

21. Provide skills development training to OCMC staff and other medical service providers.
22. Enable cross-visits of OCMC staff to allow them to learn from each other and share experiences.
23. Revise the OCMC operational manual to set minimum service standards, and develop and introduce a referral and treatment protocol.

### Rehabilitation Support

There has been inadequate follow-up on some cases and inadequate legal support with many survivors being advised to seek reconciliation with abusive husbands. A major point of concern is that inadequate integrated support can lead to revictimisation. But in some situations there is no alternative but to send survivors home; and several of the case studies show how attentive follow-up by OCMCs and collaboration with safe homes, the police and other agencies can help prevent further abuse if husbands know that the situation is being monitored.

#### Next steps:

24. OCMCs to more systematically track cases and provide more timely follow-up and support.
25. Increase the rehabilitation support available for survivors including vocational skills training and seed money for income generation.
26. Mobilise GBV networks to work with OCMCs to prevent GBV and for the protection, rehabilitation, follow-up and security of survivors.

### Monitoring and Supervision

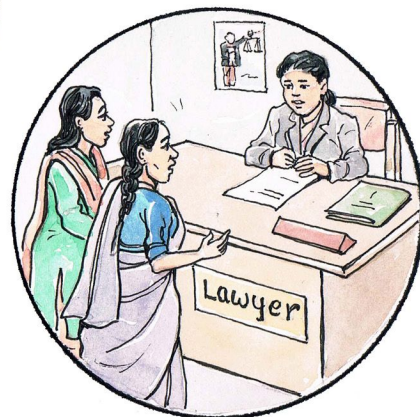
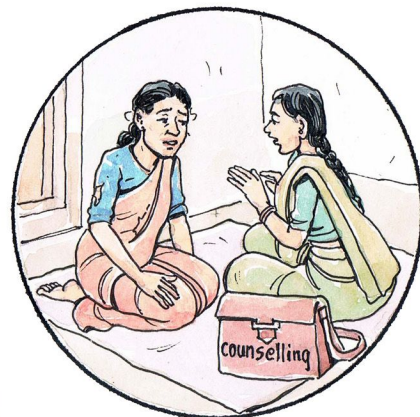
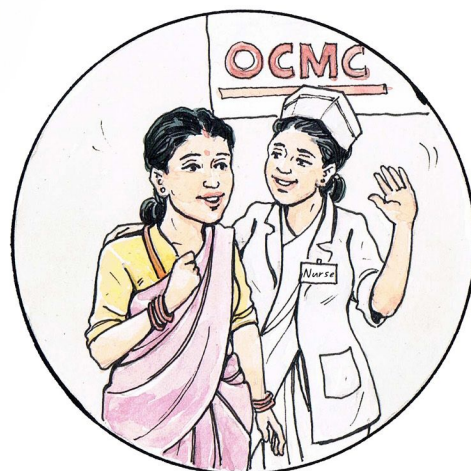
The overall monitoring of OCMCs is the responsibility of the Office of the Prime Minister and the Council of Ministers (OPMCM) and MoHP; but there is room for improvement in the overall coordination of activities. District level monitoring and supervision also need to be improved as DCCs and CMCs have tended not to be active while medical superintendents and district health offices require improved guidance on providing holistic support to GBV survivors.

#### Next steps:

27. Develop a monitoring and evaluation framework to guide central and district stakeholders on the regular assessment and review of OCMCs performance.
28. Involve district level stakeholders in the joint monitoring of OCMC performance and consider contracting specialist NGOs to facilitate this activity.

### THE FUTURE OF OCMCS

The government has yet to decide on the duration of the OCMC pilot phase. As a result OCMCs tend not to be seen by hospital managements as fully integrated hospital units but rather as short-term initiatives that provide several services that lie outside the normal scope of the services provided by hospitals. This inevitably limits hospitals' sense of ownership. A decision on the future of OCMCs, further guidance on their integration with other local services and plans for scaling-up are needed.



One-stop crisis management centres provide survivors with treatment and counselling and link them up with legal advice, security, shelter and rehabilitation support

The Nepal Health Sector Support Programme (NHSSP) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since it began in January 2011, NHSSP has facilitated a wide variety of activities in support of NHSP-2, covering health policy and planning, human resource management, gender equality and social inclusion (GESI), health financing, procurement and infrastructure, essential health care services (EHCS) and monitoring and evaluation. For more information visit [www.nhssp.org.np](http://www.nhssp.org.np)



# PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS



## ONE-STOP CRISIS MANAGEMENT CENTRES Piloting Hospital Support for Survivors of Gender-Based Violence

### THE MAIN POINTS

Gender based violence is a major, yet largely invisible, problem in Nepalese society. Under the leadership of the Prime Minister's Office, the Ministry of Health and Population (MoHP) has established one-stop crisis management centres (OCMCs). An evaluation of four of these support centres for survivors of gender based violence (GBV) found that:

- ▶ two of the centres had provided many survivors with valuable support while the performance of the other two had been less satisfactory;
- ▶ the centres had mostly provided medical treatment and psycho-social counselling to survivors; and
- ▶ coordination among key agencies, and clarity on institutional responsibilities, resourcing and the management of OCMCs need improving.



Mahakali Zonal Hospital One Stop Crisis Management Centre, estab. 2011

### ONE-STOP CRISIS MANAGEMENT CENTRES

Many Nepalese women are victims of gender-based violence, with most of them being victimised by husbands or relatives. The problem is exacerbated by survivors being reluctant to report incidents to the authorities for fear of stigmatisation and the lack of support services. In 2011/12 and 2012/13, the Ministry of Health and Population (MoHP) established 15 one-stop crisis management centres (OCMCs) in hospitals to provide integrated support to GBV

*Concerned Government Agency:* Population Division, MoHP

*NHSSP support:* NHSSP supported the drafting of the OCMC guidelines and provided other assistance for establishing OCMCs. NHSSP and UNFPA supported the carrying out of the assessment that informs this report.

*More information:* See full report at [www.nhssp.org.np/thematic\\_rpt.html](http://www.nhssp.org.np/thematic_rpt.html)

survivors. This is a key measure under the government's National Action Plan against Gender-Based Violence (2010). In mid-2013 an assessment was carried out of the OCMCs in Mahakali Zonal Hospital (Kanchanpur), Hetauda Hospital (Makawanpur), Dhaulagiri Zonal Hospital (Baglung) and Sunsari District Hospital after they had been running for one and a half years.

### Services OCMCs are mandated to provide:

- ▶ Treat survivors' physical and mental health needs.
- ▶ Provide psycho-social counselling to survivors and perpetrators.
- ▶ Provide legal advice and support through district attorneys and legal counsellors.
- ▶ Direct survivors to safe shelter homes.
- ▶ Work with the police and district administration offices to provide security to survivors.
- ▶ Help rehabilitate survivors by providing further counselling and linking them to assistance.

Hospital-based OCMC Operational Manual (MoHP 2011)

### ACHIEVEMENTS

The assessment found that the OCMCs were a much needed initiative. In their first one and a half years the four centres provided services to 362 GBV survivors. The actual need for OCMC services is probably much greater given:

- ▶ the minimal publicity about OCMCs at community and district levels and low levels of public awareness of the services they provide; and
- ▶ the tendency of many survivors to stay silent for fear of loss of reputation and family stability.



The four OCMCs had referred survivors to other hospitals for advanced treatment, to safe homes run by district women and children offices (WCOs), to the police for prosecuting cases, and to NGOs for rehabilitation and livelihood-related skills training, and in a few cases had put survivors in contact with lawyers. The safe homes and police had likewise been referring survivors to OCMCs.

Most achievements can be credited to the commitment of OCMC focal persons and nurses dealing with cases in the face of considerable challenges. Credit is also due to the medical superintendents, hospital staff, WCO personnel and deputed police.

## CASE STUDIES

The following cases demonstrate the valuable support provided by Makawanpur and Sunsari OCMCs:

**Case 1. One-window support services** — A 35 year-old woman had suffered physical and sexual violence throughout the 22 years of her marriage; but had not reported her case for fear of retaliation by her husband. A severe beating led to her visiting a hospital's emergency unit where she was referred to the OCMC. The OCMC treated and counselled her in private and connected her to the police and a lawyer. She received a variety of services from the same place. The continuous follow-up by OCMC staff helped her regain confidence and develop a positive outlook. At the time of the evaluation OCMC staff were trying to link her up with income generating support.

**Case 2. Counselling leads to recovery and reconciliation** — Various misfortunes and sour relations with her parents led to a student becoming seriously depressed. A tutor suggested she seek support from an OCMC. The OCMC played a catalytic role in her recovery by providing her with treatment and counselling. Her parents were also counselled, which led to them behaving more sympathetically. Frequent follow-up improved relations between the survivor and her parents and improved the survivor's outlook and attention to her studies.

**Case 3. Counselling helps survivor and her brothers return to a normal life** — A 16 year old girl had suffered a traumatic rape. She was taken to hospital and referred to the OCMC, which treated her wounds in private and helped her register a case with the police. The centre provided counselling that helped her return to a normal life while the counselling of her brothers pacified their anger.

**Case 4. Coordinated support for a vulnerable girl** — A young woman from a conservative rural society was raped by her uncle. She was given refuge in a safe home and received coordinated support from an OCMC. The psycho-social counselling and coordination between the safe home, the OCMC and the police, and their links with a local NGO helped her greatly. She gave up the baby that resulted from the rape for adoption and took a skills course at the NGO Maiti Nepal. The OCMC is monitoring her needs while the perpetrator is in jail awaiting justice.

**Case 5. Integrated support enables survivor to regain self-esteem and her job** — A young woman had suffered physical violence from a male colleague and discrimination from her employers, who fired her when she complained. The local OCMC treated her injuries, counselled her and helped her file a case against the perpetrator. The woman says she has regained her self-esteem and confidence due to this support and the regular follow-up from OCMC staff. Pressure from the OCMC and its partner organisations led to her being reinstated in her job.



Women from all social groups and all classes of society suffer physical and mental abuse.

## AREAS FOR IMPROVEMENT AND NEXT STEPS

### Integrated Service Provision

The main rationale behind OCMCs is to provide *integrated* treatment and support services. However, OCMCs have mainly been providing treatment and psycho-social counselling and much less legal, rehabilitation and security support largely because of inadequate coordination and collaboration:

- There has been a lack of coordination between central level agencies, which has led to district level agencies not being clearly guided on the support they should provide to OCMCs.
- There are several separate district level coordination committees on GBV including OCMC, WCO safe home and district GBV committees.
- There are no integrated district work plans on addressing GBV.
- OCMC district coordination committees (DCCs), which are the main bodies responsible for mobilising survivor support and overseeing OCMC functioning, have been largely inactive.
- Only a few meetings of case management committees (CMCs) have taken place.

**Next steps:**— Improved coordination is crucial for providing more integrated services and for efficiently running OCMCs.

1. The five concerned ministries should take the lead on improving coordination. The OCMC Central Level Coordination Committee should establish a GBV working committee with joint secretary membership from MoHP, the Ministry of Home Affairs (police), the Ministry of Women, Children and Social Welfare (Department of Women and Children), Office of the Attorney General, the Ministry of Federal Affairs and Local Development and involved external development partners.
2. The working committee should meet regularly to guide district line agencies, including the police, government lawyers and WCOs, on prioritising OCMC-related work.
3. Activate OCMC coordination mechanisms by ensuring DCCs meet regularly.
4. Produce integrated annual district workplans on addressing GBV and form one umbrella GBV committee to clarify the division of tasks between district stakeholders.



OCMCs provide a valuable source of support for survivors of abuse

### Clarity on Institutional Responsibilities for GBV Cases

OCMCs have only provided limited legal and rehabilitation support to survivors and only have limited links with legal service and rehabilitation NGOs. This is largely due to the lack of clarity on institutional responsibilities for GBV cases and overlapping systems.

**Next steps:**

5. MoHP and the Ministry of Women, Children and Social Welfare (MoWCSW) should clarify the responsibilities of safe homes and OCMCs, with hospitals made responsible for coordinating the treatment and counselling of survivors, while WCOs are made responsible for coordinating the provision of legal, rehabilitation, shelter and security services to GBV survivors.
6. The ministries should develop umbrella guidelines to support and protect GBV cases.
7. Introduce a one window district-level reporting system (an umbrella database) for GBV cases.
8. Promote improved coordination between units within hospitals and with other hospitals and service providers for referral cases.
9. OCMC case management committees should meet regularly to address individual cases.

## Awareness about OCMC Services

OCMC service provision has been hampered by the limited efforts to orientate stakeholders, the absence of work plans, the lack of knowledge of staff and lack of awareness among survivors and the general public.

**Next steps:**

10. Develop an information, education and communication (IEC) strategy and related materials to publicise the work of OCMCs in line with local contexts.
11. Raise awareness about OCMCs at community, district and health facility levels to inform potential survivors and encourage referrals to OCMCs.
12. Ensure that hospitals have systems in place and knowledgeable staff to ensure that survivors are directed to OCMCs from other hospital units.
13. Clearly explain the services provided by OCMCs to all GBV survivors who attend OCMCs, including the roles of different agencies.

## Human Resources

The assessment found an inadequate number of nurses at two of the OCMCs, and job insecurity amongst the nurses who are appointed on one year contracts. It also found that the hospital-based police provide useful support, but are yet to be considered part of OCMCs. The only training provided has been for psycho-social counsellors and police to women and children units.

**Next steps:**

14. Make women doctors available at all OCMCs as almost all survivors are women.
15. In line with the guidelines, increase the number of staff nurses from two to three at all OCMCs with one permanent staff nurse/psycho-social counsellor and two contracted staff nurses to make 24 hour services available.
16. Orientate and train all related staff, DCC and CMC committee members and other stakeholders on the functioning of OCMCs and their roles and responsibilities.
17. Provide pre- and in-service training for doctors and nurses on GBV.

## Financial Management

The delayed release of funds, the lack of DCC meetings and a lack of transparent budget management had hampered financial management at all four OCMCs.

**Next steps:**

18. Improve financial transparency by carrying out more checks on the use of OCMC budgets.
19. Resolve the issue of providing financial incentives to OCMC and related hospital staff.

## Service Provision

The physical facilities of OCMCs varied. One major shortcoming was that only two of the four OCMCs had separate counselling rooms to protect survivors' privacy. Services were also hindered by the lack of OCMC referral or treatment protocols.

**Next steps:**

20. Ensure that OCMCs have private spaces for counselling survivors.

Types of GBV cases registered by the four OCMCs (2011 to mid-2013)

■ Domestic violence ■ Sexual violence ■ Other violence

