Nepal Health Sector Support Programme III

(NHSSP - III)

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Contents

Acronyms

CMC	Case Management Committee
CDO	Chief District Officer
DOHS	Department of Health Services
DDC	District Development Committee
GBV	Gender Based Violence
GESI	Gender Equality and Social Inclusion
GoN	Government of Nepal
HMC	Hospital Management Committee
KAP	Knowledge, Attitudes, and Practices
KZH	Koshi Zonal Hospital
KABP	Knowledge Attitude Behaviour and Practice
LZH	Lumbini Zonal Hospital
MOHP	Ministry of Health and Population
MWCSC	Ministry of Women Children and Senior Citizens
NDHS	Nepal Demographic and Health Survey
NHTC	National Health Training Centre
NHSSP	Nepal Health Sector Support Program
NGO	Non-Governmental Organizations
OCMC	One-stop Crisis Management Centre
OJT	On-the-Job Training
OPD	Out Patient Department
PHAMED	Public Health Administration Monitoring and Evaluation Division
TOT	Training of Trainers
TPO	Trans-cultural Psychosocial Organization
WOREC	Women Rehabilitation Centre
WDO	Women Development Officer

Executive Summary

Gender Based Violence cuts across caste-ethnicity, class, and socio-economic status and is prevalent in all geographical settings in different forms and magnitudes, making prevention and response crucial nationwide. Large numbers of women and children in Nepal experience gender based violence that results in physical, sexual, and psychological damage. The Nepal Demographic and Health Survey 2016 found that more than 22% of women over 15 years old have experienced physical violence, 26% of married women have experienced spousal violence, whether physical, sexual, or emotional, and 66% never tell anyone about their experiences or seek help.

The Government of Nepal has established 45 One Stop Crisis Management Centres in 45 districts and ten more One Stop Crisis Management Centres will be established in the financial year 2018/19 following the implementation of the National Strategy and Action Plan for Gender Empowerment and End GBV. Although the Government of Nepal has a plan to upscale hospital based One Stop Crisis Management Centres across the country, it will take several years to achieve this. A critical step to increasing the response of the health service to GBV is to roll-out the Gender Based Violence Clinical protocol that was approved by the Ministry of Health and Population in 20151. The Gender Based Violence Clinical Protocol aims to sensitise and enhance the understanding of service providers across the whole health system. It is a guide for service providers of all levels to be responsive in providing health services to gender based violence survivors and those at risk of gender based violence in a comprehensive manner.

Upon the request of the National Health Training Centre, the Nepal Health Sector Support Programme supported the roll-out of the Gender Based Violence Clinical Protocol through the development of Gender Based Violence Clinical Protocol training sites. The sites are at Lumbini Zonal Hospital, Koshi Zonal Hospital, and Bharatpur Hospital, located at strategic locations across the country and with functional One Stop Crisis Management Centres.

The roll out of Gender Based Clinical Protocol activities were implemented over seven months from December 2017 to June 2018. The key steps taken where site selection, agreement on the training package and modality, participant selection, Training of Trainers, and On-the-Job Training.

The training was based on the principles of adult and experiential learning following blended learning approaches2. The Training of Trainers included a month of self-paced learning, four days of group-based

[1] The OCMC Operational Guidelines (2011) mandated the development of a GBV clinical protocol, which was developed by a multi-sectoral technical committee in 2014 at the MoHP and approved in 2015.

[2] A blended learning programme model includes an action- learning workshop using real-life case studies, independent learning, traditional instructor-led classroom training, on-demand reference tools, case stories and more. The approaches focus more on ensuring that the right learning takes place, rather than on content, cost and timing, while helping to ensure a greater learning impact for individual and the organization. It also delivers a range of cost saving and flexibility benefits by reducing travel, keeping people on the job and extending the learning from few days to few weeks. This helps learners to retain and practice what they learn while still having access to instructors and

learning, and three days of practical training. Following this training, the participants became certified trainers who provided On-the-Job Training to staff at their respective sites and are now a resource to conduct this training package at different levels. From the three training sites/hospitals, a Total of 125 service providers were trained (Training of Trainers – 12 from three sites [four participants from each site] and 133 On-the-Job Training: 40 at Koshi Zonal Hospital, 38 at Lumbini Zonal Hospital, and 35 at Bharatpur hospital).

The implementation of Training of Trainers and On-the-Job Training at training sites/hospitals has made an impact at different levels– institutional, personal, and service delivery level. The training helped to educate the majority of health personnel in the institution about the epidemiology of physical, sexual, and psychological violence against women, including the magnitude of the problem, patterns of violence in the surrounding community, and the impact of violence on women's health. The survivors shared that their association with One Stop Crisis Management Centres opened them up to many learnings and possibilities. They were informed about Gender Based Violence issues and their rights including legal rights provisioned by the state and services from One Stop Crisis Management Centres and other agencies. The Ones Stop Crisis Management Centres itself has served an increased number of survivors after the implementation of the training. Within a short span of time (four months, from March to June 2018), the OCMCs of all three training sites reported an increased number of GBV cases (92 GBV survivors at KZH, 61 at LZH, and 132 at Bharatpur hospital compared to 67 GBV cases in KZH, 41 cases in LZH and 101 cases in Bharatpur hospital reported during 8 months (July 2017 to Feb 2018). Moreover, within 2 months of this fiscal year (July-August 2018), due to effective inter-departmental referrals within the hospital and referrals from other neighbouring districts and partners, cases increased tremendously i.e. 54, 25 and 36).

During the implementation of the training (Training of Trainers and On-the-Job Training), some challenges occurred. Given that the training incorporates a blended learning approach, it took quite a while to complete the entire cycle of Training of Trainers, which demanded extensive time of the participants who are full-time service providers. Likewise, at zonal level hospitals, there is a scarcity of medical officers, thus, releasing medical officers for a long-training of seven days Training of Trainers was difficult. Additionally, due to the transfer of some trainers, On-the-Job training implementation was delayed for a while at Bharatpur hospital. Furthermore, due to a shortage of human resources in some departments (especially the emergency department) and some units with only one staff member, it became difficult for all service providers to participate full-time in On-the-Job.

There have been good lessons learnt from the implementation of this training. This type of training is a relatively new concept, thus, buy-in from the top level (hospital management committee, medical superintendent) is crucial for its success. Without commitment from senior management, training will be unable to impact the working of the hospital. Similarly, refresher trainings (two days) are beneficial to revive and improve the knowledge of service providers including ongoing assessment, and learner

fellow students to solve problems. The concept of blended learning is rooted in the idea that learning is not just a one-time event - learning is a continuous process. Blending provides various benefits over using any single learning delivery medium alone.

feedback is critical to the success of training. Furthermore, it is important to collect information on providers' Knowledge, Attitudes, Behaviour, and Practices, to inform management/chief about what staff know and believe about violence, what issues need to be addressed during training, and what resources are lacking in the health centres.

Overall, the development of the gender based violence training sites in three hospitals has been a crucial step to initiate the process to improve the health sector response to gender based violence. The motivation of service providers is critical to effectively responding to survivors and to strengthen the system for which refresher sessions/training plays an important role. Furthermore, there should be continuous monitoring and supportive supervision from the Ministry of Health and Population to assess One Stop Crisis Management Centres functionality in regard to application of policies, physical facilities, recording-reporting, alliances with referral agencies, and Knowledge Attitude Behaviour and Practice of service providers including the overall "system approach" taken by the hospital/service centre.

1. Background

Gender Based Violence (GBV) is a grave social and human rights concern affecting virtually all societies. The United Nations (UN) Convention for the Elimination of All Forms of Discrimination against Women (1992)[3] defined it as "violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." GBV is inextricably linked to the gender norms and unequal power relations present in society, violence against women and girls being one of the manifestations of these inequities.

The Government of Nepal (GoN) has taken remarkable steps in reforming existing laws and policies to combat GBV in the country; this includes the Domestic Violence Act 2066 and Regulations 2067, the National Plan of Action against Gender-Based-Violence 2010, which was further developed as the National Strategy and Action plan on Gender Empowerment and Ending GBV (2069/2070–2073/2074), the GBV Elimination Fund, hotline service initiation to register complaints, Hello Sarkar, and the GBV Unit at the Prime Minister's Office. Under the National Action Plan against GBV 2010, the GoN identified the MOHP as the responsible executive body to implement Clause 3 of the National Action Plan against GBV to effectively provide integrated services to the survivors of GBV by establishing hospital based One Stop Crisis Management Centres (OCMCs).

The MOHP plans to scale-up OCMCs each year in the districts where the prevalence of GBV is considered high based on the number of cases reported at district police and district women and children offices. To date, 45 OCMCs have been established in 45 districts and ten more OCMCs will be established in the year 2018/19 following the implementation of the National Strategy and Action Plan for Gender Empowerment and End GBV. 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 counselling, medico-legal services, access to safe homes, legal protection, personal security, and rehabilitation support.

2. Purpose and objectives

GBV cuts across caste-ethnicity, class, and socio-economic status and is prevalent in all geographical settings though in different forms and magnitude, making prevention and response crucial nationwide. Although the GoN has a plan to upscale hospital based OCMCs across the country, it will

[3] CEDAW General Recommendation No. 19 - 1992 - Violence against Women. The Convention on the Elimination of all Forms of Discrimination against Women is an international treaty adopted in 1979 by the United Nations General Assembly. Described as an international bill of rights for women, it was instituted on 3 September 1981 and has been ratified by 189 states.

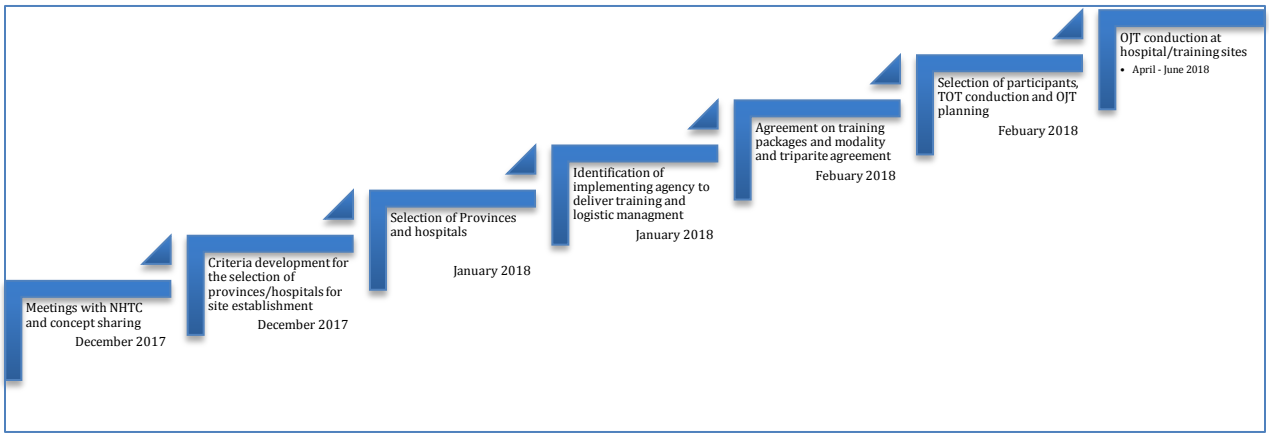
take several years to achieve this. A critical step to increasing the response of the health service to GBV is to roll-out the GBV clinical protocol that was approved by the MOHP in 2015[4]. The GBV clinical protocol aims to sensitise and enhance the understanding of service providers across the whole health system. It is a guide for service providers of all levels to be responsive in providing health services to GBV survivors and those at risk of GBV in a comprehensive manner. Furthermore, it has an objective to improve coordination between health and other service sectors including civil society organisations at the centre, district and community levels.

In order to roll out the GBV clinical protocol, the NHTC requested the NHSSP to support the development of GBV clinical protocol training sites. These sites are located at strategic locations across the country and at hospitals with functional OCMCs.

3. Timeline

The roll out of GBV clinical protocol activities was implemented over seven months from December 2017 to June 2018.

Table 1: Timeline



4. Process undertaken to develop training sites for the roll out of the protocol

4.1. Key preparatory steps for Training of Trainers:

- **Meeting with the NHTC**: Rounds of consultative meetings took place with the NHTC team to discuss the process and steps for the selection of training sites for the roll out of the GBV clinical protocol including the modality of the training, content, process, and participants. Discussions also included the NHTC ownership of the programme, oversight of the quality of the Training of

[4] The OCMC Operational Guidelines (2011) mandated the development of a GBV clinical protocol, which was developed by a multi-sectoral technical committee in 2014 at the MoHP and approved in 2015.

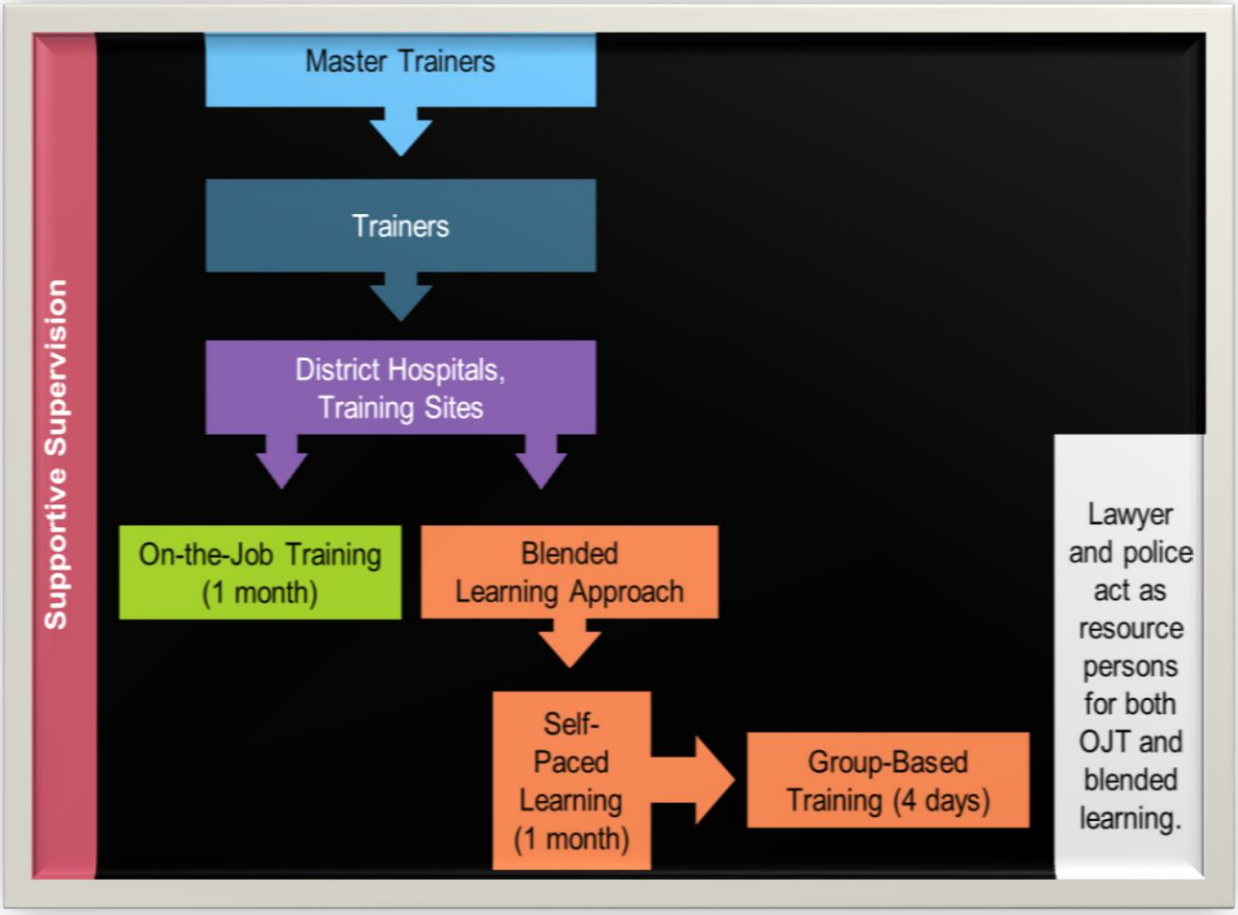
Trainers (TOT), roll out at hospitals and health centres, and roll out of the GBV clinical protocol to health care providers at other facilities in subsequent years.

- **Selection of the training sites**: Based on the agreed criteria (see Annex 1 for selection criteria), three hospitals: Lumbini Zonal Hospital (LZH), Bharatpur Hospital, and Koshi Zonal Hospital (KZH) from three different provinces were selected by NHTC out of a pool of seven provinces. The Public Health Administration Monitoring and Evaluation Division (PHAMED) and Gender Equality and Social Inclusion (GESI) were also involved in consultations on site selection.
- **Identification of implementing agency**: Based on agreed criteria for the selection of the implementing agency (see Annex 2 for selection criteria), Transnational Psychosocial Organisation (TPO) was selected in consultation with NHTC and PHAMED/GESI Section. A tripartite agreement between the NHTC, TPO, and NHSSP was made to deliver quality TOT to roll out the protocol and to provide technical support during On-the-Job (OJT) at training sites. Likewise the role and responsibility of each partner was clarified– the NHTC to coordinate with hospital management for overall planning through implementation, oversight implementation of TOT, and OJT to ensure the overall quality of the trainings, TPO to manage logistics, follow-up with the training sites and participants, ensuring the appropriateness of venues for training conduction, and responsibility for overall communication and sharing among the partners. The NHSSP supported the selection and orientation regarding the objectives of the protocol roll-out, coordination with the hospitals and partners, and overall involvement throughout the programme.
- **Orientation at selected sites**: Orientation was conducted with the Hospital Management Committee (HMC) and key hospital staff of all three hospitals chosen as training sites regarding the aims and objectives of roll out and the responsibility of the hospitals as training sites by the NHSSP. Additionally, a separate meeting was held with the HMC and Medical Superintendent to discuss the selection of appropriate participants to be trained as trainers. It was made clear that the trainers would then roll out the GBV Clinical Protocol to health staff through OJT including at other facilities in subsequent years. The training date was also finalised after the meeting.
- **Agreement on training package and training modality**: Rounds of consultative meetings were held between the NHTC, TPO, PHAMED-GESI Section, and the NHSSP to review the training package and finalise the training modality (see Annex 3 for the training package). It was agreed that a blended learning approach would be undertaken involving a month of self-paced learning, four days of group-based learning, and three days of practical (seven days TOT). The self-paced course is structured for self-study and supported by the supervisor (one of the lead trainers). During the self-paced learning, learners were expected to complete exercises and case studies. The materials[5] required for self-paced learning were shared to the participants in advance. The

[5] The Health Response to Gender-Based Violence training package comprises the:
- Clinical Protocol on Gender-Based Violence, Government of Nepal, Ministry of Health and Population, Population Division, 2072—Reference Manual;
- Facilitators Guide for Blended Learning;
- Learners Guide for Blended Learning Approach (Self-Paced and Group-Based Training); and

supervisor ensured that participants completed the course in the stipulated time through continuous supportive supervision. After the participants had completed a month of self-paced learning and seven days TOT they became certified trainers to deliver OJT to staff at their respective hospitals/training sites. This standard package of training was based on the MOHP's GBV Clinical Protocol and was developed and implemented by the NHTC/MOHP.

Table 2: Training Modality



- **Selection of participants**: Each hospital selected two doctors and two senior Nursing Officers/Nursing In-charges working at medical, emergency, and gynaecology departments for TOT and shared the name-list with the NHTC and NHSSP. A total of 12 service providers, four from each training site/hospital were selected to be trained as trainers (see Annex 4 for TOT participants list).
- **TOT Conduction:** With the goal to improve clinical care and integrated quality treatment and services to GBV survivors and prepare competent trainers on "health response to GBV," TOT

 Health Response to Gender-Based Violence—Animation Video

was organised from February 6 to 12. The TOT was conducted in Kathmandu for the convenience of resource persons and participants. This also helped to save time and travel expenses and ensure the availability of quality trainers.

4.2 Key steps in the delivery of training to trainers:

- **Inaugural session**: The Director of the NHTC chaired the opening ceremony, welcomed participants, and described the workshop's objectives. The Director of PHAMED joined as a Chief Guest for the same. Representatives from the MOHP-GESI Section, Department of Health Services (DOHS), and partner agencies also participated during the inaugural session. The session lasted almost an hour, soon after which the technical sessions were started.

> "We have gradually been achieving good results as reflected in the social index but we need to further speed up the good work that we have been doing in terms of reaching and addressing the multi-faceted needs of survivors and for which we need multi-sectoral support, coordination and collaboration."
>
> - NHTC Director, DOHS/MOHP

> "There has been an absence of proper care and counselling, medicines, sensitised and skilled staff and a support system for networking and referral. The behaviour of OCMC staff can have an adverse effect, which can result in double/multiple victimisation of the survivor."
>
> - PHAMED Director, MOHP

- **Knowledge assessment exercise**: Prior to the beginning of key technical sessions, the lead facilitator from the NHTC conducted a knowledge assessment exercise to gauge the participant's level of understanding and knowledge regarding the subject. The assessment was mainly based on a) a knowledge assessment questionnaire, b) an individualised learning plan, c) skills assessment checklist, d) attitude assessment role-plays and e) decision-making assessment case studies (See Annex 5 for assessment scores).

- **Highlights on training methodology**: A brief session was devoted to explaining the methodology of the training, which was based on the principles of adult and experiential learning. Interactive discussions, brainstorming, case study, demonstration, consent exercise, illustrated lectures, group work, games, animated videos, and plenary presentations were the main teaching methods used. The sessions were mostly 90 minutes long followed by an interactive discussion and question and answer session. The training was facilitated by three Master Trainers (lead trainer from NHTC, two others from Trishuli District Hospital and KIST Medical Centre and Teaching Hospital) who were accredited by the NHTC. Guest speakers from the Nepal Police, Nepal Law Firm, and NHSSP delivered content specific information.

  Key technical sessions: The key technical sessions were as follows:

  - Overview of GBV

- Guiding principles for working with survivors
- Health response to GBV - physical examination
- Health Response to GBV - forensic services
- Health Response to GBV - management of adult survivors
- Health Response to GBV - child survivor
- Health Response to GBV - psychosocial counselling
- National provision and institutional framework for GBV
- Medical examiner as an expert witness in the Court
- Role of the police in GBV
- OCMCs: concept, progress, and challenges
- Beyond the clinic: self-care of the health care provider and safety plan for the GBV survivor
- Quality improvement in relation to GBV services and action plan
- Facilitating of training (training management– logistics, venue, resource persons, session sequences, reviews, and reflections etc.)
- Facilitation in the classroom (session delivery as per the training objectives)

These sessions were delivered using different methodologies. Each session was followed by interactive discussions and sharing (see Annex 6 for details on each sessions and methods used).

- **Development of an action plan for OJT**: An action plan was developed by the participants to conduct OJT at their respective hospitals with support from NHTC. Roles and responsibility of lead facilitator and subject-matter experts were identified to facilitate the OJT at the hospitals/training sites of the participants. The lead facilitator is responsible for preparations before the start of the OJT course such as session plans to facilitate each session to cover overall training materials during OJT, setting up a training venue according to the guidelines including materials, supplies, and a video player, and monitoring and reviewing all of the exercises, learning guides, and checklists discussed during the development of the action plan (see Annex 7 for an action plan for OJT).
- **Evaluation and completion of the TOT**: Post TOT, an evaluation was conducted to assess the knowledge level of participants (see Annex 8 for post evaluation form). The participants also shared that the training contributed extensively to elevating their learning and enhancing their understanding of many aspects of GBV and furthermore to dealing with clients, especially survivors and those at risk of violence. However, a few among them (2.31%) felt that they still need to improve their understanding on areas such as counselling and giving support to survivors, especially for minors/children and adolescents.

The TOT was formally closed by the NHTC Director. The representatives from partner agencies were present at the closure.

4.3 On-the-Job Training implementation at training sites:

The OJT was conducted in all three training sites[6] (training sites are selected hospitals that have been accredited by the NHTC). The facilitation of the training was done by the trainers receiving TOT. The specific objectives of the OJT were to:

- improve provider knowledge, attitudes, and practices
- strengthen privacy and confidentiality of patient records and consultations
- increase providers' ability to assess danger and provide crisis intervention for women who have experienced GBV
- increase survivors' access to various services
- raise community awareness of GBV as a public health problem and a violation of human rights

Each OJT consisted of 12 sessions (two sessions of 4 hours a day). A total of 113 service providers (KZH- 40, Bharatpur- 35, and LZH– 38) from different departments/units participated in the OJT. Teaching methods used during the OJT facilitation were primarily interactive presentations, demonstrations, discussions, case studies and role-plays, skills-practice with coaching and feedback, and video. The Master Trainer from the NHTC supported the lead trainer and subject-matter experts for the preparation and conduction of OJT and observed implementation at the respective sites.

> "When healthcare organisations fail to address the issue of GBV, such neglect can cause harm to women."
>
> -Chief District Officer

5. Quality assurance of the Training of Trainers and On-the-Job Training

A number of steps were factored into the TOT and OJT to ensure the quality of the training, each of which is discussed below:

- **Facilitator credentials**: The master trainers to facilitate the TOT were selected by the NHTC in consultation with PHAMED and the NHSSP. These trainers had previously worked with the NHTC (one of the lead trainers is from the NHTC and two others were selected from the NHTC trainer's pool) and had demonstrated strong facilitation, communication, and research skills including enthusiasm for lifelong learning (see Annex 9 for the master trainer's list). Master trainers had to have completed the TOT course themselves and be involved in providing health care services to GBV survivors.

[6] Koshi zonal hospital, Bharatpur hospital and Lumbini zonal hospital

"The more informed you are, the more able you will be to help your organisation develop an ethical and effective strategy for addressing violence against women."

-Medical Superintendent, LZH (during OJT inauguration)

- **Standard training package and methodology**: The standard training package is based on the GBV Clinical Protocol. The training followed a blended learning approach - a month of self-paced learning, four days of group-based learning, and three days of practical (seven days TOT). The self-paced course is structured for self-study and supported by the supervisor (one of the master trainers). During the self-paced learning, learners were expected to complete exercises and case studies. The materials[7] required for self-paced learning were shared with the participants in advance. The supervisor ensures that participants complete the course in the stipulated time through continuous supportive supervision. After a month of self-paced learning, a seven-day TOT was conducted. Once the TOT training was completed, these participants were then qualified to deliver OJT to the staff at their hospitals/training sites (see Annex 10 for the Group-Based TOT schedule).

  As GBV is a very sensitive issue and learners will have limited hands-on practice with clients to build competency, this training used the low-dose, high-frequency learning approach with a variety of teaching and learning methods such as case studies, role-plays, animations with exercises, and the use of anatomic models.

  Doctors and nurses that complete both the TOT and facilitate OJT are certified[8] by the NHTC to gather forensic evidence and serve as expert witnesses in court. Nurses and paramedics that complete OJT are able to identify GBV survivors, provide survivors with basic psychosocial counselling, and offer survivors emergency management that includes physical examination, medical management, documentation, and appropriate referral as permitted by their facilities. Nurses and paramedic will also be able to assist doctors in performing forensic services.

- **Logistic management and training environment**: The materials required (audio-visual aids, meta-cards, newsprint, GBV training package, stationary items, flex, job aids, and demonstration items) as per the training guidelines[9] and an appropriate venue to conduct OJT were ensured through consultation with TPO, NHTC, NHSSP, the Lead trainer from NHTC and medical superintendents of training sites. Likewise, master trainers who would observe and support the trainers during OJT were also identified to ensure the quality of OJT. The training– both TOT and

[7] The Health Response to Gender-Based Violence training package comprises the:

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- Health Response to Gender-Based Violence—Animation Video

8 NHTC certifies those doctors and Nurses who completed the whole training package (self –paced learning, TOT and OJT facilitation)

[9] Health Response to GBV Training-Facilitators Guide, 2016

OJT, were reported to be commendable by the participants and observers[10]. The positive attitude of the trainers and participants, effective time and logistics management, and teamwork between trainers, participants, and organisations supported the positive results.

- **Pre and post evaluation**: Pre- and post-evaluations were conducted to assess the standard of participants before and after the training and scoring was taken accordingly (see scores in Annexes 5 and 8). Likewise, the quality of instruction and overall training was rated by observers and participants to ensure the quality of trainers and training. Feedback was provided based on the objectives, clarity of guidance, whether slides were easy to follow, whether the trainer delivered the content the way the instructional designer intended, and the level of participation by participants (including whether participants were convinced that the topics were important).
- **Coordination:** Throughout the entire cycle, from planning to implementation of the TOT and OJT– there was a high and sustained level of coordination between the NHTC, PHAMED, TPO, NHTC, trainers, participants, and observers at the three training sites. This allowed the programme objectives to be achieved.

6. Improving the health service response

6.1 Immediate impact of the training:

Institutional level[11]: During the consultation with the Medical Superintendent and the hospital management team (department heads, senior doctors, and matrons), the team shared that, prior to OJT, there was a common tendency among health workers, particularly physicians, to believe that GBV is not a health issue at all, but is something that should only concern psychologists or social workers. However, the OJT helped to educate the majority of health personnel in the institution about the epidemiology of physical, sexual, and psychological violence against women, including the magnitude of the problem, patterns of violence in the surrounding community, and the impact of violence on women's health.

The team shared that there should be a meaningful coordination between departments of the hospital such as emergency, gynaecology, and medical to appropriately care for, support, and refer survivors within the hospital. A lack of coordination will result in inappropriate care/support, re-victimisation, and dismissing GBV cases. Furthermore, the role of the emergency department remains key as GBV cases usually come out-of-hours and directly to there. An inability to handle a GBV case properly (identify, respond and refer/coordinate on-time) or being uninformed about the dynamics and consequences of physical and sexual abuse, may inflict more harm or put a woman's life at risk. Therefore, capacity building of the service providers working in the emergency department is essential.

[10] Consultative meeting held with TOT participants group, OJT participants group and group meeting and a separate individual meeting with GBV survivors at Koshi zonal hospital on 11th – 13th July, 25th – 27th July and 8th -10th July.
11 Consultation with Medical Superintendent and the hospital management team during the visit.

In this way, the team expressed that OJT provided insights that the struggle to prevent violence, raise public awareness, and advocate for better legislation cannot be won by the health sector alone. Health programs thus have a responsibility to reach out to other organisations working in the area of violence and beyond. Furthermore, it is important to look to other organisations, whose work does not focus specifically on violence but may offer great potential for collaboration (for instance, organisations working in the area of equal opportunities, micro-credit, literacy etc). The training taught us that in the long run, collaborating with other organisations not only benefits the health programmes, but also offers a chance for health care organisations to participate in the broader policy debate by raising awareness of GBV as a public health issue. Therefore, to encourage other organisations to collaborate in referral or social action networks, it is necessary for a health programme to sensitise others about the magnitude of the problem and the need to address it in an integrated way.

Immediately after the training, the hospital (KZH) organized DDC and CMC meeting with the broader stakeholders to share the roles and responsibilities of each stakeholder (especially the role of police officials, attorney, safe home in-charge and I/NGOS) to meaningfully functionalise OCMCs. Likewise, most of participants during focused group discussion expressed that they had the opportunity to understand GBV in a broad way.

> "A coordinated approach from all relevant stakeholders is a must. The health sector/MoHP should take a lead. For primary care, a GBV survivor will need medical and psycho-social/emotional support. All agencies should be ready at all times to provide support for the effective functioning of OCMCs."
>
> -Chief, Women Police Cell, KZH (during the review meeting)

Furthermore, the training provided guidance to incorporate messages about violence prevention in public health campaigns and community-based education efforts. It promoted a work environment with zero tolerance for violence and sexual harassment including mobilising the resources of the organisation to raise awareness about GBV as a public health problem. Additionally, the training highlighted the need to strengthen OCMC's role in prevention and rehabilitation services from the "one door", review of the policies, infrastructure, human resources and written materials to ensure that survivors of violence have access to services at all times. The management of all training sites committed to prioritising and implementing lessons learned from the training, which include:

- Inter-departmental coordination within the hospital
- Revisions of protocols and guidelines on GBV-OCMC by the MOHP
- Displaying and distributing information in the institution about GBV (for example, in the form of posters, pamphlets, cards, and wall paintings) to raise awareness of the problem, educate clients about the unacceptability of GBV, and inform women about their rights and services they can turn to for help

- Documenting medical records and strengthening information systems (to protect women's confidentiality, safety, and wellbeing)
- Monitoring and evaluating the quality of care to ensure that health services are responding to violence in acceptable and supportive ways- at the level of management, administrators should receive ongoing feedback from providers to identify any problems and ways to improve services
- Developing and strengthening referral networks including alliances with other organisations

> "At some point, we should consider carrying out an organisation-wide exercise such as 'evaluating the quality of care from a gender perspective'."
>
> -Medical Superintendent, KZH

Personal level[12]: The OJT participants from all three sites stated that the OJT sessions were extremely valuable for their day-to-day work. The sessions explained how to identify women at risk, how to offer more appropriate medical care to women, and how to help survivors understand their rights, the risks that they face, and connect them to the other support services that may be available in the community. They understood that if they do not ask about violence, they may misdiagnose victims or offer inappropriate care. Many conditions, such as chronic pain or reoccurring sexually-transmitted infections, can be difficult to diagnose or treat without knowing about a woman's history of violence. Therefore, providers who fail to consider the possibility that women are living in situations of violence may not be able to provide effective or appropriate treatment and care services including counselling. Furthermore, providers who ignore victims' broader needs may miss the opportunity to help women avoid a potentially life-threatening situation.

> "Before, I saw problems that did not fit into what I had learned. Now I am more efficient. I have a new approach, and I know that many pathologies for which I did not find an explanation have to do with violence. In addition to being more humane, now I see the patient as a whole."
>
> -Doctor from KZH

> "Health professionals who breach patient confidentiality, who respond poorly to a disclosure of violence, who blame victims, or who fail to offer crisis intervention can put women's safety, wellbeing, and even their lives at risk."
>
> -Staff Nurse from KZH

[12] Consultative meeting held with TOT participants group, OJT participants group and group meeting and a separate individual meeting with GBV survivors at Koshi zonal hospital on 11th – 13th July, Lumbini Zonal hospital 25th – 27th July and Bharatpur hospital 8th -10th August 2018.

Both managers and frontline providers reported that learning more about GBV had made them more committed to the privacy and confidentiality for all their patients, whether or not they disclosed violence. Largely, the OJT participants from all three sites expressed that the initiative helped strengthen privacy and confidentiality, increased respect for women's rights more generally, and encouraged a more integrated and holistic vision of women's health. The training ensured that health personnel are trained to recognise the direct and indirect consequences of GBV and to recognise key signs and symptoms. They also stated that before, they were not so confident about providing medico-legal services including appropriate documentation of evidence. However, through this competency-based training, they have gained the required skills and knowledge.

Additionally, the participants voiced that raising awareness throughout the organisation about GBV as a public health problem is an essential step to gaining broad support for the effort to address GBV within health services. It is especially important to sensitise key decision makers in the organisation. Key decision-makers may include the Chief of the organisation, Managers, and influential health care providers, such as consultant physicians.

6.2 Effect of training on One Stop Crisis Management Centre services:

The OCMC focal persons, CMC, and key hospital staff[13] shared that the training significantly supported their understanding of OCMCs in detail and allowed them to clarify the different aspects of OCMCs. These aspects included concept, modality, and roles and responsibilities of various departments of the hospital and multi-sectoral stakeholders[14]. The CMC and the District Coordination Committee's (DCC's) role in managing GBV cases including resource generation, GBV prevention, and response at different levels was also covered. The training contributed to enhancing the service providers' level of understanding on GBV aspects, coordination within and between hospital departments, improved record keeping, and strengthened multi-sectoral coordination including prioritising the OCMC as an integral part of the hospital[15]. The training also supported the standardisation of the physical infrastructures and resources required for OCMCs.

[13] Separate consultative meeting with OCMC focal, CMC and key hospital staff during the recent visit to training sites on July-August, 2018

[14] District Police, District Attorney, Safe Home, Civil Society, District Women and Children Police Cell, Women Development Officer

[15] This was understood during our consultation with service providers (doctors, nurses and staff working in different departments of the hospital and focus group discussion with multi-sector partners. Likewise, consultation was held with the Case Management Committee, which consist members beyond the hospital (district police, women police cell, safe home, women development office) and focal of all three OCMC hospitals to understand the status of OCMCs. During our observation, it was found that OCMCs were to some extent well-equipped (as prescribed by the OCMC operational guidelines). The recording –reporting formats were appropriate and each case was properly registered following the norms of OCMC guidelines (confidentiality was safeguarded with use of code number instead of survivors name, records were kept in lock and access of these records were authorised to the OCMC focal only).

"Before, I thought this was not part of my job. I limited myself to medical treatment, but ignored the psychological and legal aspects and simply didn't ask questions about them. Now, when I identify [a case of violence], I make appropriate referrals to legal or psychological services or what survivor wishes."

-Medical Officer, OCMC , Bharatpur hospital

In-terms of service delivery, within a short span of time (four months, from March to June 2018), the OCMCs of all three training sites reported an increased number of GBV cases (92 GBV survivors at KZH, 61 at LZH, and 132 at Bharatpur hospital compared to 67 GBV cases in KZH, 41 cases in LZH and 101 cases in Bharatpur hospital reported during 8 months (July 2017 to Feb 2018). Moreover, within 2 months of this fiscal year (July-August 2018), due to effective inter-departmental referrals within the hospital and referrals from other neighbouring districts and partners, cases increased tremendously i.e. 54, 25 and 36). In this way, good coordination between and with various hospital units leading to the effective referral of GBV cases to OCMCs, and between concerned personnel and agencies (hospital departments, counsellors, safe homes, police offices, legal aid committees/lawyers, NGOs, and rehabilitation centres). In KZH, among the 92 cases, 17 were identified and referred from the emergency department, 11 from the OPD, and three from indoor. Of the remaining 61 cases, 12 were self-referral as well as police (31), NGO (five), safe home (eight), and the remaining five from the community/neighbours.

The improvement of multi-sectoral coordination was also highlighted during the OCMC review meeting by partners. The partners shared that their involvement with OCMC has increased - they are invited to monthly and quarterly sharing meetings on a regular basis. Before, it was only during the annual reviews or for some formal events/celebrations.

"We have a good relationship with OCMC. We send GBV cases to the OCMC and provide legal aid support and safe home facilities to survivors they refer to us. We assist survivors to regain their self-esteem. Minor girls go to school and others generate income."

-WOREC, which supports GBV survivors

In a separate consultation/meeting with safe-home in-charges, the women and children service directorate (women police cell), and women development officer (WDO), shared that OCMCs have been doing much better jobs in-terms of providing services, coordinating for support services, and elevating the visibility of OCMCs. The services have been prompt and confidential including follow-up services. During visits to safe homes linked to the hospital training sites where staff and survivors were consulted, good working relations between the safe home and OCMC was reported.

"The place for integrated services- this is what OCMC stands for!" This is the best way to implement the government's mandate to fight GBV. However, if such trainings can also include police personnel would add value to manage the case more effectively.

-Police Inspector, Women Police Cell, KZH

The Nepal Police have been enthusiastic supporters of this noble cause to enable GBV survivors to

receive comprehensive support and care. Women Children Service Directorates (WCSDs) were established to address matters related to women and children and that WCSDs have been supporting OCMCs at large.

-Chief, District Police, Bharatpur

As stated above, there are visible signs of improvement in terms of service delivery, record keeping, and coordination including visibility of the OCMCs at community level. However, since OCMC is a multi-sectoral approach, there is still much to do as many of the separate agencies are still largely following their own guidelines and approaches to supporting survivors and preventing GBV. Similarly, infrequent DDC meetings, high staff turnover, and inadequate handover arrangements impact the "one door" services at OCMCs. Other notable challenges include providing education and livelihoods support to survivors and following up with survivors to see whether their mistreatment has ended and whether commitments of support are being implemented.

7. Survivors' perception about the overall service/care

A consultative meeting was held with 27 GBV survivors[16] (who have received services from OCMCs from three training sites). The consent of the survivors was taken and, to maintain their privacy, individual consultations were carried out with each of them to understand their perception regarding the overall services and care from OCMCs, completed using a checklist (see Annex 11 for the questionnaire).

"I feel that I am in charge of my life, and I can make decisions . . . My life [has] changed completely. For many years, I didn't recognise myself and lived with a person tolerating things that now I don't tolerate. A lot of people have noticed this change. Now my family and my friends are amazed because they see how I changed from being very passive to taking charge of my life."

-GBV Survivor, Butwal

The survivors shared that their association with OCMCs opened them up to many learnings and possibilities. They were informed about GBV issues and their rights including legal rights provisioned by the State and services from OCMCs and other agencies. A number of them stated that these learnings have strengthened their self-esteem and feel empowered to do something that would benefit other survivors/women in their community. Some of them were so motivated that they asked for a training that would help them to become peer educators. Furthermore, they said that their collaboration with OCMC staff and service providers has helped them to feel safer, more self-

[16] Consultative meeting with GBV survivors who received services from OCMC during the recent visit to training sites in July – August, 2018

confident and less fearful, to recognise their strengths and weaknesses, and change their attitude from negative and pessimistic to positive and optimistic.

> "OCMC provides a sanctuary for survivors like us."
>
> -GBV Survivor, Biratnagar

Regarding the services from OCMCs, all survivors who were interviewed shared that they are satisfied with the services from OCMCs. The treatment, care, and counselling services, the behaviour of service providers, and maintenance of privacy during the check-ups including safeguarding their information have been well rated by these survivors. Likewise, they reported that follow-up support has been equally good. They were aware that all of these services come free of cost. Furthermore, they shared that the other support services besides the hospital services, such as safe homes, legal support, protection, and rehabilitation are also good, except that legal services take a long time and they wish it could be faster. The environment of the safe home[17] is homely (good food, play materials, TV, clean, and comforting staff) with counselling services offered. Some of them also go to school (from a safe home) and some have been learning work skills[18].

After one-on-one consultations with survivors, a separate meeting was held with their guardians (parents, brothers, and close neighbours), who reported that the services from OCMC have been satisfactory and they also feel warm and welcomed at the OCMC.

8. Implementation challenges

Training participants and their managers reported that the training has contributed to improving the health service response to the needs of women and children who experience GBV by improving the providers' knowledge, attitudes, and practices, by strengthening the privacy and confidentiality of patient records and consultations, increasing providers' ability to assess danger and provide crisis intervention for women who have experienced GBV, and increasing women's access to services that can assist victims of GBV. This is the type of knowledge and skill that every health service provider requires improving the delivery of clinical and other services. Nonetheless, some challenges that arose during the implementation are mentioned below:

- **Training duration**: Given that the TOT incorporates a blended learning approach, it takes quite a while to complete the entire cycle of the training which demands extensive time of the participants who are full-time service providers. Additionally, during the self-paced learning, learners are expected to complete the reading materials, exercises, and case studies provided to them, which requires intensive monitoring by the supervisor on a day-to-day basis to ensure that learning has been completed appropriately. As learners are based at different training sites,

[17] A visit was conducted to 3 safe homes KI Nepal, Adarsha Griha and Manjushree Helpless Protection Center at Bharatpur and Maiti Nepal in Lumbini.

[18] The women survivors staying at WOREC's safe home do vegetable gardening and knitting

at times it gets difficult to monitor all 12 participants selected to be trainers and to ensure their status.

- **Selection of appropriate participants**: At zonal level hospitals, there is a scarcity of medical officers and so releasing medical officers for a long-training such as TOT (seven days) is difficult as it hampers the regular service delivery. Some medical officers in these hospitals can be selected for the training but since they are on a contractual basis and are there for a limited period, this may affect the training roll-out as they may move anytime.
- **OJT implementation**: Due to the transfer of some trainers (two trainers from Bharatpur hospital), OJT implementation was delayed for a while. In other training sites due to the busy schedule of medical officers and other priority tasks of the hospital, OJT conduction had to be rescheduled. Due to a shortage of human resources in some departments (especially the emergency department) and some units with only one staff member, it became difficult for them to participate full-time in the OJT. Those who were doing night-shifts also felt uncomfortable to attend day time OJT.

9. Lessons learned:

There has been good lesson learning from the implementation of the training. Some lessons learned are:

- **Commitment from the management**: Training such as this one are a relatively a new cocept in Nepal. Therefore, buy-in from the top level (hospital management committee, medical superintendent) is crucial to the success of the programme. Without the commitment of top management, the training will be unable to impact the working of the hospital.
- **The requirement of refreshers**: All layers of the institution/service centre must believe that the training is a process and not a singular learning event. With the passage of time, the learners may forget some of the methods which were taught to them and these methods may also become outdated. Two-day refresher training are beneficial and also help to improve service providers' knowledge.
- **Scaling up of the training**: Given the effectiveness of the training, it needs to be scaled-up in other service centres/hospitals to build the capacity of the service providers to reach and respond to survivors of GBV.
- **Development of trainer's pool**: Given the limited number of trainers required to conduct his training package, there is a need to conduct further TOT to produce sufficient numbers of trainers who can implement this training at periphery levels.
- **Training as a celebration**: Effective training inspires, motivates, and celebrates personal and group achievements. Learners are acknowledged and recognised for their contributions by the larger community. On-going assessment and learner-based feedback is critical to the success of any training session.

- **OJT sessions**: To complete the OJT as planned, it takes 12 days (one session per day with ten participants), which means that to complete the OJT for the whole hospital staff, at least three months is required. Given the busy schedule of the service providers, OJT can be planned differently. Instead of 12 days (one session a day with ten participants), a training of six days with two sessions a day (accommodating up to 15 participants per batch) will be more effective. This way, the OJT can be completed within two months in a cost-effective way covering all the hospital staffs. During the consultation with the OJT participants, they shared that four days of full training instead of OJT would be more meaningful and effective given the relative newness of the issue and the package as a whole.
- **Information collection**: Information on providers' Knowledge, Attitudes, and Practices (KAP) can help management/chiefs understand what their staff knows and believe about violence, what issues need to be addressed during the training, and what resources are lacking in the health centres.

10. Next Steps:

To sustain the gains made, the following activities have been planned by hospital management/training sites, together with multi-sector partners and MOHP/NHTC.

- Monthly reflection meeting of OJT participants to share the types of GBV cases they encountered and how they managed the case. Share any difficulty or confusion they have faced including achievements and case solving strategies. To regularise this sharing meeting, hospital management has provisioned the budget. This shall be a regular activity of the hospital.

- Organize OJT on periodic basis considering the gaps (transfer and incoming of new medical officer and nursing staff). Hospital management has planned this activity and budget has been provisioned under OCMC budget. The first refresher OJT has been scheduled in November/December 2018.

- Provide ToT to medical officers and senior nursing staff on GBV clinical protocol (based on the dropout rate of the trainers at the hospital). For this, coordination has been done with the National Health Training Center. ToT has been planned for December 2018 or January 2019 at Bharatpur hospital and LZH considering the dropout rate of the trainers there.

- Organise 4 days training to medical officers and staff nurses from periphery (PHCs and health posts with high client flow) on GBV clinical protocol. For this , coordination has been done with partners (UNFPA, Jhpiego and TPO). The event will take place December 2018 onwards.
-
- Continuous mapping of partners is crucial for the strengthening of OCMCs. Partnership has been built and strengthened over the time at different levels with various agencies such as UNFPA, Jjpiego, TPO, CVICT, WOREC, Maiti Nepal and many more. They are contributing to strengthening the capacity of service providers of OCMCs.

- Continuous backstopping support to strengthen training sites from NHSSP/MOHP, multi-sector partners and stakeholders and regular monitoring and on-site coaching.

11. Recommendations:

- Roll out GBV clinical protocol in OCMC based hospitals in collaboration with MoHP, NHSSP, UNFPA and other EDPs.

- Provide Training of Trainers in case of an absence of trainers at that hospital so that they can continue OJT at the hospitals and periphery in a regular manner.

- Conduct impact assessment of the GBV clinical protocol roll out by the end of December.

- Organize periodic (quarterly) review of key multisetoral agencies (police, safe home/rehab center, attorney, Municipality, NGOs, and others) to discuss the progress, problems, and challenges and develop action points to overcome them.

- Continuous supportive supervision from MOHP/NHSSP, partners and stakeholders to strengthen the training sites.

12.Conclusion

The experience shows that the best way to improve the health sector response to GBV is to take a "system approach"– one that involves changes at all levels of the organisation to protect women's health, safety, and wellbeing. This approach recognises that GBV has implications for almost every aspect of health services, including the physical infrastructure, written policy and protocols, patient flow, referral networks, data collection systems, and training to providers to respond in a compassionate and informed manner. A provider's response can have an enormous impact on women's safety, health, and well-being. Providers who hold negative attitudes about survivors or who lack the resources to provide emergency services or referrals can harm their patients. Therefore, there is a need to make improvements throughout the organisation to make the service providers responsive and the first step for this is to develop their knowledge and skills.

The development of the GBV training sites in three hospitals has been a crucial step to initiate the process to improve the health sector response to GBV. Within a short span of training implementation, visible changes have been observed at different levels, which need further strengthening with refresher sessions and sharing among the team and beyond. The government has a plan to scale-up operations in provinces 2, 4, and 5 during the current fiscal year (2018 – 19).

There is a need to reach out to other organisations and establish formal or informal alliances to further support GBV survivors, especially for education and livelihood support. The motivation of service providers plays a crucial role to effectively respond to survivors and to strengthen the system for which refresher sessions/training can play an important role. Also, given that there is a high turnover of service providers at hospitals, trainings, and refresher courses are a must to update

the knowledge and skills of the service providers. Furthermore, there should be continuous monitoring and supportive supervision from the MOHP to assess the OCMC functionality in regard to application of policies, physical facilities, recording-reporting, alliances with referral agencies, and the KAP of service providers including the overall “system approach” taken by the hospital/service centre.

Some Pictures from the OJT


PARTICIPANTS
EXPECTATION


Competency Based Training on
"Health Response to Gender-Based Violence"
On-the-Job Training
Venue: Koshi Zonal Hospital, Biratnagar
Date:
Organized By:
National Health Training Center (NHTC)
Supported By:
NHSSP UKaid/ TPO Alliance

Annex 1: Selection criteria for training sites

- OCMC based hospital with safe home supported by Ministry of Women Children and Senior Citizens
- The hospital should be a referral hospital
- One training site in one province (three sites in three different provinces)
- High GBV prevalence districts
- The site where GBV TOT have not taken place or the roll out of GBV clinical protocol
- OCMC based hospitals where other EDPs are not supporting GBV clinical training

Referral hospitals	Province	Functional OCMC	OCMC proposed	High GBV Prevalence	GBV TOT completed	Criteria met for training sites
Seti Zonal hospital	7	No	No		√	
Bheri Zonal hospital	6	√		√	√	
Koshi Zonal hospital	1	No	√	√	No	√
Bharatpur hospital	3	√		√	No	√
Lumbini Zonal hospital	5	√		√	No	√
Western regional hospital	5	No		√	√	
Sagarmatha Zonal hospital	2	√		√	No	√

Maternity hospital	4	√		√	√	

Any three sites among the four proposed

Annex 2: Selection Criteria for the selection of the implementing agency

- Adequate experience to deliver quality TOT to roll out the GBV clinical protocol in referral level hospitals
- NHTC recommended agency
- Scope for a long-term partnership
- Role and responsibility:
    - oversite implementation of TOT and OJT to ensure the overall quality of the training
    - manage logistics
    - follow-up with the training sites and participants
    - ensure the appropriateness of venue for the training conduction and responsible for overall communication and sharing among the partners
    - Coordinate with the NHTC, NHSSP, and training sites (LZH, KZH, and Bharatpur hospital) on a regular basis
    - Coordinate with resource persons/master trainers

Annex 3: Training Package

The *Health Response to Gender-Based Violence* training package comprises:

- *Clinical Protocol on Gender-Based Violence, Government of Nepal, Ministry of Health and Population, Population Division, 2072—Reference Manual*
- Facilitator's Guide for Blended Learning
- Learner's Guide for Blended Learning Approach (Self-Paced and Group-Based Training)
- Health Response to Gender-Based Violence—Animation Video

The *Clinical Protocol on Gender-Based Violence Reference Manual* provides information about the needs of and essential health care that should be provided to GBV survivors who come to the health facility to seek care. The competency-based approach is designed to train health workers on: identifying survivors, performing clinical assessments including medico-legal procedures, and providing appropriate treatment including gathering evidence, providing counselling, referring the survivor to an appropriate facility, recording findings, and reporting the case to an appropriate level.

The Learners Guide for Blended Learning Approach comprises exercises, knowledge questionnaires, Skills Assessment checklists, role-plays, and case scenarios.

The Facilitator's Guide for Blended Learning comprises technical content and lesson plans, including a Knowledge Assessment Questionnaire with answer key, Skills Assessment checklists, direction on how to conduct role-play, and answer keys for case studies and exercises.

Annex 4: Training of Trainers participants list

S.No.	Hospital	Name of Trainee	Male/female
1	Koshi Zonal Hospital, Biratnagar	Dr MilunaBhusal	F
2		Dr Puranchand shah	M
3		Nursing Officer, Kriti Gupta	F
4		Staff Nurse, Laxmi Shrestha	F
5	Lumbini Zonal Hospital, Rupandehi	Dr Bishnu Gautam	M
6		Dr Jewan Khadka	M
7		Nursing Officer, Vidhya Khatri	F
8		Hospital Nursing Inspector, Kamala Gyawali	F
9	Bharatpur Hospital, Chitwan	Consultant Gynecologist, Dr Atit Paudel	F
10		Dr Pratigya Gyawali	
11		Matron, Sarita Karki	F
12		Nursing Officer, Ramila Bista	F

Annex 5: Knowledge Assessment Questionnaire Scores

Total Number of Questions		Number of participants												Mean %
		1	2	3	4	5	6	7	8	9	10	11	12	
n= 30	**Pre test (score)**	26	30	26	26	27	28	30	26	26	23	25	26	**88.61**
	Pre test (%)	86.67	100.00	86.67	86.67	90.00	93.33	100.00	86.67	86.67	76.67	83.33	86.67	
	Post test (score)	26	30	26	26	27	28	30	26	26	30	30	26	**91.94**
	Post test (%)	86.67	100.00	86.67	86.67	90.00	93.33	100.00	86.67	86.67	100.00	100.00	86.67	

Note:

Number of questions (n) from relevant chapter includes:

- Chapter 1: Preface (n=3)
- Chapter 2: National Provision and institutional Framework for GBV (n=3)
- Chapter 3: Facility Readiness (n=2)
- Chapter 4: Guiding Principles for Working with Survivors (n=4)
- Chapter 5: Health Response to GBV (n=16)
- Chapters 6–9 (n=2)

Annex 6: Key technical sessions and methods used

Overview of Gender-Based Violence

Methodology: brainstorming, group work, Power Point presentation, figure discussion

The sub-sessions: gender versus sex, GBV in the global scenario and Nepalese context, risk factors and consequences (physical trauma, psychological trauma, stress and fear, and control), classification of GBV, pathways and health effects on intimate partner violence, role of health care providers in identifying cases, providing services, referral and coordination, and GBV tree.

Guiding Principles for Working with Survivors

Methodology: interactive presentation, role-play, discussions, consent exercise, job aid, quiz

The sub sessions: principles (privacy and confidentiality, right to information, ensuring the safety of the survivor, empowering the survivor, gender sensitivity and equality), consent exercises, job aid 1 (How to Suspect a Woman Subjected to Violence), job aid 2 (Management of Adult Survivors), till history taking

Health Response to GBV —Physical Examination

Methodology: brainstorming, discussion, review of checklists, animated video

The sub-sessions: 11 steps in the general physical examination as per clinical protocol on GBV, animated video about the physical examination of GBV survivors and case scenario exercises to fill report of medical examination of male and female subjects in sexual offence

Health Response to GBV- Forensic Services

Methodology: review exercise, interactive presentation, demonstration, re-demonstration

The sub-sessions: an introduction to forensic evidence, steps for evidence collection and preservation methods, demonstration and re-demonstration of steps for collecting vaginal swab samples for forensic investigation using the checklist and paper container in which to store the swab, filling of a chain of custody form

Health Response to GBV- Management of Adult Survivors

Methodology: review exercise, group work, interactive presentation, case study, rapid-fire game, job aid 2

The sub-sessions: job aid 2 (Management of Adult Survivors) up to investigation section, post-exposure prophylaxis, family planning and emergency contraception, sexually transmitted infections, follow up visit scheduled for the survivor (2 weeks, 1 month, 3 months, 6 months) through four corner activity, reviewing case studies

Health Response to GBV- Child Survivor

Methodology: review exercise, brainstorming, discussion, interactive presentation, case study

The sub-sessions: child abuse, types of child abuse (physical , sexual, and behavioural), consequences of abuse, job aid 3 (Management Of Child And Adolescent Survivors), creating a child-friendly environment (introducing yourself to the child, sitting eye level with the child, and maintaining eye contact, assuring the child that he or she is not in any trouble, asking a few questions about neutral topics, e.g., school, friends, who the child lives with, favourite activities, etc., giving the child time to become comfortable with you), case study exercise

Health Response to GBV —Psychosocial Counselling

Methodology: a review of exercise, illustrated a lecture, discussion, group work, role play, do's and don't's game

The sub-sessions: definition of psychosocial counselling, psychological effects of GBV, components of mental health assessment, assessing moderate-severe depressive disorder, basic psychological support, positive coping methods, availability of social support, role-play exercises on counselling skills

National Provision and Institutional Framework for GBV
Methodology: brainstorming interactive presentation, group work, a case study on Nepal's legal framework, and game

The sub-sessions: legal provisions for GBV survivors (as mentioned in the 2071 Constitution, Muluki Ain), perpetrator imprisonment for GBV cases, punishment for child marriage, filing complaints and reconciling of the victim with the perpetrator, case discussion and role play to understand the right to privacy (under Reproductive Health Rights)

Medical Examiner as an Expert Witness in the Court
Methodology: interactive presentation, role play
The sub-sessions: providing evidence in a Court of Law as an expert witness (court procedures: oath-taking, chief examination, cross-examination, re-examination, questions by the Judge), role play to explain how expert witness work, and medico-legal examination report

Role of the Police In GBV
Methodology: Interactive Presentation
The sub-sessions: introduction of women and children service centres, roles, and responsibilities of the police in GBV control, role of the police in handling GBV survivors, process of investigation and support, GBV management cycle

OCMC
Methodology: interactive presentation
The sub-sessions: concept of violence, GBV, establishment of OCMCs under the national plan of action against GBV 2010, objective of OCMCs to provide integrated services to victims, rationale for the establishment of OCMCs (global practice, medico-legal evidence, hospital as a peace zone, physical injuries or mental suffering or treatment, counselling and any other kind of violence [rape] requires the attention of service providers), beneficiary groups for OCMC services, four guiding principles of OCMC (ensuring the security and safety of survivors, maintaining confidentiality, respecting the dignity, rights and wishes of survivors at all times, and coordination), working modality of OCMCs, role of DCC, role of CMC, role of Human Resource Department, establishment of 45 OCMCs till date with an additional 16 OCMCs in the extension phase, 8,664 people received services from OCMCs as of 2073/74, and enabling factors for effective service delivery
Trainees also raised queries on: who is designated as a focal person for OCMC site in the hospital? Who has benefitted from OCMC services? These were addressed by Ms. Rekha Rana from the NHSSP. At the end of the session, the OCMC 2067 guidelines (with revision 2073) were distributed to participants

Beyond the Clinic, Self-Care of the Health Care Provider and Safety Plan for GBV Survivors
Methodology: brainstorm, discussion
The sub-sessions: safety plans for victims/survivors, responsibility of the health worker when the patient hesitates to share an experience of violence, elements of a safety plan for intimate partner violence, health care provider self-care and safety plan, burnout, signs and symptoms of burnout in health care providers, warning signs (thoughts, images, mood, situation, behaviour), personal crisis, coping strategies (relaxation techniques or physical activity)

Quality Improvement in Relation to GBV Services and Action Plan
Methodology: Power Point presentation, action plan preparation
The sub-sessions: eight domains of quality, process of standard-based management and recognition

(SBM-R), four steps of SBM-R (set standards, implement standards, reward achievements, measure progress), ways to provide recognition, QI tools review, action plan preparation on how they will start the service in their health facilities *(QI action plan attached in Annex 7)*

Referral directory: list of social organisations, legal, and paralegal services, the names of security or other coordinating bodies in the community (name and contact address or hotline number, services available, hours of operation, cost of services, safe homes)

Facilitation of Training
Methodology: brainstorm, discussion

The sub-sessions: introduction, creating a positive learning environment, basic facilitation skills, use of audio-visual aids, understanding group dynamics, facilitation process, trainer as a coach

Facilitating in the Classroom
Methodology: brainstorm, discussion

The sub-sessions: tips for facilitating learning activities, tips for conducting skill demonstration and practice sessions (simulation), tips for conducting an assessment in the classroom

Annex 7: An action plan for On-the-Job Training

District: Chitwan

Name of the health facility: Bharatpur Hospital

Prepared by: Dr Atit, Dr Pratigya, Matron Sarita, NO Ramila

S. No	Activities	Actions	By whom	By when	Remarks
1	Site orientation	Meeting with all concerned in service provision regarding OCMC	Entire team	By 1st week of Falgun, 2074	
2	Training on-duty doctors on the floor	OJT	Entire team	By the end of Falgun, 2074	
3	Training on-duty nursing staffs on floor	OJT	Entire team	By the end of Chaitra, 2074	
4	Training of senior doctors and supervising nursing staff	OJT	Entire team	By the end of Chaitra, 2074	

District: Rupandehi

Name of the health facility: Lumbini Zonal Hospital

Prepared By: Dr Bishnu, Dr Jewan, HNI Kamala, NO Bidhya

S. No	Activities	Actions	By whom	By when	Remarks
1	Orientation to hospital management committee about GBV	Meeting and Interaction	Entire Team	2nd week of Falgun, 2074	
2	Training Preparation	Preparation of: Materials, site, sessions, and participants	Entire Team	3rd and 4th week of Falgun, 2074	
3	Training conduction (OJT)	OJT	Entire Team	1st week of Chaitra, 2074	

District: Morang

Name of the health facility: Koshi Zonal Hospital

Prepared By: Dr Miluna, Dr Puran, NO Kriti, SN Laxmi

S. No	Activities	Actions	By whom	By when	Remarks
1	Orientation to Medical Superintendent, management, and HoD OBG/Gynae	Meeting	Focal person	2nd week of Chaitra, 2074	
2	OJT	OJT participant selection and informing them Site selection Training material collection	A focal person, facilitator of GBV	2nd week of Chaitra, 2074	
3	OJT	Divide participants into groups Training date finalisation	A focal person, facilitator of GBV	2nd week of Chaitra, 2074	

Annex 8: Post Evaluations

Content	Very Confident	3 = Confidentgood	2 = Able	1 = Not Confident
1. I understand the meaning of gender-based violence (GBV).	10	2	0	0
2. I understand my responsibilities in providing services to a GBV survivor.	10	2	0	0
3. I am confident in my ability to identify GBV survivors among patients in a clinical setting.	6	6	0	0
4. I am confident in my ability to provide counselling and support to GBV survivors (adults and adolescents).	6	5	1	0
5. I am confident in my ability to provide counselling and support to GBV survivors (children).	4	7	1	0
6. I am confident in my ability to take a detailed history of GBV survivors (adults).	8	4	0	0
7. I am confident in my ability to take a detailed history of GBV survivors (children).	5	6	1	0
8. I am confident in my ability to perform a head-to-toe examination (adult).	11	1	0	0
9. I am confident in my ability to perform a head-to-toe examination (child).	5	7	0	0
10. I am confident in my ability to provide treatment to the survivor (adult).	9	3	0	0
11. I am confident in my ability to provide treatment to the survivor (child).	3	8	1	0
12. I am confident in my ability to collect samples for forensic evidence.	4	8	0	0
13. I am confident in my ability to support the survivors in creating safety plans to ensure their safety.	5	7	0	0
14. I am confident in my ability to assess the mental health of the GBV survivor.	4	8	0	0
15. I am confident in my ability to create a safety plan to ensure my own safety.	7	5	0	0
16. I am confident in my ability to maintain records and reports and provide them to relevant facilities.	7	4	1	0
17. I am confident in my ability to coordinate with different services (stakeholders) to provide what the survivor needs.	6	6	0	0
18. I am confident in my ability to make appropriate referrals.	9	3	0	0

Annex 9: Master Trainers

S.No.	Organisation	Name	Responsible
1	NHTC	Dr Ishwor Pd Upadhyaya	Master Trainer (7 days)
2	Trishuli District Hospital	Dr Jasmine Shrestha	Master Trainer (7 days)
3	KIST MCTH	Dr Smrity Maskey	Master Trainer (4 days)
4	Nepal Law Firm	S. Advocate Sabita Bhandari	Guest Speaker (legal)
5	Nepal Police	SSP Krishna Prasad Gautam	Guest Speaker (police)
6	NHSSP	Ms. Rekha Rana	Guest Speaker (GBV-OCMC)

Annex 10: Group-Based Training Schedule

Day 1	Day 2	Day 3	Day 4
AM **Session A: Start of Training Session** - Registration - Welcome and objectives - Overview of the training and learning materials - Introduction - Participants' expectation - Knowledge assessment - Individual learning plan - Experience sharing self-study - Value clarification game	**AM** Review agenda Review the previous day's activities **Session C: Guiding Principles for Working with Survivors and Identification** - Role-play **Session D: Health Response to Gender-Based Violence— Physical Examination** - Review of checklists for examination - Animation video - Review of documentation forms	**AM** Review agenda Review the previous day's activities **Session G: Health response to Gender-Based Violence— Child** - Review of exercise - Brainstorming - Discussion - Review of the handout - Review of case study **Session H: Psychosocial Counselling** - Review of exercise - Illustrated lecture - Discussion - Group work	**AM** Review agenda Review the previous day's activities **Session K: Role of Police** - Illustrated lecture **Session L: Beyond Clinic, Self-Care of Health Care Provider and Safety Plan for Gender-Based Violence Survivor** - Review of exercises - Brainstorm - Review of health care provider's self-care and safety plan **Session M: Quality improvement** - Discuss quality improvement process and action plan preparation - Review referral directory
1–1:30 LUNCH	**1–1:30 LUNCH**	**1–1:30 LUNCH**	**1–1:30 LUNCH**
PM **Session B: Overview of Gender-Based Violence** - Review of exercises - Brainstorming - Group work - Discussing the role of health care providers **Session C: Guiding Principles for Working with Survivors and Identification**	**PM** **Session E: Forensic Services:** - Review of exercises - Demonstration and re-demonstration Session F: Management of the Adult Survivor - Review of exercises - Group work - Illustrated lecture	**PM** **Session H: Psychosocial Counselling** - Role-play - Do's and Don'ts game **Session I: National Provision and Institutional Framework for Gender-Based Violence**	**PM** **Session N: Skills Assessment** **Closing** - Overall summary - Course evaluation - Complete the registration form - Review participants expectations - Review knowledge and Skills

▪ Review of exercises ▪ Group work ▪ Consent exercise ▪ Quiz Summary of the day	▪ Case study ▪ Discussion **Discussion on the Knowledge Assessment** Summary of the day	▪ Brainstorm ▪ Game ▪ Case study **Session J: Medical Examiner as an Expert in the Court** ▪ Illustrated lecture ▪ Role-play Summary of the day	Assessment ▪ Closing
Assignment: Complete exercises and case studies for discussion the following day	**Assignment: Complete exercises and case studies for discussion the following day**	**Assignment: Complete exercises and case studies for discussion the following day**	

Annex 11: Checklist for the discussion with GBV survivors

1. **OCMC/Hospital**

- Responses and promptness in your (survivors) concerns from the hospital and OCMC
- Types of health services received from the hospital (check-up, examination, treatment, medicines, etc.)
- Psychosocial counselling service received from the hospital and safe home and number of counselling sessions?
- Free of cost health services or hospital charged for the services (examination, test, medicines)
- Maintenance and the confidentiality of the information provided and privacy
- Are you satisfied with the attitude/behaviour of the staff and services from the hospital?
- Support services from the OCMC - food, clothes, transportation support for the survivors and their children?
- How did they know about the OCMC and its services? Any different in services as you expected?
- Who recommended/referred to OCMC?
- How was the referral process within the hospital (first visit point and referral to OCMC within the hospital)?
- Follow up from the OCMC/hospital or safe home/rehabilitation centre

2. **Safe home**

- The behaviour of the staff
- Types of services from the safe home
- Did you get psychosocial counselling services?
- Cleanliness/hygiene of the safe home
- Do you feel secure when you are/were in safe home/rehabilitation centre?
- Maintenance of the privacy in the safe home
- How were the services and support of the Police and Attorney?