Nepal Health Sector Support Programme III

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Access to OCMC Multisectoral Services during COVID-19 Lockdown: A Case Study

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Introduction

The global COVID-19 pandemic has led to rising levels of gender-based violence across the globe[1]. Women and girls and vulnerable populations more broadly, have been the hardest hit by the direct and indirect effects of the pandemic which has exacerbated existing inequalities, and pushed millions deeper into poverty.

In Nepal, national lockdown introduced to reduce transmission led to the closure of schools, markets and workplaces, stopped travel and use of public and private transport, and impacted access to and use of basic services. Ashish KC et al (2020) found that institutional deliveries dropped by more than half, neonatal mortality increased and the quality of health care declined in nine hospitals after the introduction of lockdown[2]. The return of thousands of labour migrants from the region, international restrictions on travel and slump in tourism have decimated remittance earnings and the country's major economic sectors. Against this backcloth, the risk of increased gender-based violence in Nepal, as seen across the world, was anticipated and has been reported in various media and by key informants. This report picks up this line of inquiry and explores how access to, and use of One Stop Crisis Management Centres (OCMC) was affected by the COVID-19 lockdown.

Methodology

The rapid case study uses OCMC records of registered clients from 15 January to 14 June, 2020. Data was drawn from 58 functioning OCMCs from across all provinces. The OCMC data was arranged into periods covering pre-lockdown and early lockdown. The pre-lockdown period includes the two months from 15 January to 13 March (Nepali months Magh and Falgun). The early lockdown period covers the three months from 14 March to 14 June (Nepali months of Chaitra, Baisakh and Jestha). Average monthly numbers of users were calculated for the pre-lockdown and early lockdown period respectively for comparison.

[1] UN Women. 2020. COVID-19 and violence against women and girls: addressing the shadow pandemic. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006. UN Women. 2020. Impact of COVID-19 on violence against women and girls and service provision: UN Women rapid assessment and findings. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/impact-of-COVID-19-on-violence-against-women-and-girls-and-service-provision-en.pdf?la=en&vs=0

[2] Ashish KC, Rejina Gurung, Mary V Kinney, Avinash K Sunny, Md Moinuddin, Omkar Basnet, Prajwal Paudel, Pratiksha Bhattarai, Kalpana Subedi, Mahendra Prasad Shrestha, Joy E Lawn, Mats Målqvist. August 10, 2020. Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study. The Lancet Global Health. https://doi.org/10.1016/S2214-109X(20)30345-4

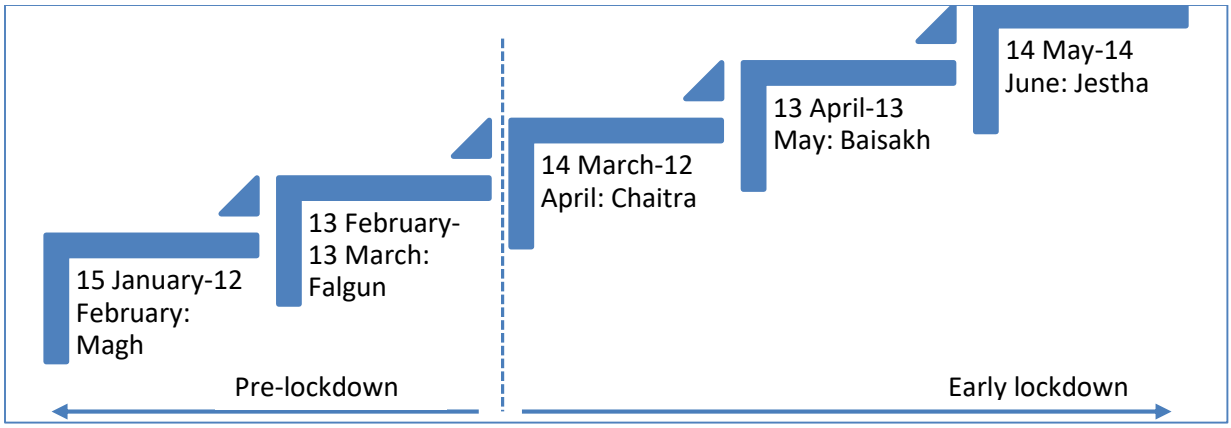

Figure 1: Pre-lockdown and early lockdown periods used in this rapid case study

Secondly, the study included a small number of key informant interviews with OCMC in-charge at six referral hospitals. This qualitative data provides local interpretation of the factors contributing to utilisation of the OCMC service during lockdown.

Figure 2: Key informant interviews at selected hospitals

Province	District	Hospital with OCMC
1	Morang	Koshi Hospital
2	Saptari	Sagarmatha Hospital
4	Kaski	Pokhara Health Sciences Institute
5	Rupendehi	Lumbini
6	Surkhet	Surkhet Provincial Hospital
7	Kailali	Seti Provincial Hospital

Use of OCMC services pre-lockdown and early lockdown

Total number of OCMC cases:

There were 1411 cases in total registered at the 58 OCMCs in the pre-lockdown period from 15 January to 13 March, 2020. In comparison there were 1516 cases in total registered at the 58 OCMCs in the early lockdown period of 14 March to 14 June 2020.

The average monthly number of clients in early lockdown was 505.3. In comparison, the average monthly number of clients in the pre-lockdown period was 705.5. This is a significant drop in the number of clients at a time when the risk factors for gender-based violence had increased, and as will be further discussed below, appears to reflect the reduced access to services during lockdown.

The vast majority of clients were female. The percentage of female clients in the pre-lockdown period was 94.7% and in the early lockdown period, 93.7%. No cases were registered of third gender persons.

Type of violence:

Figures 3 and 4 show the distribution of cases by type of violence in the pre-lockdown and early lockdown periods. In both periods, physical assault was the most frequent form of violence, making up 30% and 32% of cases respectively. The second most frequent form of violence was rape, this made up 19% of cases in pre-lockdown and increased to 25% in the early lockdown period. In total physical assault, rape and sexual

assault were 67% of all cases pre-lockdown and 73% in early lockdown; the increase resulting from the larger number of rape cases. The proportion of other types of violence remained largely similar in both time periods with the exception of 'denial of resources and opportunities' which fell from 6% to 3%.

The Ministry of Health and Population and NHSSP (2019) study on survivor perspectives on the nature, risks and response to gender-based violence reported how it is only when violence is severe and injuries require medical attention that medical help is sought. Moreover, that decision itself is often made by neighbours, family and the police, rather than the survivor herself[3]. In the lockdown context where women and girls are likely to face increased family scrutiny and control, less social interaction outside the household and increasing economic insecurity, it is understandable that barriers to accessing help for GBV would have increased, and therefore those clients that access services are increasingly those with serious injuries needing medical attention.

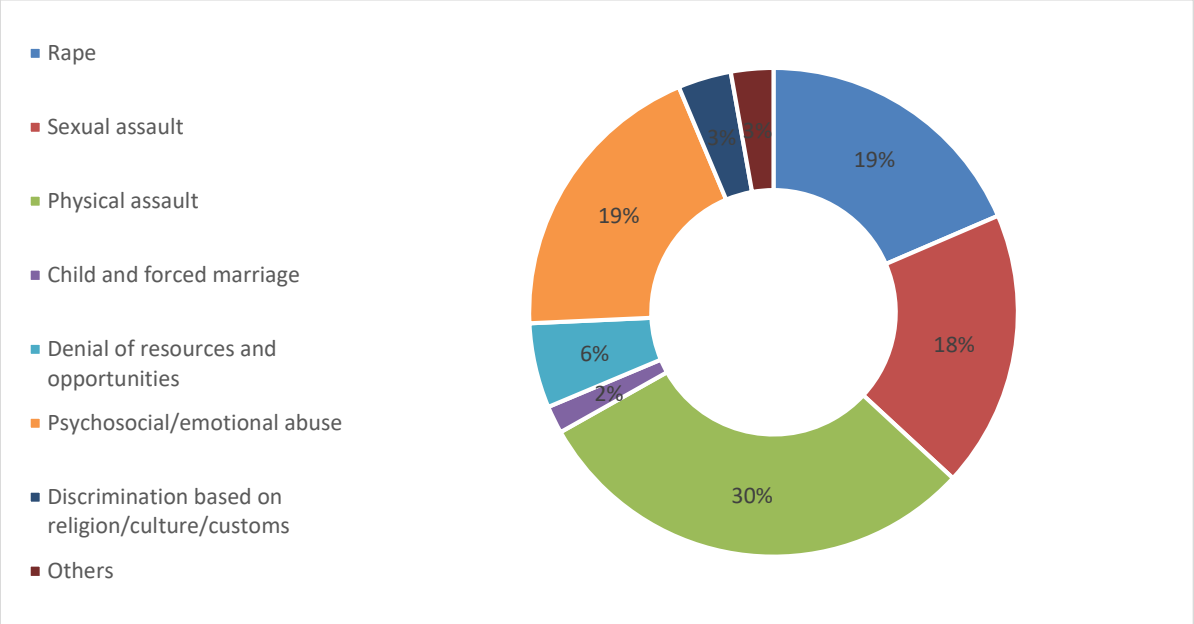

Figure 3: Average monthly number of clients by type of violence, pre-lockdown

[3] Ministry of Health and Population and NHSSP. 2019. Survivor perspectives on the nature, risks and response to gender-based violence in Nepal and the implications for One Stop Crisis Management Centres.

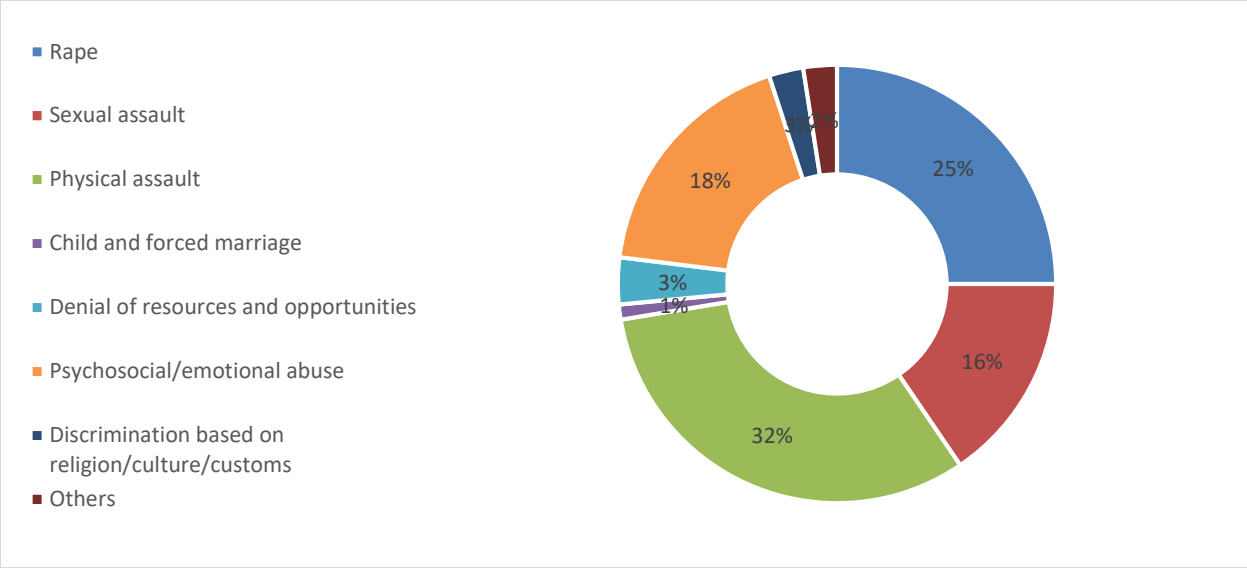

Figure 4: Average monthly number of clients by type of violence, early lockdown period

Age of survivors:

Figure 3 below shows the age-wise breakdown of survivors in the pre-lockdown and early lockdown period based on monthly average number of clients. The data shows that violence against women and girls continues throughout the life cycle with the highest number of survivors in the 19-49 age group in both periods. The proportion of survivors 18 years and under increased from 30% pre-lockdown to 37% in early lockdown. For comparison, in the year 2018/19 (Nepali year 2075/76), the proportion of OCMC clients 18 years and under for all 44 reporting OCMCs was 31.7%[4].

The high proportion of gender-based violence cases involving girls 18 years and under is extremely disturbing and has been found in other OCMC related studies. Further analysis is required to identify the types of violence experienced by girls accessing OCMC services during early lockdown but this is likely to have been for serious injuries. The additional vulnerability of girls locked at home during COVID-19 imposed restrictions is cause for serious concern and action of government and civil society.

[4] Ministry of Health and Population OCMC records.

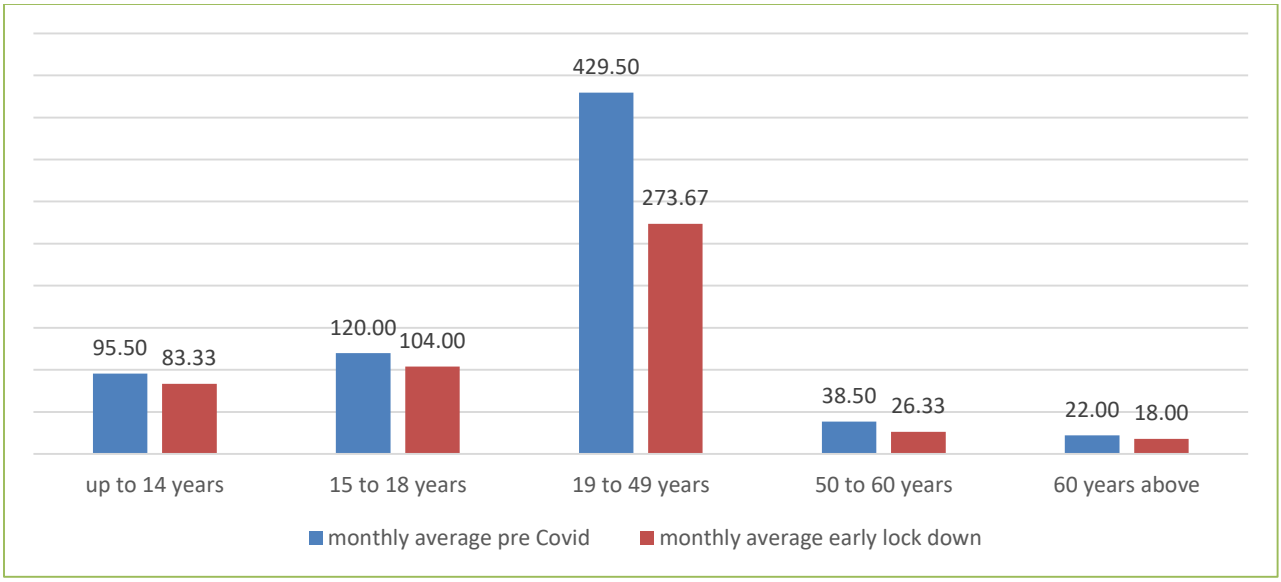

Figure 5: Monthly average number of OCMC cases by age group, pre-lockdown and early lockdown periods

Caste and ethnicity:

In both periods, clients of Janajati, Dalit and Brahmin/Chhetri backgrounds made up the majority of clients. The proportion of clients from these caste and ethnic groups increased between pre-lockdown and early lockdown. In contrast, the proportion of Madhesi clients declined from 16% to 11% and the proportion of Muslim clients dropped from 10% to 5% between pre-lockdown and the early lockdown period.

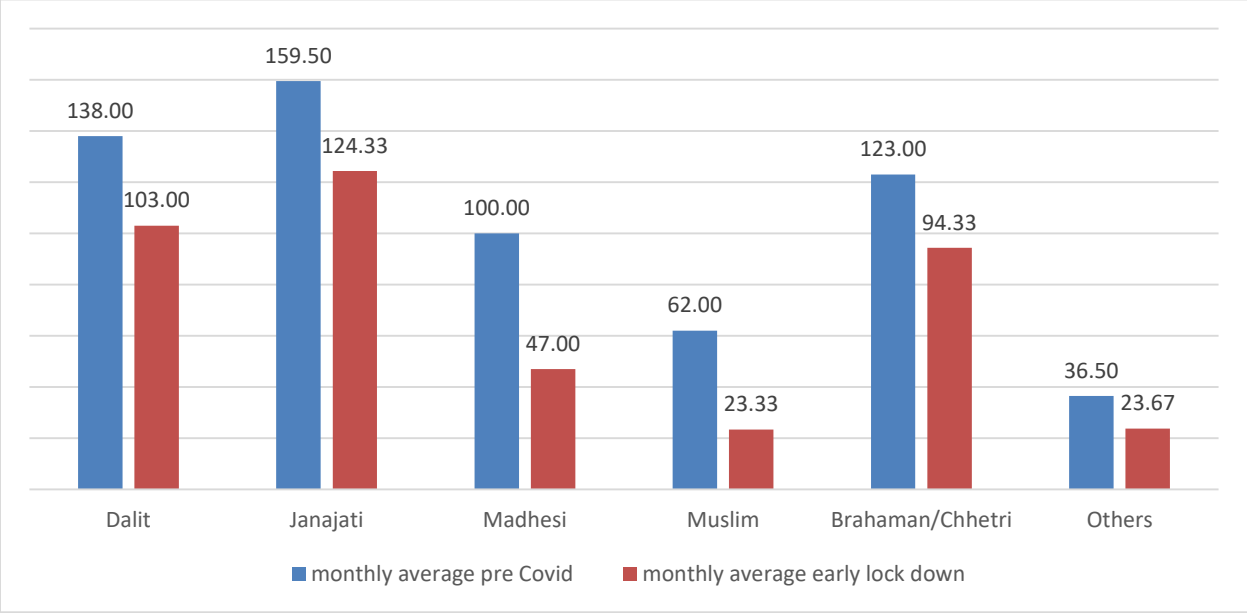

Figure 6: Monthly average number of clients by caste/ethnicity, pre-lockdown and early lockdown periods

Persons with disabilities:

For the very first time, data on 'differently abled persons' was recorded in the OCMC system in 2020. The average monthly number of clients with disabilities pre-lockdown was 17.5 clients and in early lockdown, the number was 14.3. Early studies of the impact of lockdown on persons with disability show the

significant impact on access to drugs and supplies, information and other services. The number of clients with disabilities reporting to OCMCs is relatively small and further research is needed to better understand the challenges this particularly disadvantaged group face in accessing GBV services.

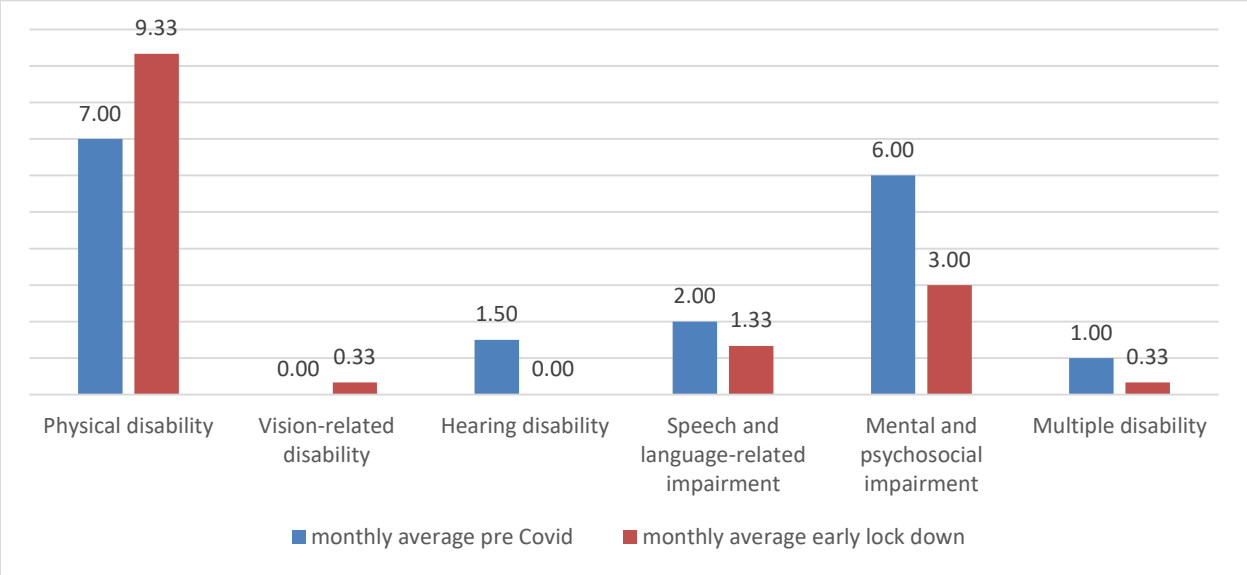

Figure 7: Monthly average number of OCMC clients with disabilities, pre-lockdown and early lockdown period

Client referral to OCMCs

Recent studies have found that the police are the most common source of referral of clients to OCMCs[5]. Figures 8 and 9 show that the police continue to be the main source of referral. The percentage of clients referred to OCMCs by the police increased slightly, from 48% of clients to 51% of clients from pre-lockdown to early lockdown. The percentage of clients that referred themselves increased from 14% to 18%, and the percentage of clients referred by relatives increased from 8% to 13% from pre-lockdown to early lockdown. In contrast the percentage of clients referred from a health facility or hospital dropped from 13% to 6%. This likely reflects the reduced access to and use of health services during lockdown generally, which meant that health providers were not seeing the same volume of gender-based violence survivors because they were not attending health facilities. The fact that a number of OCMC based hospitals became designated COVID-19 hospitals, may have to some extent created additional barriers for survivors to seek help.

[5] Ministry of Health and Population and NHSSP. 2020. Review of the scale-up, functionality and utilisation, including barriers to access, of One Stop Crisis Management Centres.

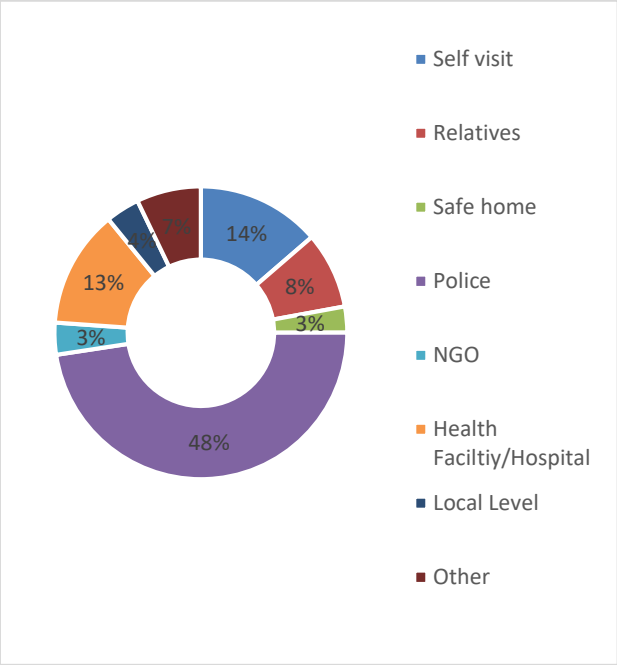

Figure 9: Source of referral to OCMC, pre-lockdown monthly average

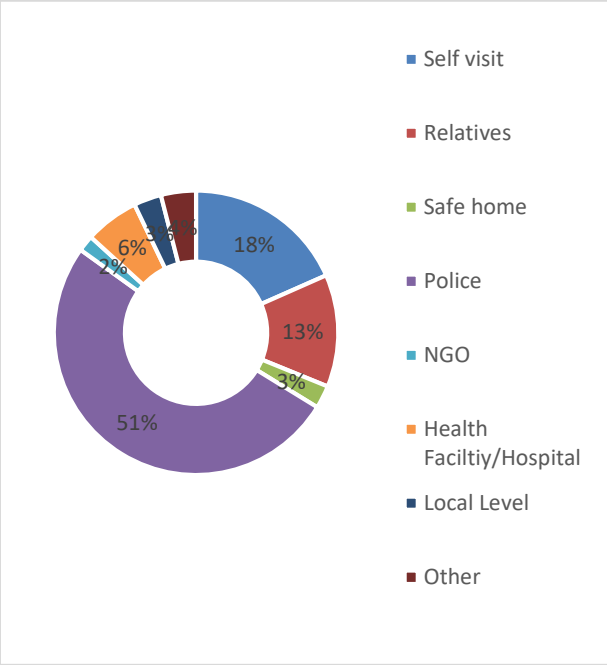

Figure 8: Source of referral to OCMC, early lockdown monthly average

Referral from OCMCs

Data from OCMCs during the case study period, shows that the percentage of clients referred from the OCMC to home increased from 51% to 55%; the percentage referred from the OCMC to the police dropped from 35% to 32%; the percentage referred to safe homes dropped from 5% to 4%; and the percentage referred to rehabilitation centres stayed at 2%. While the changes appear small in scale, behind these numbers sit reports from OCMC staff that COVID-19 was further increasing the challenge of finding shelter for survivors as safe homes introduced quarantine rules and were afraid to accept new clients.

The increasing lack of shelters and rehabilitation centres linked to changes in the mandate and role of the Federal Ministry of Women, Children and Senior Citizens, and the impact this is having on the care and support provided to survivors was reported earlier this year by the Ministry of Health and Population and NHSSP[6]. Survivor reports have also highlighted how survivors are frequently returned from OCMCs to the same family that inflicted violence because of social norms and lack of viable alternatives, and that violence is often repeated[7]. COVID-19 and lockdown restrictions are likely to further complicate the availability of safe shelters for survivors.

[6] Ministry of Health and Population and NHSSP. 2020. Review of the scale-up, functionality and utilisation, including barriers to access, of One Stop Crisis Management Centres.

[7] Ministry of Health and Population and NHSSP. 2019. Survivor perspectives on the nature, risks and response to gender-based violence in Nepal and the implications for One Stop Crisis Management Centres.

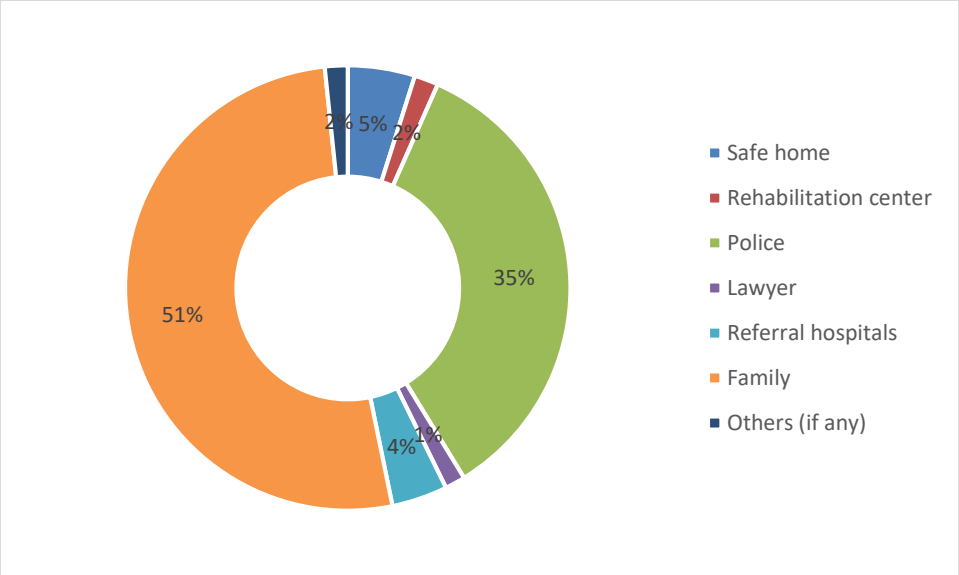

Figure 10: Referral of clients from OCMCs, pre-lockdown monthly average

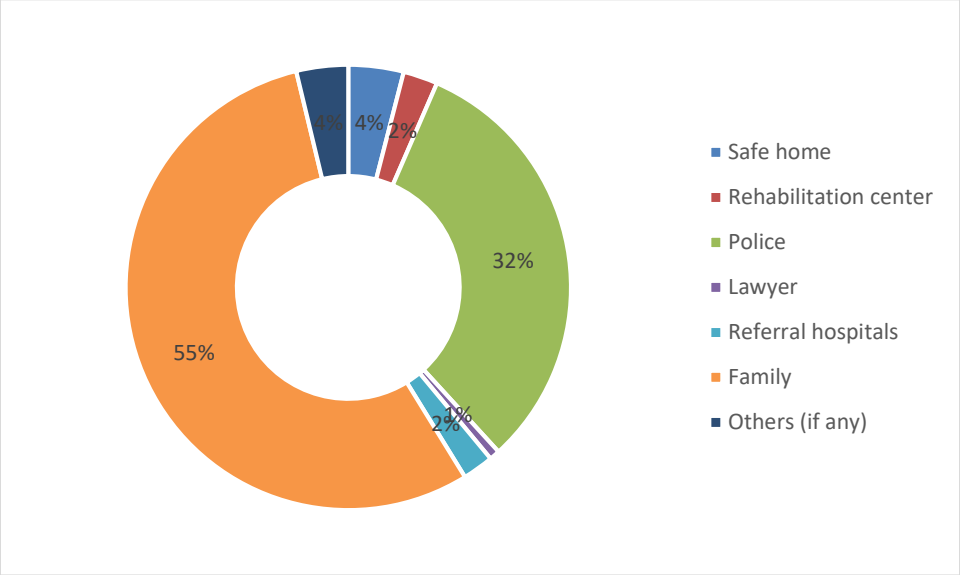

Figure 11: Referral of clients from OCMCs, early lockdown monthly average

Key informant perspectives

OCMC key informants were interviewed to collect their reflections on how and why demand for OCMC services had changed during lockdown. Figure 12 shows the number of cases per month under study at each of the six referral hospitals were OCMC staff were interviewed. While the pattern of use varied by hospital, the general pattern is of a decline in the number of cases at the beginning of lockdown in Chaitra in all six hospitals. This downward trend continued for four out of the six hospitals (Koshi, Lumbini, Surkhet and Seti) in the month of Baisak. In Kaski and Sagarmatha Hospitals the number of cases increased in Baisak.

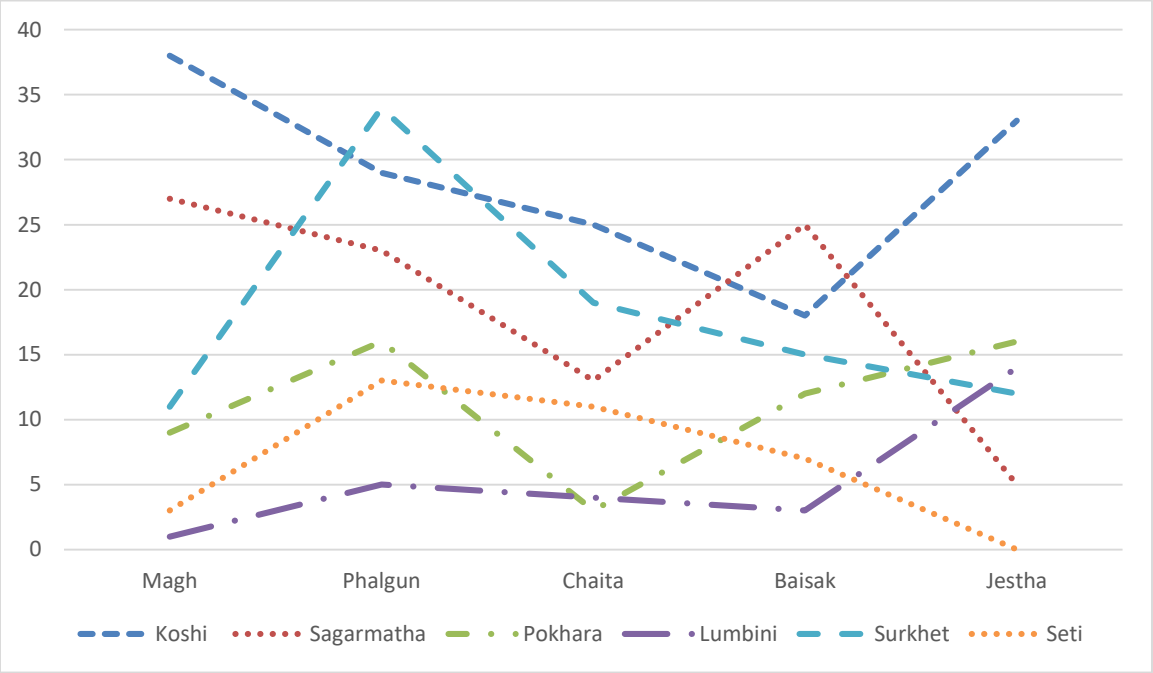

Figure 12: Number of OCMC clients per month for six selected referral hospitals

Key points from the interviews are presented below.

Increased gender-based violence but decline in clients at OCMCs

Respondents from all six OCMCs reported an increase in domestic violence due to lockdown, and the increasing financial pressure on families and social isolation. However, the lockdown conditions, fear of COVID-19 and the non-availability of transport meant that mainly, only those severe cases of violence which were also reported to the police, were accessing OCMCs. For these clients, a police vehicle or hospital ambulance was despatched to transport the victim.

Increased number of child abuse and rape

The respondent from Pokhara Health Sciences Hospital felt that most of the cases attending the OCMC during lockdown were girls under 18 years. Cases of family abuse of children under 10 had also been treated, as well as victims that had been trafficked from other districts to Pokhara, and three cases of rape that had involved the intoxication of the victims.

Increased number of attempted suicides

Sagarmatha Hospital noted that there was an increase in the number of attempted suicides after lockdown, and felt this was linked to social and economic pressure, family disputes and unemployment. The OCMC provided telephone counselling to clients who could not get to the hospital because of lack of transport.

Good coordination with the hospital authority and police

OCMC respondents from all six of the hospitals reported good coordination with the hospital management and police. The Sagarmatha respondent highlighted the provision of personal protective equipment to the OCMC by the hospital management, and the transport and supplies for medico-legal tests provided by the police for rape cases.

In contrast to the support of police and hospital authorities, Surkhet Hospial OCMC felt that the survivor's neighbours and community didn't want to be involved with the case or the police.

Safe home

Fear of COVID-19 and the need to protect existing safe home residents, plus the chronic shortage of safe homes per se, made it difficult to access safe homes during lockdown. Koshi, Pokhara and Seti hospitals all flagged that safe homes were only accepting clients after they had tested negative for covid and had received the PCR report. Gaps in access to testing and delays in getting results, made this problematic. At Koshi Hospital, an agreement was reached with the safe home to accept new residents prior to the test result but this was not so in other sites.

In the case of Sagarmatha Hospital, which has no safe home or shelter in the municipality where it is located (Rajbiraj Municipality), the OCMC faced great difficulty to support clients in need of emergency shelter during lockdown.

Recommendations

The rising incidence of gender-based violence triggered by the COVID-19 pandemic and lockdown restrictions has amplified the barriers to accessing OCMC services. Women's and girl's lack of agency to seek help and lack of awareness of the services provided by OCMCs is a major hindrance.

In the short term, multi-media campaigns including television, radio and social media, are needed to raise awareness of women's and girl's rights, the illegality of gender-based violence, the harm to the individual, family and society, and how and where victims and perpetrators can seek help. Online conferences and workshops are also a way to target young people. Secondly, a solution for providing accessible safe homes is needed. In the short-term, the approach used by the Morang Safe Home could be considered at other sites to overcome the problem of how to house survivors as they wait for COVID-19 test results. Where safe homes lack the physical space for safe quarantine of new clients, temporary quarantine accommodation may need to be sourced by the local authority. More systemically, access to safe homes for all survivors and OCMCs needs increasing to avoid returning survivors to violent settings where they are at risk of continuing abuse.