

Gender Based Violence and One Stop Crisis Management Centres in Nepal

Gender Based Violence (GBV) is a grave social and human rights concern affecting virtually all societies. In Nepal, GBV has become an urgent national issue. More than 22% of women have experienced physical violence from the age of 15. Twenty six percent of married women have experienced physical, sexual or emotional violence from their spouse, and 66% of survivors never tell anyone about their experiences or seek help¹.

To effectively tackle, treat and address the problems of GBV in an integrated manner, the Government of Nepal (GoN) has taken major steps in reforming existing laws and policies to combat GBV in the country. In this context, the GoN assigned the Federal Ministry of Health and Population (FMoHP) as the responsible executive body to implement Clause 3 of the National Action Plan against GBV (2010) and strategy 8 of the National Strategy and Workplan to End Violence Against Women and Gender Empowerment (2010) to effectively provide integrated services to survivors of GBV by establishing hospital based One-Stop Crisis Management Centres (OCMC).

OCMC EMERGENCE AND APPROACH:

In 2011 the Federal Ministry of Health and Population (MoHP) piloted the establishment of seven hospital based One Stop Crisis Management Centers (OCMCs). Evidence and learning informed the policy, design and strengthening of OCMCs and in 2022, 88 OCMCs are operational across the country. Some districts have more than one OCMC due to the geographical location, population density and the high prevalence of GBV. Furthermore, the Government has decided that OCMCs may be extended to other government hospitals, community hospitals and private hospitals based on demand and referral services.

Each OCMC aims to provide an integrated package of services for survivors of GBV through a 'one-door' system that follows three core principles: (i) ensuring the security and safety of GBV survivors, (ii) maintaining confidentiality, and (iii) respecting the dignity, rights and wishes of survivors at all times. OCMCs are designed to follow a multi-sectoral and locally coordinated approach to provide GBV survivors with a comprehensive range of services including health care, psycho-social counseling, medico-legal

services, access to safe homes, legal protection, personal security and rehabilitation support. Because of the multi-faceted needs of GBV survivors, OCMCs act as secretariats, coordinating with multi-sectoral partners to ensure services are provided.

OCMC STRUCTURE:

Multisectoral partnership and coordination is key to the effective functioning of OCMCs. OCMCs are overseen and managed through three committees: a) GBV Management Advisory Committee – headed by the District Coordination Committee Chair along with all Deputy Mayors, 2) GBV Management District Coordination Committee – headed by the Chief District Officer of the district and key officials including District Police Chief, District Attorney and others and 3) GBV Case Management Committee – headed by OCMC Chief and key persons from the hospital and other partners. These committees each have their assigned roles and responsibilities to guide, coordinate, protect and monitor OCMCs for their effective functioning. External development partners and community-based organizations working on GBV related issues locally are invited members in the respective committee. At the Federal level, FMoHP has formalized a federal level GBV Multisectoral Coordination Committee Chaired by Population Management Division Director.

OCMC STRENGTHENING:

The FMoHP has provided various capacity building related to GBV since 2012 including psychosocial counselling, GBV medico-legal and autopsy training, GBV clinical protocol training, GBV Training of Trainers, training on the recording and reporting of OCMC services in DHIS2 platform and advanced counselling training for service providers offering services at the OCMC based hospitals. Training has enhanced participant understanding of GBV issues, improved the quality of care provided to survivors especially in the areas of medical forensics and the quality of medico-legal reporting, psychosocial counselling, and record keeping. Federal and sub-national governments have also standardised and ensured the resources and infrastructure needs of OCMCs are met. Most importantly, coordination has been strengthened within and between hospital departments and among partners, firmly placing the OCMC as a priority service provided by the hospital.

1 Nepal Demographic and Health Survey 2016.

The instruments to enable a whole hospital response to GBV and support the provision of dignified, confidential and survivor-oriented treatment have been put in place. This includes the OCMC operational guidelines, GBV clinical protocol, GBV medico-legal service implementation guidelines, GBV training manual for training of trainers, and six-month psycho-social counselling curricula.

DEVELOPMENT OF AN EFFECTIVE SYSTEMS RESPONSE TO GBV:

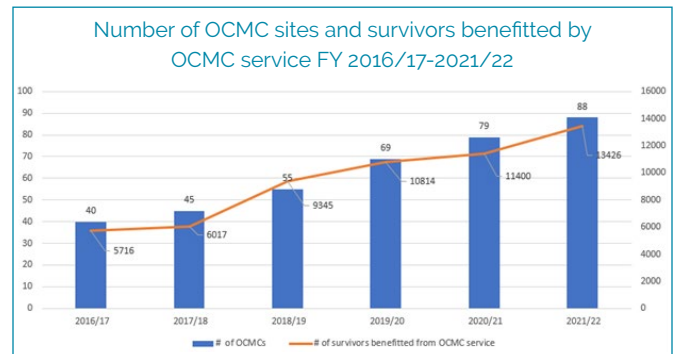
Under FMoHP leadership, the Nepal Health Sector Support Programme (UKaid/NHSSP) has supported the piloting, evidence-based systems strengthening and scaling up of OCMCs. This support has enhanced the Government's understanding of GBV issues, ownership of OCMCs, and more broadly, the prioritizing of services to those who need it most.

NHSSP has encouraged collaboration between and within several Ministries and Agencies at federal and sub-national level; helping to cement commitment, ownership and responsibility of OCMCs as a vital service for GBV survivors.

OCMCs have become an integral part of participating hospitals, providing a core coordination role among various healthcare units within the hospital, local governments and external agencies such as the police, safe homes, district attorney and women's rights organizations. Improvements in coordination has proven that an effective systems-response is developing.

CLIENTS SERVED:

The number of GBV survivors served by OCMCs was 13426 in 2021/22 from 88 OCMCs, a major increase from the 187 served by 7 pilot OCMCs in 2011/12. A significant number of OCMC clients in 2021/22 were referred to multisectoral service providers outside of the hospital such as police, legal, housing and rehabilitation services.



LOOKING FORWARD:

Frequent staff changes in hospitals, agencies and government bodies means that continuing orientation and capacity building will be needed to bolster the systems that have been developed to respond to GBV. The multisectoral approach has been fundamental to the success of OCMCs but carries the integral challenge of ensuring standards are met across all partners in order to provide a quality collective response to individual survivors. Federalism has required new mechanisms of subnational coordination and information sharing of multiple municipalities within the catchment area of an OCMC. These new coordination mechanisms are proving key to forging collective responsibility and commitment for addressing GBV across spheres of governance and for enabling multisectoral coordination; and will be an area for continued strengthening. Thus, challenges remain high. But experience shows that the challenges can be overcome through meaningful coordination and collaboration: engagement of local governments; improved awareness raising activities to prevent GBV and enable survivors to seek help and safety; capacity building of OCMC staff, stakeholders and survivors; survivor follow-up; improved screening and coordinating strategies; establishing safe-homes in all districts; and more social protection activities to support survivors. The implementation of these measures will demand consistent and coordinated action and monitoring ministries and institutions to district line agencies. This will also require that federal and local governments beyond FMoHP, work more systematically to prevent and address GBV in a holistic manner.

