors group, hospital and OCMC staff, and service users.

DANG district:

Dang is located in Inner Terai, some 280 km west of the capital city, Kathmandu in Rapti Zone of Nepal's Mid-Western Region. The district covers 2,955 km² with population (2011) of 548,141. Ghorahi (formerly Tribhuvannagar) is the district's administrative center and largest city while Tulsipur to the west is a transportation hub and Rapti Zone's administrative center.



Institutionalising OCMC in the hospital system

There are some crucial features of the support system at Dang hospital, which have facilitated the integration of OCMC in the hospital. They are:

1. Inter-departmental coordination

There are a total of 8 departments in Dang hospital- a) Orthopedic, b) Pediatric, c) Gynecology, d) Dentist, e) ENT, f) Skin, g) Urology and h) Medicine. A total of 22 doctors and 9 specialists are engaged at the hospital. Given that the client flow is quite substantial in the hospital (tentatively 350 OPD per day) the number of doctors and specialists working in the hospital is insufficient and crucial departments such as psychiatric and cardiology is absent.

For the most part OCMC services are running well. The victim/survivor is examined and treated by a doctor as soon as they attend, and then seen by a counsellor within 24 hours in a separate examination room that protects their privacy and confidentiality. Lab services are available 24 hours (as per the requirement) and tests are conducted without any delay. The hospital manages administrative procedures such as billing after the patient has received care, if the case is critical.

Other departments of the hospital including the emergency section are alert to GBV cases and refer to OCMC as soon as such cases arrive. If a client comes to emergency, she is provided emergency treatment and services. After that if she is a GBV victim/survivor, she is referred to OCMC where further screening and referral is done concerning her immediate and future needs. Patients are also informed about available support services.

> "Hospital's emergency department has a total of 9 staffs. All of them are sensitized regarding the handling of GBV cases and some of them have also received training on psychosocial counseling and GBV. Generally at emergency, 40-50 cases arrive every day and among them 2-3 cases are related to domestic violence/GBV. Besides the emergency, in OPD more than 300 cases are seen every day. During the detail history taking GBV cases are identified and some also voluntarily explain what they have gone through, and they are referred to OCMC after the initial treatment."
>
> Senior Health Assistant, Emergency Department

Staff in the hospital are sensitized and trained on handling GBV issues and are well aware of the services required by the victims/survivors. They have enshrined the philosophy of "care and respect to GBV survivors" at all times.

Follow-up of most of the rehabilitated cases is done on a regular basis. In addition,

Coordination between the OCMC and other stakeholders such as Police, WCO, safe homes, I/NGOs, media and other existing support systems in the district is smooth. OCMC appears to have been owned by the district, not just the hospital. The OCMC District Coordination Committee is effective and functional and OCMC activities are updated regularly. OCMC is a regular topic for discussion in all district level meetings. Due to good working relationships with partners, financial matters have never been an issue. Coordination and collaboration among the agencies has played a great role in achieving good results and Dang hospital is a good example of OCMC into a government hospital.

"We provide free quality services to our clients until they get well. Thus, they go home with much satisfaction and gratitude. We also do follow-up on a regular basis regarding their status. We believe that we should have a willpower to achieve what we want. If we have that determination, nothing can stop us from succeeding. The success of OCMC lies in our strong willpower and the positive attitude of all the staffs involved to provide services to survivors of GBV. We feel the problem of survivors from deep inside and look for all the possible ways to help them. There are instances where our staffs have gone beyond their limits to help survivors. Among others, Medical Superintendent is a key person for the well-functioning of OCMC as s/he is the one who is responsible for the whole hospital management and functioning."

Medical Superintendent, Dang Hospital

2. Capacity building of the staffs and stakeholders

Hospital staffs have received GBV and psychosocial counseling training in 2 phases. The medical personals have also received medico-legal training. The trainings are reported to have been beneficial, doctors especially valued the medico-legal training which has enabled them to more easily undertake investigations of rape cases.

"Rape cases are quite alarming. There are cases of 4 years child to 56 years old women with uterine prolapse who have been raped. This makes us wonder what is happening in our community/society. We have been providing the best possible service but at times it seems inadequate. We need to also focus on preventive types of activities at large so that awareness level gets to the maximum. "

Case Management Committee Coordinator

3. OCMC as a separate unit

GBV survivors are treated in a separate room designated for OCMC in Dang hospital. According to the key staffs (OCMC Focal Person and Medical Officer) this allows them to get adequate attention and treatment. If they are kept with other clients in wards they may feel intimidated. Experience shows that most GBV cases are due to social/domestic causes and need more psychosocial, legal and other support and less medical attention or nursing care. It is crucial for

all those who come in contact with survivors to understand that their needs and expectations are different to other clients visiting the hospital. Providing a separate space for surviviors helps give them the confidence to open-up and share their problems and avoids them from being labelled as a "victim". Maintaining survivors privacy and confidentiality is essential. Without this, survivors may not be willing to share their real problems including that they are sick or even if they share they may not come back for follow up.

"It has been a positive journey for me at OCMC. I have learned to be patient, considerate and sensitive than ever before. I have become more alert while screening clients. For example, one day a woman visited complaining about an ear problem. During the process of examining and taking her health history, I gently inquired her about the pain. At first, she was hesitant and said that it just started suddenly, but after some exploring and conversation she voluntarily divulged that her husband had punched her in the ears. I feel that OCMC is one of the best options for GBV survivors, where the survivors' multi-faceted issues and needs are addressed. Except for a few managerial/administrative issues, OCMC environment has been very supportive and encouraging, thus things are on track. We receive very good support from INGOs, NGOs, and WCOs and other local partners around here. The Case Management Committee (CMC) is also very active and helpful. Besides the formal CMC meetings, we also have informal meetings as needed to discuss, share and make action plans for cases that need urgent attention (i.e. severe injury, trauma, rape etc.). Overall, Dang Hospital has been very inclusive in supporting the survivors and embracing the OCMC in the system."

Case Management Committee Coordinator

4. Hospital Management Committee

OCMC is one of the most important units of the hospital. The OCMC focal person has played a pivotal role in promoting OCMC for the benefit of GBV survivors. Since, a number of GBV cases are referred from Tulshipur hospital, the OCMC is planning to sign a MOU with Tulshipur Hospital to build a formal referral system.

5. Twenty-four hour standby police support:

Dang OCMC has 24 hours standby police support, which is very valuable as survivors are under tremendous threat and at risk of attack from the perpetrators, even when they reach OCMC. The 24 hour standby police support helps survivors feel secure and safe. Police support extends to the other support and services that clients require such as when a survivor has to be taken to the district police office and back to the OCMC. Thus, in many ways this standby police support acts as a bridge between OCMC, survivor and the district police.

"From being still to becoming a women of steel"

"We stay at WOREC's safe house. We have endured torture from all – family, people in

authority in society, and those who have approached us with promises of help or those whom we approached for help. Because of the experiences we have had, we started to share and unite among us and formally registered an agency called Sakchaam Mahila Samudiyak Sanstha six years ago. As of now, we have 70 members in total, including a committee made up of 11 members. We meet and share our stories of grief and problems and try to understand and empathize with each other's pain. We try to support each other emotionally and in other ways that we can. Since we have gone through so much in our lives and justice has never been on our side, we feel hopeless and depressed. Even when we get justice sometimes, the implementation is next to impossible. Because of the stigma attached to people like us, we "lose" in every way and all the time. We do different odd-jobs (fruit seller, daily wage labor, tea vendor etc.) for survival.

After the establishment of OCMC, however, we have felt much comfort and support. We feel that there is at least one place where we can be heard and acknowledged as human beings. We have been receiving adequate support and services free of cost from OCMC. We feel that OCMC is our home, a place of sanctuary for us. We just wish and hope if all other agencies could work like OCMC. We do not have big dreams; even if can earn about 5000 rupees ($50) a month, we could manage our households happily."

- Survivors Group, Sakchaam Mahila Samudiyak Sanstha, Dang

6. OCMC and its coordinating partners

OCMC has sustained functional working relation with agencies such as WOREC, UNFPA, FEDO, Dalit Women Service Center, Women Human Rights Defenders Group (WHRD), Dalit Women Federation, Government Service Centers, GBV Help Desk, GBV Alleviation Fund, District Police Office, District Attorney's Office, District Bar Chapter, District Legal Coordination Committee, Survivors Agency (Sakcham Mahila Samudiyake Sanstha) and other agencies including those working at community and Ward level:

a) Help Desk: The help desk at CDO's office coordinates GBV cases as they arrive. Basic firsthand counseling and information regarding the available support services for the survivor is provided. The flow of GBV cases are nominal at the help desk. They receive 2-3 cases a week, which could be due to various reasons including lack of coordination of help desk with other agencies in the district, absence of the right person to guide GBV survivors for support and services they may require, lack of separate room for help desk (currently it has been placed in a room where GBV cases are dealt- *Muddha Faant)* and lack of privacy and confidentiality. Staff at the help desk recognize their limitations and the need for a person with legal knowledge of GBV, and a separate room/structure so that cases can be dealt with appropriately.

b) GBV alleviation fund: There is a total NRs 200,000 in the GBV alleviation fund. So far only about NRs 70,000 have been taken by 1 group and 5 individuals. The fund has been

underutilized because the guidelines of the GBV alleviation fund is quite conservative in terms of travel expenses required for survivors to visit hospital or shelter home. The guidelines need to be more flexible to serve the cases requiring immediate management (delivery cases)/complicated cases such as severe injuries resulting from rape, domestic violence etc.) including the cost for visiting/bringing survivors to service centers or to their place of residence. Provision of vehicle in the guidelines would be practical but if it is not possible, renting a vehicle should be prioritized to serve the survivors during their dire hours.

c) District police office: District police is alert and coordinates well all the GBV cases that approach them, those referred by various stakeholders and the cases from the community/district. There is a separate special unit called Women and Children Service Center (Cell) in the district police office with 6 police personnel (4 women and 2 men) to manage the GBV cases in the district police office. The 4 women personnel have taken GBV comprehensive training (16 days), and are proficient in handling the cases well. But the 2 male personnel have not received any training related to GBV or psychosocial counseling, which hinders their understanding of GBV survivors and their situation, and also coordination efforts.

   The cell provides counseling services to survivors in a separate room, refers them to hospital/OCMC if they require treatment and also to safe home if they need temporary shelter. The cell also has a room where they accommodate survivors for 1-2 days (emergency management) if they cannot have access to safe home immediately. Additionally, the cell assists survivors to file a case including preparation of application on their behalf if survivors do not know how to write. However, if the case is related to rape, survivors are asked to prepare their application with assistance of lawyers or other parties. Police reported that after filing a case in many instances survivors are lured by perpetrators and change their statement and sometimes blame police instead. Most of the cases attended to at the Women and Children Cell are related to domestic violence, rape and divorce.

d) District Development Committee (DDC): The DDC reported that the OCMC is successful because of its hard work and effort. DDC has supported GBV training and orientation in two VDCs (Gawda and Saudya), as a part of its mission to make them violence free VDCs. Areas for strengthening are the functional coordination with all stakeholders and reach up to Ward and grassroots levels. DDC has a plan to allocate some support for the promotion and strengthening of GBV related programs from the new fiscal year 2073/74 during local level planning.

e) District Attorney's Office: provides legal support to survivors, especially to evaluate evidence related to a case and also counsel how a case should move ahead. Although the district attorney provides support to OCMC, they are more focused on criminal cases

(*sarkar badi muddha*). Since they are expected to prioritize government cases, GBV cases are overshadowed and receive minimal attention from the attorney. Currently (in December 2015) there are 35 cases related to rape and among them 15 have been concluded and 11 rape cases received justice.

f) District Bar Association: District bar has a provision to take-up the cases of those who are poor and deprived. The cases are mostly referred by OCMC, police, WOREC, WDO and from other agencies in the district. Even though the bar association deals with cases of poor and deprived there are certain criteria that has been set such as letter/recommendation from VDC showing that the person is poor and deprived to attain the case. However owing to the difficulty in getting a letter from the VDC office due to lengthy procedures and also due to an absence of VDC Secretary, letter or recommendation from CDO, police or WDO is also accepted to speed-up the cases. This could be considered as one of the good practices started by the district bar office. Additionally, although the bar has a mandate to take the cases of poor and deprived free of cost, they have been providing services to all the GBV survivors approaching them. In December 2015 there were 45 GBV cases with the district bar association.

g) District Legal Coordination Committee: District Legal Coordination Committee works in close coordination with OCMC. Often GBV cases from rural areas arrive quite a while after the violent episode and in some cases after the disappearance of evidence. This makes it difficult to prove a case in court due to lack of evidence. To speed up cases, the committee short cuts the process and avoids the average 35 days wait to review a case. At times, the committee has even halted selling of properties (especially land) so that survivors can have their rights to their part of property.

h) CVICT: Access to mental health care is very poor in Nepal. One of the few organizations working in the district for mental health, CVICT is a leading agency providing services for mental health in 20 VDCs and working through different local networks such as ama sumaha, local clubs and other agencies. They focus on both preventive and curative programs. In all 20 VDCs a community mental health promotion program is delivered every year. There is a two way referral system between OCMC and CVICT. At least 5 -10 clients are referred to OCMC in a month, and they also do the same. Each month a psychiatric doctor visits those who need psychiatric screening and follow up.

I) Media: Likewise, in Dang medias are very proactive. They act as a "watchdog." The cases, especially rape cases are followed very gently and seriously, which helps to alert police and also the concerned agencies. Media supports in generating momentum on behalf of the survivor so the cases are not prolonged and the perpetrator is brought to justice.

Reflection of services from OCMC:

From the data available, a total of 474 cases related to different types of violence have received services from the OCMC in 2014/15. This includes 21 cases of domestic and physical assault; 29 cases of sexual violence (mostly rape); 168 cases of mental torture; and 64 cases of other types violence[1].

253 cases were self-referrals (including via other hospital units), 36 from the Police, 33 from local agencies (including safe homes), 28 from NGOs, and 4 from other sources.

Comparing referral data with the previous year, when fewer than a dozen women self-referred, suggests that community awareness of OCMC has increased significantly. District stakeholders further reported that women are becoming more vocal and assertive in seeking GBV services and that local inter-agency collaboration has improved, even if further improvements are needed in this area.

Age related GBV data showed that women in the 15-49 year cohort were most likely to be affected. A total of 341 women were GBV victims this includes 32 from 0-14 age group, 281 from 15-49 age group, 21 from the 50-65 group and 7 from 65 years and above. This suggests that married women and/or those with a family or partner suffer most. The high number of physical assault/domestic violence cases reported correlates with this data.

Regarding OCMC service utilization, medical treatment – ranging from basic medical check-ups and psycho-social counselling, to medico-legal services – were the most common.

Records show that OCMC budgets have been managed well. Given the number of cases served at the OCMC in 2014/15, the budget level should be increased in the district. District representatives also propose that budget headings should be more flexible so that the OCMC budget can be used for essential tasks such as rehabilitation, referrals including transportation, and logistical support for survivors.

Self-evaluation of OCMC performance shows that Dang OCMC has scored excellently both in capacity (95%) and coordination and collaboration (94%) leaving all other OCMCs behind. This increased district ownership of the OCM and stakeholders' commitment to GBV, and increased access to services by GBV survivors.

Good Practices by Dang Hospital:

- Coordination and referral of GBV cases from other units, departments and emergency sections of hospitals to the OCMC.
- 24 hour services for OCMC cases at hospitals.
- Information dissemination about OCMC through various media, such as FM radio, brochures/pamphlets.
- Cases referred from the hospital being taken seriously by the Police, safe homes, WDO, rehabilitation centres and attorneys.

- At a local level, orientation on OCMC services being provided by WCO, DPHO, and DEO to their staff.
- Coordination and support from WCO, the Police and others for the cases requiring long-term rehabilitation.
- Support from UNFPA, WOREC, CELLERD for effective functioning and management of OCMC.
- Staff in the hospital are sensitized and trained on handling GBV issues and are well aware of the services required by the survivors. They have enshrined the philosophy of "care and respect to GBV survivors" at all times.
- Follow-up of the rehabilitated cases is done on a regular basis (although informally).

Reflections of partners, survivors and OCMC staff:

"We have very good functional and meaningful relation with OCMC. We have accommodated quite a number of cases referred by the OCMC. Although, we have our own counselors, we at times send the survivors to OCMC for counseling and treatment. We organize health camps in coordination and identified GBV cases are referred to the OCMC. We also provide legal aid support and counseling services aside the safe home facilities to the survivors referred by the OCMC. We refer complicated cases to hospitals in Kathmandu. We have capacity to accommodate 10-12 clients at a time in our safe home. There some survivors who have stayed and still staying at our safe house more than a year. Although its difficult for us to keep them for that long, we just cannot ask them to leave as they do not have a place to go and many of them do not have any family and also not willing to go even if they have family or close contacts. We assist survivors to get united and have their own agency, train them on programs related to livelihood generation vis-à-vis capacity building and enhancing their self-esteem. Aside from the above, we also consult with the OCMC while extending our working VDCs so that we target the appropriate area where demand for service is huge. Partnership with the OCMC has strengthened our morale in providing various services to our fellow women at large. From last nine months we have served 131 cases among them majority are domestic violence and rape including a few cases related to cyber-crime (pornography)."

Program Officer, WOREC

"Awareness is extremely low: Although, the nearest health facility is barely 3-4 kilometer far from the VDC where we organized health camp, the awareness on health issue seems very depressing. During the initial screening, woman was found having second degree uterine prolapse. She was found holding her prolapsed uterine with 3 glass bangles and two handkerchiefs. Luckily, even after such conduct, infection in her uterine have gone not too bad. She was referred to OCMC for treatment. "

Program Supervisor, WOREC.

"Ours is a faulty system. We fight until the end but hardly get justice and even if justice is rendered to us, there are lots of complications standing on our way that prohibits us from exercising our rights been granted to us. We have to undergo different experimentation to prove that violence has been perpetuated on us. In issues like birth registration, citizenship, relation certificate etc., the approval of husband or his family is mandatory otherwise children are barred from entertaining their basic rights. Aside, there are cases where DNA including other tests were done to prove that a child's biological father was a particular person. The result came positive but again that has to be approved by the person who denied that he was the father of that child or by his family members. We are told that education is free in government schools but when we take our kids for enrollment, we are charged on different headings. Thus, we cannot send them to school even though kids are so very willing to go to school. Hence, one can imagine how difficult it is for us to get justice or to exercise the justice granted by the system. The agencies like Women and Children Office (WCO), who can do so much in supporting survivors are not that sensitive towards them. Overall, our system is not pro-survivor. It is very complicated and supports patriarchal structure and norms that ultimately pleases the perpetrators."

Survior Dang

"This safe home has been supported by WCO. There are total 8 beds in the safe home, which includes counseling room, kitchen and office. Due to government support, numbers of cases have increased. The cases are sent from Jhapa, Bardiya and other districts also. We have good coordination with OCMC, police, lawyer, media and the agencies working in the district. Aside from OCMC, cases are referred by journalist, police, I/NGOs and also from community safe homes. Survivors are provided counseling and treatment services along with the safe home services.

We have experienced variety of cases here. Those who are deeply traumatized are different from others…they do everything differently…from sleeping to eating they need to be monitored 24 hours. Thus, office hours are not enough. There are some other issues that we face at safe home regarding the length of the stay of survivor. Some cases are referred for 2-3 days but they cannot be discharged that soon plus we do not know where to send them and those who referred the cases stay quiet. Aside, we are looked upon as an agency who keeps "promiscuous" women.

The problems are enormous while working with survivors of GBV. There are instances where women have gone through tremendous agony after disclosing their violence. Assurance from agencies make them feel that they will be heard but since the "system" is so lengthy and unresponsive that they hardly get justice. Many of them halt their journey without reaching to

any logical conclusion as they cannot afford to wander for months and years without any hint that the justice will be rendered to them. Agencies also play dirty games as they leave the hands of survivors in the later days when they need them the most. It seems that some agencies are busy only in counting numbers to exhibit the number of survivors they have identified or facilitated for accessing justice without any concern if they really get justice at the end. So, overall, at times it feels like agencies initially bounce survivor faraway high and through them like anything to live in despair for the lifetime.

OCMC Dang is very functional and supports survivors to the maximum. I think it's because of Radha sister's positive attitude that OCMC has been functioning this way. There should be a succession plan so that when Radha is no longer with OCMC, the functioning should not be affected as there should be a person who could continue the good work with the same spirit, sensitivity and enthusiasm. This also applies to women police cell as once the personal involved in handling cases or coordinating with agencies for survivors get transferred, it takes quite a while for a newcomer to understand the details. Thus, succession plan should go hand-in-hand along with other programs to make the OCMC functional as it is now.

President, Safe Home

OCMC of Dang district has been playing a crucial role in uplifting the lives of GBV survivors.
It provides an integrated package of services for survivors of GBV through a 'one-door' system that follows three core principles: (i) ensuring the security and safety of GBV survivors; (ii) maintaining confidentiality, and (iii) respecting the dignity, rights and wishes of survivors at all times.

OCMC in Dang has the capacity of being a leader. It needs to be expended in terms of structure and facility as current structure seems inadequate given the numbers of client visiting there. The flexibility of additional space (room) would help to safeguard the privacy and confidentiality of clients and maintain the recording and reporting system safe and accessible by concerned authorities/staff.

OCMC has maintained harmonized relation with media. This has helped in making its program visible to general public. Apart from this other organizations and agencies have been raising awareness regarding the services provided by the OCMC to some extent. OCMC has been a regular theme in all district level meetings.

However, it seems that some gaps still exists in the hospital system. Hospital being a large body may not be able to provide orientation/trainings to all of its staffs on GBV/psychosocial or related issues or keep track of employee's who have taken orientation/training on such issues. Moreover, high turnover and transfer (inter-departmental and external) of staffs affects the

effectiveness of the services being provided.

It seems that OCMC Focal Person is loaded with multiple roles. She is responsible for almost all the OCMC activities. Since, a single person is made to handle almost all the activities, at times survivors do not get adequate attention and cases also get delayed. Furthermore, due to that survivors changes their mind and do not seek support services.

There are other's who have contributed for the success of OCMC but whatever the success OCMC has so far achieved, it is because of the hard work and effort of the OCMC Focal Person (Radha).

OCMC is one of the most shared agenda in all district level meetings including the meetings chaired by the CDO. At least three meetings are conducted in presence of CDO by OCMC and DCC annually. Although, CDO being the head of the district and is responsible to oversee program/activities in the district, meeting at CDO's office usually turns-out to be ineffective. Due to large number of visitors coming to meet the CDO during the meeting, creates lot of disturbances to get focused on the meeting agenda. Aside, CDO is overloaded with all the district level meetings, which makes it difficult to have a thorough understanding of each issues being brought to his attention.

Whilst, CDO gets quite handful with the various business around the district, it would be ideal to conduct some meetings in the leadership of the second person per-say Deputy CDO. This would help in making programs more focused and effective.

It seems that there is a problem in understanding GBV. Many at the authority level perceive GBV as an everyday affair or the family matter that should be sorted out at the family level. There are instances where criminal cases have been sorted out by authorities (especially police) at family level. It seems that although the mechanisms and systems are in place, the justice and rights to the survivors depends solely upon the attitude of the person making decision. The court/lawyers have limited themselves merely to the process without understanding the core concerns of GBV survivors."

Journalist Youghbodh, Vice President, Federation of Journalist

"UNFPA's existence in the district has supported strengthening of OCMC to some extent. We share harmonious relation and have been a part of all the coordination meetings and programs that have been conducted by them. UNFPA has supported OCMC in areas of capacity building and IEC materials. Dang district has developed referral card for multi-sectoral support, which is provided to GBV survivors to track the services being provided to them through multi-sectoral agencies. There are numbers of strengths that OCMC possesses, however there are some gaps that need to be taken care-of by creating some sort of vibrant mechanisms which can help to

monitor the status of those who have received services and also the types of services being offered including who the providers were. Additionally, there should be a mechanism to analyze the impact of the services being provided."

Regional Coordinator, UNFPA, Dang

"There are lots of complicated cases coming to WCO and everyday its been increasing. It has been difficult for WCO to manage all the cases for we do not get adequate support from the concerned authorities (Police and Lawyers). Thus, many cases remain unsettled due to scanty support from the above stated authorities. Although, the district-level authorities think that we are solely responsible for the management of the case, which is not true as we also have our limitations.

However, after the establishment of OCMC things have been relatively smooth for us. We refer survivors to OCMC for treatment and care. We update regarding the status of cases and meet officially and also as per the requirement.

Overall, establishment of OCMC has been a great achievement for the district. It has been a sanctuary for survivors where they get solace. Nonetheless, it may not always be the same as its because of Radha sister (OCMC Focal Person) that OCMC has been functioning well. She stands as an institution for survivors for all types of coordination. She is a person of high morale and integrity and always available for any types of support required by the survivors. Thus, the backup planning by the hospital has to be done on timely manner to continue the good work of OCMC when Radha is not around. There a high chance that if Radha is not with OCMC, the works from OCMC will be outshined."

Acting WDO

"There is a big problem especially regarding the maintenance of privacy of the tests being done of the survivor. Usually it happens that perpetrators are informed of the test result quite ahead of time, which in many ways hinders survivors to get justice as they fix everything on their favor. Another thing is we should not rely on NGOs/INGOs to do our work… we should do ourselves. They do very little but drum too much. What these organizations mostly do is aggravate the issue unnecessarily instead of helping the survivor and left them as soon as they refer them to one of the place…for e.g., if they refer them to police they just left them there without assisting the survivor reach the end destination.

We do acknowledge that there have been some lapses from our side because we do not have adequate human resources to follow-up the cases rigorously and also the lack of skill as the

person who is the in-charge of the women cell is just the Constable level and all others working there are even lower ranking who do not really posses knowledge on legal aspects or related jurisdictions. Thus, it would be better if other agencies follow-up the cases and help police instead of just provoking the situation for their own benefits and blame police for everything that does not reach the logical conclusions."

SP, Police Office, Dang

"OCMC should be made further effective as this is the end point for a survivor. It should be provided adequate budget, security and appropriate guidelines to function effectively. Furthermore, it need to be mainstreamed well in the system from sustainability aspects."

LDO, Dang

"We provide support to OCMC whenever they request us. They consult us regarding the cases that need legal support and we do accordingly. It is difficult for us to spare lots of time to GBV cases and follow them up as we are bounded by other government cases. Nonetheless, we do as much as we can and we are positive about it. There should be a focused program to raise the awareness of the community to prevent GBV. Moreover, legal literacy should be made mandatory during all types of orientation as this has been the most neglected part. Even the community should be made aware about legal provisions. In most of the GBV cases it has been found that survivors report their cases after quite a while. When they reach us most of the time the evidences of violence are already healed and it becomes difficult for us to prove the case. There should be an awareness regarding the preservation of evidences when incident takes place or how soon it should be reported at the concerned place/department."

Attorney, Dang

"Establishment of OCMC has been a commendable job by the government. Although I am just been transferred to this district, I am quite aware about the role of OCMC. I believe that we all need to be more proactive than ever when it comes to providing services to GBV survivors. I am very concerned about the prevalent violence in our society that needs to be uprooted. I just wish that all the stakeholders work on my pace as I don't like delaying anything.

CDO, Dang

"There are lots of mental health problem in the district. What have come in contact are just the tip of the iceberg. Many do not even know that they have mental problem. Some know but they

do not get support from their family due to the social stigma attached regarding the mental health, hence, cannot get access to the services. And some of those who seek services do get services (counseling and screening during the monthly visit of psychiatrist) but due to various reasons such as poverty, inadequate support from their family, lack of psychiatrist in the district, many among them fail to receive full-fledged treatment and care or continuum of care."

Counselors, CVICT

Some Gaps:

Although, Dang OCMC has been doing a commendable job in serving GBV survivors, there are areas that need attention. The Senior ANM of the hospital questions the sustainability of providing comprehensive medical care and treatment and the other support services to the survivors of GBV given that their need is diverse and at times goes beyond what the hospital system can offer. Moreover, repeat violence against victims means that sometimes survivors need recurring support for a long duration. With limited support (NRs 60,000), it is extremely difficult to cater to the needs of many survivors. Additionally, the doctor in charge is reluctant to provide services to the same survivor again and again. Thus, although in principle the hospital owns OCMC and it is mainstreamed in the system, practically there are many challenges.

It is essential for hospital system and the providers to understand that everyone has the right to visit and receive health services with dignity and respect as many times as they feel they need.

"Moreover, although, OCMC has been providing multi-faceted services and maintaining highly functional relation with all stakeholders, our setup (structure) is not appropriate for OCMC. Also, the budget we receive for this program is very minimal compared to the number of clients being served. It has been possible only because we share extremely good relation with other partners working for the same issue. However, it is crucial to increase the budget amount as the numbers of patients are increasing everyday. Hospital also receives a pitiable amount (last year it was just about 21 lakhs) and the expenditure is around 35 lakhs. Thus, it would be difficult to manage all the support through the hospital as some of the GBV cases requires long-term care and support, needing extra expenses. We also receive cases from Tulshipur hospital as that hospital do not have OCMC. The capacity building of staff is another major aspect that needs to be considered including the staffs from the Tulashipur hospital as they should also be orientated with regards to the handling of GBV survivors."

Senior ANM, Dang Hospital

Among others, due to the high volume of staff leaving and new individuals starting, and a muddled handover system, the services to survivors at the hospital (in different units) have not

been as effective as they should be. Long-term contracts should be signed to improve staff retention, which would help to strengthen the system in providing a flawless service to the survivors. Nonetheless, the results of the clinical services are encouraging despite the newness of the concept, inadequate capacity building and lack of awareness among stakeholders and hospital staff.

Besides, it is imperative that more works needs to be done at the community level such as advocacy and sensitization campaigns focusing on GBV issues by WDO and also other stakeholders. More target specific IEC/BCC materials and trainings tools needs to be developed for use at the community level. Additionally, there is a need for strong and sustainable capacity building programs as part of core empowerment of survivors as well as orientation on the rights of survivors and the need to provide quality-counseling services to enhance their self-esteem and confidence. Knowledge and interpersonal skills of the service providers plays a great role in utilization of services. Thus, it is important to mobilize and increase the capacity of service providers, community based outreach staff and support services so that GBV survivors and vulnerable groups are better informed about the available services and support systems. Moreover, there should be an equal sharing of roles and responsibilities so that the widely held view that OCMCs are the responsibility of hospitals and OCMC staff alone are minimized. Thus, there is a clear need for more robust coordination and collaboration, and regular updating among stakeholders in order to promote collective ownership of OCMCs across sectors at both central and district levels.

Areas for improvement

Inadequate policies and poor implementation of the policies: Many policy makers and implementers still do not feel the depth of the problems that survivors go through. For them it is merely an issue that comes and goes. Especially, the district police office, district attorney's office and even the ministerial level, they do not really try to comprehend the problem and also fail to understand why a certain individual has approached them, instead they stress for reconciliation. Moreover, for many of them GBV is still limited to physical lesions and rape needs to be proved with torn vagina, disposal of foreign materials on the body such as sperm, hair and bodily scratches on breast, legs and other sensitive parts of the body. In fact, there have been a few cases where such evidences were sought by the authorities during the trial of the cases and also at the time as the survivor approached them with the complaint.

Even doctors at times do not understand the agony of GBV survivors. They fail to understand that experience of GBV during childhood or other life stages can have severe health (mental and physical) consequences. For example, cases with third degree uterine prolapse, chronic pain and mental problem is not perceived as a GBV case for doctors. Many times doctors or health service providers keep themselves busy looking for fresh wounds or visible signs and symptoms and fail to make linkages with violence that women may have experienced in the past due to which she is facing such problems presently. Additionally, they hesitate to go to the meeting, to

call a meeting or coordinate for the difficult cases that require extra effort and attention like rape cases. The bothersome part for doctors is that at times they are called by Court in relation to medico-legal evidences.

Mental Health: Mental health is a much neglected area of concern in the district. There are lots of mental health related cases approaching OCMC. The hospital does not have a psychiatric department where clients having such problems can be referred. However, the clients approaching to OCMC are taken care of and are provided optimum possible support and services. The cases needing advance care and treatment are referred to zonal or central hospital according to the severity of the case. Aside, the cases that cannot afford to go for advance care are seen by psychiatrist visiting the district monthly upon the request of agencies like CVICT and also by some pharmacies in the district. The follow up of these clients is done during the subsequent visit of the psychiatrist. Some of those who are not able to pay their consultation fee and medication are supported by OCMC. However, for survivors requiring treatment and medications for longer duration, support is generated through coordination with partners like UNFPA as OCMC has limited budget and large volume of survivors needing support and services.

Since, mental health problems are so alarming in the district and there is no immediate access to treatment available at hospital or any other facility (private clinic) in the district, clients have to wait for a month or at times more than a month if the visit of psychiatrist gets cancelled or delayed. Thus, it is important for hospital management to identify and work on some sort of sustainable solution so that clients can get timely treatment and services. District hospital should coordinate with teaching hospital or other hospitals through Ministry of Health and Population (MoHP) for the arrangement of psychiatrist/s in the district for 2-3 days a month or make provision of psychiatrist at the district hospital.

Follow up: Although the follow up mechanism is fragile, scattered and fragmented, survivors rejoice the services provided by the OCMC Dang, which suggests follow up has been quite effective. Survivors requiring medical and non-medical support do regularly approach the OCMC. Even in absence of any formal follow up mechanism, follow up is happening and is relatively better in Dang than in other districts.

The WCO has 43 cooperatives that covers all the VDCs and Municipality through which informal follow up of survivor is done via phone and at times home-visit is also conducted (for the case requiring an immediate attention). However, whatever the activities have been conducted as a part of follow up these are done on an ad-hoc basis. A proper mechanism needs to be put in place so that follow up can be formal (making recording and reporting system more systematic). If the system is in place, follow up can be done through the networks existing in the districts, VDCs and Wards through their Watch Groups, community based organizations, cooperatives etc.

Lack of adequate budget and transport means (vehicle) of WDO and OCMC's hinders continued follow up and support for survivors. Since the district has a difficult geographical terrain, chances of reaching to survivors promptly is minimal (especially in far-flung VDCs). Thus, adequate budget and transport facility should be provisioned to minimize these gaps. Moreover, the essential part is establishment of definite mechanism so that follow up and referral can be done via appropriate channels – existing networks (OCMC, WCO, Help Desk, Safe Home, Cooperatives, Community Watch Groups, Legal Committees, FCHVs, Social Mobilizers etc) in the district, VDC and Wards.

Nonetheless, follow up and referral in Dang is not just limited to the survivor but many times as per the nature of the case, perpetrators and the family is also followed up on. By doing this, the perpetrator also feels that s/he is being monitored and that any harmful conduct by them will be accounted. To strengthen the referral system, concerned parties are also provided orientation by the OCMC focal.

At community level, rape is very much politicized. Most of the time community's response to rape incident and towards rape survivor is quite adverse. Due to insensitivity and harsh reaction of the community, survivors get discouraged to report the incident or even to seek justice. And a few among them who dare to report barely get adequate attention and support from the authorities (police and lawyers). In fact, these authorities most of the time try to influence the case and counsel survivor and their family to sort it out at home/family-level. Bar also is not effective. There is a designated lawyer to look after the GBV cases by the government at Bar. They should provide free services to the GBV survivors but this has not really been happening. They do not genuinely follow the cases or feel the responsibility for it.

> "Lawyers are always trying to manipulate the case. They do not really fight for the victim. They are too commercial and do not feel obligated. They ask money with the survivor."
>
> Survivor, Dang

In every stage rape survivor has to go through an intense pressure, humiliating situation and their safety is always at risk, before and even after the case reaches to a logical conclusion.

> Rape cases are difficult to follow as most of the time survivors are lured and they drop the case without any hint.
>
> District Attorney

Violence has various dimensions. Survivors expressed that they are not getting adequate medications from the hospital and that the quality of medicine is also not decent as many times these medications are close to expiry date. Beside, they are not getting the high quality

medications as prescribed by the doctor due to the reason that these medications are expensive and they are given alternative medications that are cheap. This also questions the survivors right to have access to quality medicine and care. Thus, the "quality of care" is debatable from this perspective as this hampers the survivors right to get quality medical care and this is also one form of violence. There is a need for a practical backup plan to support survivors access quality medicines and care so that they do not feel maltreated.

Training: Orientation/training has been provided to staffs of the hospital in different two slots on GBV and psychosocial counseling and training. The training/orientation has been very effective to broaden their understanding and knowledge as it provided a different view while dealing with clients, especially GBV survivors. Overall, training was quite effective in terms of history taking, counseling, referral and follow up and extremely valuable for enhancement of overall communication skills.

Recommendation:

In Dang, GBV survivors are receiving multisectoral OCMC services and are approaching the OCMC in increasing numbers. Issues that need consideration are:

- Set up of formal follow-up mechanism: It is crucial to establish a coherent follow up mechanism for GBV survivors. Moreover, it is a high time to establish and institutionalize follow up mechanism in all OCMCs for proper management and monitoring of survivors. The WCO has a number of networks such as watch-groups, cooperatives and para-legal committees in almost all VDCs of the district. Thus, when survivor returns home or to their respective VDCs these networks could be a vital source for tracking and monitoring the status of survivors and also the perpetrators. Moreover, links should be established for information flow and support in assisting GBV survivors from VDCs to districts regarding the referral and follow up. Informal follow up already exists in OCMCs, but is insufficient. A formal follow up mechanism could be setup through the formation of coherent partnership between OCMC, WCO and UNFPA where UNFPA can support for the communication aspects (such as monthly recharge for the follow up).
- Focused programs in VDCs with high incidence of GBV: GBV related programs, especially preventive programs should be expended to those VDCs where instances of GBV has been recorded high such as Suija and Saigya VDC. Working in such VDCs would also help to strengthen the referral system.
- Equal participation of all stakeholders: It is important to engage all concerned stakeholders to strengthen the two-way referral system. Interaction, meeting and sharing at least on a quarterly basis among the stakeholders helps in revitalizing the issues and reinforces similar understanding and drive in addressing the issue in supporting the survivors as building common understanding of obligations and responsibility.

- Periodic meeting of CMC is imperative to reflect on the types of cases that have been served by the OCMC and also to plan for complicated cases.
- Lack of officer level women employees at women police cells has created inconvenience for case registration and process: The 6 member team of women and children cell should be delegated to prioritize the GBV cases so that when the incident takes place they can immediately move and handle the situation. The team of the cell should be inclusive of women police and in-charge should also be woman (in Dang, in-charge of cell is male) for survivors feel comfortable to share their problems with women. Provision should be made for the placement of women officers at women police cells.
- Establishment and strengthening of the referral mechanism in the referral hospitals: Even in some district hospitals, quality services are not available. Thus, it is mandatory to establish and strengthen the referral mechanism to hospitals providing quality services. A Memorandum of Understanding (MoU) should be signed with referral hospitals (with advanced facilities) so that survivors are treated well. Moreover, systems in the hospital and staff need to be well aware of the referral system being established to ensure the delivery of proper services to survivors. Provision should be made for survivors to receive Services Free of Cost from all health agencies and hospitals in addition to OCMCs. Also, it is important to sign MOU with sub-regional Hospital such as Tulshipur sub-regional hospital to establish linkages and to network with the organizations working in that area. This would help to cover the whole district.
- WCO as a lead for GBV activities: The WDO should take a lead and do their optimum to address GBV issues –reach all the VDCs, especially the ones with high incidence of GBV -. focus on preventive programs to eliminate GBV from the community.
- Multi-purpose safe homes: Safe homes in the districts should be operated with multi-purpose motives (those who are staying in the shelter should be able to do some sort of work or learn a skill during their stay) so that they can earn or learn something during their stay. It will prepare them and build their confidence to go outside of the safe homes.
- Provision of free education for children (rape survivors): It isn't always possible for children who survive rape to return immediately to their hometowns, this is for different reasons including the stigma attached to rape. Such children should be provided with free education at residential schools. An MoU should be signed with schools to provide access to Residential School Education for girls/minors (rape survivors).
- Strengthening confidentiality: Confidentiality is particularly important when women experience violence because breaches of confidentiality may have life-threatening consequences for women living in situations of violence. Confidentiality should be safeguarded at all times. All medical records of the survivors should be stored in a secure place with written policies determining who is allowed to access clients' records.
- Provide training to doctors on forensic: It is valuable to arrange for more specialised training of doctors in how to document lesions/injuries from physical beatings, using a

body map. They also need training in how to provide care for survivors of sexual assault and rape. It is essential to place two trained doctors in each hospital for medico-legal purposes and proper treatment. The doctors should be trained on collection and preservation of forensic evidence.

- Capacity development training: GBV is often not adequately addressed in many settings. The service provider's attitude, knowledge, and skills in relation to GBV can have a major impact on the quality of care. Even without routine screening, clients may disclose experiences of physical or sexual violence, and providers who respond poorly can inflict great emotional harm. Capacity building training should be provided to staff as per requirements. Health staff should be aware of the epidemiological evidence associated with violence, a human rights framework for understanding violence, and a basic understanding of local legislation. They should be able to respond to survivors in a compassionate way and be prepared to care for women in crisis. Most staff in OCMC, including front office, can benefit from the training set out above. In addition, certain kinds of staff such as doctors/nurses/counsellors may need in-depth training in skills that apply to their particular specialties.

"Radha is synonymous to OCMC"

Radha brings tremendous energy and positivism to the program. For her, what she is doing is not merely a "work". She says, " its not a work for me…it is beyond this… something so close to my heart." She has brought women who were lying in streets suffering multiple forms of violence. Radha says, GBV is an issue which is so rampant in each and every household and none of us are untouched by it. It is very crucial for us to feel it from deep within and act accordingly. Radha believes that if "we aim to do good, we can do good" (*gare pachi hunchha*). Motivation to do good has to start from ourselves. My drive to work for GBV survivors has been supported by my family. I also grew up and belong to a family where helping a needy has been a norm. For Radha, OCMC is not 10 am to 5 pm but beyond that. She is accessible 24 hours. Although, the services offered through OCMC are comprehensive in principle, but practically at times they are not all-inclusive. Radha has built linkages with various organizations through which she has been able to help survivors for their multifaceted needs. GBV survivors during the conversation stated that OCMC and Radha means the same to them. Moreover, "Radha is our OCMC". Its not about being a staff nurse or a staff of OCMCs, its about the person having the right attitude, motivation and desire to serve the needy.