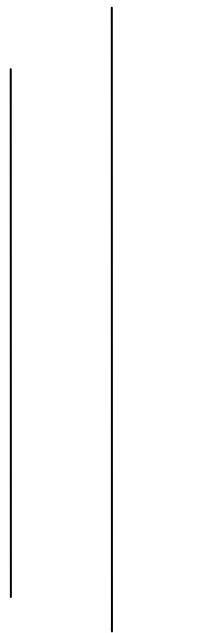


**Hospital Based One-stop Crisis Management Center
(OCMC)
Operational Manual
2067**

Unofficial Translation, updated 2016 version



**Government of Nepal
Ministry of Health
Kathmandu, Nepal
2073 (2016)**

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Acronyms

OCMC	One-stop Crisis Management Center
GBV	Gender Based Violence
DDC	District Development Committee
VDC	Village Development Committee
NGOs	Non Government Organizations
STIs	Sexually Transmitted Infections
CBOs	Community Based Organizations
OPD	Out Patient Door
INGOs	International Non Government Organizations
DCC	District Coordination Committee
ANM	Auxiliary Nurse Midwives
FCHV	Female Community Health Volunteer
HIV/VCT	Human Immunodeficiency Virus/Voluntary Counseling and Testing

Chapter 1: Preface

1.1 Preamble

Large numbers of women and children have been experiencing various forms of gender based violence (GBV) which has resulted in physical, sexual and psychological damages. Since there has to date been a lack of unified and effective provisions to manage GBV, it has been difficult to effectively tackle, treat and address the problems in an integrated manner. In this context, the Government of Nepal has identified the Ministry of Health as the chief responsible executive body to implement Clause 3 of the National Action Plan 2010 against GBV to effectively provide integrated services to survivors of GBV by establishing a Hospital Based One-stop Crisis Management Center (OCMC). This manual details the same.

1.2 Brief Name and Opening

- a. The manual shall be called “Hospital Based One-stop Crisis Management Center (OCMC) establishment and operational Manual 2067”
- b. The manual shall come into effect immediately.
- c. The planning, execution, supervision, documentation and reporting of the Hospital Based OCMC shall be performed as per the manual.

1.3 Definitions

Unless the context otherwise requires, in this manual:

- a) “Ministry” means the Ministry of Health.
- b) “Sectoral Ministry” means Ministry of Health and includes Ministry of Women, Children and Social Welfare, Ministry of Law and Justice, Ministry of Federal Affairs and Local Development and Ministry of Home Affairs, which help to execute the work of the Crisis Management Center (OCMC). This term also covers other concerned Ministries and Central Level Bodies.
- c) “Local Body” means the District Development Committee (DDC), Sub/Metropolis, Municipality and Village Development Committee (VDC) of the districts wherein programs are being implemented.
- d) “Sectoral Agencies” means the bodies situated in District that help the operation of the Crisis Management Center.
- e) “Management Center” means GBV related One- Stop Crisis Management Center (OCMC) established in hospitals and specified health organizations according to this manual.
- f) “GBV” means any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering including mental torture, whether occurring in private or public, and including violence inflicted due to harmful cultural practices. It is also defined by the prevailing laws of the nation.

- g) “Service Center” means the safe shelter (home) established and operated for GBV survivors for a temporary stay by Ministry of Women, Children and Social Welfare.
- h) “District Coordination Committee” means the committee formed as per article 3.2.
- i) “Civil Society” means the stakeholders, community groups, and social groups interested in matters of public concern.
- j) “Mothers’ Group” means a group formed according to the women health volunteers’ national directory and regulated by the Health Ministry.
- k) “Women’s Group” means a group formed by the Ministry of Women, Children and Social Welfare, the Ministry of Federal Affairs and Local Development and other sectoral agencies.
- l) “Para-legal Committee” means a group formed at the local level providing legal advice, counseling, mediation and advocacy against GBV.
- m) “Non-government Organizations (NGOs)” means organizations registered in the local administration and involved in the campaign against gender violence.
- n) “Survivors/victims/violence-affected” means the women, children, men and third gender persons experiencing GBV and seeking health care and treatment including counselling.
- o) “Program” means activities such as sensitization, training, orientation, social mobilization, health education and information development and information dissemination against gender based violence, and skill development to rehabilitate the survivors.

1.4 Objective of the Manual

The manual aims to contribute in preventing GBV by establishing the hospital based OCMC, through which the survivors, the potential survivors and those affected by GBV shall receive properly managed treatment, care and support services in an integrated ways.

1.5 Use of the Manual

The manual is relevant for those who have responsibility to address GBV. In particular, the manual shall be utilized by program implementing hospitals, health centers, district administration office, district attorney’s offices, district police offices, women and children’s offices and local bodies, as well as related organizations accountable for the management, monitoring and evaluation of the OCMC. The preliminary services, such as protection, treatment, mental and psycho-social counseling, legal aid, safe-home, rehabilitation and other services for GBV affected persons shall be provided through multi-faceted coordination as per the manual. Diagram # 1 of Chapter 3 illustrates the functional relationship among the stakeholders using this manual.

1.6 Districts Implementing Program

This program has been implemented in 21 districts where the Ministry of Women, Children and Social Welfare has established and operated safe home services in 17 districts. The districts are listed below:

Primary Health Center:

Dhulikhel, Kavrepalanchok

District Hospitals:	Sunsari, Panchthar, Solukhumbu, Sarlahi, Tanahu, Nawalparashi, Bardiya, Doti, Pyuthan, Rautahat Sindhupalchwok, Ramechhap and Dolakha
Zonal Hospitals:	Dhaulagiri Zonal Hospital Baglung, Mahakali Zonal Hospital Kanchanpur, Sagarmatha Zonal Hospital Saptari
Sub/Regional Hospitals:	Hetauda (Makwanpur), Ghorahi (Dang)
Central Hospital:	Maternity Hospital, Kathmandu
Academy:	Karnali Health Science Academy, Jumla

Along with the districts listed above, the Ministry is optimistic about extending this program further to other district hospitals where NGOs and relevant agencies have established and operated Service Centers, which are permanent in nature or envisioned for a long-term.

Chapter 2: Guiding Principles and Scope of the One-stop Crisis Management Center

2.1 Guiding Principles

The following guiding principles shall be followed at all times while operating the OCMC:

- GBV survivors and those affected by GBV shall receive health services, legal aid and counseling services as well as other required services without discrimination of any kind through the OCMC. They shall be further assured that they do not have to repeatedly reveal their traumatic experiences at the center or anywhere in order to receive the services.
- Maintain one door system in service delivery while providing services to the GBV survivors.
- There should be a strong partnership and collaboration between concerned organizations.
- The State is responsible to ensure the rights of GBV survivors to receive the package of comprehensive quality services. Thus, the State should be made accountable for this.
- There should be voluntary participation and activism against GBV.
- Survivors' safety and confidentiality should be ensured at all times.
- The code of conduct should be developed while consulting with all stakeholders and followed by all.
- Programs related to information, education and empowerment at the community level have to be conducted simultaneously.

2.2 Program Areas

The manual covers the following working areas:

2.2.1 Health Services

The following health services shall be provided through the OCMC:

- Recording health history, examination, treatment and records of GBV survivors and those affected by GBV,
- Treatment of injuries and medical examination,
- Health check-up, forensic examination, and medico-legal examination including documentation and preservation of samples for legal evidence,
- Pregnancy test and emergency contraceptive services,
- Treatment of Sexually Transmitted Infections (STIs),
- HIV testing and counseling services,
- Prevention/protection against Hepatitis B,
- Safe abortion services,
- Mental health and psychosocial counselling services,

- Provide services including screening and treatment to GBV survivors and those affected by GBV as per the GBV Protocol,
- Provide required referral and other services (as per the health service guideline and protocol).

The OCMC shall have necessary instruments, utensils, materials and medicines for its effective functioning. The OCMC will also keep the complimentary medications provided by the National Free Health Service along with the medicines purchased for the center. For the supply and management of additional medicines required for the GBV survivors at the center, the hospital shall prepare a list of them and get an approval of Case Management Committee formed as per the clause 3.5. Annex-1 includes the details on instruments, utensils, materials and medications for the OCMC.

2.2.2 Psycho-social Counseling

The following services shall be provided through the OCMC:

- Survivors of GBV shall be provided psycho-social counseling services.
- Perpetrators and their families shall be provided psycho-social counseling services as required.

Note: Service providers offering services at the OCMC and Safe Homes, Women and Children Service Center (Women Police Cell) shall be given related orientation and training, including psycho-social counseling knowledge and skill training for the smooth delivery of service by MoH.

2.2.3 Security

District Police Office shall ensure the safety of the GBV survivors, potential survivors and their children including safeguarding of the information and documents. Overall, district police office is responsible to provide security to centers, safe homes, and rehabilitation centers as a whole.

2.2.4 Safe Home Services

Safe shelter home services shall be operated in all program implemented districts for women and children GBV survivors for a temporary stay as per the guidance of Ministry of Women, Children and Social Welfare. Management, functioning, care-taking and monitoring of the safe shelter homes shall be done by the District Women and Children Office of the Ministry of Women, Children and Social Welfare in all districts. The OCMC shall have a direct and regular working relation with the safe shelter home.

2.2.5 Legal Advice, Counseling and Support

Legal counseling and legal aid services shall be provided with a high priority to the GBV survivors through the office of a District Attorney General, Paralegal or Legal Counselor as required.

2.2.6 Rehabilitation

GBV survivors and those affected by GBV shall receive further counseling services after completion of their initial treatment. They shall be provided temporary safe shelter home services and consumption needs. During that time the process of creating a favorable environment to rehabilitate the survivor within her family shall be initiated. If rehabilitation in the family becomes unlikely, the service center shall assist the survivor to become independent and support her rehabilitation in the community. If the survivor requires to stay more days or requires advance psychosocial counselling including livelihood training, she shall be referred to nearby appropriate rehabilitation centers. For this, the Women and Children Office shall take the responsibility in coordination with District Coordination Committee. Also, under the guidance of the district level Coordination Committee, the Local Bodies, NGOs, District Child Welfare Committee, CBOs, Community Watch Group, Local Level Para-Legal Committee and Voluntary Organizations are responsible to rehabilitate the survivor in her family and community.

2.2.7 Information, Education and Empowerment

The following information shall be disseminated through the Ministry of Health and its concerned bodies with support from Community Based Organizations (CBOs) and NGOS:

- Detailed information concerning the services being provided by OCMC to the survivors of GBV
- Measures to protect against GBV
- Information on legal aid and other support services for GBV survivors
- Information on temporary service center (safe shelter home)
- Information on safety measures that GBV survivors and those affected by GBV need to know
- Publicity concerning raising awareness on GBV as a pervasive public health and human rights problem

The following actions shall also be taken:

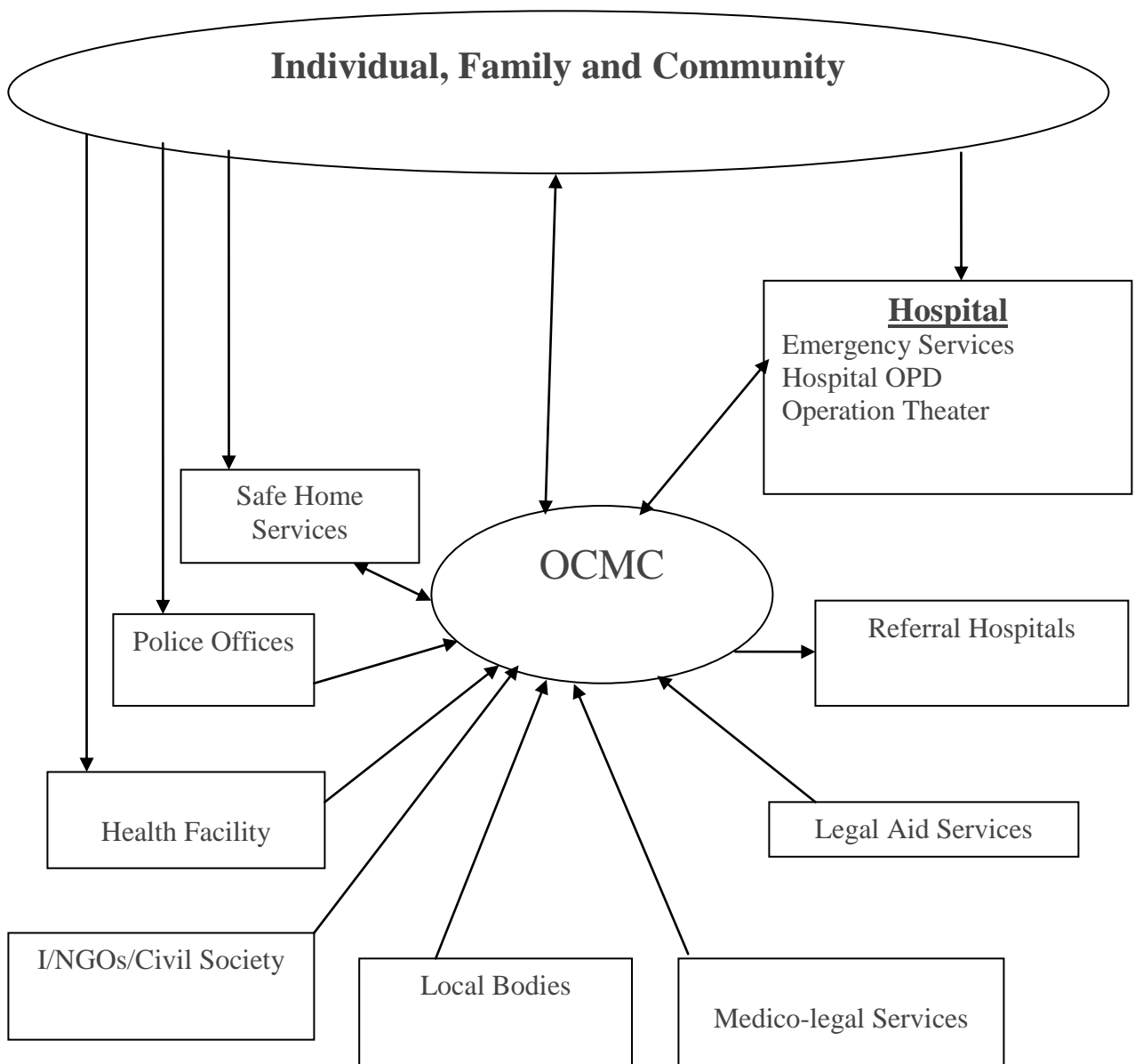
- Coordinate with the National Health Education, Information and Communication Center of the Ministry of Health and Population for the design and development of information, education and communication materials to be broadcast through radio, television or any other means of dissemination.
- Coordinate/collaborate with the District Public/Health Office, Women and Children Office, District Police Office and local government bodies to raise awareness and advocacy against GBV at the community level.
 - Lobby with the family and community to gain support for GBV survivors and those affected by GBV.
 - Mobilization and participation of local influential persons, representatives of organizations, political leaders, social workers, religious and cultural leaders to address, name and control GBV.

Chapter 3: Organizational Management

3.1 One-stop Crisis Management Center

The OCMC shall be established in the identified hospitals. The OCMC shall build alliances and create an organizational management system with other organizations to provide comprehensive health and treatment services, legal aid services, counseling services, and rehabilitation services and ensure safety of the survivors of GBV and those affected by GBV as well as to control and manage GBV incidents. Diagram # 1 reflects the operational network and its organizational arrangements for effective functioning of the OCMC.

Diagram: 1 Operational network of OCMC



3.2 District Coordination Committee

Each district shall have a District Coordination Committee (DCC) to guide, coordinate, protect and monitor the OCMC. The DCC shall consist of the following:

Chief District Officer	President
Local Development Officer	Member
District Public/Health Officer/Administrator/Chief	Member
President Hospital Management Committee	Member
Chief of District Police	Member
District Attorney	Member
District Education Officer	Member
Executive Officer of the Municipality of the district having the OCMC	Member
Medical Officer from Crisis Management Center	Member
President - Nepal Bar Association, District Chapter	Member
Women & Children Officer	Member
Chief of Skill Development Office/Centre	Member
District Child Welfare Officer	Member
Representatives (4) from NGOs working against GBV	Member
Manager Service Center (Safe Home)	Member
Focal Person from OCMC	Member
Medical Superintendent	Member-Secretary

The INGOs, UN Agencies and Projects/Programs working in the district on GBV related issues should also be involved as invited members.

3.3 Coordination Committee (for Maternity Hospital, Kathmandu)

Coordination Committee (CC) of Maternity hospital shall guide, coordinate, protect and monitor the OCMC. The CC shall consist of the following:

Director Maternity Hospital	President
Representative (Officer Level) District Administration Office, KTM	Member
District Public/Health Officer/Administrator/Chief, KTM, Lalitpur, Bhaktapur	Member
Representative (Officer Level) Kathmandu District Police Office	Member
President Hospital Management Committee	Member
Representative (Officer Level) Kathmandu Metropolis	Member
Representative (Officer Level) Kathmandu District Attorney's Office	Member
President - Nepal Bar Association, Kathmandu District Chapter	Member
Chief, Kathmandu Women & Children Office	Member
Representatives (5) from NGOs working against GBV	Member
Focal Person from OCMC	Member

The INGOs, UN Agencies and Projects/Programs working in the Kathmandu Valley on GBV related issues should also be involved as invited members.

3.4 Roles and Responsibilities of District Coordination Committee

The roles and responsibilities of the DCC shall be as follows:

- Guide, coordinate, protect and monitor the OCMC for its effective functioning.
- Play the role of facilitator and take decisions on issues related to the rehabilitation, legal aid and services for survivors, and also carry out discussions to generate understanding of issues concerning the survivors.
- Generate resources and also assist in managing resources to ensure smooth delivery of services through the OCMC and other Service Centers.
- Regularly monitor and review the work of the OCMC to resolve problems.
- Public the budget received and consumed at the end of the fiscal year.
- Submit unsettled cases to the Inter-Ministerial Committee being formed by the Chief Secretary.
- Identify the experts to be contacted for “On Call” service for the OCMC.
- Implement the workplan as designed in Annex-2 for the establishment and functioning of the OCMC.
- Develop strategies to raise awareness against GBV and also on the service being provided by the OCMC.
- Develop and implement the Code of Conduct for all concerned agencies, individuals, and groups related to OCMC.
- Coordinate with local agencies as well as central level agencies in case of requirement of further support services including rehabilitation support for GBV survivor and those affected by GBV.
- Coordinate with district level bodies to secure the residential school for child rape survivors.
- Develop district level integrated program/plan and implement it to address and manage GBV. Also, share and review the achievements and challenges during the trimesterly meetings

3.5 Operational Procedures of Coordination Committee

The Coordination Committee shall have flexibility to develop its working procedures, without hindering the essence and objectives of the manual. Meetings of the Coordination Committee shall take place as required. It is mandatory to conduct a meeting trimesterly to discuss current issues if there are no GBV incidents being reported. Participation of 50 percent of the committee members shall be considered adequate to conduct the meeting.

3.6 Case Management Committee for GBV Survivors

The following Case Management Committee (CMC) shall be formed to manage GBV incidents and to provide treatment and support services to survivors:

- | | |
|--|------------------|
| • Medical Officer | Coordinator |
| • Representative Officer from District Attorney | Member |
| • Chief of Women & Children Office | Member |
| • Representative Officer from District Police Office | Member |
| • Chief of Women and Children Service Center (Police Cell) | Member |
| • Chief of Safe Home | Member |
| • OCMC Focal Person | Member-Secretary |

Staff Nurse/Counselor shall be hired on a contractual basis (as required) and he/she shall be responsible to assist the survivors visiting the OCMC for necessary counseling, treatment and referral, as well as to coordinate with the partner agencies and work in the hospital when survivors are not around.

3.7 Role and Responsibilities of Case Management Committee

The roles and responsibilities of the CMC shall be as follows:

- Conduct review meeting trimesterly (after every four months),
- Conduct a meeting to plan in solving the GBV case that may need special handling or attention,
- Maintain a separate registrar to record the decisions/recommendations of CMC,
- In case of additional support and services (rehabilitation, legal aid, referral for advance care etc) to survivors, CMC shall decide and submit to the district coordination committee. However, for urgent matters the CDO shall be requested,
- Request DCC for the management of medicines, instruments/utensils and all required documents needed to treat and preserve medico-legal evidences concerning GBV survivors and those affected by GBV.

3.8 Physical Infrastructure of the OCMC

- For GBV survivors, the OCMC shall be established in a hospital with at least two beds. The survivors of GBV referred from the hospital's emergency department, out patient department, safe shelter home, district police office or other organizations shall be admitted there
- A separate office room with information/communication facilities shall be established at OCMC having a trained health service provider, and a police personal
- A separate room shall be allocated to provide psycho-social counselling to GBV survivors and those affected by GBV
- Instruments, materials and medications required for forensic examination shall be available

3.9 Human Resources

The following human resources shall be required for 24 hour functioning of OCMC.

- Medical Officer (working in the hospital) 1
- Staff Nurse working in the hospital (including 1 trained psycho-social counselor) 3

The following experts shall be available “On Call” for the functioning of OCMC.

- Medical Doctor (subject expert as required and available),
- Staff Nurse as required,
- District Attorney/ Officer level representative from District Attorney’s Office or Advocate from the district Bar Association,
- Police Officer or Police of other designations as required.

Staff Nurse/Counselor shall be the Focal Person of the OCMC. He/she shall assist and facilitate the GBV survivors visiting the OCMC to receive treatment and will also coordinate with partner agencies and stakeholders. Further roles, responsibilities and facilities of the Focal Person shall be as decided by the DCC.

Note: If additional human resources are required for the regular functioning of OCMC beside the ones allocated by the hospital, the contract positions can be filled by following the necessary standards and procedures. The DCC shall decide about this. Staff Nurse can be hired on a contractual basis who shall facilitate survivors in getting appropriate treatment and services as they reach the centre. Also, she shall play a vital role in coordinating with partners and stakeholders for other required support services required by GBV survivors and carryout services at the hospital as required.

3.10 Minimum Physical Infrastructure and Equipments Requirement for OCMC

The Ministry of Health shall mobilize/utilize the premises of its concerned hospitals to fulfil the physical infrastructure and equipments requirement for the establishment and functioning of OCMC. The minimum facilities of OCMC are listed as follows:

- Three rooms (treatment room/examination room, office, guard room and toilet),
- Necessary furniture,
- Necessary instruments and utensils/materials (including computer, printer, telephone),
- Curtains to maintain confidentiality during the forensic examination,
- Essential laboratory instruments,
- Necessary forms and guidelines for information recording and reporting,
- Training guidelines,
- Information dissemination materials (printed and electronic),
- Treatment protocol,
- OCMC guidelines including related reference materials.

3.11 Management of Financial Resources of OCMC

- Ministry of Health shall annually allocate a certain budget for the management and functioning of OCMCs.
- DCC shall obtain support from various government agencies, local bodies, UN agencies, projects, private sector, NGOs and civil society to generate and mobilize the additional financial resources for GBV Alleviation Fund.
- The financial resource management for the functioning of the Service Center shall be done by the Ministry of Women, Children and Social Welfare.
- The Ministry of Law and Justice and Ministry of Home Affairs shall manage the necessary resources to provide free legal aid services and functioning of women and children service center (women police cell).

For the implementation of this manual the above stated Ministries and sectoral agencies shall prepare the workplan and also allocate the budget.

3.12 Capacity Building of Service Providers

The following individuals shall be provided training in the following thematic areas to build their capacity. The Ministry of Health shall mobilize the National and Regional Health Training Centers, District Health Office and external development partners to conduct the training.

- Doctors/Medical Persons, Nurse/Counselors and Auxiliary Nurse Midwives (ANMs) shall be provided training on GBV to build and strengthen their capacity for GBV counseling,
- Psycho-social counseling knowledge and skill training and training on other themes shall be provided to OCMC and Safe Shelter Home Staff,
- Orientation/training on GBV shall be provided to community level health service providers, Teachers and other influential community members,
- Awareness and advocacy programs against GBV shall be launched for Women's Groups, Mothers' Groups, Community Watch Groups and Female Community Health Volunteers (FCHV) through Social Mobilizers/activists,
- Training on medico-legal and forensic examinations shall be provided to Doctors,
- Information shall be shared with all concerned stakeholders/staff members of the hospital, Police Service Providers, Women & Children Officers and all other concerned persons about the role and responsibility of OCMC,
- Orientation/training on GBV shall be provided to the staff of all hospitals implementing the program.

Chapter 4: Roles and Responsibilities of Different Agencies/Sectors

4.1 Office of Prime Minister and Council of Ministers

- Perform a coordinating role on the central level, issue policies and directives and resolve issues and problems.

4.2 National Planning Commission

- Prioritize issues relating to GBV and include such issues in periodic and annual plans and programs,
- Play the role of coordinator with different concerned organizations in regard to monitoring and formulation of plans, policies and programs against GBV,
- Cooperate with concerned ministries to manage GBV issues with annual planning and help in managing financial resources.

4.3 Ministry of Health

- Play a leading role in management and functioning of the OCMC,
- Operate OCMC along with allocating budget for issues related to GBV activities,
- Provide training and orientation on GBV issues to health service providers and other concerned staff,
- Create awareness at the community level to promote health education and awareness against GBV,
- Use media through National Health, Education and Information Center to raise awareness at large,
- Prepare necessary protocols and guidelines, including referral and screening protocols, to provide health and counseling services through OCMC,
- Provide feedback on the functioning and service delivery of the OCMC,
- Maintain records and prepare reports about GBV services,
- Allocate budget to organize national and sector level skill development training,
- Allocate annual budget for capacity development of service providers through national and regional training centers,
- Allocate necessary annual budget as a part of management costs for District Coordination Committee,
- Send circular to instruct the district level offices/departments under the MoH to coordinate to provide required support to OCMC

4.4 Ministry of Home Affairs

- Management of efficient human resources, means and methods to ensure the social and economic protection of survivors visiting the OCMC,

- Coordinate and cooperate with different security institutions and concerned agencies both at central and district level,
- Assist in mobilizing human resources for the safety of survivors,
- Send circular to instruct the district level offices/departments under the Ministry of Home Affairs to coordinate to provide required support to OCMC.

4.5 Ministry of Women, Children and Social Welfare

- Operate Service Centers with essential resources and facilities for survivors of GBV and allocate annual budget for their management and functioning,
- Allocate budget to conduct different community level activities related to GBV and also for the smooth operation of Service Centers (Safe home) and Children Homes,
- Provide orientation on GBV issues to staff/s employed in Women and Children Office,
- Support district level women and children office to coordinate for residential schooling for child rape survivors (if situation is unfavourable in their home/community),
- Design, development and dissemination of materials related to GBV at community level to combat GBV,
- Establish, manage and allocate budget and resources for shelter homes for child survivors,
- Coordinate with the OCMC and stakeholders during the initial investigation to collect details of the incidents,
- Send circular to instruct the district level offices/departments under the MoWCSW to coordinate to provide required support to OCMC.

4.6 Ministry of Law and Justice

- Arrange for free legal aid services to GBV survivors through district attorney's office and other agencies providing legal services,
- Send circular to instruct the district level offices/departments under the Ministry of Law and Justice to coordinate to provide required support to OCMC.

4.7 Ministry of Federal Affairs and Local Development

- Mobilize and motivate DDC, Municipality and VDC to support the activities conducted at the local level for survivors of GBV,
- Provide financial and technical support to the activities conducted at the local level against GBV,
- Provide orientation on GBV to staff/s working at the local level under the Ministry of Federal Affairs and Local Development,
- Develop and disseminate the information to create awareness against GBV during the district level planning and programs,
- Send circular to instruct the local bodies/offices/departments under the Ministry of Federal Affairs and Local Development to coordinate in providing required support to OCMC.

4.8 Hospital

- Provide counseling and treatment services to survivors of GBV as per the manual,
- Play coordinating role for the effective functioning of OCMC,
- Provide orientation and training on GBV to service providers and staff,
- Conduct forensic examinations to safeguard the legal evidence/proof,
- Develop and disseminate health education and information related to GBV to raise awareness in the community,
- Provide required counseling and treatment services to GBV survivors and also those affected by GBV and through the health offices/sub-health posts and provide directions make referrals as required,
- Manage human resources for the OCMC and provide psycho-social counseling training to them,
- Documentation/recording of GBV services being provided and preparation of reports for the Ministry,
- Work as the Secretariat for the OCMC-DCC.

4.9 District Health Office

- Provide orientation and training on GBV to health service providers and staffs,
- Conduct community based preventive programs on GBV,
- Develop and disseminate health education and information related to GBV to raise awareness in the community,
- Coordinate with local health facilities to provide free health services to GBV survivors visiting there and do the referrals as required,
- Coordinate with local level centers operated by District Women and Children Office to provide free health services.

4.10 District Administration Office

- Coordinate with OCMC district Coordination Committee to provide integrated treatment services for GBV survivors as stated by the manual,
- Monitor and supervise the functioning of the OCMC,
- Mobilize police as necessary for the security of GBV survivors,
- Facilitate and monitor various agencies working on GBV to develop and effectively implement the integrated annual program on GBV at the district.

4.11 District Police Office

- Provide security to the OCMC and Service Center and also assist in carrying forward legal procedures by appointing female police personnel,
- Provide protection to the OCMC, Service Center and the survivors,
- Help file a report (FIR) in the concerned police station after initially dealing with survivors at the OCMC,

- Provide security to the OCMC and Service Center and ensure privacy and confidentiality of survivors at all times,
- Provide information about the OCMC and Service Center and the services provided from there to concerned police offices,
- Provide security while taking GBV survivors and those affected by GBV to the Service Center,
- Develop a positive attitude towards survivors and bring offenders under the ambit of legal proceedings.

4.12 Office of District Attorney General

- Provide legal aid and counseling services to GBV survivors at the OCMC/Service Center,
- Bring the cases related to GBV to the court or other concerned legal body and proceed for trial and argue the cases with priority.

4.13 District Development Committee, Municipality and VDC

- Provide financial and technical support to the activities conducted at the local level against GBV,
- Conduct orientation to staff on GBV issues,
- Include and implement GBV programs and activities in their periodic and annual plans,
- DDC shall guide the VDC to provide the necessary services to GBV survivors and those affected by GBV and also to support the local Service Centers,
- Develop and disseminate health education and information related to GBV to raise awareness in the community,
- Provide directives to VDC to support GBV survivors and those affected by GBV including the community level service centers as required.

4.14 District Education Office

- Provide orientation to teachers and staffs on GBV,
- Initiate to include GBV in school level curriculum,
- Support OCMC and service centers to disseminate information and services on GBV to the target groups.

4.15 Non Governmental Organizations and Community Based Organizations

- Organize programs on GBV and create social awareness at the community level,
- Create social awareness against GBV through mobilization of community organizations,
- Provide information about the OCMC and its services to the targeted groups,
- Conduct regular follow-up and monitoring of rehabilitated persons to be aware of their status,
- Provide physical, financial and humanitarian support to survivors so they can be independent, and assist them to rehabilitate into the family/society,

- Provide security and protection to the survivors of GBV and those affected through the Watch Group (where they exist).
- Coordinate with DCC to perform the above mentioned tasks/activities.

Chapter 5: Monitoring and Evaluation Management

Ministry of Health concerned sectoral Ministries, divisions, regional directorate, line and local coordinating committee shall continuously monitor, supervise and evaluate the programs conducted by the OCMC and Service Centers established to work against GBV. In addition to this, the Gender Empowerment Coordination Unit constituted under the Office of the Prime Minister and Council of Ministers shall offer recommendations and feedback in the meeting of the Inter-Ministerial Committee after monitoring the OCMC/Service Center as required. While adhering with the essence of the guidelines for monitoring and reporting aspects, the monitoring and reporting manual that has been prepared shall be followed, which among other consists the following:

5.1. Records

Details of the events registered in the OCMC, services being provided to the survivors, listing of the referred organizations shall be documented to be classified and analyzed in due course. Confidentiality shall be maintained at all stages of documentation. Documents related to health services shall be kept as per mentioned in Annex-3. Monitoring and Recording format of agencies that deliver services other than health service shall be designed and documentation of information shall also kept following the same monitoring and reporting working procedures as prepared and used by OCMCs.

5.2. Reports

The District Health Office shall submit the details of the work performed by the OCMC to the DCC every month for discussion and assessment and send it to the Public Health Administration, Monitoring & Evaluation Division of the Ministry of Health in the monthly progress report format mentioned in Annex-4. The progress reports received should be consolidated by Ministry of Health and sent to the Office of the Prime Minister and Council of Ministers.

5.3. Program Planning and Implementation

For the establishment and operation of the OCMC, the DCC of the concerned district shall develop a joint integrated annual work plan of government and non-Governmental agencies according to the format mentioned in Annex-2 and bring it into operation.

5.4. Monitoring, Evaluation and Feedback

In districts where programs are being implemented, the Chief of District Health Office shall regularly monitor, supervise, evaluate and provide feedback on GBV programs. Trimesterly and yearly reviews be made and a consolidated report prepared and published.

Annex-1

Details of the Medical Instruments and Materials to be placed at OCMC

(Related to 2.2.1 of the manual)

A. Examination Room

- Examination Table - 1
- Desk and 3 Chairs (for Client, Accompanying Member and Service Provider)
- Cupboard to keep Clients' Information (Filing Cabinet - 1)
- Movable Table Lamp - 1
- Toilet and Bathroom for Clients' use (Water, Bucket, Mug, Soap, Towel)
- Hand washing facility for Service Providers (Water, Bucket, Soap, Towel)
- Refrigerator and lockable Cupboard to keep specimens, if laboratory facility has been provided
- Telephone (for referral and to make other necessary contacts)

B. Normal Medical Instruments

- Sigmomanometer (B.P. Instrument -1)
- Stethoscope - 1
- Torch Light - 1
- Tongue Depressor - 1
- Tourniquet - 1
- Sterilized Gloves as required
- Sterilized Syringe and Needles as required
- Cotton and Bandage as required
- Sterilized Vial for sample collection
- Different sized Reflecting Mirrors (big, medium and small)
- Sterilized Speculum
- Glutaradehylde solution for high level of infection prevention
- Chlorine powder to sterilize the used materials/tools
- Protoscope /Anscope
- Pregnancy Test Kit
- Specimen collection materials for communicable Sexually Transmitted Infections
- Lubricant, Clean Water, Normal Saline
- Tray for sharp instruments, such as scissors, knife etc.

- Height Measuring Scale
- Weight Measuring Scale

C) Materials for Evidence Collection

- Cotton/material to collect sperm, Blood, Saliva etc. from survivor
- Container/vessel to keep the collected specimen
- Materials to swab
- Microscope slide
- Vials for blood collection
- Vials to collect urine for pregnancy test
- Paper or plastic seat
- Paper bag to hold clothes and other items
- Air apatula and alide for pap amear
- Fixing solutions: hair spray, alcohol etc

D) Treatment Materials

- Analgesic : Normal medications like Paracetamol, Ibuprofen etc. for pain relief
- Emergency Contraceptives: Pills and IUCD
- Thread for Suturing
- Immunization for Tetanus and Hepatitis
- STI Preventive

E) Cloth Items

- Bed Sheet and Blankets for examination table
- Towel
- Clothes for Survivor (if her clothes are torn or stained).
- Gown to be worn during the examination
- Sanitary Pads and Tampons for internal use

F) Writing Materials

- Pre and Post Examination Documentation Form/Recording Form
- Measuring materials (tape to measure the size of wound, Caliber)
- Pen, Pencil and Paper
- Sticker to place on Samples
- Contract Paper (necessary in local context). It must be filled out; this is compulsory
- Forms to be sent when referring clients to the Laboratory and Radiology

G) Other Items (for Special Conditions)

- **Information Register:** Clients should be informed about the services being provided and also about follow up procedures with the doctor/medical person for further services. An information booklet should complement the information provided during the verbal communication. Important services have to be highlighted so the survivor can remember them, and as a benefit for other clients.

- **Camera and Film:** Photos are useful for recording information on/about injuries but this is not compulsory. (Help can be obtained from police and hospital)
- **Colposcope or Magnifying Glass:** Useful for seeing the injuries magnified
- **Microscope:** Where laboratory facilities are not available, a microscope shall be used for verification of sperm, specimens etc.

Annex-2:

Sample form on Integrated Annual Work Plan and Implementation on GBV

(Related to point No. 5.3 of the manual)

S.N.	Major GBV Issues	Activities/Programs to Address them	Implementing Agency	Supportive Agencies	Time Period	Program Implementing Place		F

Annex 3: Records of the Services Provided by OCMC

How: Handwritten in a hard copy register. *Who:* To be maintained by OCMC focal points. *When:* Case-wise entries to be updated daily for cases that have completed a round of services. *Purpose:* To provide an at-a-glance summary at any time of services provided.

OCMC: District							Register period:									
Case information							Health services received by survivors									
S. no.	Date of data entry	Survivor code	Age	Address: (VDC, Miy, district)	Sex (M, F, O)	Type of violence (1 rape, 2 sexual assault, 3 physical assault, 4 forced marriage, 5 denial of resources etc., 6. psychological/emotional abuse)	First visit (V1) or follow up (FU)	Physical examination	Forensic/ medico legal examination	HIV/voluntary counselling and testing (VCT)	Pregnancy test	Injury/traumatic injury/treatment	Emergency contraceptive service	Sexually transmitted infection (STI) treatment	Safe abortion service	Treatment of mental disease
1																
2																
3																
4																
<i>Add</i>																
Total																

Note:

1. Clients' rights to confidentiality must be respected and maintained at all times. Instead of using name and surname of women, a code number has to be used in dealing with cases related to sexual violence/rape, HIV/AIDS testing and safe abortion to safeguard the confidentiality.

2. Record register and reporting form has to be designed to record and report services other than health services being provided by various agencies according their nature and types.

Annex 4: Sample GBV Cases Excel Report Format

Note: These reports are generated automatically by the Excel cases database after information from the Intake Forms are entered into the system. These reports can be produced for any time period.

OCMC:.....District, Trimester: (1, 2 or 3): Reporting date:

Part A1. Incidents by type and context							
Number of incidents by type (number of responses in each category):							
Rape	Sexual assault	Physical assault	Forced marriage	Denial of resources	Emotional abuse		
Number of incidents by context (number of responses in each category)							
Polygamy	Dowry	Witchcraft	Kamlari (bonded labour)	Chhaupadi (menstrual seclusion)	Trafficking		
Part A2. Services received by the client and satisfaction with the service							
Services received by clients (number of responses in each category):							
Medical service by OCMC hospital	Medical service by referred hospital	Medico-legal service	Counselling, psychosocial service	Police, security	Safe home or shelter	Legal aid	Livelihoods, rehabilitation
The client is satisfied with the services related to (number of responses in each category):							
Medical service by OCMC hospital	Medical service by referred hospital	Medico-legal service	Counselling, psychosocial service	Police, security	Safe home or shelter	Legal aid	Livelihoods, rehabilitation
A3. Status of clients who require legal aid, livelihood support or rehabilitation support							
Status of clients who require formal or informal legal battle:							
Case in process of informal settlement	Case filed at district court	Case filed at Appellate Court	Case settled informally (out of court)	Case settled by district court	Case settled by district court in client's favour	Case settled by Appellate Court	Case settled by Appellate Court in client's favour
Status of clients who require livelihoods support							
Client yet to receive support	Client getting skills, vocational or business training	Client has completed skills, vocational or business training	Client received financial and other support	Client is gainfully employed and earns to support her/himself	Client not yet gainfully employed and requires further support		
Status of clients who require reintegration or rehabilitation:							
Reintegrated with their family or community and is satisfied with final outcome	Reintegrated with the family or community but is NOT satisfied with final outcome	Rehabilitated outside the family or community and is satisfied with final outcome	Rehabilitated outside family or community but NOT satisfied with final outcome	Not yet rehabilitated or re-integrated & needs further support	S/he has been re-victimised by the same perpetrator		

Annex-4: Monthly Progress Report Form

(Reference to No. 5.2 of the manual)

District:
FY:

Month:

Name of the OCMC:
Year:

	Age Group				Sex		Types of Violence						Referred Agency and Number					Referral Agency and Service							
	Up to 14	15-49	50-65	65+	Total	Female	Male	Third Gender	Physical	Sexual	Psychological	Trafficking	Domestic	Child Marriage	Other	Self	By Police	By Local Agency	Child Welfare Committee	By Court	By NGOs	Other	Referral Hospital	Required Service	
Progress up to last month																									
Progress this month																									
Total Progress to Date																									
	Treatment Management																								

Remarks			
Total No. of Treatment Services Provided			
Other Treatment Services			
Psycho-social Counseling Service			
Treatment of Mental Disease			
Safe Abortion Service			
STI Treatment			
No. Of Emergency Contraceptives			
No. of Injury/Traumatic Injury Treatments			
No. of Pregnancy Test			
No. Of HIV/VCT Tests			
No. of Forensic/ Medico Legal Examinations			
No. of Physical Examinations			
	Progress up to last month	Progress this months	Total Progress to Date

Annex 5: Trimesterly Reporting Format — Problems and Actions

1. OCMC Trimesterly Reporting Format: Problems and Issues

OCMC:..... District, Trimester: (1, 2 , 3) Date of reporting:.....

	Problems faced by OCMC	Action taken at the district level (by OCMC, CMC or DCC) on the problems	Action requested from the PHAMED to deal with the problems (Also include actions outstanding from previous trimesters)	Action requested from agencies at district level
1				
2				
3				
4				

2. Trimesterly Reporting Format: Problems and Issues

PHAMED, MoH Trimester: (I, II or III) Date of reporting:

	Problems faced by the PHAMED	Action taken by the PHAMED/MoH on the problems	Action requested from OPMCM to deal with problems (Also include actions outstanding from previous trimesters)	Action requested from other agencies at the national level
1				
2				
3				
4				