Government of Nepal
Ministry of Health

NHSSP Nepal Health Sector Support Programme

UKaid from the British people

Leaving No One Behind: Gender Equality and Social Inclusion in the Transition and Recovery Programme

Leaving No One Behind (LNOB)

What do we mean by LNOB?

- Is a core value of the Sustainable Development Goals (SDGs)
- Development goals cannot be met if the poor and marginalised continue to be left out of progress
- Putting those who have been left behind first

Who is left behind in Nepal?

Where: Geography	Who: Identity	What: Health condition
• Remote mountain • Urban slums • Disaster affected districts	• Caste/ethnicity: Dalit, Muslim • Age: adolescents, elderly • Poverty: very poor • Ability: disabled • Sexual orientation: LGBTI • Displaced persons, informal sector	• GBV • Mental health • Physical disability • Adolescents (preventive and promotive adolescent friendly services)

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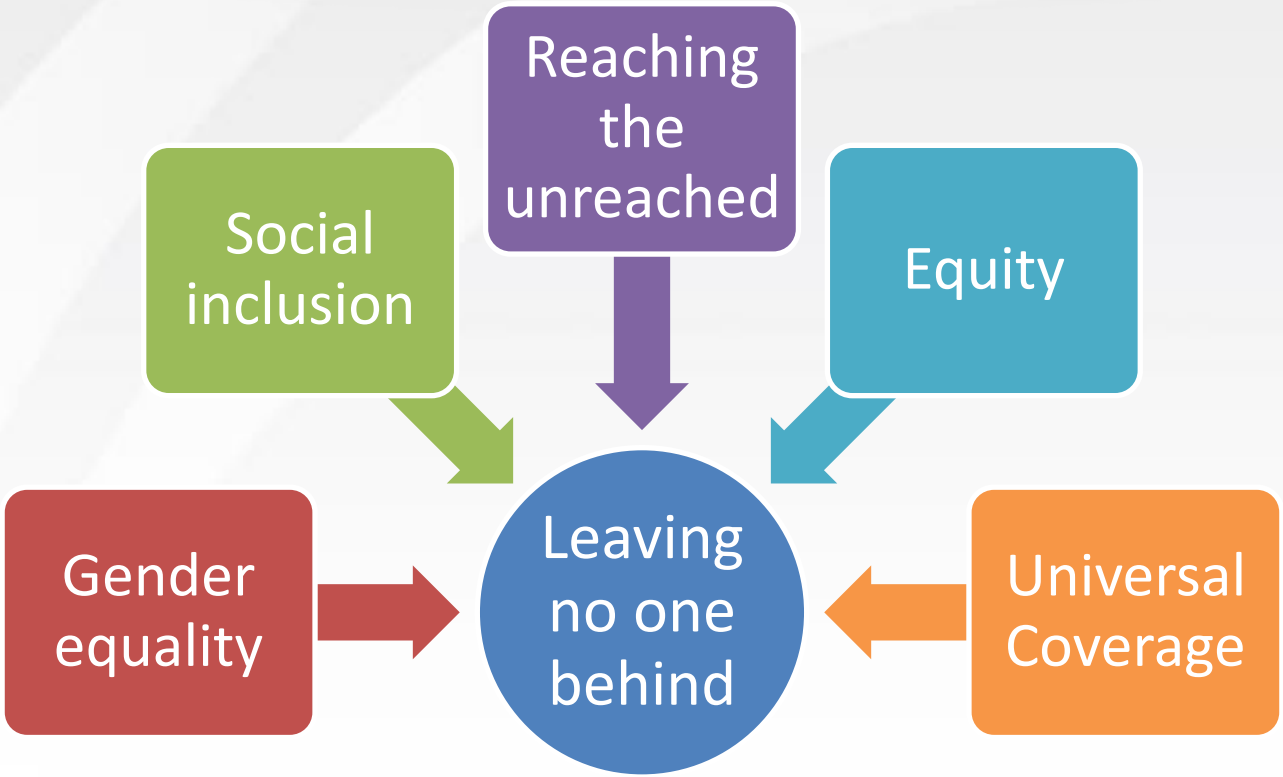
LNOB and GESI



Government and other coordinating partners

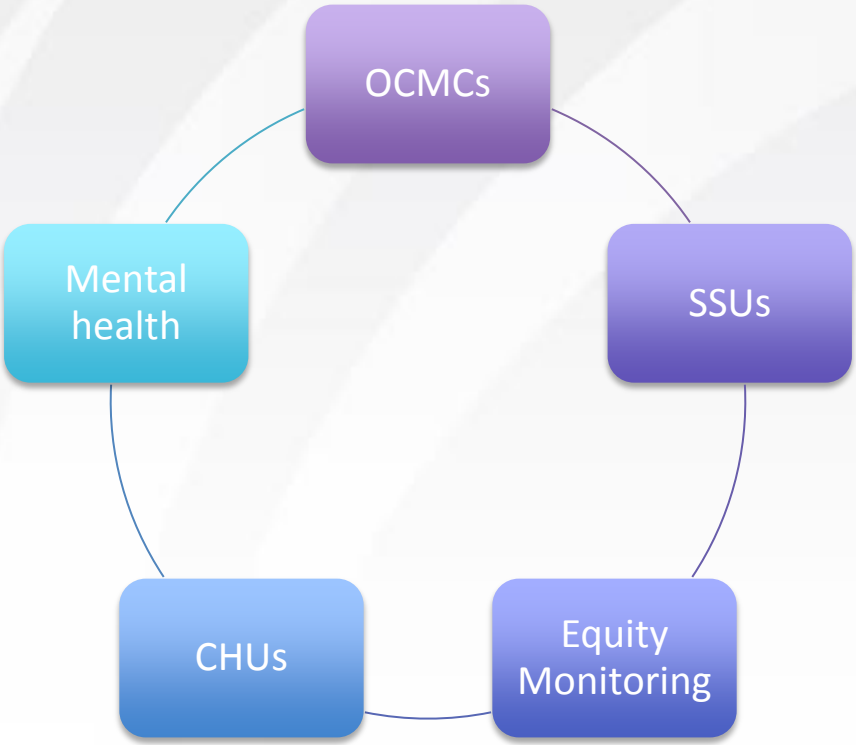
MoH: PHAMED, PPICD, CSD

DoHS: PHCRD, FHD, NHTC, NHEICC, LCD

Sectoral Ministries: MoWCSW, MoFALD and others (Prime Minister's Office and President's Office, Nepal Police, Office of the Attorney General)

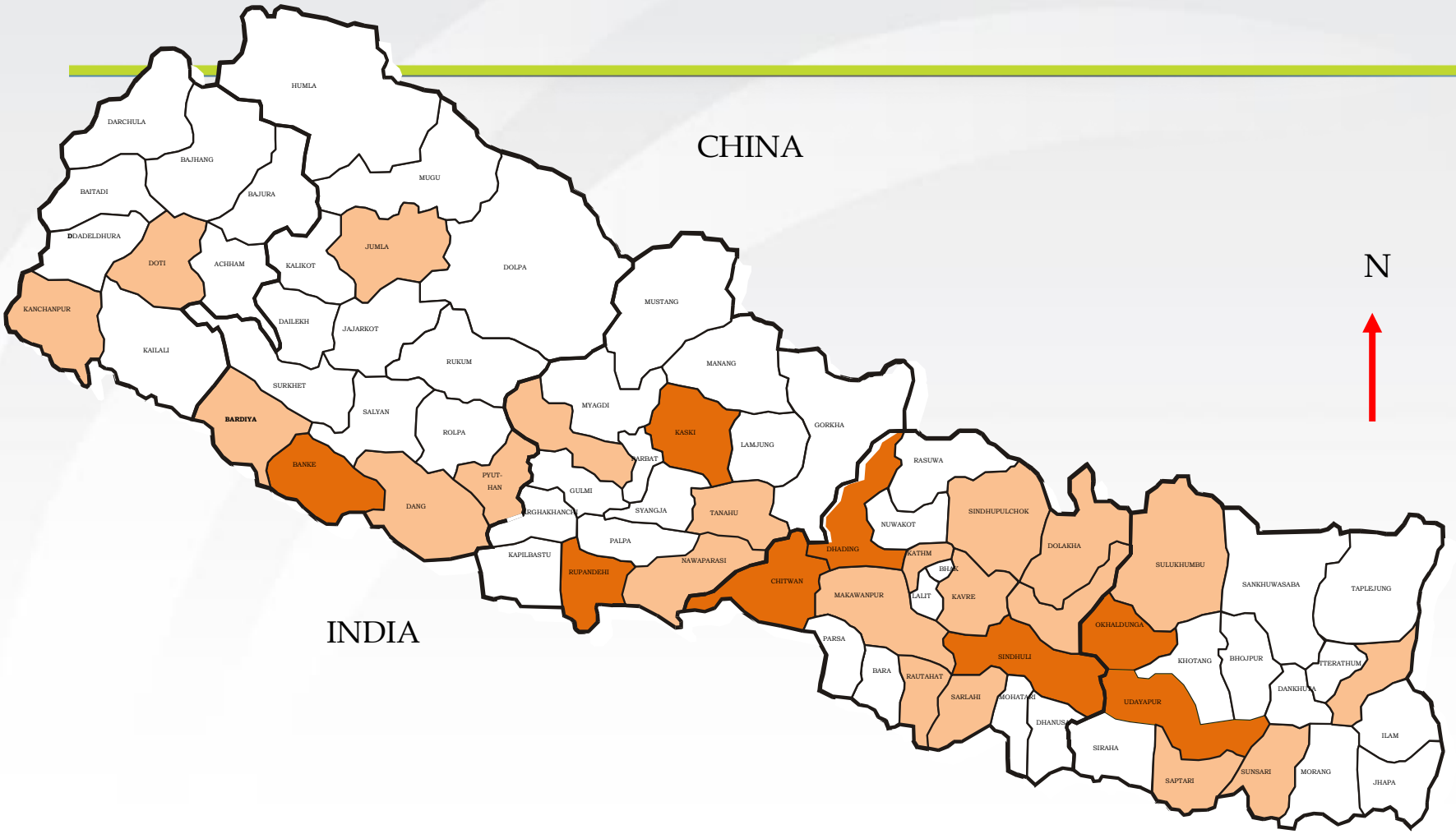
EDPs: UNFPA, Jhpiego, WHO, The Asia Foundation and National level NGOs

Support to GESI



- OCMCs: established in 21 districts. 8 are in process; over 7500 cases
- SSUs: established in 16 hospitals; over 250,000 cases
- Equity monitoring in 53 VDCs of 3 districts
- CHUs: 360 across the country; 9 CHUs in 3 EQ districts
- Mental health: psycho-tropic free drugs list and STP revised. 6 new free drugs. 11 new drugs on essential drug list.

One-stop Crisis Management Centers (OCMCs)



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One-stop Crisis Management Centres (OCMCs)

- Gender Based Violence (GBV) is a major, yet largely invisible, problem in Nepalese society
- Government declared 2010 as year to eliminate GBV
- Multi-sectoral participation in National Plan of Action (12 Ministries, Women Commission, Parliamentary Committee tackling GBV)
- National Plan of Action 2010 developed to combat Violence Against Women made provision for the establishment of hospital based OCMCs.

OCMCs: Major Achievements

- 21 OCMCs till date; additional 8 to be established soon
- OCMCs established in 3 earthquake districts
- To date, more than 7500 GBV survivors received services (female 94%, male 6%) from 21 OCMCs
- Improved multi-sectoral response to GBV in centre and districts
- OCMCs have driven multi-sectoral coordination: Development of integrated national service guidelines for GBV survivors
- Increased policy attention to GBV: e.g. MoH committed to 45 OCMCs by 2017/18 and roll out of GBV clinical protocol.
- Office of Prime Minister and Council of Ministers called for the scaling up OCMCs across the country.

OCMCs: Issues

- Barriers to accessing OCMCs: fear of social rejection, fear of further violence, lack of finance and distance
- Key gaps: dedicated space and staffing, capacity, budget, lack of safe homes and deputation of police
- Inter-agency coordination and partnership including with civil society organisations

OCMCs: Issues

- Inter-departmental coordination in hospital
- Integration of GBV into health services through continued roll out of national GBV clinical protocol
- Lack of one window information system

OCMC Survivor Case Study

- **One-window support services** — A 35 year-old woman had suffered physical and sexual violence throughout her 22 years of marriage, but had not reported this for fear of retaliation by her husband. A particularly severe beating led her to visit the hospital's emergency unit where she was referred to the OCMC. The OCMC provided her with treatment and counselling in private and connected her with the police and a lawyer. She received a variety of services from the OCMC. The continuous follow-up by OCMC staff helped her regain confidence and develop a positive outlook.

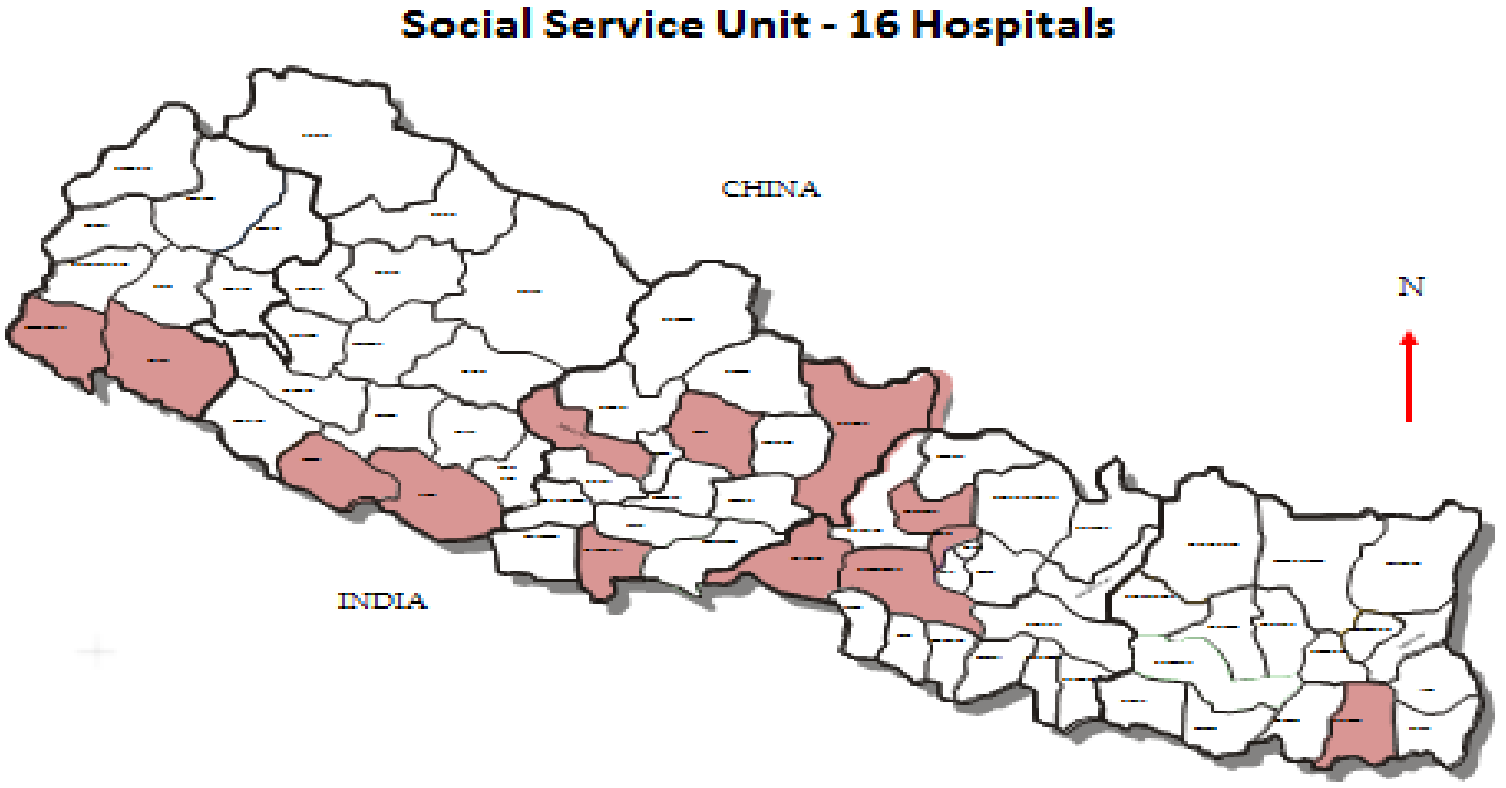
Case Study

- **Counselling helps a survivor return to normal life**

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

Social Service Units (SSUs)

Social Service Units: 16 Hospitals



Social Service Units

- SSUs are an initiative to facilitate free and partially free services for target group patients:
  - poor, helpless, GBV survivors, disabled, senior citizens, FCHVs, disaster victims etc
- Aim to increase access to curative services by promoting the prompt, efficient and smooth flow of services to target patients
- 16 SSUs operational, 8 SSUs established after EQ (4 in disaster affected districts)
- MoH decided to scale up SSUs in all referral hospitals (public, private, teaching hospitals) incl. 12 more planned in 2016/17

SSU: Major Achievements

- Over 250,000 clients received free or partially free services
  - Almost equal number of male and females received services: 66% poor; 25% senior citizens; 5% persons disabled, 3% helpless
- Remarkable improvement in compliance with the SSU guidelines, policy and procedures
- Remarkable capacity to identify and serve target groups (capacity rating 73% in 2013 to 93% in 2015)
- Awareness of target groups increased significantly (33% in 2013 to 66% in 2015)
- SSU has evolved into a single door for all targeted programs in some hospitals
- SSUs are being run transparently in line with good governance principles.

SSU Assistance to EQ Victims

- Bharatpur and Western Regional Hospital SSUs provided free care and integrated support to EQ injured
- SSU staff worked round-the-clock for 1,572 injured persons of whom 294 severe cases were provided with on-going care in Western Regional Hospital and 286 cases in Bharatpur Hospital
- Helped coordinate support for victims, organised referrals and counselled people who had lost relatives
- Worked closely on behalf of the hospital with the District Disaster Rehabilitation Committee for the equitable distribution of relief materials.

Statements of Earthquake Victims Supported by SSUs

- **Mrs T, Dhading:** A falling wall badly injured my leg. I was taken to Bharatpur Hospital, where steel plates were inserted to support my fractured bones. I received great support from the SSU staff during my more than one month stay. They provided me with free services, food, clothing, and transport. I can now walk with the help of crutches and am very grateful for the support and services I received.

- **Mr N, Nuwakot**: I was struck across my legs by a falling ladder as I ran outside. Both legs were badly damaged. I stayed in the hospital for three months and was taken good care of by the SSU staff. I received everything I needed free of cost including food for the relatives who stayed with me. I feel a deep sense of satisfaction for the services and support I received from the SSU.

SSU Lessons

- Target group patients doubled but MoH grant unchanged
- Regular orientation and capacity enhancement of hospital staff
- High demand from elderly patients who have special needs
- Infrastructure, health worker attitudes and interpersonal skills insensitive to people living with disability


नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
पश्चिमाञ्चल क्षेत्रीय अस्पताल विकास समिति
सामाजिक
सेवा इकाई
कोठा नम्बर
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असहाय
अपाङ्गता

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Equity Monitoring (3 districts)

- Communities in highly affected, remote VDCs worse in staffing, physical status, availability of drugs, physical access and affordability than in accessible VDCs
- Poor performing facilities require management attention and stronger staff accountability
- Strong contextual barriers incl. lack of roads, transportation, availability of staff and drugs impede access to services in remote and highly affected VDCs
- Need continued efforts to close equity gap between these vulnerable populations and those in accessible VDCs
- Equity Monitoring gave voice to local people and providers; community monitoring can harness community, VDC and DHO action

Community Health Units (CHU): Issues

- Need improved understanding of the CHU role and approach
- CHU staff should be well oriented on their roles and responsibilities including CHU approach
- Revise CHU strategy and operational guidelines based on the rapid assessment of CHUs as per the requirement of current context

Gender Equality and Social Inclusion: Issues

- Targeted approaches to service delivery are needed rather than mainstreaming GESI into services
- The context specific and bottom up GESI approaches are at odds with top-down systems and organisational culture.
- High resistance remains in the system on gender and equity. This acts as a major barrier to reaching the unreached.
- Continuous backstopping, reflection and capacity enhancement of health officials on GESI encompassing the principle of leaving-no-one behind is needed at all levels.
- Revision of the health sector's GESI strategy from the perspective of LNOB and new constitution, new health policy and NHSS is needed.

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Thank You!