



Improving hospitals' responses to survivors of Gender-Based Violence in Nepal

The Gender Based Violence (GBV) Clinical Protocol in Nepal has proven crucial to improving the response of health services to survivors of gender-based violence.

In 2014, Nepal introduced a GBV Clinical Protocol to support the health sector in responding to the needs of GBV survivors. Since December 2017, the UKAid-funded Nepal Health Sector Support Programme (NHSSP) has been working with Nepal's Ministry of Health and Population (MoHP) to develop training sites that would enable the roll out of the GBV Clinical Protocol.

By June 2018, NHSSP had helped set up training sites at three major hospitals. 125 hospital staff had been trained and equipped with knowledge on the scale of GBV in Nepal, its impact on women's health, how to identify women at risk and offer more appropriate medical care and community support services.

Action-learning for impact

Training sites at Lumbini Zonal Hospital, Koshi Zonal Hospital and Bharatpur Hospital were selected based on geographical location and beneficiary coverage, capacity of the hospital and the presence of a functional One Stop Crisis Management Centre (OCMC). A series of Training of Trainers (TOT) and On-the-Job Training sessions were delivered, blending independent learning with instructor-led classroom training, using real-life case studies and on-demand reference tools such as medical anatomy and

The GBV Clinical Protocol is a guide that educates health service providers on the nature of GBV in Nepal, and outlines the needs and delivery of health services for survivors and those at risk. It aims to improve coordination between health and other sectors including the police, social welfare, and civil society organisations to strengthen support for survivors.

body models. Cost savings were achieved by reducing travel and keeping people on the job. By extending the learning period from a few days to a few weeks, learners could retain and put their skills into practice, while still having access to instructors and fellow students to solve problems. This practised the principle that learning is a continuous process, and not just a one-time event.

Improving the response of health services

The training has enhanced health staff's understanding of the scale of GBV in Nepal, patterns of violence in the surrounding community, and the impact of violence on women's health. Managers and frontline providers reported that learning about GBV had made them more committed to addressing and sensitively responding to



GBV in their work. It provoked them to reflect on their standards of care, and ensure privacy and confidentiality for all their patients.

Participants learned that it was important to ask if a woman is experiencing violence in order to provide accurate diagnosis and offer the most appropriate care, including counselling. Many conditions, such as chronic pain or reoccurring sexually-transmitted infections, can be difficult to diagnose or treat without knowing about a woman's experience of violence. A doctor from Koshi Zonal Hospital said: "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."

Taking a more holistic approach towards health care for women who have experienced violence may also help prevent further and more serious situations. Through this competency-based training, doctors who lacked confidence in providing medico-legal services, have now gained the skills and knowledge to do so, as expressed by a medical officer based at Bharatpur Hospital: "Before, I thought (that addressing GBV) 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."

As well as looking at medical care, the training also provided guidance on how to raise awareness about GBV as a public health problem through campaigns and community-based education efforts. Managers were supported to promote a work environment with zero tolerance for violence and sexual harassment.

Since the development of these training sites, there has been better coordination and referrals within and between hospital departments, thereby improving service delivery to GBV survivors. The training highlighted the need to strengthen One Stop Crisis management Centres' (OCMC) role in coordinating a comprehensive range of services for GBV survivors; beyond treating physical and psychological ailments, but also offering legal protection, personal security, and rehabilitation services. Ten months following the trainings, the OCMC at Bharatpur Hospital saw an increase of 105% of GBV cases being supported, while Koshi Hospital and Lumbini Hospital OCMCs saw an increase of 257% and 161%, respectively.

Other notable changes include providing education and livelihood support to survivors and following up with survivors to see whether they are still experiencing violence, and whether commitments of support are being implemented.

Looking forward

Given the success of the training, the MoHP plans to scale-up the training to other hospitals, to further build the capacity of service providers to reach and respond to survivors of GBV. In 2019, GBV training sites will be developed in three more provinces to roll-out the GBV Clinical Protocol. Refresher training in Koshi and Bharatpur hospitals is also planned to update and motivate staff, and to extend the training to new or recently-transferred staff.

NHSSP will continue to strengthen the capacity of emergency departments in each of the hospitals, given the crucial role they play in the identification, management and referral of cases, and the overall responsiveness of the hospital, in handling survivors of GBV with dignity and care.



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