Draft

# Monitoring and Reporting Manual

# for

# One-Stop Crisis Management Centres

## July 2014

Population Division
Ministry of Health and Population
Government of Nepal
Kathmandu, Nepal

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Note: The official version of this manual is the version published in Nepali by the Ministry of Health and Population.

ACRONYMS

| | |
|---|---|
| CBO | community based organisation |
| CDO | chief district officer |
| CMC | case management committee (OCMC) |
| DCC | district coordination committee (OCMC) |
| DFID | Department for International Development (UK) |
| DHO | district health office |
| DPHO | district public health office |
| GBV | gender-based violence |
| GBVIMS | Gender-based Violence Information Management System |
| GESI | gender equality and social inclusion |
| GoN | Government of Nepal |
| HMIS | Health Management Information System |
| IEC | information, education and communication |
| IRC | International Rescue Committee |
| LDO | local development officer |
| MoHP | Ministry of Health and Population |
| MoWCSW | Ministry of Women, Children and Social Welfare |
| M&E | monitoring and evaluation |
| NGO | non-governmental organisation |
| NHSP | Nepal Health Sector Programme |
| NHSSP | Nepal Health Sector Support Programme |
| OCMC | one-stop crisis management centre |
| OPMCM | Office of the Prime Minister and Council of Ministers |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| WCO | women and children's office |

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FOREWORD
HEALTH SECRETARY

Hospital-based one-stop crisis management centres (OCMCs) are a very important initiative for supporting survivors of gender-based violence (GBV). The establishment of these centres was a key recommendation of the 'National Action Plan Against Gender-based Violence, 2010'. I am therefore very pleased to see the good progress on establishing them and to introduce this OCMC monitoring and reporting manual.

The need for such a manual became apparent from reviews and the 2013 high level monitoring visit to OCMCs,which was led by the prime minister's office. This visit found the need for easily accessible information on the quantity and quality of support provided by OCMCs. This, along with the need to establish a standard way of reviewingthe performance of OCMCs and the need for standard indicators for measuring performance,led to the preparation of this manual.

I would like to thank all those involved in preparing this manual. In particular I thankthe staff of the Population Division for preparing this manual and NHSSPand UK Aid for their financial and technical support. I also thank UNFPAfor their technical support.

I hope that the manual is well used to provide consistent accurate reporting and data on the performance of OCMCs.

Shant Bahadur Shrestha

Secretary, Ministry of Health and Population

# FOREWORD
## CHIEF OF POPULATION DIVISION

The 2013 annual review of OCMCs, the assessment of the performance of OCMCs (2013), and the 2013 high level monitoring visit to OCMCs identified the need to establish a standard reporting and monitoring system for OCMCs. I am therefore very pleased to see that these recommendations have been implemented by the production of this *Monitoring and Reporting Manual for One-Stop Crisis Management Centres*.

This manual updates and replaces many of the monitoring and evaluation formats and arrangements in the OCMC Guidelines of 2067 BS (2011). It provides a valuable resource for MoHP, OCMCs and other stakeholders to monitor, record, report and effectively deal with gender-based violence (GBV) cases across the country. It enables uniform GBV classification and reporting.

The manual establishes a system that requires OCMCs to maintain their records of cases and services provided in a standard way and that feeds information up to the Population Division which will produce nationwide summary data of cases and services provided. I strongly encourage all OCMCs and other concerned agencies to follow this new system and to give feedback on any points they may think need improving.

This Excel based database system will soon be installed in the Population Division and needed IT facilities will gradually be provided to OCMCs.

I thank all the different personnel who have been involved in preparing this manual. I thank NHSSPand UK Aid for their financial and technical support and UNFPAfor their insights into GBV information management. The staff of MoHP's Population Division, Hetauda Hospital and its OCMC unit deserve special thanks for the valuable contributions they made to developing this manual. Lastly, I would like to thank consultant Kumar Upadhyaya and MoHP's Gender Equality and Social Inclusion (GESI) advisor Sitaram Prasai, who were responsible for compiling and finalising the manual in close collaboration with the Population Division, NHSSP and UNFPA. I thank them for their understanding of the government system and their constant readiness to make this manual implementable and user friendly.

Kedar Bahadur Bogati

Chief, Population Division, Ministry of Health and Population

# 1 INTRODUCTION

## 1.1 Context

In 2010, the Government of Nepal (GoN) launched a multi-sectoral action plan to address gender-based violence (GBV). This 'National Action Plan Against Gender-based Violence 2010' calls for establishing hospital-based one-stop crisis management centres (OCMCs) to provide integrated services to GBV survivors. As of June 2014, the Ministry of Health and Population (MoHP) has established 16 OCMCs in hospitals across the country. In 2013, a performance assessment of OCMCs and monitoring visits by MoHP personnel identified areas for improvement including the monitoring and reportingof OCMCs at national and district levels.

In August 2013, a national workshop reviewedthe performance of OCMCs and identified their future direction. Weaknesses in recording, reporting and monitoring were discussed at length including the need for improved collaboration between MoHP and the Office of the Prime Minister and Council of Ministers (OPMCM) at the national level and the improved functioning of district coordination committees (DCCs) and case management committees (CMCs). The workshop and the assessment of the performance of OCMCs (2013) recommended strengthening the system for recording, reporting and monitoring OCMCs. In this context, the Population Division/MoHP initiated the development of this monitoring and reporting manual.

## 1.2 Objective

The objective of this manual is to supplement, elaborate and update the monitoring and evaluation (M&E) provisions in the 'Hospital Based One-stop Crisis Management Centre (OCMC) Operational Manual-2067' (2001). This manual replaces the monitoring and reporting arrangements and formats in Chapter 5 of the 2067 manual. The annexes of this manual provide the new and updated formats.

Note that the official version of this manual is the version produced in Nepali by MoHP.

## 1.3 Users

The primary users of this manual are the personnel that are directly involved in OCMCs, CMCs, and DCCs;MoHP's Population Division, and the OPMCM's GBV unit. Monitors from MoHP and its development partners and district-based government and non-government actors working in the field of GBV will also find this manual useful.

All actors working in the field of GBV are expected to adopt the GBV classification system that is used in this manual(see Annex 3).

# 2 OCMC RECORDINGAND REPORTING SYSTEM

## 2.1 Main features of the system

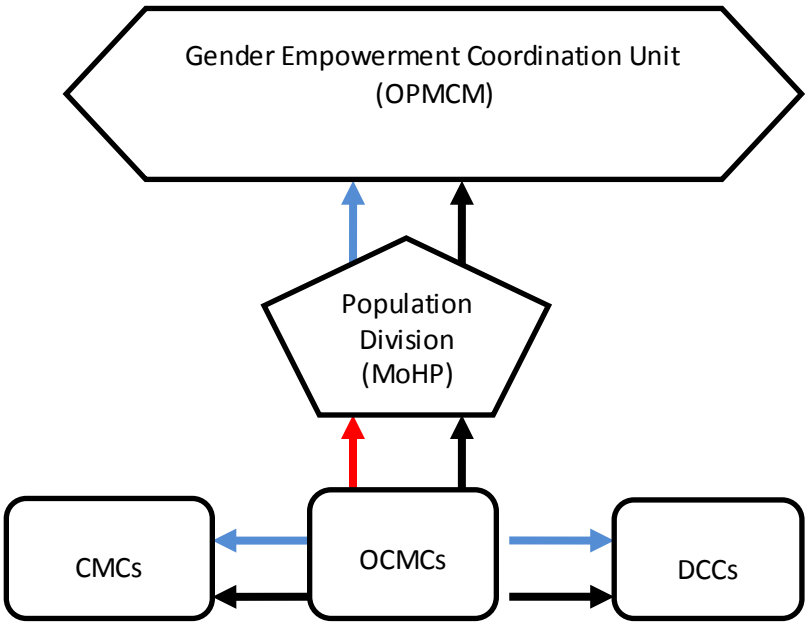
This manual provides a standard comprehensive monitoring and reporting system for Nepal's OCMCs. It describes the standard recording and reporting formats and software to be used by OCMCs, the Population Division and other concerned agencies (see annexes for the formats).This system is based on the GBV information management standards of the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR) and the International Rescue Committee (IRC).

The OCMC monitoring and reporting system has the following main components:

a. Daily OCMC hard copy case records.
b. OCMC case records entered into an Excel database.
c. Daily and monthly case registers.
d. Monthly data on GBV cases provided by women and children's offices (WCOs),safe homes, the police, non-governmental organisations (NGOs) and other concerned agencies.
e. Monthly GBV data flow from OCMCs to the Population Division.
f. National case record compilation by the Population Division in its database.
g. Trimesterly follow-up with clients by OCMCs, WCOs, the police and partner NGOs.
h. Trimesterly reports from OCMCs to DCCs and the Population Division and from the Population Division to OPMCM.
i. Trimesterly and annual reviews of OCMC performance by DCCs and the Population Division.

Note:There may be other monitoring and reporting activities involving OPMCM, MoHP, external development partners and others. These activities can also use the formats/tools in this manual.

**Figure 1: A diagrammatic snapshot of the system**




**Legend:**
Trimesterly report Part A (GBV information
Trimesterly report Part B (actions required)
Monthly GBV information for analysis

Figure 1 gives an overview of the OCMC reporting system with information flowing from OCMCs, CMCs and DCCs up through the Population Division to the OPMCM's GBV unit. Note that DCCs and CMCs are made up of representatives from each district's WCO, legal aid office, police and other agencies that collaborate with OCMCs.

Noteworthy features of the system:

- Its formatsare designed to ensure client confidentiality — a very important consideration in the management ofGBV cases.
- It includesinformation on the follow-up status of clients and the outcomes of support.

Note that the intended cross-sectoral scope of this new system and the need for sharing data across departments and agencies meansthat capacity building initiativesneed to be discussed by the National GBV Coordination Committee for the system to be accepted and implemented.

## 2.2 The recording and reporting system

**a. Daily OCMC hard copy case records**

Each OCMC will keep the following records for each reported GBV incident/case:

- Hard copies of the consent formsof survivorsusing the format at Part 2 of Annex 1.
- Hard copies of the Intake Formand Assessment Points at Parts 3 and 4 of Annex 1.
- Records of medical and medico-legal services provided to clientsby OCMCs using the format at Annex 2 (registers — see also at point h).

Theseformatsshould be filled in by OCMC staff for each reported GBV case. Completed consent forms must be treated with the strictest confidence and kept in separate lockers with access limited to designated OCMC staff. Other records must be kept separatelyfrom theconsent forms under lock and key with access limited to designated OCMC staff. Note that some of the information fields in Section 6 of the Intake Form (Client Status and Satisfaction Information, Part 3 of Annex 1) may be blank. These should be updated later in the course of following-up with clients (see section gbelow).

**b. OCMC case records in a database**

Each OCMC shall maintain an electronic Excel database of case records. These databases must be password protected with only designated staff given access to the password. OCMCs will enter the information from the handwritten Intake Formsinto the standard Excel database format(which has the same fields as the Intake Form), except for those points marked with an asterisk, for which there is no place in the database. OCMCs without IT facilities will maintain the handwritten records until they get the necessary IT facilities.

Notes:

- The Excel databases should not reveal clients' identities.
- These databases will automatically generate the reports in the format given at Annex 4.
- Information categories marked with an asterisk in Part 3 of Annex 1are not/cannot be entered into the Excel database. They are excluded as they are descriptive qualitative information or are not relevant to the central level.

- The main purpose of maintaining these databases is to provide information for district and national level data compilations, and to enable the analysis of GBV cases reported to OCMCs, services provided, and case-wise trends in OCMCs. This will allow for a better understanding of needs and gaps to ensure that OCMCs are able to adapt and appropriately meet the needs of survivors.

**c. Register of services provided by OCMCs**

A case-wise register of services provided by OCMCs and types of cases must be maintained daily by OCMC focal points using the format at Annex 2. These shall be completed on a client-wise basis at the time clients receive their last OCMC service. These records must also be summarised to provide monthly, trimesterly and annual summaries of the number of services provided and the numbersand types ofcases. Note that each case needs to be clearly marked on registers whether it is new or if it is for follow-up support. The purpose of these hard copy records is to maintain an accessible at-a-glance summary of services (especially for visitors), as stipulated in the OCMC guidelines.

**d. Monthly GBV data from other agencies**

It is intended that the OCMC reporting and recording system, with support from the OPMCM, will encompass information on GBV cases from all related agencies in each district. District WCOs, police, safe homes, NGOs and other concerned agencies will maintain their records of GBV cases using the Intake Form found at Part 3 of Annex 1 and submit copies of these forms each month to their partner OCMC. OCMCs will compile the data toproduce comprehensive GBV information reports for districts. The OCMC DCCs will push for this to happen by encouraging coordination. However, if case reports are not available from other agencies, at a minimum, all cases dealt with by OCMCs will be recorded and reported.

WCOs, the police, partner NGOs and other concerned agencies must also comply with the new GBV classification system in Annex 3 while recording and reporting GBV cases.

**e. Monthly GBV data reporting by OCMCs**

Every month, each OCMC must send to the Population Division:

- A copy of its Excel database of cases by email to the GESI section chief at the Population Division. OCMCs that lackthiscapacity can send photocopies of their Intake Forms.
- The monthly summary sheet of GBV cases on the format at Annex 2.

**f. Population Division database case compiling**

The Population Division will each month compile the monthly case report databases into a master central level Excel database of all cases and services provided and client status information. ForOCMCs that are not able to send Excel files, the Population Division will directly input the information from the hard copies it receives into the master database.The Population Division will in turn send information on the compiled national reports to the OPMCM's GBV unit every month.

**g. Trimesterlydient follow-upreporting by OCMCs**

WCOs and its safe homes, the police, OCMCsand partner NGOs are responsiblefor following-up with clients every four months (trimesterly) in the last month of each trimester. Clients are defined as

clients who initially reported to each agency.The format at Section 6, Part 3 of Annex 1 should be used for this purpose. These handwritten records should then be entered into the Excel database to update the concerned case records.

Note that OPMCM and the Ministry of Women, Children and Social Welfare (MoWCSW) plan in the future to establish a single reporting system whereWCOs will be responsible for completing these formats. Then, cases dealt with primarily by other offices, such as the police, OCMCs and NGOs, shall provide the information necessary for WCOs to complete these formats.

**h. Monthly and trimesterly reportingby OCMCsand the Population Division**

Monthly and trimesterly reports on cases (the Part A quantitative reportat Annex 4) and trimesterly reports on problems and actions (the Part B qualitative report at Annex 5) will be produced by:

- all OCMCs for submission to the Population Division; and
- the Population Division for submission to OPMCM.

Reporting trimesters will be as per standard GoN periods:

- Trimester 1: the months of Shrawan, Bhadra, Aswin and Kartik (mid-July to mid-Nov.).
- Trimester 2: the months of Mangsir, Poush, Magh and Falgun (mid-Nov. to mid-March).
- Trimester 3: the months of Chaitra, Baisakh, Jestha and Asadh (mid-March to mid-July).

*1. OCMC trimesterly reports*— All OCMCs must regularly send the following two types of reports to the Population Division. OCMCs will also send copies of these reports to their DCCs:

- Client records — OCMCs will send all new or updated client records by email to the Population Division within five working days of the end of each Nepali month. They will send the completed Intake Forms found at Part 3 of Annex 1, preferably entered into an Excel database (except for points marked with an asterisk *). The Population Division will use these records to generate the Part A reportsof Annex 4for each district/OCMC and a national aggregated Part A report database. OCMCs that lack the capacity or facilities to complete this electronically can complete the format manually and submit hard copies.
- Part B reports — OCMCs will also send the Part B reports of Annex 5.1 on problems OCMCs have faced and actions taken and required to overcome these problems. These reports will be sent within five working days of the end of each government trimester.

*2.Population Division to OPMCM* — The Population Division will in turn compile the Part A and Part B reports it receives from OCMCs for submission to the OPMCM's GBV unit within 7 working days of the start of the next trimester. The client-wise records will be in the same format as above while the reports on problems and actions taken will be in the format of thePart Breport of Annex 5.2.

This compiled case record information will provide a basis for the overall analysis of the situation of GBV survivors and for reshaping GBV policy and programmes. The problem reports provide information on the steps taken to provide quality timely services to GBV survivors and to obtain support from higher authorities in cases where its resources and capacity are limited.

**i. Trimesterly and annual reviews of OCMCs**

DCCs will undertake performance reviews of their OCMCs every four months (trimesterly)and annually in line with the government's reporting system. The Population Division will undertake

annual reviews of the performance of all OCMCs. All these reviews will be conducted as per the guidance notes and formats in Section 3 of Annex 6of this manual.

# 3 GUIDANCE NOTES FOR OCMC REVIEWS

This section gives guidance for OCMC performance review by DCCs and the Population Division.

## 3.1 Review of OCMCs by DCCs

DCCs will review the performance of their OCMCs each trimester. These reviews will be carried out either after the DCC receives the regular trimester reports from the OCMC/CMC or when the trimesterly report is presented at the beginning of the review meeting. The focus of these reviews will be on the progress and problems of the OCMC's work, particularly on areas where support from the DCC is required. The member-secretary of the DCC (the medical superintendent of the OCMC's hospital) will carry out the review with support from the OCMC focal personusing the three stages of preparation, facilitation of the review and post-review dissemination of results.

*a. Pre-review work* — Beforea review takes place, the member-secretary of the DCC will undertake the following tasks:

- Consult with the chief district officer (CDO) and local development office (LDO) about the appropriate date, time and venue of the review meeting. From the perspective of institutionalization, it is preferable to hold reviews as part of regular trimesterly progress review meetings at the district level.
- Prepare an agenda that lists issues to be covered and share progress within a realistic timeline.
- One week prior to the review meeting, write a letter to all DCC members informing them of the agenda, venue, date and time of the meeting. The letter can be emailed or hand delivered. Confirmation of participation in the meeting should be done by phone.
- Prepare presentations using appropriate aids and media considering the time available and members' interests.
- Check logistics and other details at the meeting venue well beforehand.

*b. Review process management* — During the review phase, the member-secretary of the DCC will undertake the following tasks:

- Commence the review process with permission from the DCC chairperson and present the agenda to the audience.
- Present the progress of OCMC/CMC work for the trimester.
- Listen carefully and answer questions from members.
- Present issues/problems for discussion and decisions and facilitate the process.
- Minute key discussion points, agreements and decisions.
- Thank participants for their participation and contribution to the review.

*c. Post-review dissemination work* — At this point the following activities will be carried out:

- Send a record of key discussion points, agreements and decisions to members within seven days of the review via email or hand delivery.
- Draw up a plan of action based on review decisionsand circulate the plan to agencies responsible for implementingit.
- Follow-up on plan implementation.

### 3.2 Annual review of OCMCs by the Population Division

The Population Division will review the performance of all OCMCs every year organized as a two-day workshop/seminar at a convenient location. The review will focus on the progress, problems/challenges, best practices and lessons learned of each OCMC and will take decisions to resolve problems and constraints faced by them. To make the review effective and result-oriented, the gender equality and social inclusion (GESI) section of the Population Division will carry outpreparatory work, facilitatethe review and follow-up on review outcomes.

*a. Pre-review work* — Before the review takes place, the GESI section of the Population Division will undertake the following tasks:

- First consult with the Chief of the Population Division and other stakeholders about an appropriate date, time and venue for the review.
- Then consult with the MoHP Secretary and get official approval of the above arrangements.
- Prepare a list of workshop participants in consultation with the Chief of the Population Division.
- Prepare an agenda that lists issues to be covered within a realistic timeline.
- 10 days prior to the date of the review, write a letter to all OCMCs informing them about the agenda, venue, date and time of the meeting. The letter should be sent via mail or fax with confirmation of participation via phone.
- Arrange external and internal resource persons (subject matter specialists) if appropriate and necessary.
- Prepare simple and practical guides for use in presentations by OCMCs during the review and inform OCMCs about this at least 10 days prior to the review. Refer to Formats 1 to 5 of Annex6for the content of these presentations. (The GESI section should ensure that all participating OCMCs complete the formats well before coming to the workshop as part of self-evaluation of OCMC performance.)
- CMCs will assess and score the status and performances of their respective OCMCs by completing Formats 2, 3, 4 and 5 of Annex 6 with the results of these assessments to be presented at the annual review meeting. The assessment and scoring process for the performance review formats (Formats 3 and 4 of Annex 6) should be led by the coordinator of the CMC (i.e. the medical officer of the OCMC-based hospital) and should involve CMC members, OCMC staff, medical superintendents, district health officers (DHOs)/district public health officers (DPHOs) and NGO representatives. The Population Division will also assess and score OCMCs using these formats during their monitoring visits to OCMCs.
- Ensure logistics and other details concerning venue hiring, travel arrangements and supplies.

*b. Review process management* —The responsible person from the GESI section of the Population Division will undertake the following tasks during the review:

- Prepare and organise a formal opening session for the review workshop.
- Commence the review process with permission from the health secretary or a delegated person and present the agenda.
- Facilitate presentations by OCMCs and discussions on the presentations.

- If necessary, organize group work to solve problems and arrive at consensus on decisions and recommendations.
- Provide feedback to each OCMC based on observations of the Population Division.
- Prepare and share a plan of action based on the issues identified by the review workshop (see Format 5 of Annex 6).
- Document the review process and outcomes or decisions.
- Thank the OCMCs for their participation and contribution to the review workshop.

*c. Post-review dissemination work:* At this point the following activities should be carried out:

- Email the report on the review to all OCMCs within 14 working days after the review.
- Draw up a plan of action based on the decisions taken at the review with responsibility for action allocated where necessary and coordinate actions on the plan at different levels.
- Follow-up on the implementation of the action plan and take necessary steps for effective implementation of the plan.

Note: If the Population Division is unable to organise an annual review of all OCMCs, OCMCs must carry out these reviews themselves as self-assessments to help improve their own performance.

# 4 CHANGES OR ADDITIONS

MoHP may amend any partof this manual based on experiencesacquired during the operation of OCMCs and according to the experiences of other concerned agencies. The aim of any changes shall be to address any barriers, obstacles or confusion encountered in implementing this manual. Such changes can only be made after agreement and endorsement by OPMCM.

**Annex1: OCMC Case Reporting Formats**

## Part 1: Instructionsto Caseworkers for Filling in These Formats

1. Do not record case information until the client is physically and psychologically ready to provide the information.
2. Assure the client that the information provided will be treated in strict confidence. Only start recording information after the client has given permission for the information to be recorded.
3. Fill in the consent formputting appropriate codes for incident, survivor and caseworker. *The same survivor can have more than one incident and therefore it is better to have both an incident and a survivor code. Considering possible security issues, caseworkers are advised to use a caseworker code rather than using their names.*
4. Copy the codes for incident, survivor and caseworker (from the Consent Form) onto the Intake Form. The Consent Form and Intake Form must be kept separately for security purposes.
5. Once it is completed (or even partly completed and left), aConsent Form must be immediately locked in a secure cabinet to ensure client confidentiality. The Intake Form must not be kept together with the Consent Form.
6. Fill in an Intake Form for each reported incident. If a survivor reports more than one incident (even on the same day), a separate form must be filled in for each incident. If a group of survivors report the same incident, fill in a separate Intake Form for each incident. These forms should be filled in by counsellors at the end of each case'sfirst counselling session.
7. After completing the Intake Form and the Assessment Points, enter the information into the Excel database for each case.Information marked with an asterisk (*) does not get entered into the Excel database.The Intake Form should only be completed after the current round of provision of hospital services is finished.
8. Information required atsections 6.1 - 6.5 of the Intake Form (Client Status and Satisfaction Information)should be filled in towards the end of each reporting trimester after following-up with each client. This information should be collected through interviews with clients either in a meeting or over the phone.
9. As per an understanding betweenOPMCM's GBV unit, the Population Division and the Department of Women, Children and Social Welfare, it is the responsibility of WCOsin each OCMC district to follow-up on the condition of safe homes and OCMC clients, collect information required by Section 6 of the Intake Form and provide this information to the OCMC by the end of each reporting trimester. It has also been agreed that CDOs, as chairperson of DCCs, will notify the WCO of thesemonitoring and reporting arrangements.

(Note that brief explanations and guides are provided throughout the Intake Form on how to fill out particular sections).

## Part 2: Consent Form for Release of Informationby Survivors

**CONFIDENTIAL**

***The purpose and contents of this consent form must be introduced and explained to the survivor before counselling starts. It should only be filled in after the first counselling session is completed.***

***This form should be read to the client or guardian in her/his first language. It should be clearly explained to the client that she/he can choose any or none of the options listed on this form.***

Incident ID: _____ Survivor code: _____

I, _____, give my permission for _____

_____to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below,I am giving _____ permission to share the specific case information from my incident report with the service provider(s) I have indicated below, so that I can receive help with safety, health, psychosocial and/or legal needs.

   I understand that the shared information will be treated with confidentiality and respect and shared only as needed to provide the assistance I request.

   I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agencies/focal points listed below.

   I would like information released to the following: *(Tick all that apply and specify name, facility and agency/organization as applicable)*

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Security services (specify): _____ |
| ☐ | ☐ | Psychosocial services (specify): _____ |
| ☐ | ☐ | Health/medical services (specify): _____ |
| ☐ | ☐ | Safe home/shelter (specify): _____ |
| ☐ | ☐ | Legal assistance services (specify): _____ |
| ☐ | ☐ | Livelihoodsservices (specify): _____ |
| ☐ | ☐ | Other (specify type of service, name and agency): _____ |

I have been informed and understand that some information that cannot be identified (non-identifiable information) with me may be shared for reporting purposes. Any such information will not be specific to me or the incident. There will be no way for someone to identify me based on information that is shared. I understand that shared information will be treated with confidentiality and respect.

| **Authorization to be marked by client:** ☐**Yes** ☐**No**<br>***(Or according to the capacity and best interest of client)*** |
|---|

**Signature or thumbprint of client (*according to the capacity and best interests of client)*:**

**_____**

**Caseworker code:_____** **Date:_____**

INFORMATION FOR CASE MANAGEMENT *(OPTIONAL)*

*Client's Name:*

*Name of Caregiver (if client is a*

*minor):*_____

____

*Contact phone number:* _____

*Address:* _____

## Part 3: The Intake Form

**Note 1: Before beginning the interview, please be sure to remind the client that all information given will be kept confidential and that they may choose to decline to answer any of the following questions.**

**Note 2: Points marked with an asterisk (*) are not to be entered into the Excel database of cases**

### 1. Administrative Information

| **1.1 Incident ID:** | **1.2 Survivor code:** | **1.3 Caseworker code**: |
|---|---|---|
| **1.4 Reported by client**?<br>☐ Yes ☐ No | | **1.5 OCMC district*:** |
| 1.6 Date of interview (day/month/year): | | 1.7 Date of incident(day/month/year): |

### 2. Survivor Information

| **2.1 Age:**<br>(approximate if necessary) | **2.2 Sex**: ☐Female☐Male☐Other |
|---|---|

**2.3 Client's country of origin?**
☐Nepal
☐India
☐ Other:
☐Don't know

**2.4 HMIS ethnic identification: (Please refer to Nepal government's checklist. Please fill out this section only after completing the consent form.)**
☐ Dalit ☐Janajati ☐Madhesi☐Muslim

☐ Brahmin/Chhetri ☐ Other (Thakuri, Sanyasi, Dasnami) ☐ Not applicable (non-Nepali)

| **2.5 Is the client a person with a disability?**<br><br>☐No ☐Mental<br>☐ Physical<br>☐Both (physical & mental) | **2.6 Current marital status of client*:**<br>☐Single☐Married or cohabitating<br><br>☐Divorced/separated ☐Widowed |
|---|---|
| **2.7 Is the client an unaccompanied minor, separated child, or other vulnerable child**?<br><br>☐No<br>☐ Unaccompanied minor/child<br>☐Separated child<br>☐ Other vulnerable child | Definitions:<br>• Unaccompanied minors are children who have been separated from both parents and other relatives and who are not being cared for by an adult who, by law or custom, is responsible for doing so.<br>• Separated children are children separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. This may, therefore, include children accompanied by other adult family members.<br>• Other vulnerable children can includechildren who live without adequate adult support, live outside of family care (e.g., in residential care or on the street), are marginalized, stigmatized or discriminated against, or are orphaned. |

| | |
|---|---|
| **3. Incident information** | |
| **3.0 Description of the incident (summarize the details of the incident in the client's words)*** | |
| **3.1 Time of day incident took place:**<br>☐Morning (sunrise to noon) ☐Afternoon (noon to sunset)<br>☐Evening/night (sunset to sunrise) ☐Unknown/not applicable | |
| **3.2 Incident location site**<br>☐Client's home ☐ Perpetrator's home ☐School or college ☐Workplace<br>☐Hotel or guest house ☐Forest, bush, field or road ☐Other (mention) | |
| Note: The next two sections are on identifying the type of violence (3.3) and the context of violence (3.4). The types are the same as the standard classification by UNFPA, UNHCR and the IRC. See Annex 3 for definitions of the types of GBV. Also, follow the guidelines found on the form to the right of section 3.3 while determining the type of violence.<br><br>The definitions and guides given here largely follow 'The Gender-based Violence Information Management System (GBVIMS): User Guide' which is used by the three United Nations agencies. Note that the category 'forced marriage' includes child marriage, which is common in Nepal.<br><br>Traditional harmful practices (section 3.4) are the main contextual factors for GBV in Nepal. Contextual factors are often confused with the 'type' of GBV. For example, 'domestic violence' is often wrongly cited as one 'type' whereas it is a contextual factor that indicates family members' involvement in the violence. | |

| | |
|---|---|
| **3.3 Type of violence** (refer to Annex 3for definitions and select one)<br>☐1.Rape<br>(Includes gang rape, marital rape)<br>☐2. Sexual assault<br>(Includes attempted rape and all types of sexual violence, abuse without penetration<br>☐3. Physical assault<br>(Includes hitting, slapping, kicking, shoving and others that are not sexual in nature)<br>☐4. Forced marriage<br>(Includes child marriage)<br>☐5. Denial of resources, opportunities or services<br>☐6. Psychological/emotional abuse<br><br>☐7. Non-GBV (specify)* | **Questions and procedure for classifying GBV incidents:**<br><br>1. Did the reported incident involvepenetration? If yes → classify the GBV as 'Rape'. If no → proceed to the next GBV type on the list.<br><br>2. Did the reported incident involve unwanted sexual contact? If yes → classify the GBV as 'Sexual assault'. If no → proceed to the next GBV type on the list.<br><br>3. Did the reported incident involve physical assault? If yes → classify the GBV as 'Physical assault'. If no → proceed to the next GBV type on the list.<br><br>4. Was the incident an act of forced marriage? If yes → classify the GBV as 'Forced marriage'. If no → proceed to the next GBV type on the list.<br><br>5. Did the reported incident involve the denial of resources, opportunities or services? If yes → classify the GBV as 'Denial of resources, opportunities or services'. If no → proceed to the next GBV type on the list.<br><br>6. Did the reported incident involve psychological or emotional abuse? If yes → classify the GBV as 'Psychological/emotional abuse'. If no→ proceed to the next GBV type on the list.<br><br>7. Did the reported incident involve GBV?If yes →start over at number 1 and try to classify the type of GBV again. If no → classify the violence as 'Non-GBV'. |
| **3.4 Was this incident a harmful traditional practice?**<br><br>☐ No<br>☐ Polygamy ☐ Dowry<br>☐ Witchcraft ☐ Kamlari<br>☐ Chaupadi ☐Trafficking<br>☐Other (specify):_____ | **3.5 Were money, goods, benefits and/or services exchanged in relation to this incident?**<br><br>☐No<br>☐ Yes |
| 3.6 Has the client had any previous incidents of GBV perpetrated against them and was the incidentreported?<br><br>☐ No ☐Yes and reported ☐ Yes but not reported<br>If yes, include a brief description*: | |

## 4. Alleged Perpetrator Information

4.1 Number of alleged perpetrators ☐One ☐Two ☐Three or more

4.2 Sex of alleged perpetrators ☐ Male ☐ Female ☐Both male and female

4.3 Is the age of perpetrator(s) known? ☐ Yes ☐ No
If yes, estimate age of alleged perpetrators (up to 3 persons in sequential order oldest to youngest)
(i) (ii) (iii)

**4.4 Alleged perpetrators' occupupation (tick the one that best applies)**

☐Teacher
☐Community leader
☐Farmer
☐NGO/INGO/UN staff
☐Unknown
☐Security personnel
☐Religious leader
☐Government service provider
☐Unemployed
☐ Other (please specify) _____

**4.5 Alleged perpetrators' relationship with survivor (Tick the FIRST one that applies)**

☐Intimate (former)spouse or partner
☐Relative other than close family member
☐Teacher tutor or school official
☐ Landlord
☐ Family friend or neighbour
☐Unknown
☐Family member other than spouse or partner
☐ Supervisor or employer
☐ Service provider
☐Friend(school, college, house or work)
☐No relation

## 5-Referral Pathways Information

**5.1 Who refered the client to you?**

☐Hospital unit (indoor, outdoor, emergency)
☐Hospital other than this hospital
☐Police office/other security actor
☐Civil society organization/CBO/NGO
☐ Community safe home
☐Psychosocial counselling services
☐Other humanitarian/development actor
☐ Community leader
☐District safe home/shelter home
☐ Legal services
☐Self/family/friend
☐Teacher/school official
☐GBV watch group
☐Livelihoods programme
☐Other governemnt service
☐Other (specify)

| **5.2 Was client referred to a safe home?** | **Referral details:** |
|---|---|
| ☐ Yes<br>☐ No - Service provided by your agency (e.g. OCMC, safe home)<br>☐ No - Service already received from another facility/agency<br>☐ No - Service not applicable<br>☐ No - Referral declined by survivor<br>☐ No - Service unavailable | Date refered (day/month/year)*:<br><br>Name and location of agency*:<br><br>Notes (including action taken or recommended action to be taken):* |

| | |
|---|---|
| **5.3 Was client referred to a rehabilitation centre?**<br>☐ Yes<br>☐ No - Service provided by your agency (e.g OCMC, safe home)<br>☐ No - Service already received from another facility/agency<br>☐ No - Service not applicable<br>☐ No - Referral declined by survivor<br>☐ No - Service unavailable | |
| **5.4 Was client referred to hospital other than this hospital?**<br>☐ Yes<br>☐Service provided by your agency (e.g. OCMC, safe home)<br>☐ No - Service already received from another facility/agency<br>☐ No - Service not applicable<br>☐ No - Referral declined by survivor<br>☐ No - Service unavailable | **Referral details:**<br>Date refered (day/month/year)*:<br><br>Name and location of agency*:<br><br>Notes (including action taken or recommended action to be taken):* |
| **5.5 Was client referred to psychosocial counsellingservices?**<br>☐ Yes<br>☐Service provided by your agency (e.g. OCMC, safe home)<br>☐ No - Service already received from another facility/agency<br>☐ No - Service not applicable<br>☐ No - Referral declined by survivor<br>☐ No - Service unavailable | **Referral details:**<br>Date refered (day/month/year)*:<br><br>Name and location of agency*:<br><br>Notes (including action taken or recommended action to be taken):* |
| **5.6 Does the survivor want to pursue legal action? ***<br>☐ Yes ☐ No ☐ Undecided at time of report | |
| **5.7 Did you refer the survivorto legal assistance office?**<br>☐ Yes<br>☐Service provided by your agency (e.g. OCMC, safe home)<br>☐ No - Service already received from another facility/agency<br>☐ No - Service not applicable<br>☐ No - Referral declined by survivor<br>☐ No - Service unavailable | **Referral details:**<br>Date refered (day/month/year)*:<br><br>Name and location of agency*:<br><br>Notes (including action taken or recommended action to be taken):* |
| **5.8 Was client referred to police/security office**<br>☐ Yes<br>☐Service provided by your agency (e.g. OCMC, safe home)<br>☐ No - Service already received from another facility/agency<br>☐ No - Service not applicable<br>☐ No - Referral declined by survivor<br>☐ No - Service unavailable | **Referral details:**<br>Date refered (day/month/year)*:<br><br>Name and location of agency*:<br><br>Notes (including action taken or recommended action to be taken):* |

## 6. Assessment Points

Note: This is the last portion of the Intake Form and is intended to provide some basic best practice guidelines for case management. It is centred on the immediate well-being and safety of clients. *No information* from this section should be entered into the Excel database. This record will be kept for each client at the concerned OCMC.

| | |
|---|---|
| **6.1 Describe the client's emotional state at the beginning of the interview** (mark all that apply):<br>☐ Scared/fearful<br>☐Sad/depressed<br>☐Anxious/nervous<br>☐Angry<br>☐Calm<br>☐Other | **6.2 Describe the client's emotional state at the end of the interview** (mark all that apply):<br>☐Calmer than at start of interview<br>☐ Similar to at start of interview<br>☐More upset than at start of interview<br>☐Other (specify) |
| **6.3Will the client be safe when she or he leaves the OCMC or safe home or other place of care/support?**<br><br>☐ Yes ☐ No If no, why not: | **6.4 What actions were taken to ensure client's safety?** (mark all that apply)<br>☐ Safety plan created<br>☐ Referral to community based support<br>☐Referral to safe home<br>☐Service provider to follow-up<br>☐Other action taken |
| If the survivor was raped, have you explained possible health consequences of rape to the client (and/or to guardian based on assessment capacity and best interest of client if under 14)?<br>☐ Yes ☐ No ☐ not applicable (not raped) | |
| Has the client given their consent to share their non-identifiable data in your reports? *<br>☐ Yes ☐ No | |

## Part 4. Client Status and Satisfaction Information

The caseworker who registers the case will follow-up to check on theclient's status and condition in each trimester for each trimester's reporting. The follow-up can occur by visiting the client,meeting the client at a convenient place or through a telephone interview (depending on the client's preference). A client should be followed-up for one year after registering an incident. The interviewer should complete Sections 6.1 to 6.5 of this format by asking the client direct questions pertaining to options (boxes) and then ticking the appropriate box. The interviewer should probe into the answers if answers are not clear and should read the answer options to the client if necessary.

In the long run, it is planned for WCOs to be responsible for monitoring and compiling information on client follow-up. Until this system is established, each concerned agency including OCMCs, the police and NGOs will be responsible for following-up with clients every four months (trimesterly) in the last month of each trimester.

1 Types of services received by the client (tick all that apply):

☐Medical service by OCMC ☐Medical service by referred hospital
☐ Medico-legal service ☐Counselling, psychosocial service
☐ Security service by police☐ Safe home service under WCO
☐Legal service ☐Livelihood, rehabilitation service

2 The client is satisfied with the services (tick all that apply):

☐Medical service by OCMC ☐Medical service by referredhospital
☐ Medico-legal service ☐Counselling, psychosocial service
☐ Security service by police☐ Safe home service under WCO
☐Legal service☐Livelihood, rehabilitation service

3 At the time of follow-up, if the case involves a legal dispute,what is the status of the case?

☐No formal or informal legal dispute is needed ☐Settled informally (out of court)
☐ Legal process is yet to be initiated ☐Settled by the district court
☐In the process of informal settlement ☐Settled by the district court in favour of the client
☐Filed at the district court ☐Settled by the appellate court
☐Filed at the appellate court ☐Settled by the appellate court in favour of the client

4 If the case requires livelihood support, what is the progress on livelihood support?

☐The client is yet to receive support
☐ The client is getting skills/vocational or business training
☐ The client has completed skills/vocational or business training
☐ The client has received financial and other support for gainful employment
☐ The client is gainfully employed and is earning to support her/himself
☐ The client is not yet gainfully employed and requires further support

If the client requires further support, specify the support required*:

5 If the client requires reintegration or rehabilitation, what is the final outcome? Tick all that apply.

☐Reintegrated with the family/community and is satisfied with the final outcome
☐ Reintegrated with the family/community but is NOT satisfied with the final outcome
☐ Rehabilitated outside the family/community and is satisfied with the final outcome
☐ Rehabilitated outside the family/community but is NOT satisfied with the final outcome
☐S/he has NOT been re-victimised by the same perpetrator
☐ S/he has been re-victimisation by the same perpetrator
☐ Not yet rehabilitated and requires further support

If the client requires further support, specify the support required*:

If the client has been revictimised by the same perpetrator, specify what was done by the OCMC*:

## Annex 2: Register of Medical and Medico-Legal ServicesProvided to OCMC Cases by OCMCs

*How:* Handwritten in a hard copy register.*Who:* To be maintained by OCMC focal points.*When:* Case-wise entries to be updated daily for cases that have completed a round of services.*Purpose:* To provide an at-a-glance summary at any time of services provided.

| OCMC: | | | | District | | | | Register period: | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Case information** | | | | | | | | **Health servicesreceived by survivors** | | | | | | | | | | | **Referral pathways** | | **Remarks** |
| S. no. | Date of data entry | Survivor code | Age | Address: (VDC, district) | Sex (M. F, O) | Type of violence (1 rape, 2 sexual assault, 3 physical assault, 4 forced marriage, 5 denial of resources etc., 6. psychological/emotional abuse) | First visit (V1) or follow up (FU) | Physical examination | Forensic/ medico legal examination | HIV/voluntary counselling and testing (VCT) | Pregnancy test | Injury/traumatic injury/treatment | Emergency contraceptive service | Sexually transmitted infection (STI) treatment | Safe abortion service | Treatment of mental disease | Psycho-social counselling service | Other treatment service | The client was referred from/by: (self [S], relatives [R], safe home [SH], police [P], NGO [N], health facility [HF]) | The client was referred to(safe home [SH], rehab. centre [RC], police [P], lawyer [L], higher hospital [HH]) | |
| 1 | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| *Add* | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | |

## Annex 3: Definitions of Six Core Types of Gender-based Violence

The following definitions, like several other elements of this manual, are taken from 'The Gender-based Violence Information Management System (GBVIMS): User Guide,' UNFPA, UNHCR and IRC. The users of this manual are also requested to refer to the User Guide in case of confusion or for further information and examples.

The criteria used to generate the classification tool's six core GBV types were:

- They are universally-recognized forms of GBV.
- They focus on the specific act of violence apart from the motivation behind it or the context in which it was perpetrated.
- They are mutually exclusive (they do not overlap).

The six core types of GBV and their definitions are:

1. **Rape**— Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes non-consensual penetration of the vagina or anus with an object. Examples can include but are not limited to: gang rape, marital rape, sodomy and forced oral sex. This type of GBV does not include attempted rape where no penetration occurs.
2. **Sexual assault** — Any form of non-consensual sexual contact that does not result in or include penetration. Examples can include but are not limited to: attempted rape, unwanted kissing, unwanted stroking, unwanted touching of breasts, genitalia and buttocks and female genital cutting /mutilation. This type of GBV does not include rape since rape involves penetration.
3. **Physical assault**—Physical violence that is not sexual in nature. Examples can include but are not limited to: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in physical pain, discomfort or injury. This type of GBV does not include female genital cutting/mutilation or honour killings.
4. **Forced marriage**— The marriage of an individual against her or his will.This category includes child marriage, which is common in some parts of Nepal.
5. **Denial of resources, opportunities or services**— The denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples can include but are not limited to: a widow prevented from receiving an inheritance, earnings taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school. This type of GBV does not include reports of general poverty.
6. **Psychological/emotional abuse**—The infliction of mental or emotional pain or injury. Examples can include but are not limited to: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing natureand the destruction of cherished things.

## Annex 4: GBV CasesExcel Report (Part A Report)

*Note: These reports are generated automatically by the Excel cases database after information from the Intake Forms are entered into the system. These reports can be produced for any time period.*

OCMC:.....District, Trimester: (1, 2 or 3): Reporting date:

| **Part A1. Incidents by type and context** | | | | | |
|---|---|---|---|---|---|
| Number of incidents by type (number of responses in each category): | | | | | |
| Rape | Sexual assault | Physical assault | Forced marriage | Denial of resources | Emotional abuse |
| Number of incidents by context (number of responses in each category) | | | | | |
| Polygamy | Dowry | Witchcraft | Kamlari (bonded labour) | Chhaupadi (menstrual seclusion) | Trafficking |

| **Part A2. Services received by the client and satisfaction with the service** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Services received by clients (number of responses in each category): | | | | | | | |
| Medical service by OCMC hospital | Medical service by referred hospital | Medico-legal service | Counselling, psychosocial service | Police, security | Safe home or shelter | Legal aid | Livelihoods, rehabilitation |
| The client is satisfied with the services related to (number of responses in each category): | | | | | | | |
| Medical service by OCMC hospital | Medical service by referred hospital | Medico-legal service | Counselling, psychosocial service | Police, security | Safe home or shelter | Legal aid | Livelihoods, rehabilitation |

| **A3. Status of clients who require legal aid, livelihood support or rehabilitation support** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Status of clients who require formal or informal legal battle: | | | | | | | |
| Case in process of informal settlement | Case filed at district court | Case filed at Appellate Court | Case settled informally (out of court) | Case settled by district court | Case settled by district court in client's favour | Case settled by Appellate Court | Case settled by Appellate Court in client's favour |

| Status of clients who require livelihoods support | | | | | |
|---|---|---|---|---|---|
| Client yet to receive support | Client getting skills, vocational or business training | Client has completed skills, vocational or business training | Client received financial and other support | Client is gainfully employed and earns to support her/himself | Client not yet gainfully employed and requires further support |

| Status of clients who require reintegration or rehabilitation: | | | | | |
|---|---|---|---|---|---|
| Reintegrated with their family or community and is satisfied with final outcome | Reintegrated with the family or community but is NOT satisfied with final outcome | Rehabilitated outside the family or community and is satisfied with final outcome | Rehabilitated outside family or community but NOT satisfied with final outcome | Not yet rehabilitated or re-integrated &needs further support | S/he has been re-victimised by the same perpetrator |

**Annex 5: Trimesterly Reporting Format Part B — Problems and Actions**

## 1. OCMC Trimesterly Part B Reporting Format: Problems and Issues

OCMC:…… District, Trimester: (1,2 , 3) Date of reporting:……

| | Problems faced by OCMC | Action taken at the district level (by OCMC, CMC or DCC) on the problems | Action requested from the Population Division to deal with the problems (Also include actions outstanding from previous trimesters) | Action requested from agencies at district level |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## 2. Population Division Trimesterly Part B Reporting Format: Problems and Issues

Population Division, MoHP Trimester: (I, II or III) Date of reporting:

| | Problems faced by the Population Division | Action taken by the Population Division/ MoHP on the problems | Action requested from OPMCM to deal with problems (Also include actions outstanding from previous trimesters) | Action requested from other agencies at the national level |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## Annex 6: OCMC Review Formats

## Annual Review Format 1: Budget and Expenditure Details

OCMC……District Fiscal year reviewed:

| | Budget headings | Budget received from MoHP | Expenditure on the budget | Remarks |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## Annual Review Format 2: Good Practices, Lessons, Problems and Suggestions

| | Good practices of the OCMC (in relation to coordination within hospital, collaboration with others, promotion, community based interventions, referral and rehabilitation) | Lessons learnt | Problems and challenges faced | Suggestions for the future |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

## Annual Review Format 3: Assessment Format on OCMC Capacity

Scoring system: 4 = very good, 1 = very poor)

OCMC…… ……District Date:

| No. | Indicators (ideal state) | Current status | Score |
|---|---|---|---|
| 1 | Staff nurse(s) on contract is on duty year round<br>(12 months = 4; 11 months= 3; 10 months = 2; <10 months = 1) | | |
| 2 | Trained psychosocial counsellor is available year round<br>(12 months = 4; 11 months = 3; 10 months = 2; <10 months = 1) | | |
| 3 | Doctor(s) trained in medico-legal field are available in OCMC based hospital<br>(2 doctors = 4; 1 doctor mostly available = 3; 1 doctor sometimes available = 2; no doctors available = 1) | | |
| 4 | Medical officer is available ina timely manner for all cases requiring medico-legal service<br>• OCMC medical officer or his/her replacement alwaysavailable in a timely manner = 4;<br>• No replacement in case of absence of medical officer = 3; | | |

| No. | Indicators (ideal state) | Current status | Score |
|---|---|---|---|
| | • Medical officer available only during duty hours = 2;<br>• Medical officer or his/her replacement mostly not available = 1 | | |
| 5 | Medical superintendent has given clear written instructions on roles and responsibility of OCMC medical officer, psychosocial counsellor and OCMC staff nurse<br>(clear written instructions = 4; clear verbal instructions = 3; unclear instructions = 2; no instructions = 1) | | |
| 6 | All hospital departments and units are well-informed about OCMC services and their OCMC related responsibilities<br>(all departments and units = 4; most departments and units = 3; some departments and units = 2; none informed = 1) | | |
| 7 | The OCMC is well equipped with necessary rooms, furniture, medical equipment and supplies (including provision for forensic evidence preservations)<br>• Well equipped = 4;<br>• Rooms and furniture available, but some equipment and supplies missing = 3;<br>• Rooms and furniture not sufficient and/or equipment and supplies mostly missing = 2;<br>• Most provisions not met = 1 | | |
| 8 | OCMC always adheres strictly to service protocols (clinical, counselling, confidentiality and forensic evidence preservation)<br>• Always adheres strictly to all protocols = 4;<br>• Only protocols related to clinical and counselling are followed = 3;<br>• Protocols mostly not followed = 2;<br>• Protocols rarely followed = 1 | | |
| 9 | Patient-wise documentation timely and appropriately maintained<br>• All done as per monitoring and reporting manual in Excel database = 4;<br>• All documentation timely and appropriately in hard copies only = 3;<br>• Some documents not completed timely or appropriately = 2;<br>• Documentation mostly do not meet the manual requirements = 1 | | |
| 10 | OCMC provides regular data and reports within specified time to the Population Division and DCC<br>• Data and reports always submitted within specified time = 4;<br>• Data and reports mostly submitted within specified time = 3;<br>• Data and reports mostly not submitted within specified time = 2;<br>• Data and reports rarely submitted within specified time = 1; | | |
| | **Total score** | | |
| | **Percentage (out of 40 full score)** | | **%** |

## Annual Review Format 4: Assessment Format on OCMC Coordination and Collaboration

Scoring system: 4 = very good to 1 = very poor)
OCMC…… ……District Date:

| No. | Indicators | Current status | Score |
|---|---|---|---|
| 1 | State of coordination and collaboration with relevant hospital departments/units (emergency, indoor, outdoor, laboratory):<br>• Indoor and emergency departments take care of GBV cases during off-office hours; all services, including medico-legal and other lab services, are timely provided = 4.<br>• Indoor and emergency departments take care of GBV cases during off-office hours; all services including medico-legal and other lab services are timely provided, but medico-legal protocol not properly followed = 3.<br>• Indoor and emergency departments and lab do not take care of GBV cases during off-office hours; medico-legal protocol is not properly followed although other services are promptly provided = 2.<br>• Indoor and emergency departments and lab do not take care of GBV cases during off-office hours; medico-legal and other services are also not timely provided = 1. | | |
| 2 | State of coordination and collaboration with district police offices:<br>• Police cooperate in providing treatment and counselling as per clinical protocol to all GBV survivors and also report periodically on status of GBV cases referred from OCMC = 4.<br>• Police cooperate in providing treatment and counselling as per clinical protocol to all GBV survivors but do not report periodically on status of GBV cases referred from OCMC = 3.<br>• Police report periodically on status of GBV cases referred from OCMCs but do not cooperate in providing treatment and counselling as per clinical protocol to all GBV survivors = 2.<br>• Police neither cooperate in providing treatment and counselling as per clinical protocol to all GBV survivors nor report periodically on status of GBV cases referred from OCMC = 1. | | |
| 3 | State of coordination and collaboration with legal support offices:<br>• District attorney, district bar or private lawyers hired by OCMC/WCO provide timely, appropriate and free of cost service to clients in consultation with the police where required and provide monthly status reports to the CMC/OCMC = 4.<br>• District attorney, district bar or private lawyers hired by OCMC/WCO provide timely, appropriateand free of cost services to clients in consultation with the police where required but do not provide monthly status reports to CMC/OCMC = 3.<br>• District attorney, district bar or private lawyers hired by OCMC/WCO do not provide timely, appropriateand free of cost services to clients in most cases and usually do not consult with the police where required and do not provide monthly status reports to CMC/OCMC = 2.<br>• District attorney, district bar or private lawyers hired by OCMC/WCO rarely provide timely, appropriate and free of cost services to clients and rarely consult with police where required and do not provide monthly status reports to CMC/OCMC = 1. | | |

| No. | Indicators | Current status | Score |
|---|---|---|---|
| 4 | State of coordination and collaboration with WCO and its safe homes:<br>• WCO/safe homes refers survivors to OCMC where required, safe homes accept OCMC-referred survivors, WCO actively works to ensure all support required by survivors (legal, livelihood, reintegration and rehabilitation) and WCO provides monthly status report to CMC/OCMC = 4.<br>• WCO/safe homes refers survivors to OCMC where required, safe homes accepts OCMC referred survivors, WCO actively works to ensure all support required by survivors (legal, livelihood, reintegration and rehabilitation) but WCO does not provide monthly status report to CMC/OCMC = 3.<br>• WCO/safe homes refers survivors to OCMC where required, safe homes accept OCMC referred survivors but WCO does not actively work to ensure all support required by survivors (legal, livelihood, reintegration and rehabilitation) and WCO does not provide monthly status report to CMC/OCMC=2;<br>• WCO/safe homes rarely refers survivors to OCMC where required, OCMC refers the survivors to safe houses where required but WCO does not actively work to ensure all support required by survivors (legal, livelihood, reintegration and rehabilitation and WCO does not provide monthly status report to the CMC/OCMC=1 | | |
| 5 | State of coordination and collaboration with local networks working in GBV field (including WCO-promoted watch groups):<br>• Local networks refer GBV cases to OCMC, monitor and support re-integrated survivors and provide monthly status report (by phone) on survivors = 4.<br>• Local networks refer GBV cases to OCMC, monitor and support re-integrated survivors but do not provide monthly status report (by phone) on survivors = 3.<br>• Local networks monitor and support re-integrated survivors but do not refer GBV cases to OCMC and also do not provide monthly status report (by phone) on survivors = 2.<br>• Local networks rarely refer GBV cases to OCMC, rarely monitor and support re-integrated survivors and do not provide monthly status report (by phone) on survivors = 1. | | |
| 6 | Joint action plan with budget and progress review by key stakeholders (OCMC, WCO, DPHO, Police, NGOs and other concerned agencies) prepared and implemented at local level:<br>• Joint action plan with budget prepared and implemented, joint trimesterly progress review (including expenditure review) held regularly = 4.<br>• Joint action plan with budget prepared and implemented, joint trimesterly progress review (including review of expenditure) either not done or done irregularly = 3.<br>• Joint action plan not prepared but joint progress review (excluding review of budget and expenditure) done at least once a year = 2.<br>• Joint action plan not prepared, no joint progress review = 1. | | |
| 7 | State of coordination and collaboration with stakeholder NGOs:<br>• Stakeholder NGOs refer survivors to OCMC where required, provide monthly status report to OCMC and actively work to ensure all support required by survivors (legal, livelihood, reintegration, rehab.) = 4.<br>• Stakeholder NGOs refer survivors to OCMC where required, actively | | |

| No. | Indicators | Current status | Score |
|---|---|---|---|
| | work to ensure all support required by survivors (legal, livelihood, reintegration and rehabilitation) but do not provide monthly status report to OCMC = 3.<br>• Stakeholder NGOs refer survivors to OCMC where required but mostly do not work to ensure all support required by survivors (legal, livelihood, reintegration and rehabilitation) and also do not provide monthly status report to OCMC = 2.<br>• Stakeholder NGOs rarely refer survivors to OCMC, rarely work to provide legal, livelihood, reintegration and rehabilitation support to survivors nor provide monthly status report to OCMC = 1. | | |
| 8 | Promotion of OCMC services and creation of awareness on GBV:<br>• OCMC develops appropriate information, education and communication (IEC) materials in locally suitable languages and disseminates them regularly through appropriate combination of local media (FM radio, leaflets, posters, hoarding boards, citizen charter, press meets) in collaboration with DPHO, WCO, NGOs = 4.<br>• OCMC develops appropriate IEC materials in locally suitable languages and disseminates them regularly through appropriate combination of local media (FM radio, leaflets, posters, hoarding boards, citizen charter, press meets) = 3.<br>• OCMC develops some IEC materials and disseminates them irregularly through some local media (FM radio, leaflets, posters, hoarding boards, citizen charter, press meets) = 2.<br>• OCMC rarely develops and disseminates IEC materials = 1. | | |
| | **Total score** | | |
| | **Percentage (out of 32 full score)** | | **%** |

**Annual Review Format 5: OCMC Annual Review Plan of Action**

| | Issues identified for action | Tasks to be carried out to resolve issues | Responsible office to implement the activity | Deadline to complete tasks |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| *Add* | | | | |