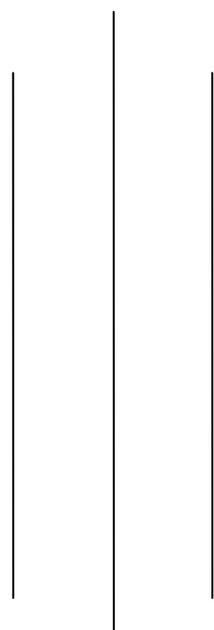


Draft

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

Unofficial Translation



**Government of Nepal
Ministry of Health and Population, Population Division
Kathmandu, Nepal
2067 (2011)**

Table of Contents

Acronyms	Error! Bookmark not defined.
Chapter 1: Preface	4
1.1 Preamble	4
1.2 Brief Name and Opening	4
1.3 Definitions	4
1.4 Objective of the Manual	5
1.5 Use of the Manual	5
1.6 Districts Implementing Program	6
Chapter 2: Guiding Principles and Scope of the One-stop Crisis Management Center	7
2.1 Guiding Principles	7
2.2 Program Areas	7
2.2.1 Health Services	7
2.2.2 Psycho-social Counseling	8
2.2.3 Legal Advice, Counseling and Support	8
2.2.4 Information, Education and Empowerment	8
2.2.5 Safe Home Services	9
2.2.6 Rehabilitation	9
Chapter 3: Organizational Management	10
3.1 One-stop Crisis Management Center	10
3.2 District Coordination Committee	11
3.3 Roles and Responsibility of District Coordination Committee	11
3.4 Operational Procedure of Coordination Committee	12
3.5 Case Management Committee for GBV Survivors	12
3.6 Physical Infrastructure of the OCMC	12
3.7 Human Resources	13
3.8 Minimum Physical Infrastructure Requirement for OCMC	13
3.9 Management of Financial Resources of OCMC	14
3.10 Capacity Building of Service Providers	14
Chapter 4: Roles and Responsibilities of Different Agencies/Sectors	15
4.1 Office of Prime Minister and Council of Ministers	15
4.2 National Planning Commission	15
4.3 Ministry of Health and Population	15
4.4 Ministry of Home Affairs	15

4.5	Ministry of Women, Children and Social Welfare _____	16
4.6	Ministry of Law and Justice _____	16
4.7	Ministry of Local Development _____	16
4.8	District Hospital/ District Health Office _____	16
4.9	District Administration Office _____	17
4.10.	Nepal Police _____	17
4.11	Office of District Attorney General _____	17
4.12	District Development Committee, Municipality and VDC _____	17
4.13	Non Governmental Organizations and Community Based Organizations _____	18
<i>Chapter 5: Monitoring and Evaluation Management</i> _____		19
5.1.	Records _____	19
5.2.	Reports _____	19
5.3.	Program Planning and Implementation _____	19
5.4.	Monitoring, Evaluation and Feedback _____	19
<i>Annex-1: Details of the Medical Instruments and Materials to be placed at OCMC</i> _____		20
<i>Annex-2: Sample form on Planning and Implementation of Programs at Hospital Based OCMC</i> _____		23
<i>Annex-3: Sample Service Record Register of OCMC</i> _____		24
<i>Annex-4: Monthly Progress Report Form</i> _____		26

Acronyms

OCCM	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

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

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 damage. 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 and Population as the chief responsible executive body to implement Clause 3 of the National Action Plan 2010 against Gender Based Violence 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 and Population.
- b) “Sectoral Ministry” means Ministry of Health and Population and includes Ministry of Women, Children and Social Welfare, Ministry of Law and Justice, Ministry of 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 Central, Region, District, Municipality, Ilaka and Village Development Committee that help the operation of the Crisis Management Center.

- e) “Management Center” means Gender Based Violence related One- Stop Crisis Management Center (OCMC) established in hospitals and specified health organizations according to this manual.
- f) “Gender Based Violence” means any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering, 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 and Population Ministry.
- k) “Women’s Group” means a group formed by the Ministry of Women, Children and Social Welfare, the Ministry of 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 gendered persons experiencing GBV and seeking health treatment.
- o) “Program” means activities such as sensitization, training, orientation, social mobilization, health education, information development and information dissemination against gender violence, and skill development to rehabilitate the survivors.

1.4 Objective of the Manual

The manual aims to prevent GBV by establishing the OCMC, through which the survivors of GBV shall receive properly managed services and treatment.

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 attorney’s offices, district police offices, and women and children’s offices, 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 shall be initially piloted in the 15 districts where the Ministry of Women, Children and Social Welfare has established and operated safe home services. The districts are listed below:

Primary Health Center:	Dhulikhel, Kavrepalanchowk
District Hospitals:	Sunsari, Panchthar, Solukhumbu, Sarlahi, Tanahu, Nawalparashi, Bardiya and Doti
Zonal Hospitals:	Dhaulagiri Zonal Hospital Baglung, Karnali Zonal Hospital Jumla, Mahakali Zonal Hospital Kanchanpur, Sagarmatha Zonal Hospital Saptari.
Sub/Regional Hospital:	Hetuda (Makwanpur), Ghorahi (Dang)

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.

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 in order to receive the services.
- Services shall be provided on an equal basis.
- There should be a strong partnership and collaboration between concerned organizations.
- Gender mainstreaming should be prioritized.
- 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 followed by all concerned stakeholders.
- 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 to document 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 services
- Design and implement protocols related to mental, physical and psycho-social counseling as well as screening and referral protocols

- 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. 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 Ministry of Health and Population and related health agencies under the ministry:

- Survivors of GBV shall be provided psycho-social counseling services.
- Perpetrators shall be provided psycho-social counseling services as required.
- Service providers offering services at the OCMC and Service Centers shall be given related orientation and training, including psycho-social counseling knowledge and skill training for the smooth delivery of service.

2.2.3 Legal Advice, Counseling and Support

Legal counseling and legal aid services shall be provided through a District Attorney General, Paralegal or Legal Counselor as required.

2.2.4 Information, Education and Empowerment

The following information shall be disseminated through the Ministry of Health and Population 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 services for GBV survivors
- Information on facilities/services of service center (safe shelter home)
- Information on safety measures that GBV survivors need to know
- Publicity 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 and District Police Office to raise awareness and advocacy against GBV at the community level.

- Lobby with the family and community to gain support for GBV survivors.
- Mobilization and participation of local influential persons, representatives of organizations, political leaders, social workers, religious and cultural leaders to control GBV.

2.2.5 Safe Home Services

For temporary stays, safe shelter home services for women and children GBV survivors shall be operated by community level women's organizations/mothers' groups in coordination with local NGOs in all districts implementing programs 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. Also, the safe shelter homes shall be in direct regular contact with the OCMC.

2.2.6 Rehabilitation

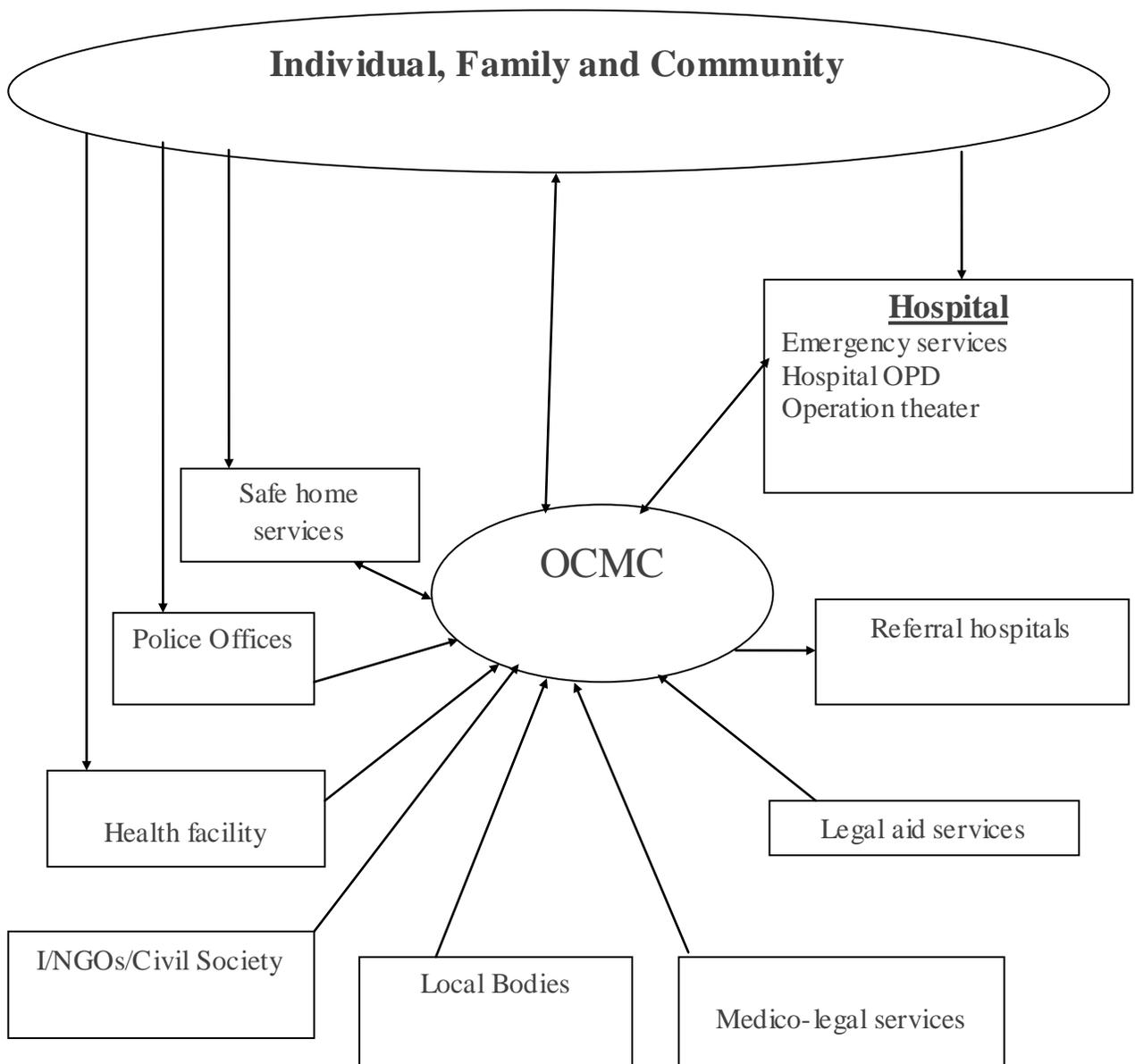
GBV survivors and those affected by GBV shall receive further counseling services after completion of their initial treatment. They shall be provided temporary safe shelter home services and consumption needs. During that time the process of creating a favorable environment to rehabilitate the survivor within her family shall be initiated. If rehabilitation in the family becomes impossible, the service center shall assist the survivor to become independent and support her rehabilitation in the community. Under the guidance of the district level Coordination Committee, Local Bodies, NGOs, District Child Welfare Committee, CBOs, Local Level Para-Legal Committee and Voluntary Organizations are responsible to rehabilitate the survivor in her family and community.

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, and counseling services and ensure protection to the survivors of 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
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	Member
District Child Welfare Officer	Member
Representatives (2) from NGOs working against GBV	Member
Service Center Manager	Member
Representative from Voluntary Organization	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 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.
- 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.
- Develop operating guidelines for the establishment and functioning of the GBV Alleviation Fund.

3.4 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. During the initial three months of the establishment of the OCMC, however, a meeting should be conducted every month. Participation of 50 percent of the committee members shall be considered adequate to conduct the meeting.

3.5 Case Management Committee for GBV Survivors

The following Case Management Committee shall be formed to manage GBV incidents and to provide treatment to survivors:

- | | |
|---|------------------|
| • Medical Officer | Coordinator |
| • Representative Officer of District Attorney | Member |
| • Women & Children Officer | Member |
| • Police representative | Member |
| • Staff Nurse/Counselor /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.

3.6 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 or other organizations shall be admitted there.
- A separate office room with information/communication facilities shall be established at OCMC for a trained health service provider, psycho-social counselor and police officer.
- Instruments, materials and medications required for forensic examination shall be available.

3.7 Human Resources

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

- | | |
|---|---|
| • Medical Officer | 1 |
| • Staff Nurse (including 1 trained psycho-social counselor) | 3 |
| • Counselor/Facilitator | 1 |
| • Woman Police Sub-inspector/Woman Police Assistant Sub-inspector | 1 |
| • Volunteer (identified in coordination with the local NGOs) | 1 |

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 and required police of other designations.

Staff Nurse/Counselor shall be identified as 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. Further roles, responsibilities and facilities of the Focal Person shall be as decided by the DCC.

If additional human resources are required for the regular functioning of OCMC, the contract positions can be filled by following the necessary standards and procedures. The DCC shall decide about this.

3.8 Minimum Physical Infrastructure Requirement for OCMC

The Ministry of Health and Population shall mobilize/utilize the premises of its concerned hospitals to fulfil the physical infrastructure 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

3.9 Management of Financial Resources of OCMC

- Ministry of Health and Population shall annually allocate a certain budget for the management and functioning of the OCMC.
- For the establishment of GBV Alleviation Fund, DCC shall obtain support from various government agencies, local bodies, UN agencies, projects, private sector, NGOs and civil society to mobilize the additional financial resources.
- 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 law enforcement/police services.

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

3.10 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 and Population shall mobilize the National and Regional Health Training Centers to conduct the training.

- Doctors/Medical Persons, Nurse/Counselors and Auxiliary Nurse Midwives (ANMs) shall be provided training on GBV to build 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 and Female Community Health Volunteers (FCHV) through Social Mobilizers/activists,
- Training on medico-legal and forensic exams shall be provided to Doctors/Medical Persons and Nurses,
- Information shall be shared with all concerned stakeholders/staff members about the role and responsibility of OCMC staff, Police Service Providers, Women & Children Officers and all other concerned persons,
- 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 and Population

- Play a leading role in management and functioning of the OCMC,
- Operate the 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,
- Prepare necessary protocols and guidelines, including referral and screening protocols, to provide health and counseling services through the 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.

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,

- Assist in mobilizing human resources for the safety of survivors.

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 and Children Centers,
- Provide orientation on GBV issues to the staff employed in Women and Children Office,
- Design, development and dissemination of materials related to GBV at community level to combat GBV,
- Establish and manage shelter homes for child survivors,
- Coordinate with the OCMC and stakeholders during the initial investigation to collect details of the incidents.

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.

4.7 Ministry of 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 the staff working at the local level under the Ministry of Local Development,
- Develop and disseminate the information to create awareness against GBV during the district level planning and programs.

4.8 District Hospital/ District Health Office

- Provide counseling and treatment services to survivors of GBV as per the manual,
- Play the coordinating role for the functioning of the 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 to those affected by GBV through the agencies under the health office and make referrals as required,
- Coordinate with local health facilities to provide free health services to GBV survivors visiting there,

- 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 Administration Office

- Coordinate the formation of Coordination Committee 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.

4.10. Nepal Police

- 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 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.

4.11 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.

4.12 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 on a biannual and annual planning basis,
- 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,

- Monitor the services being provided by the OCMC and Service Center to determine whether the services are being provided as they should be and manage as required.

4.13 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,
- Coordinate with DCC to perform the above mentioned tasks/activities.

Chapter 5: Monitoring and Evaluation Management

Concerned Ministry 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 Local Management Unit against GBV and the Monitoring 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.

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. Recording format of agencies that deliver services other than health service shall be designed and implemented by the concerned Ministries.

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 Population Division of the Ministry of Health and Population in the monthly progress report format mentioned in Annex-4. The progress reports received should be consolidated by Ministry of Health and Population and sent to the Prime Minister's office and to the office of the Council of Ministers.

5.3. Program Planning and Implementation

For the establishment and operation of the OCMC, the DCC of the concerned district shall design a work plan 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. Quarterly, half-yearly and yearly revisions shall 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

- Sphygmomanometer (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
- Glutaraldehyde 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 Slide for Pap Smear
- 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 Planning and Implementation of Programs at Hospital Based OCMC

(Related to point No. 5.3 of the manual)

S.N.	Activities	Implementing Agency	Supportive Agencies	Resources	Time Period	Monitoring & Evaluation System		Pre-Assessment /Risk	Remarks
						Agency	Indicator		

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 to their nature and types.

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	Third Gender	Male	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				

