



GENDER AND SOCIAL INCLUSION

One Stop Crisis Management Centres: Developing an effective health systems response to Gender Based Violence in Nepal

One Stop Crisis Management Centres (OCMCs) are helping Nepal develop a coordinated, health-systems response to gender based violence.

In Nepal, more than 22% of women have experienced physical violence from the age of 15. 26% of married women have experienced physical, sexual or emotional violence from their spouse, and 66% of victims never tell anyone about their experiences or seek help¹.

Gender based violence (GBV) has become an urgent national issue. As a response, in 2011 the Nepal Ministry of Health and Population (MoHP) piloted the establishment of seven hospital-based One Stop Crisis Management Centres (OCMCs). OCMCs provide a comprehensive range of services for survivors of GBV, including health care, psycho-social counselling, access to safe homes, legal protection, personal security, rehabilitation and vocational skills training. Because of the multi-faceted needs of GBV survivors, OCMCs act as secretariats, coordinating with multi-sectoral partners to ensure services are provided.

The UKAid-funded Nepal Health Sector Support Programme (NHSSP) is now in its third phase of implementation (2017 – 2020). NHSSP has been providing technical assistance to the MoHP to develop, strengthen and scale up OCMCs across the country since their inception. This support has not only enhanced the Government's understanding of GBV issues but has also resulted in the MoHP taking ownership of OCMCs, as they prioritise delivering services to those who need it most. In doing so, the programme is working to address gender inequality and is striving to ensure no-one is left behind.

Taking a multi-sectoral approach to addressing GBV issues

Mainstreaming Gender Equality and Social Inclusion (GESI) across Nepal's health sector

GESI mainstreaming is the process whereby barriers and issues faced by women, poor, and excluded people are identified by, and addressed in all functional areas of the health system. This includes the working environment and culture, institutional systems, policy formulation, programme and budget development, service delivery, monitoring and evaluation, and research.

Incorporating Gender Equality and Social Inclusion (GESI) across all activities has been an integral part of the NHSSP programme. The programme's approach to GESI has been multi-sectoral because steps that need to be taken to tackle issues such as GBV, go beyond the responsibility of the MoHP alone. The programme works closely with several Ministries, including the Prime Minister's Office, the Ministry of Women, Children and Senior Citizens, Ministry of Education, Ministry of Law and Justice, Ministry of Home Affairs, the National Planning Commission and the National Women's Commission; all of whom play key roles as sectoral ministries to support the OCMCs at large.

The establishment of OCMCs presented NHSSP with an opportunity to strengthen this locally-coordinated approach to enhance services that meet the needs of some of the most vulnerable in Nepali society. NHSSP technical advisors have supported the government to develop OCMC operational guidelines which have been accepted and well-practised, and are reviewed and revised each year. GBV clinical protocols have been developed and rolled out in 20 districts to ensure services are delivered comprehensively and to high quality. Meetings between case management and district coordination committees are regularly held and improvements have been seen in the referral and rehabilitation of cases, to note a few key achievements.

¹ Nepal Demographic and Health Survey 2016

The programme trained and mentored doctors, nurses, safe home staff, police and Women and Children's officers on basic GBV and psycho-social counselling, medico-legal and advance psycho-social counselling. This included Training of Trainer sessions, refresher courses and regular monitoring. In 2018, NHSSP delivered a 7-day training of the GBV clinical protocol to participants at three zonal hospitals at Koshi, Lumbini and Bharatpur. Participants became certified trainers who provided on-the-job training to staff at their respective hospitals and are now a resource to conduct this training at different levels. From these three training hospitals, 125 service providers including doctors, nurses, paramedics and hospital department heads, were trained. This has enhanced their understanding of GBV issues, improved record keeping, standardised and ensured the resources and infrastructure needs of OCMCs are met. Most importantly, it has strengthened multi-sectoral coordination within and between hospital departments and among partners, firmly placing the OCMC as a priority service provided by the hospital.

"I receive very good support and guidance from NHSSP. I have learned to be patient, considerate and sensitive than ever before. I have become more alert while screening clients. One day, a woman visited, complaining about an ear problem. During the process of examining and taking her health history, I gently enquired about her pain. At first, she was hesitant and said that it started suddenly. But after some exploring and conversation, she voluntarily divulged that her husband had punched her in the ears. I feel that the OCMC is one of the best options for GBV survivors, where survivors' multi-faceted issues and needs are addressed. The OCMC environment has been very supportive and encouraging, thus things are on track."

Case Management Committee Coordinator,
Dang OCMC

Development of an effective systems-response to GBV

NHSSP has encouraged collaboration between and within several Ministries. This has cemented the commitment of Government, primarily the MoHP to take ownership and responsibility of the OCMCs as a

vital service for GBV survivors. The programme's multi-sectoral approach will continue to play an important role in addressing gender inequality in Nepal, and it has been fundamental to the success of OCMCs.

OCMCs have now been scaled up across the country and over the last five years, more than 10,700 people have received their support and services². In 2017, 16 OCMCs were established and 11 more will be formed in 2018/19. By 2019, 55 OCMCs in 55 districts will cover 70% of Nepal, with the Prime Minister's Office (PMO) mandating the establishment of OCMCs in all 77 districts in Nepal.

Indeed, addressing GBV has become a key interest of the PMO which guides all sectoral Ministries and Commissions. The PMO now holds quarterly reviews of OCMCs. This speaks to the importance placed on these services. OCMCs have now become an integral part of a hospital, providing a core coordination role among various healthcare units within the hospital and external agencies such as the police, the women and children's office, safe homes and women's rights organisations. Seeing such coordination has proven that an effective systems-response is developing.

Looking forward

Frequent staff changes in hospitals, agencies and government bodies means that further orientation and capacity building is needed. Working with the MoHP, NHSSP3 is continuing to strengthen OCMCs through further roll out of the GBV clinical protocol and capacity building of OCMC case management committees. Over the next two years, we will provide medico-legal training and psycho-social counselling training to medical professionals and provide sustainable rehabilitation support to survivors. We are also working to develop a one window reporting system used by various agencies - including the police, safe homes, civil society partners - to streamline reporting across multiple stakeholders, and ensure the numbers of reported cases of GBV are accurate.

NHSSP3 technical advisors will continue to support the MoHP to monitor and provide supportive supervision to assess OCMCs' functionality, especially in the application of policies, the condition of physical facilities, quality of recording and reporting, establishing partnerships with referral agencies and undertaking Knowledge Attitude Behaviour and Practice studies with hospitals; to further strengthen the systems approach that OCMCs have enabled.

² Figures recorded between October 2013 – January 2018

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