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1. Background

Gender Based Violence (GBV) is a major, yet largely invisible problem in Nepalese society.

Nepal Demographic Health Survey 2011 of ever married women (15-49 years) found:

- 1 in 3 experienced violence perpetrated by their partners and 40% of them suffered physical injuries
- 2 in 3 victims never told anyone due to fear of stigmatization and lack of support services
- 12% experienced sexual violence at least once in their lifetime.

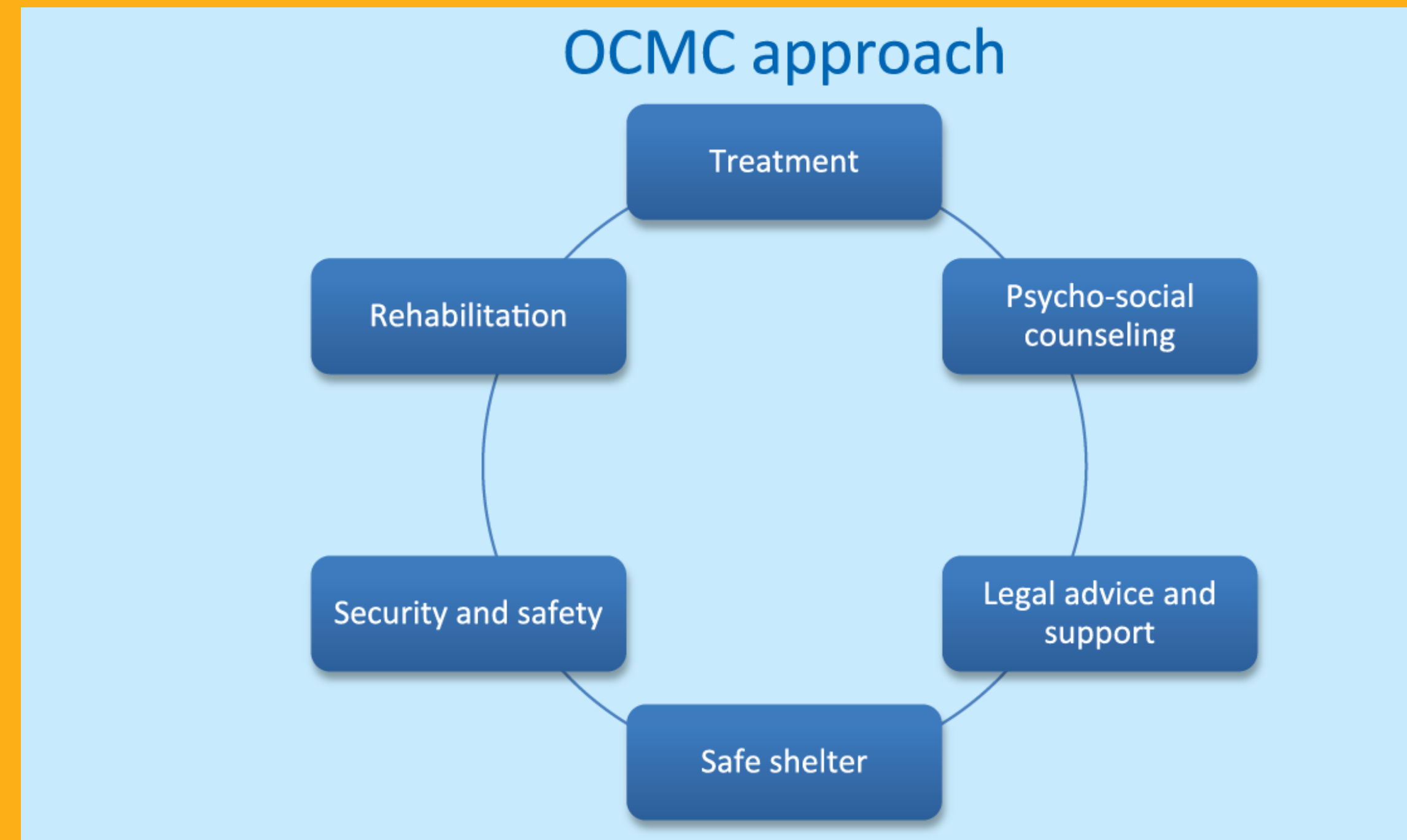
Study on GBV in rural Nepal 2012 found:

- Survivors experienced physical, psychological, sexual and reproductive health problems
- 1 in 25 survivors attempted suicide.

Government declared 2010 as the year to eliminate GBV.

- National Plan of Action to combat Violence Against Women (VAW).
 - GBV Unit at the Office of the Prime Minister and Counsel of Ministers established.
 - Multisectoral participation secured (12 Ministries, Women Commission and Parliamentary Committee) to tackle GBV.
 - MoH established hospital based OCMCs in coordination with Ministry of Women.

2. Approach



- MoH has established hospital based OCMCs in 21 districts.
- OCMCs deliver services in coordination with police, attorney's office, department of women and children and community based organizations.



A GBV survivor entering Hetauda Hospital OCMC and being counselled by OCMC staff (2014)

Case Study: Survivor regains her self-esteem and her job

A young women suffered physical violence from a male colleague and discrimination from her employers who fired her when she complained. The local OCMC treated her injuries, counselled her and helped her file a case against the perpetrator. With regular follow up from OCMC, the woman her self-esteem and confidence. Pressure from the OCMC and its partner organisations led her to being reinstated in her job.

Case Study: Coordinated support for a vulnerable girl

A young women from a conservative area was raped by her uncle. She was given refuge in a safe home, medical care and psychosocial counselling at the OCMC. Coordination between the safe home, the OCMC, police, and a local NGO helped her greatly. She gave up the baby that resulted from the rape for adoption and took a skills course at the NGO Maiti Nepal. The OCMC is monitoring her progress while the perpetrator is in jail awaiting justice.



A husband-wife counselling session underway at Dang OCMC

3. Enabling Factors

- Provision of 24 hour services at OCMCs.
- Presence of police at OCMC.
- Orientation and training of staff and local stakeholders.
- Campaigns against GBV at national and local levels.
- Information on OCMC services disseminated through radio, brochures and street drama.
- Regular district monitoring of OCMC services and national OCMC reviews by the MoH.

4. Constraints and Challenges

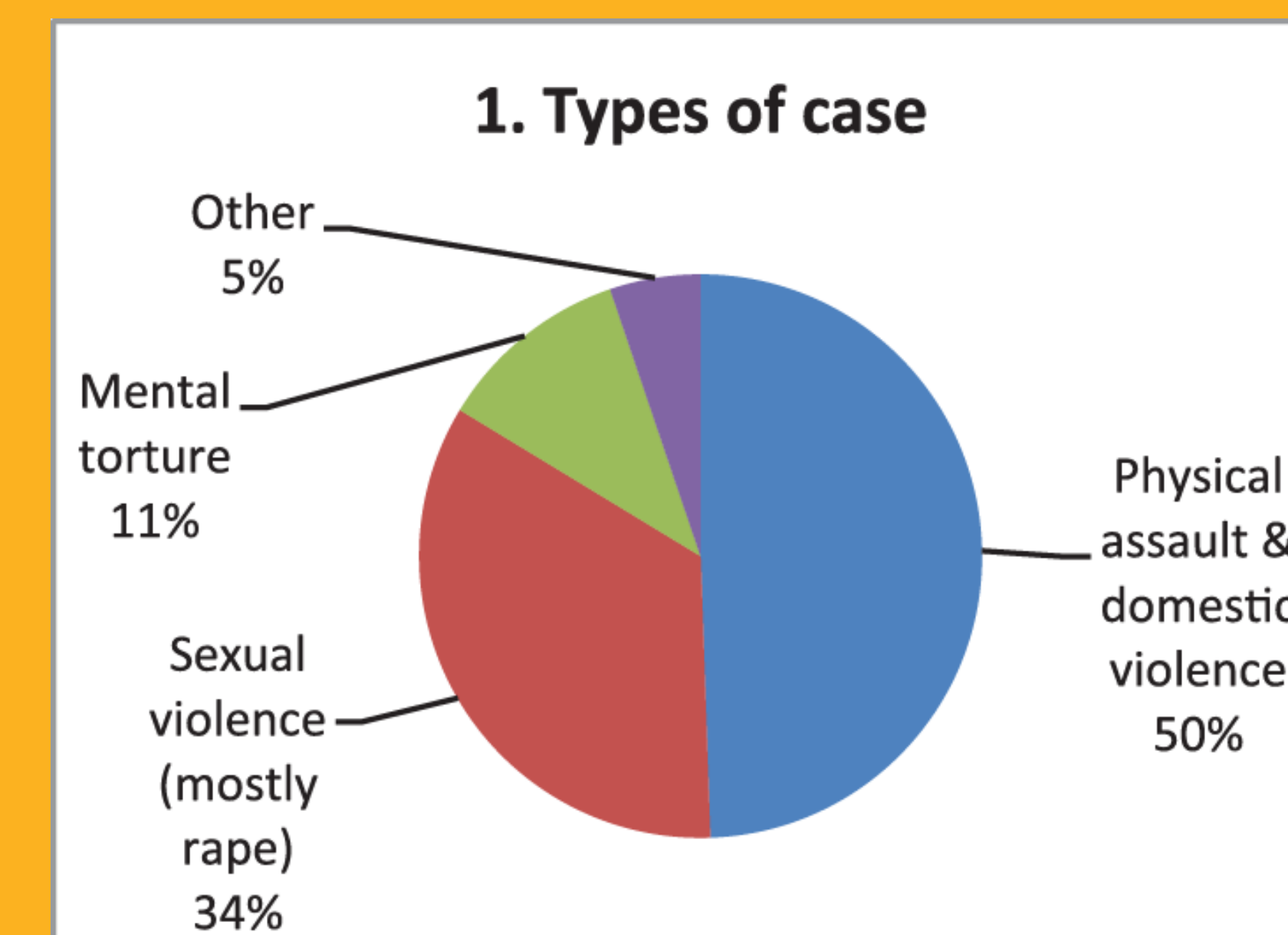
- Stigma and fear of GBV survivors to seek help.
- Patriarchal norms.
- Increased risk of GBV following the two earthquakes in 2015.
- Lack of physical space for OCMC at hospitals (post-quake).
- Lack of counseling skills and culture in the health service.
- Lack of trained forensic experts in hospitals.

5. OCMCs and violence prevention

- Coordination of agencies.
- Encouraging local networks of GBV survivors.
- Increasing community-based GBV prevention programmes.
- Raised ownership of service providers and increased stakeholders' commitment to tackling GBV.

4. Achievements: Services

- Supported and treated 6,420 GBV survivors, 95% female.
 - Most cases were physical and domestic violence or sexual violence



We feel that OCMC is our home, a place of sanctuary for us. "Many of us were previously let down by other organisations who said they could help us. We formed our group and meet and share our stories of grief and problems. We have been encouraged and supported by OCMC. We feel there is at least one place where we are heard and acknowledged. We have received support and services free of cost from the OCMC. We wish that all other agencies worked like the OCMC."

-President of the local network of GBV survivors (Sakchaam Mahila Samudiyak Sanstha, Dang).