

The inclusion of services for children in the One-Stop Crisis Management Centres (OCMCs) for gender-based violence

THE CASE OF NEPAL

COUNTRY/COUNTRIES:

Nepal

PARTNERS:

The Ministry of Health and UNICEF

THEMATIC AREAS:

Violence against children (VAC), gender-based violence (GBV)

COVERAGE OF SYSTEMS CHANGE:

Nationwide

KEY RESULTS:

As a result of the pandemic, the response to address GBV in Nepal was strengthened by developing strategies to provide support and care to child survivors, including supporting the planning around the launch of the country's first child-dedicated One-Stop Crisis Management Centre (OCMC).

COVID-19 CONTEXT

By November 2020, 76 of Nepal's 77 districts had recorded positive COVID-19 cases. In addition to this, floods and landslides affected many families in 40 districts, exacerbating the conditions where gender-based violence (GBV) is more likely to occur.

Nepal is frequently affected by natural disasters and previous experiences show that GBV usually increases during emergencies. However, unprecedented social and economic challenges brought on by the COVID-19 pandemic have resulted in a disproportionate increase in the risks for women and children to experience violence and other rights violations. GBV was already prevalent in the country before COVID-19, for example, of the total GBV cases reported to the Nepal Police, 62% of survivors were children (Nepal Police data for the timeframe mid-2016 to mid-2020; Women, Children & Senior Citizen Directorate, 2020). The police acknowledge that 98% of cases reported concern girls while attention to male survivors remains an issue of concern.

This case study highlights UNICEF's work with the Government of Nepal and Civil Society Organizations (CSOs) to address GBV in times of COVID-19 in a way that can focus on strengths, systemic gaps and extend beyond the pandemic environment.

DETAILS OF PROMISING PRACTICE/ CRITICAL POINT OF CHANGE

Before the COVID-19 pandemic, prevention and response services for GBV had a robust infrastructure in Nepal. More than 60 one-stop crisis management centres (OCMCs) integrated into hospitals operate across the country. OCMCs provide a comprehensive range of services for survivors of GBV, including health care, psychosocial counselling, coordination with safe homes, legal protection, personal security, rehabilitation and vocational skills training (NHSP, 2018). While children represent on average 40% of survivors accessing OCMC services, the services are still organised and planned with the needs of adult women in mind. A review of OCMC service provision led by the Government has highlighted the care for child survivors as a major challenge.

During the pandemic, growing concern over the increase of GBV risks saw the prioritisation of children and adolescents exposed to GBV, as survivors and also as dependents of survivors and witnesses of GBV, as a crucial area of work. While the Government had already planned the integration of an OCMC in the country's only Children's Hospital, the pandemic context has given a new sense of urgency for this need as well as broadened opportunities for partnerships.

Indeed, the intersection of GBV and child protection is an area in which integrated responses can enhance the quality of services provided to children and their caregivers. For instance, the revision of the national child protection case management guidelines is a critical milestone to ensure the review of care arrangements, as well as a whole family approach to risk assessments which is integrated into the guidelines and GBV service provision for children.

LESSONS LEARNED FOR CHILD PROTECTION SYSTEMS

- **The impact of the pandemic highlighted the importance of including strategies for meeting the needs of child survivors, in addition to the usual comprehensive support available for women survivors.** The strengthening of support and care strategies for children has been one of the most significant challenges and achievements of the Government of Nepal.
- **Building on and adapting an existing model of GBV-OCMCs focused on adults has been a useful foundation for planning child focused services.** The child dedicated GBV-OCMCs will integrate support that enables child survivors to receive all services needed in one place and serve as a pilot to enhance overall response across the country. The experience of the OCMCs will also provide avenues to incorporate the GBV approach into services that respond to violence against children.
- **Strategies to institutionalise coordination among the providers of the OCMC are critical.** For example, the Nepali experience shows that there is a need to institutionalise coordination mechanisms among health workers and social workers to guarantee the effectiveness and sustainability of the response.

LESSONS LEARNED FOR PARTNERSHIPS: COOPERATION, COORDINATION AND COLLABORATION

- **Pre-existing strong partnerships among the Ministry of Health, and other organisations, like UNICEF, contributed to reinforcing mental health and GBV service provision**

through both community-based, remote and institutional approaches. These partnerships have led to a stronger recognition of the mental health impact of GBV and family violence.

- **A key lesson is to institutionalise coordination mechanisms to ensure partnership sustainability.** For instance, most partnerships established as part of the 2015 earthquake response have not survived beyond the emergency phase. Re-establishing coordination mechanisms and partnerships has therefore been a necessary step. Based on this experience, in the current context, stronger attention was paid to supporting government-CSO partnerships in a way that can be sustained beyond the acute response phase.

- **New partnerships have been established this year to support protection monitoring (for example in quarantine sites) by and with women's organisations.** This is an opportunity to better engage women's organisation in monitoring of protection risks as well as strengthen collaboration on GBV prevention and response between child protection and GBV actors. The intersectionality of age and gender remains under-addressed. Beyond partnering on monitoring and GBV response, these new partnerships are a marked evolution in child protection programme implementation which can serve other workstreams including strategic litigation, birth registration, programming addressing socio-economic drivers of protection risks, etc.

KEY CONSIDERATIONS AND QUESTIONS FOR IMPLEMENTATION AND FUTURE ADAPTATION

- **Ensure budgeting and infrastructure to guarantee integration of support for children within the GBV OCMC.**
- **Train personnel providing services in the GBV- OCMC on skills and knowledge to offer child-sensitive services.**
- **Scale up from this first OCMC dedicated to child survivors to include more child-focused care in other centres.** This could serve as a model and a technical reference point for other OCMCs in the country.

KEY CONTACTS AND FURTHER RESOURCES:

For more information visit:

UNICEF Nepal Country Office website at
<https://www.unicef.org/nepal/child-protection>

REFERENCES:

Women, Children & Senior Citizen Service Directorate, Crime Data Against Women, Children and Senior Citizen of Fiscal Year 2076/77, Nepal Police, Kathmandu, 2020.

NHSSP (2018). Nepal Health Sector Support Programme, One Stop Crisis Management Centres: Developing an Effective Health Systems Response to Gender Based Violence in Nepal. https://options.co.uk/sites/default/files/ocmcs_health_systems_response_to_gbv_in_nepal_0.pdf

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