

**SATISFACTION OF GBV SURVIVORS FROM OCMC
SERVICES IN DISTRICT HOSPITAL,
HETAUDA, MAKAWANPUR**

A Thesis

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By

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ACRONYMS

CDO	:	Chief District Officer
CMA	:	Community Medical Assistance
FGDs	:	Focus Group Discussions
GBV	:	Gender Based Violence
GoN	:	Government of Nepal
INGO	:	International Non-Government Organization
IPV	:	Intimate Partner Violence
MoHP	:	Ministry of Health and Population
NGO	:	Non- Government organization
NHSSP	:	Nepal Health Sector Support Program
OCMC	:	One-Stop Crisis Management Center
UN	:	United Nations
VAW	:	Violence Against Women
VAWG	:	Violence Against Women And Girls
WBV	:	Women Based Violence
WCSW	:	Women and Children Social Welfare
WHO	:	World Health Organization

DECLARATION

I declare that the dissertation entitled “**Satisfaction of GBV Survivors from OCMC Services of District Hospital, Hetauda, Makawanpur, Nepal**” submitted to the Department of Sociology, Tribhuvan University, Kirtipur, Nepal for the Master degree in Sociology, is the original work of mine. No part of it, in any form, has been copied from other sources without acknowledgement and submitted to any other University or Institute for any degree or diploma by me. Views and opinions expressed in this thesis are solely mine with the expert suggestions of my supervisor. For the confidentiality, no names of the GBV survivors were recorded on the questionnaire and not mentioned anywhere in my thesis report.

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LETTER OF RECOMMENDATION

This thesis entitled “**Satisfaction of GBV Survivors from OCMC Services in District Hospital, Hetauda, Makawanpur, Nepal**” has been prepared by **Sudip Hujdar** under my guidance and supervision. Therefore, I recommend this thesis to the evaluation committee for its final evaluation and approval.

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APPROVAL LETTER

This thesis entitled “**Satisfaction of GBV Survivors from OCMC Services in District Hospital, Hetauda, Makwanpur, Nepal**” has been prepared and submitted by **Sudip Hujdar** with TU Registration no. 6-2-264-7-2011, has been accepted for the partial fulfillment of the requirements of the Master’s Degree in Sociology.

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ABSTRACT

Everyday there is a gender based violence case published and heard on online news outlets, newspaper and many social media in Nepal. These GBV cases have many forms related to age, caste, ethnicity, sex, religion, culture, economic condition, social and political status. The present OCMCs run under the direct supervision office of Prime Minister of Nepal and other 6 Ministries. The MoHP is the implementing body of OCMCs.

OCMC Hetauda provides 7 different services such as health services, psycho-social counseling, security, safe homes, legal advice, rehabilitation and information, education and empowerment. The present study will be focused on Satisfaction of GBV Survivors from Services provided by OCMC Hetauda, Makawanpur, Nepal.

The researcher has done various literature review. Snowball technique has been used for sample data collection. The respondent GBV survivors were contacted with the help of OCMC Hetauda for this study. A total of 45 structured questionnaires were distributed among the GBV survivors while only 39 had responded back.

Both qualitative and quantitative approaches have been adopted for the data analysis and validated using triangulation method. The collected data were coded, edited, compiled and tabulated. Analysis were done using Excel and SPSS. For the quantitative analysis, Likert scale of 1-5 range has been used to compute the percentage satisfaction level of GBV survivors. Open ended questions were used for the qualitative analysis while institutional capacity were observed to assess implementation program of OCMC using triangulation analysis.

The analysis showed that there was negative correlation of moderate degree (-0.492) between age and GVB survivors. Satisfaction rate based on 39 respondents was found to be 88.15%. The overall satisfaction based on 7 services was found to be very satisfied 55.9%, satisfied 40.82%, do not know 3.28% and zero in case of dissatisfied and very dissatisfied respectively. GVB survivors had expressed their happiness and high satisfaction level by the services provided by OCMC Hetauda. This OCMC Hetauda had required resources such as manpower, infrastructure, logistics and small budget to deliver the required services satisfactorily.

Coordination among the stakeholders were found excellent due to strong network. This study was mainly focused on satisfaction level of GBV survivors at OCMC Hetauda only. A comparative study of satisfaction level can be done using GBV survivors data from 2 or more OCMCs.

CHAPTER-I

INTRODUCTION

1.1 Background

Every day, there is some disturbing news related with gender based violence published in the Nepalese daily newspapers and online news outlets. These gender violence news are heard from all across the country. These gender-based violence (GBV) cases have many forms related to age, caste, sex, religion, culture, ethnicity, economic condition, social and political status. GBV is highly prevalent in Nepal, was first reported by (SAATHI and the Asia Foundation (1997).

Expanded definition of GBV by UNHCR and UN General Assembly Declaration on the Elimination of Violence against Women (1993) is:

“... gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.... While women, men, boys and girls can be victims of gender-based violence, women and girls are the main victims. ...shall be understood to encompass, but not be limited to the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual exploitation, sexual abuse of children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.

(c) Physical, sexual and psychological violence perpetrated or condoned by the State and institutions, wherever it occurs.”

Throughout the world 1 in 3 women has experienced some kind of physical and/or sexual violence by a partner or by a non-partner. About 30% the women reported that they have suffered from physical and or sexual violence from intimate life partner (WHO, 2016 and UNIFEM 2000). The GBV studies from different countries have shown that only less than 40%

In Nepal, an estimated 81 % of women in rural communities face recurring domestic violence, such as polygamy, child marriage, dowry, Deuki, Chhaupadi and accusations of jhankari, boksi.

GoN recognized gender based violence through the National Safe Motherhood Plan (2002-20017). The safe motherhood program also helps in addressing GBV in health sector of Nepal. GoN is trying to provide the multi-dimensional services to women's violence. In this context, the Government of Nepal has identified the Ministry of Health and Population as the chief responsible executive body to implement the National Action Plan 2010 against Gender Based Violence to effectively provide integrated services to GBV survivors by establishing a Hospital Based One-stop Crisis Management Center (OCMC)

The OCMC Implementation Manual published by MoHP has highlighted 7 types of services to be provided to GBV survivors. Those services are: (1) Health services (2) Psycho-social counseling (3) Security (4) Safe Home service (5) Legal Advice, counseling and support (6) Rehabilitation (7) Information, Education and Empowerment.

1.2 Statement of the Problem

Many remarkable declarations have been made to address the violence against women. In 1993 the UN General Assembly gave universal definition of GBV which is accepted worldwide:

“Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”

1993: UN General Assembly Declaration on the elimination of violence against women, women's right to protect from violence, ensure that the individual, society and government are playing significance role in elimination of violence against women.

1994: UN Commission on human rights adopted a strategy to collect data and information and endorsed the action to eliminate violence against women.

1995: UN Fourth World Conference on Women in Beijing was one of the most powerful declarations to violence against women and identified women's violence as to human right. After this declaration, all the governments recognized violence against women as a serious issue which has negative impact on social and economic development of the country.

After the Fourth World Conference on Women in Beijing, Nepal became aware that gender equality is very important for the social and economic development of the country. GoN started to think about women's rights, protect women from injustice, eliminate violence against women and make healthy and wealthy Nepal. In that context, the Nepal government started playing the role in policies level in different phases.

During the past 25 years, GoN has taken different initiatives to address GBV. Nepal developed legal and policy frameworks to address GBV and declared year 2010 as the "Year against Gender based Violence-Nepal free from gender based violence where women, men, girls and boys can realize their full potential and live a life of dignity". In this context, GoN draws action plan year against gender based violence, keeping MoHP as a chief executive, with coordination of other 11 ministries, donors, technical experts and Medias. In order to resolve the gender based violence problem, MoHP has initiated OCMC (One-Stop Crisis Management Centre) program in Nepal. At present, this OCMC program is running in 56 districts out of 77 districts of Nepal.



MoHP implemented the action plan with technical support of Nepal Health Sector Support Program (NHSSP) and Ministry of Women, Children and Social Welfare adopted Hospital based One-stop Crisis Management Center (OCMC) approach to address gender based violence efficiently. These OCMCs are working with the support and help from DFID, CDO, Police, Ministry of Women and Children and Social Welfare, Safe home and local INGOs and NGOs to provide one door service system in terms of prevention, protection, prosecution and policy implementation.

The OCMCs are mandated to provide seven services to GBV survivors:

- (i) Health services
- (ii) Psycho-social counseling

- (iii) Security
- (iv) Safe homes
- (v) Legal advice counseling and support
- (vi) Rehabilitation and
- (vii) Information, education, empowerment(OCMC-Implementation Manual, MoHP 2016).

Initially, 15 OCMC centres were started by GoN including regional centre at Hetauda, Makwanpur. From 2068/8/12 (28/11/2012), this OCMC program has been launched in District Hospital Makawanpur. So far no study on the implementation of OCMC service of Makawanpur district has been done. Hence, the Makawanpur district has been chosen as the study area for this research and study.

1.3 Research Questions

The research question arises if the government initiated OCMC through hospital is able to provide adequate services to the GBV survivors? What are the indicators to identify the GBV survivors? What is the status of gender based violence towards women and children in District Hospital Makawanpur? How is the implementation of OCMC program in terms of service delivery to GBV survivors at Hetauda?

To what extent the OCMC provide services to the victims? What is the level of victims' satisfaction for the services provided by OCMC? How the Survivors perceived this OCMC program, are they satisfied?

The whole objective of this research and study is to find the answers for the above mentioned research questions.

1.4 Objectives of the Study

The specific objectives of the study are as follow:

1. To find the status of gender based violence towards women and children according to records of District Hospital Makawanpur.
2. To assess the implementation of OCMC program in terms of service delivery to the GBV survivors at District Hospital, Hetauda
3. To find the level of Satisfaction of survivors of GBV from OCMC services provided by District Hospital, Hetauda, Makawanpur.

1.5 Limitations of the Study

This study will be limited to GBV survivor cases recorded in District Hospital Hetauda, Makwanpur. The study data will be collected through interview with service providers, cases, and stake holders. This study is limited to physical, sexual and Psychological violence and does not include women trafficking case. Due to time and resources constraints, the study will be focused on only one OCMC Hetauda, Nepal. Due to sensitivity of the cases, names of GBV survivors will not be mentioned.

1.6 Significance of the Study

In order to complete the Master degree in Department of Sociology, it is obligation to complete a thesis. Hence, the significance of the study. The effort of the government in OCMC Program can be justified only when it achieve the objective that has been set by the government. By observing the implementation status, we can find out whether such program is achieving its targets goals of service delivery or not and survivors are satisfied with the services provided or not. This study helps the government and the policy maker how well is the program is providing service to GBV survivors in the country. What needed to do more to run this program more effectively to address the GBV against women. It will also present the way to understand public values and attitude towards the government OCMC program. There are many researches and studies have been done in "Violence against Women" including Makwanpur district. However, study on "satisfaction of OCMC services in District Hospital, Makwanpur has not been done yet. This study will fulfill this gap. Hence, the significance of the study.

1.7 Organization of the Study:

The study on "Satisfaction of OCMC services in District Hospital Makawanpur" will comprise of 5 chapters. The chapter-1 will present the background of study, statement of problem, objectives of the study, limitations of the study, significance of the study and organization of the study. The chapter-2 will focus on literature review. This chapter-2 will deal with the literature of historical and religious violence, world scenario, Nepalese context and legal provisions of gender based violence, analytical framework, variables, indicators and the operational definitions. The chapter-3 will deal with methodology used for this study. Quantitative, qualitative and triangulation approach will be described. A comprehensive questionnaire will be prepared to collect the relevant data and method of analysis. The chapter-

4 will deal with the data presentation and analysis. The collected data using questionnaire, interview, and observation will be compiled, edited, tabulated and analyzed. The chapter-5 will deal with conclusions and recommendations.

The references and appendix will follow chapter-5.

CHAPTER -2

LITERATURE REVIEW

This chapter reviews the existing literatures of gender based violence in Nepal and other countries. This study will move around the GBV survivors' satisfaction. Satisfaction has been defined as the degree of happiness between a patients' expectations of ideal care and perception of the real care provided by the service providers. It is a multi-dimensional aspect. Here, the client is GBV survivors. Technically, the client does not assess their own health status after receiving care but the degree of satisfaction with the services delivered.

Well recognized patient's satisfaction include from admission to discharge services, free medical care, clinical skill, attitude, interpersonal communication, Legal advice, Psycho-social counseling, responsiveness, empowerment, comforting skill, amenities, food services, safe home services, security, confidentiality, rehabilitation and follow up services. All these services will depend on the smooth implementation of the objective set by OCMC program of GoN.

Though the world is taking its pace towards modernism, where women are dominated through different types of violence than men in the society. Women are mostly suffered by the different violence which has grown up the violence in the community. They are also mistreated physically and mentally for not taking sufficient dowry. Women generally do not report to the police, and they also do not report to a number of other services that could support them, including victim support organizations. Currently, the fact that so many incidents are not reported means that many offenders can act with impunity. Violence not only affects the girls and women experiencing it and their families, but also can spiral across generations. Still, it is clear that monetary costs are borne because of days lost to work, treatment costs of injuries, or police and judicial arrangements (Oxfam, 1999).

All eight countries in South Asia have specific constitutional provisions addressing gender equality and have signed the Convention on the Elimination of All Forms of Discrimination against Women, albeit some with reservations.

2.1 Nepal:

GBV is exceptionally predominant in Nepal (SAATHI 1997; UNFPA et al. 2008). The Nepalese DHS report found that 22% of women have encountered some physical violence at least once during 15 year age, and 12% of women have encountered sexual violence once in their lifetime, 28% married women encountered physical or sexual violence with their spouse (Tuladhar et al. 2013).

A comprehensive study done by GoN (2012) on prevalence and consequences of violence against women in six districts of Nepal found 48% of women have experienced violence in their life time, 15% suffered from physical assault sexual violence by their own partner and forced to have sex against their will. The study showed that there is a robust policy formulation on GBV, but weak implementation activities.

Gupta, Nitu (2017): Implementation of Service Delivery at One-Stop Crisis Management Center in Addressing Gender Based Violence in Sarlahi, Nepal. She concluded that the concept of OCMC in providing service to GBV Survivors is effective. The cases seem to be satisfied with the service provided by OCMC. But the government needs to be more focused in OCMC program to make more effective in the district.

Hawkes et al (2013): This is the detail survey study which reflects the result of individual, institutional, legal and policy responses to address the violence against women and girls (VAWG) in Nepal. In this study the researcher finds that the women are vulnerable to the violence due to social norms, societal fear and shame. The major institutions addressing GBV have developed their own record keeping system. This poses challenges in terms of standardized monitoring, collection, evaluation and dissemination of data and implementation of GBV laws and policies.

2.2 Bangladesh:

Chowdhury (2007): A review completed in Bangladesh on Women's Health and Domestic Violence during 2000-2003 by WHO found that 53% of 1603 women in urban Dhaka and 62% of 1527 women in rural Matlab had ever experienced physical or sexual violence in their life time. Absence of training, absence of monetary autonomy, and absence of security were causes to trigger violence. At last, destitution, culture and custom and the subordination of women were observed to be the underlying drivers behind violence against women.

2.3 Sri Lanka:

Guruge et al (2016) found 1 in 3 women are suffering from IPV (Intimate Partner Violence) problem in Sri Lanka. The study done by WHO in 81 countries revealed that South Asia has the second highest prevalence of IPV (41.7%). Those 32% of women who sought help were more likely to approach family, neighbors, friends, and community leaders rather than formal services such as hospitals, police, or agencies providing services.

2.4 Turkey

Zeki Yıldız and Senol Erdogmus (2004): A Study of Hospitals in Turkey finds that Patient's satisfaction is an important measure of service quality in health care systems. Patients' perceptions about health care systems seem to have been largely ignored by health care managers in developing countries. The aim of this study is to develop a reliable and valid instrument to measure patient satisfaction in Turkey. A questionnaire was developed and a total of 1100 patients in 31 different hospitals were interviewed. Factor analysis was utilized to determine the factor structure. The instrument of the patient satisfaction developed in this study provides insights to the researches who study the improvement of patient satisfaction with service quality of hospitals, practitioners, and the decision makers.

2.5 Synthesis from Literature Review

The research work explains the how the OCMC services are provided to GBV survivors. The value of program depends on the quality of services provided. Satisfaction of the GBV survivors will depend on effective implementation of the OCMC program. The success of government programs does not lie in a sound policy but lies in the manner of how resources are allocated, and how the program is managed. So there is the room for the researcher to look upon the effective implementation of program in term of service delivery and user's satisfaction.

2.6 Concept of Implementation

Concept of Implementation program can be described as the ability of program to provide quality and adequate service to service receiver by service providers. Only a better full service with adequate resources will have greater chances to satisfy the service receiver (Kano et al.,

1984). Previous and recent studies show that there is a connection between service provider and receivers' satisfaction, although, the relations are more or less theoretical and indirect (Gupta et al., 2005). This study wishes to find out the implementation of OCMC in providing services to the GBV Survivors. The use of one of the effectiveness models is logical to have the desired results in the study. The objective is to find out to what extent OCMC has been effective in attaining the goals of this program as per given objectives. The objective is to provide effective services to the GBV survivors. The effective service will depend on the effective implementation and the effective implementation will lead to satisfaction of the GBV survivors.

2.7 Van Meter and Van Horn’s Model (1975)

The implementation model of Van Meter & Van Horn gives the structured way to think about policy implementation. The model is composed of six variables. The first three variables focus on the policy. The second three variables concentrate on the policy’s implementation. In this model, they have shown the relevance of the policy standards and

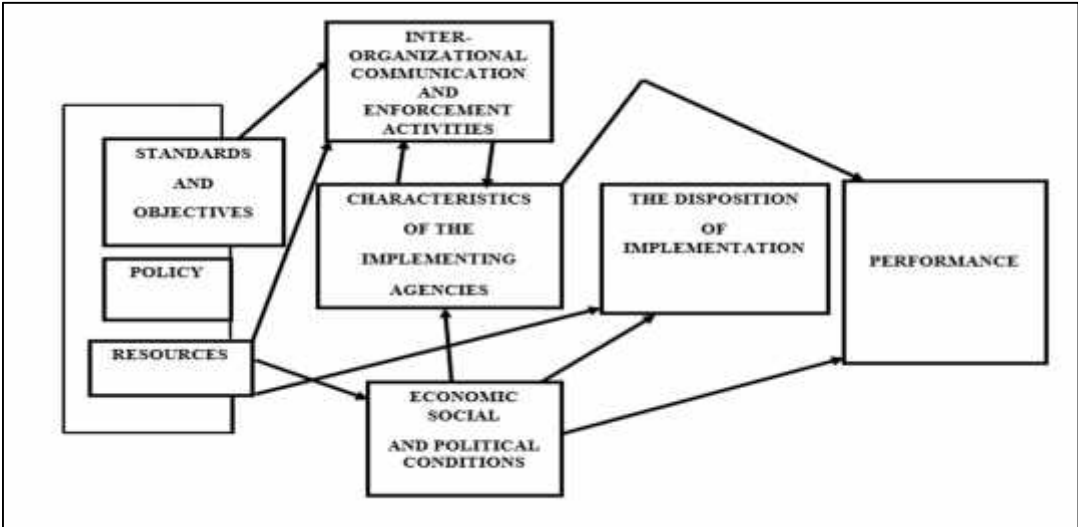


Figure 1 : A Model of Policy Implementation Process (Van Meter & Van Horn, 1973:463)

objectives, resources, inter-organizational communication and enforcement activity, the characteristics of implementing agencies, economic, social and political conditions and the disposition of the implementers for carrying out the policy decisions. Their model of the policy implementation helps to understand why the policy process can be so vast or complex.

The figure 2.6 shown above is the model of the policy implementation process developed by the Van Meter & Van Horn which shows the linkages among the different variables. The 6 variables of the model presented above are universally applicable to policy implementation. These 6 variables can be applied within organization or among organization or across organization. The practical implication of the model is useful in the implementation of the OCMC program.

The 6 variables are:

- (1) Policy Standards and Objectives
- (2) Policy Resources
- (3) Inter-organizational Communication and Enforcement Activities
- (4) The Characteristics of Implementing Agencies
- (5) Economic, Social, and Political Conditions
- (6) The Disposition of Implementations

Van Meter and Van Horn Model links the above mentioned dependent and independent variables to find out the answer of these questions:

-) Does the government initiation to provide multi-sectoral service through OCMC is able to provide adequate service to the survivors of violence?
-) What is the level of survivor’s satisfaction for the services delivered by OCMC?

2.8 Analytical Framework

By analyzing the various literatures, model and theory, the study has identified the following variables for the analytical framework as follow:

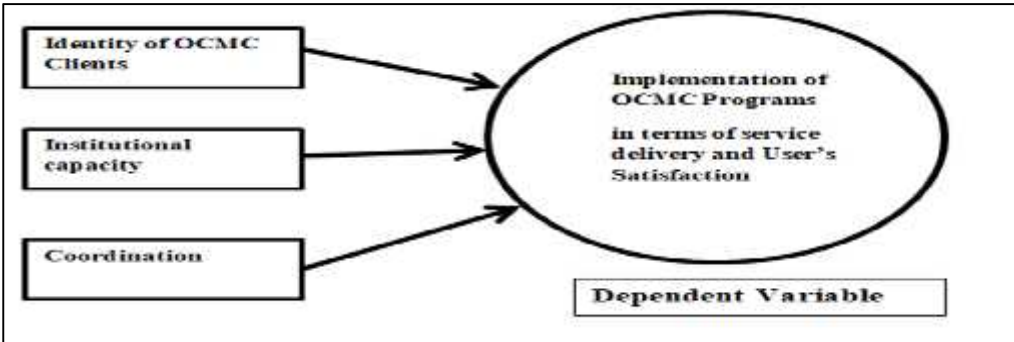


Figure 2 : Diagram of Analytical Framework

The analytical framework will shape Implementation of OCMC as dependent variable and identify of OCMC clients, institutional capacity, and coordination as independent variables and indicators as given below.

Independent Variables	Indicators	Dependent Variables
Identity of OCMC Clients	Age Marital Status Family background Type of Violence	Implementation of OCMC Programs in terms of Service Delivery Users' Satisfaction
Institutional Capacity	Availability of necessary Logistics Staff Policy Objectives	
Coordination	Stakeholders' Response Stakeholders' Coordination	

Figure 3 : OCMC Chart

CHAPTER-3

METHODOLOGY USED

Based on the literature review done, the primary and secondary data will be used for the study of service level of OCMC Hetauda Hospital Makwanpur district. This study will be carried out using both quantitative and qualitative approaches. In order to collect the required data, a set of questionnaire (attached) has been developed. Statistical tools will be used to analyze the data. Expert guidance and suggestions from the advisor will help to complete the task successfully.

Different research methods will be applied to obtain the above mentioned objectives. They are:

3.1 Descriptive Research:

Descriptive research explains the characteristics of the population or phenomenon to be studied. This methodology focuses “what” of the research subject rather than on “why”.

This research method uses observational data. It contains structured questions (quantitative approach) and open ended questions (qualitative approach). The data collected can be analyzed using statistical tools.

3.1.1. Quantitative Approach

Quantitative approach will be applied using structured questionnaires comprising the questions related to events, awareness, legal aid, community and social mobilizations.

First of all, using quantitative research method, the collected data will be compiled, edited, classified, coded and tabulated. The collected data will be checked for accuracy, uniformity, consistency and completeness. As per the information of OCMC Hetauda, structured questionnaires framed in Likert's scale will be distributed to available GBV survivors to get their responses. The collected data will be analyzed by using Excel, descriptive and statistical tools. The most appropriate measurements for the satisfaction of GBV survivors will be based on percentage, ratio and proportion. (Refer Appendix A and B).

3.1.2. Qualitative Approach

Qualitative approach will be composed of open ended questionnaires and oral interviews. It will consist of focus group discussions (FGDs) of GBV survivors, Medical doctor, staff nurse and stakeholders such as CDO, Police Chief, and Safe homes and NGOs to identify

the perception, knowledge and attitudes towards the gender based violence. Based on the information and data collection, the qualitative analysis will be done. (refer Appendix A and B).

3.1.3. Triangulation Approach

Triangulation research analysis is a method to check and establish validity in the research study. This refers to whether findings of study are true and accurately reflect the situation supported by evidences.

According to Denzin (1978.P. 28), the logic of triangulation is based on the premise that: "no single method adequately solves the problem of rival causal factors. Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed".

Schuch J.H. (2009) defines, "triangulation as using multiple sources of data, data collection methods, or both and multiple investigators to collect data".

In this research technique, different sources of information are used to increase the validity of study and a research question is analyzed from multiple perspectives. In the present study, the data collection and analysis has been done conducting interviews, observation and case studies of GBV survivors. This was done to increase the confidence level of the study and establish the validity.

3.2 Selection of the Study Area:

The District Hospital Hetauda, has been chosen as the study area. It is located in Hetauda Municipality of Makawanpur district in province no- 3, Nepal. The data collected will be both primary and secondary data. The reasons for selection of study area are:

- (i) OCMC of District Hospital Hetauda has been listed as a regional OCMC center.
- (ii) The OCMC Hetauda provides both curative and preventive services to the GBV survivors.
- (iii) So far, no study has been done for the satisfaction of services provided by this OCMC.
- (iv) Findings of this study are expected to be
 - (a) Useful in reducing the prevalence of VAW and
 - (b) Lesson learnt will be applicable to other areas.

3.3 Survey Design

As the objective of study is to find the satisfaction of OCMC services, the survey design will be based on implementation of the OCMC program based on the available infrastructure, resources and coordination. To find the satisfaction level, Likert scale 1-5 will be used. Patients satisfaction level will be judged by their responses ranging from poor =1, fair =2,

good=3, very good= 4 and excellent =5. Those who will choose poor and fair will be considered dissatisfied while those who select good, very good and excellent will be considered satisfied.

The respondents will be critically surveyed and interviewed using questionnaires for the facilities provided by OCMC, Makawanpur. The collected data will be tabulated, processed and analyzed. Based on analysis, the level of OCMC services will be determined among the respondents and conclusions will be drawn accordingly.

3.4 Method of Data Collection

In this study, quantitative, qualitative and triangulation approach have been used. The qualitative approach has been used to identify the perception, knowledge and attitudes towards violence while quantitative approach has been employed to measure the magnitude and nature of gender based violence against women and children. As the case study cases are highly sensitive and confidential, snowball sampling techniques has been employed for data collection. The GBV respondents were accessed with the help of OCMC Hetauda.

3.5 Sample Size and Data Collection

The study will be carried at OCMC of District Hospital Makwanpur. The estimated study sample size was to cover maximum number of available GVB survivors for the study. According the available record from 2068 to 2076 altogether 2312 persons (refer to Table 16) men, women and children have received services from OCMC Hetauda. However, currently in contact and getting services only 45 GBV survivors could be contacted through OCMC Heatuda for this study. Hence, the questionnaires were distributed to available 45 GBV survivors. Out of 45 only 39 had answered. So, 39 GBV survivor cases have been taken for the study. The questionnaire were formulated to address core dimension of patient satisfaction as mentioned in the MoHP manual (2011). They were related with accessibility of health care facility, attitude of medical officer and nurses, availability of basic amenities-food, clothes and shelter, relationship between patient and health providers, security, safe homes, rehabilitation, information-education-empowerment and follow up services.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 Data Analysis Method

The collected data have been compiled, edited, classified, coded and tabulated. The collected data have been checked for accuracy, uniformity, consistency and completeness. The data were analyzed by using Excel, descriptive and statistical tool such as SPSS. The most appropriate measurements for the satisfaction of GBV survivors are presented in terms of percentage, ratio and proportion.

Table 1: Distribution of GBV Survivors based on Age Range.

Age Range (year)	GBV Number	% GBV Survivors
10-15	4	10.26
16-20	6	15.38
21-25	6	15.38
26-30	3	7.69
31-35	13	33.33
36-40	3	7.69
41-45	1	2.56
46-50	2	5.13
50-62	1	2.56
Total	39	100

Distribution of GBV survivors by age range is shown in the above table. The number of GBV survivors in the age range of 31-35 is the highest (33.33%) while it is the lowest in the age range of 41-45 (2.56%) and 50-62 (2.56%).

Table 2: Distribution of GBV survivor based on education

Education Level	GBV No	% GBV Survivors
Illiterate	13	33.33
Primary	15	38.46
Secondary	10	25.64
BA and above	1	2.56
Total	39	100.00

Distribution of GBV survivors by education are shown in the above table. The table shows that it was the highest in the primary education level 15(38.46%) and the lowest in the BA and above as 1 (2.56%).

Table 3 : Distribution of GVB survivor by ethnicity (Caste)

Ethnicity	GBV No	% GBV Survivors
Bahun	3	7.69
Chhetri	2	5.13
Dalit	2	5.13
Janajati	24	61.54
Madhesi	1	2.56
Newar	2	5.13
Sherpa	5	12.82
	39	100.00

Distribution of GBV survivors by ethnicity (caste) is shown in the above table. It is seen that it was the highest in Janajati 24(61.54%) and the lowest in Madhesi 1(2.56%).

Table 4 : Distribution of GVB survivors by Violence Type

GBV Problem	GBV No	% GBV Survivors
Domestic	6	15.38
Physical	23	58.97
Sexual	10	25.64
	39	100.00

Distribution by violence type has shown in above table. From the table, it is found that it is the highest in physical case 23(58.97%) and the lowest in the domestic case 6 (15.38%)

Table 5 : Distribution of GVB survivors by Perpetrator

Perpetrator	Number	% GBV Survivors
Boy Friend	4	10.26
Brother-in law	1	2.56
Father	1	2.56
Father in Law	1	2.56
Husband	21	53.85
Husband's Friend	1	2.56
Neighbor	3	7.69
Relative neighbor	3	7.69
Brother in law	2	5.13
Teacher	1	2.56
Unknown	1	2.56
Total	39	100.00

Distribution of GBV survivors is shown in the above table. From the table above, it is found that it was the highest in husband case 21(53.85%) and the lowest 1(2.56%) in brother in law, father, husband's friend, teacher and unknown cases.

Table 6 : Computation of Correlation coefficient

Age Range (year)	f= Freque ncy	Cumulativ e Frequency	Age(X) m = midpoint	XY	dx = (X-A)/2 A=25	dy= (Y- A')/2 A'=5	dx ²	dy ²	dx.dy
10-15	4	4	12.50	50.00	-12.50	-0.50	156.25	0.25	6.25
15-20	6	10	17.50	105.00	-10.00	0.50	100.00	0.25	-5.00
20-25	6	16	22.50	135.00	-7.50	0.50	56.25	0.25	-3.75
25-30	3	19	27.50	82.50	-5.00	-1.00	25.00	1.00	5.00
30-35	13	32	32.50	422.50	-2.50	4.00	6.25	16.00	-10.00
35-40	3	35	37.50	112.50	0.00	-1.00	0.00	1.00	0.00
40-45	1	36	42.50	42.50	2.50	-2.00	6.25	4.00	-5.00
45-50	2	38	47.50	95.00	5.00	-1.50	25.00	2.25	-7.50
50-55	0	38	52.50	0.00	7.50	-2.50	56.25	6.25	-18.75
55-60	0	38	57.50	0.00	10.00	-2.50	100.00	6.25	-25.00
60-65	1	39	62.50	62.50	12.50	-2.00	156.25	4.00	-25.00
Total	39		412.50	1107.5	0.00	-8.00	687.50	41.50	-88.75

Here, N= 11, Assumed A= 25 and A' = 5

Karl's Pearson Correlation Coefficient is given by the formula as:

$$r = \frac{N \sum dx dy - (\sum dx) (\sum dy)}{\sqrt{N \sum dx^2 - (\sum dx)^2} \sqrt{N \sum dy^2 - (\sum dy)^2}}$$

$$= \frac{11 \times (-88.75) - (0) \times (-8)}{\sqrt{11 \times 687.5 - (0)^2} \sqrt{11 \times 41.5 - (-8)^2}}$$

$$r = \frac{-9.2}{\sqrt{7.50} \times \sqrt{5.5}}$$

$$r = \frac{-9.2}{8.9 \times 2.8}$$

r = -0.492. (Negative correlation of moderate degree)

The correlation coefficient entails how strong a relationship between the two variables age and frequency (GBV survivor) exists. The correlation coefficient (r) varies from $+1 \leq r \leq -1$ between two variables. In correlation coefficient, ± 1 means the graph will rise or fall along y-axis and called positive or negative correlation and measured along x-axis. Here, +1 means

perfect positive correlation, +0.75 means strong correlation, + 0.5 means moderate correlation, +0.25 means weak correlation and 0 means no correlation between two variables. Similarly, -1 means strong negative correlation, -0.75 means strong negative correlation, -0.5 means moderate negative correlation, -0.25 weak negative correlation and 0 means no correlation at all. A graph between age along abscissa (x-axis) and frequency (GVB survivors) along ordinate (y-axis) can be plotted. In the present case, we find that frequency increases till age 35 but above that age, frequency decreases and negative coefficient of correlation (r) -0.492 is obtained as computed above. This indicates a negative correlation of moderate degree between age and frequency (GBV survivors).

4.2 Satisfaction Rate of GBV survivors

The questionnaires were framed in Likert's scale. Those scales were very satisfied, satisfied, do not know, dissatisfied and very dissatisfied respectively. Each scale has been assigned a value ranging from 4 to 0 as follow: Very satisfied =4, Satisfied =3, Do not know = 2, dissatisfied =1 and very dissatisfied =0.

Total 45 questionnaire were distributed to the respondents and only 39 had responded. The computation is based on the 39 respondents' answer as follow:

Table 7 : Computation of Satisfaction rate

Option	Very satisfied	Satisfied	Do not know	Dissatisfied	Very dissatisfied	Total
Answer score	4	3	2	1	0	
No of answers	545	398	32	0	0	975

Number of total Answers x Maximum Value = $975 \times 4 = 3900$

Table 8 : Computation of Satisfaction rate

Option	Very satisfied	Satisfied	Do not know	Dissatisfied	Very dissatisfied	Total
Answer score	4	3	2	1	0	
No of answers	545	398	32	0	0	975
Value (Score x Answer)	2180	1194	64	0	0	3438

Hence, % Satisfaction Level= $(3438/3900)*100 = 88.15\%$

OCMC provides 7 sectors services to GBV survivors. For each sector services, satisfaction rate has been calculated as given in the table below:

Table 9 : Health Services

Satisfaction Level	% Satisfaction
Very Satisfied	62.47
Satisfied	34.27
Do not know	3.26
Dissatisfied	0
Very dissatisfied	0

From the above table of health services, it is seen that it was the highest in very satisfied range 62.47% and the lowest 0% in the dissatisfied and very dissatisfied category.

Table 10 : Psychological counseling services

Satisfaction Level	% Satisfaction
Very Satisfied	42.74
Satisfied	57.26
Do not know	0.00
Dissatisfied	0
Very dissatisfied	0
% Total	100.00

From the above table of psychological counseling services, it is seen that it was highest in satisfied range 57.26% followed by very satisfied 42.74% and the lowest in 0% in do not know is 0.00%, dissatisfied and very dissatisfied category respectively.

Table 11 : Security services

Satisfaction Level	% Satisfaction
Very Satisfied	12.82
Satisfied	87.18
Do not know	0.00
Dissatisfied	0
Very dissatisfied	0
% Total	100.00

From the above table of security services, it is seen that it is the highest in satisfied range 87.18% followed by satisfied 12.82%, and do not know, dissatisfied and very satisfied range are zero respectively.

Table 12 : Rehabilitation

Satisfaction Level	% Satisfaction
Very Satisfied	47.44
Satisfied	39.74
Do not know	12.82
Dissatisfied	0
Very dissatisfied	0
%Total	100.00

From the above table of rehabilitation, it is seen that it is highest 0in very satisfied range 47.44% followed by satisfied 39.74%, do not know 12.82% and 0% in dissatisfied and very satisfied range respectively.

Table 13 : Information, Education and Empowerment

Satisfaction Level	% Satisfaction
Very Satisfied	65.81
Satisfied	27.35
Do not know	6.84
Dissatisfied	0
Very dissatisfied	0
%Total	100.00

From the above table of information, education and empowerment it is seen that the GBV survivors indicated their highest satisfaction level in very satisfied range 65.81% followed by satisfied 27.35%, do not know 6.84% and 0% in dissatisfied and very dissatisfied range respectively.

Table 14 : Overall % satisfaction Level

Satisfaction Level	% Satisfaction
Very Satisfied	55.59
Satisfied	40.82
Do not know	3.28
Dissatisfied	0
Very dissatisfied	0
%Total	100.00

From the above table of overall % satisfaction level and it is seen that the GBV survivors indicated their satisfaction to the extent of very satisfied to 55.9%, satisfied to 40.82%, do not know to 3.28%, dissatisfied and very dissatisfied 0% respectively.

Under health services altogether 11 questions were asked to GVB survivors to know their satisfaction level using SPSS in Likert's scale. Likewise, in Psycho-social, there were 3 questions, in security services 1 question, in safe homes 3 questions, in legal services 2 questions, in rehabilitation 2 questions and in information, education and empowerment 3 questions were asked. The percentage satisfaction level have been shown in the table below for all these question. The notations used in SPSS are given as follow:

HS= Health Service, PS= Psycho Social, SS= Security Service, SH=Safe Home, LS= Legal Service, RS= Rehabilitation Service, IS= Information, Education and Empowerment

Key Findings:

1. Five types of GBV distribution have been done. Based on age range, it was found highest 33.33% in the age range of 31-35. Based on education, it was highest (38.46%) in the primary education level. Based on Ethnicity (caste), it was highest in Janajati (61.54%). Based on type of violence, it was highest (58.97%) in physical violence. Based on perpetrator, it was highest (53.85%) due to husband.
The mean, median and standard deviation of 39 data cases with respect to age range has been found as 28.40, 33.75 and 10.87 respectively. As the standard deviation is small, data are not spread widely rather concentrated towards the Mean.
2. In the present case, coefficient of correlation (r) comes out to be -0.492. This indicates a negative correlation of moderate degree exists between age and frequency of GBV survivor. It means as the age increases, the frequency decreases.

3. Using Likert's scale satisfaction level rate of GVB survivors has been computed which comes out to be 88.15%.
4. For each 7 sectors OCMC services to GBV survivors, percentage satisfaction level have been calculated. Percentage satisfaction are in terms of Health service 62.47%, Psychosocial Counseling 57.76%, security 87.18%, Safe home 52.14%, Legal advice 60.26%, Rehabilitation 47.44% and Information, education and Empowerment 65.81% respectively. While overall satisfaction level came out to be 55.90%.
5. Table 16 above shows the percentage satisfaction of GBV survivors for different services given while satisfaction level given by OCMC Hetauda is found to be 92.3%.

4.3 Qualitative Data Analysis

The data for qualitative analysis has been collected through OCMC centre Hetauda. These data and information had been collected from GBV survivors, medical officer, staff nurse and stakeholders. With the help of OCMC Hetauda, 15 GBV survivors were selected as a focus group and called for oral interview. In this case, unstructured questionnaire were given to service providers and stakeholders while oral interviews were conducted with a focus group of 15 GBV survivors. The findings from this study are presented in line with the following dependent and independent variables given as follow:

Table 15: Independent variable, Indicators and dependent variable

Independent variables	Indicators	Dependent variables
Identity of OCMC clients	Age Marital status Family background Type of violence Education level Ethnicity (caste)	Satisfaction of OCMC clients In terms of service delivery and users satisfaction
Institutional capacity	Availability of necessary Logistics Necessary staff policy objectives Police, Health worker, NGOs	
Coordination	stakeholders response stakeholders coordination	

4.4 Identity of the OCMC Clients (GBV)

According to records of OCMC office Hetauda starting from date of establishment Mangsir 12, 2068 to end of Mangsir 2076 there are altogether 2312 GBV survivor cases. Out of which female 2190 (94.72%), male 122 (5.28%), physical violence 839(36.28%), domestic violence 258(11.15%), Sexual violence 466 (20.15%), other violence 327 (14.4%) and re-registration 422 (18.25%) cases are noted respectively. This identification of OCMC client cases was based on the indicators such as age, marital status, family-background, type of violence, education level and ethnicity (caste) as mentioned in the above table 4.3.1.

Table 15 : Progress Report of OCMC (12/08/ 2068-69 to 30/08/ 2075-76)

Year	Female	Male	Total	Physical	Domestic	Sexual	Others	Total registration	Re-registration	Total
2068-69	61	1	62	20	26	8	8	62	Detail not available	62
2069-70	51	7	58	14	19	21	4	58		58
2070-71	82	1	83	44	5	31	3	83		83
2071-72	89	6	95	37	12	35	11	95		95
2072-73	189	10	199	104	7	63	25	199		199
2073-74	292	29	321	161	22	80	58	321	80	401
2074-75	392	19	411	195	78	93	45	411	128	539
2075-76	612	49	661	264	89	134	174	661	214	875
Total	1768	122	1890	839	258	465	328	1890	422	2312
% Total	93.54	6.45	100	36.28	11.15	20.11	14.18	81.74	-	100

Source: OCMC, Hetauda 2076

Table 16 : Relation between age and Physical Violence

Age Group	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	Total	%Total
0-14	5	1	0	0	7	13	28	10	64	6.44
15-49	39	29	42	46	89	147	223	218	833	83.80
50-65	1	2	6	2	15	19	17	11	73	7.34
65 and above	1	1	1	1	0	4	5	11	24	2.41
Total	46	33	49	49	111	183	273	353	1097	100.00
	4.19	3.01	4.47	4.47	10.12	16.68	24.89	32.18	100.00	

Source: OCMC 2076report

From the above table 17, it is observed that woman GBV survivors of age group 15- 49 are the highest 833 (83.80%) related to physical/domestic violence.

Table 17 : Relation between age and Sexual Violence

Age Group	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	Total	%Total
0-14	0	8	16	17	37	41	45	42	206	48.93
15-49	7	13	14	18	26	37	47	48	210	49.88
50-65	1	0	0	0	0	2	1	0	4	0.951
65 and above	0	0	1	0	0	0	0	0	1	0.237
Total	8	21	31	35	63	80	93	134	421	100
	1.72	4.52	6.67	7.53	13.55	17.20	20.00	28.82		

Source: OCMC 2076 report

From the above table 18, it is observed that woman GBV survivors of age group 15- 49 are the highest 210 (49.88%) related to sexual violence.

Responses received from the service providers are given as follow:

According to OCMC medical doctor, “I would say that both women and children suffer from physical and sexual violence and seek services from OCMC. Even married, unmarried and divorcee women, children and teen aged girls are found victims of physical and sexual violence. We take ensure highest level of security and confidentiality while providing OCMC services to them. We deal them with great care and respect. Here, I have found GBV survivors were more in number from the janajati compare to other ethnicity. Mostly, they are illiterate and belonged to poor family. GBV is a very sensitive issue. Psychosocial counseling is very important to maintain effectiveness of the OCMC services. The duration of counseling depends on the severity of problem. Sometimes, it takes 3-4 days for the counseling the GBV survivor. As OCMC provides free medicals, psychosocial counseling, legal advice, food and shelter free of cost, GBV survivors are very happy to receive these services. They are found satisfied by the OCMC services”. (Interview by OCMC in charge on January 20, 2020 Hetauda)

According to Staff nurse, “There is no separate psychosocial counselor at OCMC Hetauda. I have got on job short term training related to GBV clinical protocol for 12 days and basic psychosocial counseling training for 5 days. Hence, I have been providing psychosocial counseling services to GBV Survivors as required.”. “(Interview of Staff nurse on Dec 26, 2019, Hetauda)

Safe home in-charge said, “There is some problem when the GBV cases come to safe home. The GBV clients want to stay more than 45 days in safe home. At that time, it is hard to convince the GBV clients. Often, GBV survivors express their heart felt emotional feelings as they would leave safe home and start a new path of life through the help of OCMC. “(Interview of Safe home In-charge on January 5, 2020 Hetauda)

4.5 Examining the implementation of OCMC program

The implementation of OCMC program has been measured in terms of service delivery and users satisfaction described below.

4.5.1 Service delivery and satisfaction of GBV survivor

The main purpose of the OCMC center established at district hospital Hetauda. Makawanpur is to give quality services to GBV survivors. These GBV clients are identified using different indicators as mentioned in the table 15 above. The various 7 sectors services are provided to GBV survivors who suffer from physical, sexual, mental or domestic violence. While giving services timeliness, confidentiality, security, safety, rights and dignity are maintained. These violence are caused due to poverty, illiteracy, misunderstanding, carelessness and lack of knowledge and respect. Mostly women and children are victims of physical, domestic, sexual violence, rape, sexual harassment and trafficking including men. The OCMC has mandate to provide 7 sector services to GBV survivors as guided by MoHP manual (2011). Those 7 services are namely: (1) Health services (2) Psycho-social counseling (3) Security (4) Safe home services (5) Legal advice, counseling and support (6) Rehabilitation (7) Information, Education and Empowerment. A total of 15 GBV survivors were requested for focus group discussion pertaining to services provided by OCMC Hetauda. Comments and views are given as follow:

4.5.1.1 Timeliness of Services

According to one survivor from the focus group, “When I arrived at OCMC with the help of police, the OCMC was Open. The staff nurse took me to another separate room, consoled and made me comfortable secretly. Soon, the doctor arrived. The doctor is very kind and helpful. She did my medical checkup like blood pressure, urine and blood tests and X-ray. The staff nurse talked with me with respect and care and gave me medicine, food and water all free of cost. I am very happy and satisfied with OCMC services.” Interviewed on December 22, 2019 at Hetauda)

4.5.1.2 Legal service, Morale and Respect

Another GBV survivor told, “My condition was very bad that time. The police helped me to come to COMC. The staff nurse is very caring and kind. She took me to medical doctor. The doctor was very sympathetic. Very quickly, the doctor took blood pressure, did urine, blood test, X-ray and asked the nurse to dress my injury. The staff nurse did my bandage, gave medicine, food and water and talked to me with great respect and honour. The staff nurse took me to another room and counseled me secretly and encouraged me. After counseling, the lawyer was called. The lawyer helped me to file the case in the court.

I was given medicine, treatment tests, legal support, food and clothes free of cost. The case of divorce was finalized very fast. I am very happy and satisfied with OCMC services.” (Interviewed on December 22, 2019 at Hetauda)

4.5.1.3 Rehabilitation, Security, Empowerment

One survivor from the focus group told, “I arrived at OCMC with my mother and with the help of police. Immediately, the staff nurse took me to doctor for medical checkup. The doctor was very kind and polite. She took my blood pressure, did urine, blood and pregnancy test. The staff nurse gave me medicine and food and water free of cost. The staff nurse took me to another separate room. She consoled me, Encouraged and lifted my morale high in a confidential way. I was put in a tailoring training. There were 25 other GBV survivors like me in that training. After the training was completed, all of us were given a tailoring machine, 4 rolls of clothes, scissors, tape and threads free of cost to start our livelihoods independently. We are 8 friends present here from that tailoring training group. Some of us are doing well in our stitching and sewing business. I am very happy and satisfied that OCMC has revived and changed my life.” (Interviewed on December 22, 2019 at Hetauda)

4.5.1.4 Livelihoods Support, Safety and Confidentiality

One survivor from the focus group told, “I arrived at OCMC referred from Maiti-Nepal and with help of police. Immediately, the staff nurse took care of me. The doctor came and started medical checkup soon. The doctor was very kind and helpful. She did urine, blood test and X-ray. The staff nurse was very polite. She gave me medicine and food and water free of cost. The staff nurse consoled and encouraged me very much in a confidential way. OCMC staff maintains secrecy of GBV survivors. They do not write our names instead give us a code number. Then, I was sent to safe home. While at safe home, I was put in an agricultural and farming training in a group of 15 other GBV survivors like me. After the training was completed, all of us were given 4 goats, some grains seeds, vegetable seeds and some seed money to start our farming independently. We are 4 friends present here from that farming training group. All of us are doing well in our farming business. OCMC helped to gain respect and dignity. I am very happy and satisfied that OCMC has revived and changed my life.” (Interviewed on December 23, 2019 at Hetauda)

4.6 Institutional Capacity

Institutional capacity of OCMC Hetauda as expected and observed are given as follow:

Table 18 : Infrastructure and resources at OCMC Hetauda

S.N.	Expected	Observed
1	Room: One treatment room with 2 beds	Present
	Separate Counseling room	Present
	Office room with necessary furniture	Present
	Separate Toilet room	Present
2	Office Equipment: Computer, Printer, Phone	Present
3	Basic Medical Equipment	Present
4	Curtain to maintain confidentiality during forensic examination	Present
5	IEC materials	Present
6	Training Manual (OCMC guidelines)	Present
7	Necessary Furniture-tables, chairs	Present
8	Almirah and Files for Record Keeping	Present
9	Executive OCMC committee	Present
10.	OCMC Network committee	Present

GBV survivors referred from the out-patient, safe home and or police get OCMC services. The

Instrument required for the medical treatments for GBV survivors were in accordance with the OCMC requirements.

According to OCMC In-charge "Since its establishment, OCMC Hetauda have been working as a regional OCMC center. It has maintained all the necessary staff- medical doctor, staff nurse, staff helper. There are separate room for medical checkup, psychosocial counseling and toilet. Equipment and instruments are as specified in MoHP manual (2011)." (Interview of OCMC In-charge on January 21, 2020 Hetauda).

According to staff nurse "There is no difficulty in checkup because the entire medical instruments are available at OCMC except in some severe cases, when we take the GBV cases to hospital laboratory for other required special tests only." (Interview of staff nurse on December 26, 2019 Hetauda)

(a) Necessary staff

Table 20: Human Resources required for 24 hour functioning of OCMC

S.N.	Required	Observed
1	Medical Officer 1	Present
2	Staff Nurse-3 one trained with Psychosocial counseling	One present with trained Psychosocial counseling
3	Counselor /Facilitator -1	Separate counselor not Present
4	Woman Police Sub Inspector / Woman Police Assistant Sub Inspector -1	Present
5	Volunteer identified with local NGOs -1	Present

The following experts shall be available On Call for the functioning of OCMC.

Table 19 : Experts available On Call for the functioning of OCMC

S.N.	On Call Required	Observed
1	Medical Doctor (subject expert as required and available)	Available
2	Staff Nurse as required	Available
3	Counselor /Facilitator -1	Separate counselor not available
4	District Attorney officer level from district Attorney Office or Advocate form Bar Association	Available
5	Police Officer and required police of other designations	Available

Source: OCMC manual (2011)

According to the OCMC manual (2011), most of the staff criteria are fulfilled except staff nurse and counselor. There was only one trained staff nurse in place of 3 and no separate counselor was available. Staff Nurse/Counselor was identified as the Focal Person of the OCMC in accordance with MoPH manual (2011). This staff nurse was given on job psychosocial counseling training. The staff nurse was providing counseling services, assisting and facilitating the GBV survivors visiting the OCMC to receive treatment and also coordinating with partner agencies.

(b) Network:

To run OCMC activities smoothly, there exists a strong network among 19 members committee (appendix-D) chaired by the CDO. The Police, district attorney General, Safe home are the members of this committee. The medical doctor being the member secretary of this committee conducts monthly and quarterly meetings using phone calls to decide on OCMC activities. All are very supportive and dedicated towards OCMC.

(c) Stakeholders response

All of the stakeholders had expressed their high appreciation and positive feelings about OCMC activities and services. They said that it was the good initiative of GoN to provide one door service to the GBV survivors. But the government needs to make the women aware about the GBV issues and their rights. The GoN needs to disseminate the information to make women aware, educate and empower them by launching different programs in the community.

As per Medical Officer, “Awareness in the people about GBV was found very low and so the knowledge about the services provided by OCMC. So use of difference means like mass media, pamphlets, street dramas should be conducted to bring out the GBV issues and awareness among the Community People.” (Interview of Medical Officer on January 28, 2020, Hetauda) Majority of stakeholders stated, "the duration of stay at safe homes need to be more and some incentive be provided to GBV survivors.”

According to safe home in-charge, “GBV survivors feel safe and comfortable at safe home. They like to stay for longer duration at safe home. I find stakeholders in good coordination to run one door service for GBV. NGOs and INGOs are working for GBV services but lack participation practically.” (Interview of safe home on Dec 30, 2019 Hetauda)

(f) Stakeholders coordination

There is a strong coordination among the stakeholders to run OCMC services. According to OCMC staff, "All concerned stakeholders and other line agencies have the feeling that it is the responsibility of OCMC to provide services to GBV Survivors. The coordination meetings are organized by phone calls. All are in excellent coordination to attend the meetings and support OCMC activities." (Interview of OCMC staff on Dec 26, 2019 at Hetauda)

According to district Police Officer, "OCMC Hetauda is functioning well and provides services to GBV survivors effectively. There is an excellent coordination and support from district police office Hetauda to run OCMC program." (Interview of Police on January 12, 2020, Hetauda)

According to GBV survivors, "There is a good coordination among OCMC staff, Police, NGOs, and safe home. They come to help us. This has made GBV survivors life easy and comfortable." (Interview of GBV survivor on December 24, 2019 at Hetauda)

4.7 Key Findings:

1. Identification of GBV survivors has been based on the indicators such as age, marital status, family background, type of violence, education level and ethnicity (caste). There total 2312 GBV survivor cases from 2068 to 2076. Out of which female 1768 (93.54%), male 122 (6.45%). The physical violence 839(36.28%), domestic violence 258(11.15%), Sexual violence 465 (20.11%), other violence 328 (14.18%) and re-registration 422 (18.25%) cases are respectively.
2. It is found that woman GBV survivors of age group 15- 49 are the highest 833 (83.80%) related to physical/domestic violence and sexual violence 210 (49.88%) respectively.
3. GBV is a very sensitive issue. High degree of dedication, timeliness, confidentiality, safety and security and psychosocial counseling are demanded to run OCMC service effectively.
4. It was found that even married, unmarried and divorcee women, children and teen aged girls are victims of physical and sexual violence. Here, GBV survivor cases from Janajati were high in number compared to other ethnicity.
5. Institutional capacity shows that the infrastructure and the instrument required for the medical treatments for GBV survivors were in accordance with the MoHP manual (2011). Staff requirements are as per manual except staff nurse and the counselor. There is only one trained staff nurse instead of 3 mentioned in the MoHP manual. No separate

counselor is available. The staff nurse does the counseling and who works as focal person of OCMC Hetauda.

6. Coordination among the stakeholders are found very good due to strong network. Monthly and quarterly meetings are organized by the member secretary using phone calls to decide on OCMC activities.
7. GBV survivors have expressed that they had received timely medical services, counseling, security, safety, legal service with confidentiality. They had also got capacity building training and rehabilitation services. So they were very happy and satisfied with services provide by OCMC Hetauda.
8. The service providers expressed their high appreciation and positive feelings towards OCMC services. Awareness in the people about GBV was found very low and so the knowledge about the services provided by OCMC. So awareness be disseminated using different mode of communications.

4.8 Verification of Data

Triangulation research analysis is a method to check and establish validity in the research study. This refers to whether findings of study are true and accurately reflect the situation supported by evidences.

According to Denzin (1978.P. 28), the logic of triangulation is based on the premise that: "no single method adequately solves the problem of rival causal factors. Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed".

Schuch J.H. (2009) defines, "triangulation as using multiple sources of data, data collection methods, or both and multiple investigators to collect data".

In this research technique, different sources of information are used to increase the validity of study and a research question is analyzed from multiple perspectives. In the present study, the data collection and analysis has been done conducting interviews, observation and case studies of GBV survivors. This was done to increase the confidence level of the study and establish the validity.

4.9 Features of the GBV Case Study

The following GBV survivors gave their consent to narrate their stories which are given as follow. Here, the names and addresses of the GBV story tellers are kept fully secret.

Referred Case 1:**Code No: 8**

She was a married woman of 25 years old. She belonged to Lama caste, poor and nuclear family. She was illiterate. She was physically assaulted by her husband repeatedly.

GBV survivor said, "First of all, I had gone to OPD of Hetauda hospital. But the doctor at OPD section referred me to OCMC. After that I went to OCMC department. The doctor and staff nurse were present there. They were very kind and polite. Staff nurse took me to check room. Immediately, the doctor did my check up and the medical treatment started. I had nothing to pay for the medical check and medicine. Everything was free of cost. The staff nurse was very helpful and talked with great respect. She took me to another room gave me courage. I had to stay there for one day and after that I was sent to Safe home. At safe home, I stayed for 40 days. They gave me food, clothes and shelter free of cost. During that period, I was given agriculture and goat farming along with other 15 friends like me. After the training, I was given 4 goats, some vegetable seeds, grains seeds and some money to support my livelihoods independently. OCMC have changed my life. I am very happy to get services from OCMC Hetauda."

Observation: In my observation, it was a physical violence. She was polite by nature and used to speak slowly. She was still in contact with OCMC Hetauda. She was very much satisfied with OCMC services of Hetauda. She had told her story to me on January 5, 2020.

Referred Case 2:**Code No: 14**

She was 31 years old, married and belonged to Regmi bahun caste. She came from nuclear, illiterate and poor family.

GBV survivor told, "My husband was doing nothing and was drunken most of the time. Every time, husband will abuse and torture me physically and beat on and often. I had severe physical injuries. I came to get help from Police. With the help of Police, I came to OCMC Hetauda. At OCMC, medical doctor did the medical checkup. The doctor was very kind and polite. The staff nurse did bandage, gave medicine, food and put me in a bed. After some time, she took me to another separate room. In that room, the staff nurse consoled and encouraged me. For additional treatment, I was referred to Bharatpur hospital, Chitwan."

Observation: In my observation, it was a physical violence. She talked with me slowly and difficulty. She was admitted to OCMC on 2076/4/2. OCMC had brought lots of changes in her life. She was feeling very much satisfied with OCMC services. She was still in contact with OCMC Hetauda. She had narrated her story to researcher January 5, 2020.

Referred Case 3: Code No: 39,

She was 35 years old and came from Ghishing community. According to her, she married with him by running together away from home 5 years before.

GBV survivor said, “During past years, I had suffered from domestic violence by her own husband from time to time. My husband was not giving any money for household expenses. Instead, he used to scold, abuse and quarrel with me always. In the beginning, when I was beaten by my husband, I complained to the police of Chaugada. At that time, the police resolved the case and made my husband sign a written bond not to beat me again. From that day onwards, husband was not beating me but always started quarrelling saying you only know the law, you took me to police custody. He would shout at me and abuse- randiko chhori. I myself plough small piece of land using spade and manage all households’ activities. Actually, I had severe physical injury because of his repeated beating. With the help of police I had come to OCMC Hetauda. At OCMC, the doctor did my checkup, urine and blood test and X-ray. The staff nurse gave medicine, food and water. I was consoled and encouraged by the staff nurse. I was kept in the bed for one day and sent to Safe home. At safe home, I am given free shelter, food and clothes. All services given to me were free of cost. I am very happy and satisfied with OCMC services.”

Observation: In my observation, it was a domestic violence. She was very much satisfied with OCMC services. She was still in contact with OCMC. She had narrated her story to me on January 5, 2020.

Referred Case 4: Code No: 49

She was 16 years old teen ager girl and belonged to Lama Community. She came from poor and nuclear family. She had only primary education.

GBV Survivor told, “Towards the end of month Magh, I had run away with a tractor driver and got married with him. From that day onwards, I was living in his house. I was often beaten by my husband-the tractor driver. But I used to keep quiet and was not telling to anybody. Later on, my mother came to know about it and took me to OCMC Hetauda for medical and legal advices. Ay OCMC, the doctor did my medical checkup, X-ray and some urine and blood tests. The doctor and nurse were very kind and helpful. The staff nurse did the bandage, gave me medicine, food and water free of cost. She took me to another room and encouraged me. I stayed there in bed for two days. Then, the lawyer came and helped me to file a case against the tractor driver. I was sent to safe home. The court case was running. During that time, I was given training for tailoring-cutting and sewing clothes. OCMC bought me a sewing machine free of cost. The court case was also finalized in one month time and I became free to work now. OCMC has changed my life. I am very happy and satisfied with OCMC services.”

Observation: In my observation, it was a continuous physical violence. She told me her story without hesitation. OCMC has changed her life completely dramatically. She was very happy and satisfied with OCMC services My observation date was on January 7, 2020.

Referred case 5: Code No: 57

She was 32 years old and belonged to Thing community. She came from poor and nuclear family. She had primary level of education.

GBV survivor narrated, “I had got married 14 years ago and have 13 years old son. My husband is a Jandyaha-drinking alcohol all the time. He will physically torture and beat me any time with bamboo stick. He has married with another woman without letting me know. When I asked about his second marriage with another woman, he will start scolding and beating me blindly. Because of that I had several physical injuries and severe pain. With the help of police, I came to get OCMC services. The doctor was very kind. The doctor did my medical checkup, X-ray and prescribed some medicines. The staff nurse gave me medicine free of cost. She took me to another separate room and consoled me and encouraged me. I was kept at bed for 3 more days. After that I was sent to Maiti-Nepal. Presently, I am living in Maiti-Nepal-in a guardian’s house. I have no divorce yet. The lawyer is following divorce case free of cost. I am very happy and satisfied with OCMC services.”

Observation: In my observation it was unwanted physical violence. She was happy and satisfied with OCMC services. OCMC had brought changes in her life. She told, she has many GBV survivors friends. some cases are more critical than her which encourage her to do something good for society. My observation date was January 7, 2020.

Referred Case 6: Code No: 60

She was 26 years old and belonged to Katuwal community. She came from poor and nuclear family. She had BA level education.

GBV survivor narrated, “I had love marriage. After marriage, my husband had gone abroad to work. While working there he had made a girlfriend through face book. When he came back home, he used to beat me on and often. Because of that I had several physical injury. Then he divorced me for his girlfriend. I had lot of tension and physical pain. I was broken physically and mentally. With the help of police, I came to get OCMC services. The doctor was very kind and helpful. She did medical checkup, X-ray and prescribed some medicines. The staff nurse took me to another separate room and consoled and encouraged me. Next day, I was sent to Safe home shelter. I stayed at Safe home for 45 days. I was given training for tailoring. Now I can start my own livelihoods independently. I am very happy and satisfied with OCMC services given to me and change my life.”

Observation: In my observation, it was domestic violence case. She was broken mentally and physically. OCMC has changed her life completely. She was very much satisfied with OCMC services. She was still in contact with OCMC Hetauda. My Observation date was January 8, 2020.

Referred Case 7: Code No: 120

She was 35 years old and belonged to Sunuwar community. She was from very poor and joint family. She had secondary level husband was drunkard and mostly shouted and scolded her by drinking alcohol. Not only that used to quarrel with her. She got arranged marriage with him more than 16 years. That's why since 5 years she had been living in her parents' house. She has one daughter. They got divorced in Magh 21, 2075. Due to her health problem, she had joined OCMC and returned home.

Observation: In my observation, it was physical violence. She was very much satisfied with OCMC services and it brings positive feeling in her mind. She had observed many more critical cases of many GBV survivors. If they can adjust I also can adjust. My observation date was January 8, 2020.

Referred Case 8: Code No: 127

She was teen aged girl of 14 years old. She was unmarried and belonged to Thing caste. She came from poor joint family. She had primary level of education.

.” GBV survivor narrated, “ My grandfather was sick. I went to Bastipur to meet him on 2076/08/29. On the way to Bastipur at Paldamar shop, I met with a person (so-called Perpetrator) and his mother. His mother asked me (victim) whose daughter I was of? He (perpetrator) replied instead that she was daughter of Chakre Pun. At this, the perpetrator's mother told that she was familiar with my father-she knew my father well. It was getting late and dark. The perpetrator's mother asked me to stay in her house for the night haltage and could go tomorrow to meet my grandfather. I agreed and went to live in her house for night haltage. In the night, the perpetrators' mother gave me rice to eat. After that I was asked to sleep there. The perpetrator had gone to watch T.V. I slept on the floor and the perpetrators mother had slept on a bed. While I was sleeping, the perpetrator came over me and pressed my breast and touched my body and stomach and talked dirty things. I asked him to stop but he did not stop and had sex with me by force. After that, he went out of the room. Tomorrow morning while doing urination, I was feeling severe pain. The perpetrators' mother came and gave me tea and biscuit. At 7 o'clock, I went to Bastipur to meet my sick grandfather and returned back home in 2 hours. Then I told all about this incident to my mother. With the help of Lila phufu (aunty), I came to OCMC Hetauda. At OCMC, the doctor did my medical checkup, urine and blood test, pregnancy test and prescribed some medicines. The staff nurse gave me medicine and took me to another separate room. In that room, I was consoled and encouraged secretly by the staff nurse. OCMC provided me medical check, medicine, food and water all free of cost. I was very happy and satisfied with OCMC services.”

Observation: In my observation, it was a Sexual violence. OCMC had helped and motivated her to live happily and not to be afraid with anyone. She was happy and satisfied with OCMC services. She was still in contact with OCMC. My observation date was January 10, 2020

Referred Case 9: Code No: 131

She was 35 years old, married but divorcee. She belonged to Ale Janajati community. She came from very poor and nuclear family. She was illiterate.

GBV survivor said, “My husband had worked abroad for 3 years. During that period, I was staying alone bringing up the children and lived in mothers place (maiti). During these period, my husband did not care me and the children, did not give any money. I did not have any kind of earnings. I had no money to support my livelihoods. It was very difficult for me to feed and bring up the children all alone. On top of that, one year before, my husband had married with another woman without letting know anybody at home. My husband came back from abroad in 3 year time. Then he went to sasurali. Sasurali khalak people asked him if the jwai-son in law had married with another woman. The son in law replied yes. He also said he had brought his second wife to his house already. During last years, I had physical violence by my husband repeatedly. I had several injuries. With the help of family member and police, I had come to OCMC. At OCMC, the doctor did medical checkup and gave some medicines. The staff nurse took me to another separate room and gave psychological counseling and legal advices. The lawyer came to help me. With the help of lawyer, I filed a case of polygamy against my husband. The polygamy case was finalized very fast in 11 days. After getting all these services from OCMC, I returned home. I am still in contact with OCMC Hetauda.”

Observation: In my observation, it was a domestic violence and polygamy case. She was very much satisfied with OCMC services. She was frank lady and wanted to be independent and move forward. Observation date was on January 10, 2020.

Referred Case 10: Code No: 133

She was a school girl of 12 years old. She belonged to Syangtang Janajati community. She came from poor and nuclear family. She had primary level education.

GBV survivors narrated, “ The math school teacher always made me to sit in the first bench during his class period. He would ask me questions. At every question, he used to touch sensitive parts of my body-sometime cheeks, sometime breast and back. All my class mates used to watch this. This happened for quite a few months. I used to feel very much awkward and shy. At another time, the math teacher molested me and had sex with me. I was mentally disturbed, not able to express my pain and kept silent. But my elder brother came to know all about this somehow. With help of police, I came to OCMC

Hetauda. At OCMC, the doctor was very sympathetic and kind to me. The staff nurse was also very kind and helpful. The doctor did medical checkup, urine and blood test, pregnancy test. I was kept at bed for 1 day. During that period, staff nurse gave me medicine, food and water. I was consoled, given psychosocial counseling, encouraged to live a dignified life. I was happy and satisfied with OCMC services. I am still in contact with OCMC Hetauda.”

Observation: In my observation it was sexual/molestation. She was mentally disturbed. She was a little girl and had difficulty to say her problem. The staff nurse encouraged and helped her say her problem freely. Date of observation was on January 12, 2020.

Referred Case 11: Code No : 136

She was teen aged girl of 16 years old. She was unmarried and belonged to Glan Janajati. She came from poor and joint family. She had secondary level education.

GBV survivor narrated, “Since past one year, I knew the perpetrator through mobile. He was a brother of my Sanima. For the first time, he had phoned me using Sanima's mobile and were introduced to each other since then. During new years' time, I had met him at Sahid Smarak park. On 2076/09/08, it was birthday of Sanimas' daughter and I went to Bastipur from Manahari. On the same day, I returned to Manahari from Bastipur. On the same day, he (perpetrator) called me over mobile to come to Manahari chowk. From Manahari chowk, both of us had gone to Hetauda and stayed there in one hotel of Hetauda buspark on (2076/09/08). On 2076/09/09 day morning, he (perpetrator) had sex with me. I used to refuse but he would say nothing will happen and forced to have sex again. For the next two days, we stayed there in the same hotel and returned home on 2076/09/10. My mother asked me where had I been to? At this, I told everything to my mother. My mother was very angry. With the help of Win Nepal, reported to the district police office, Hetauda. The district Police Office Heatuda referred the case to OCMC Hetauda. After that I went to OCMC Hetauda for health checkup. The doctor was very kind and helpful. The lady medical doctor did medical checkup, urine, blood test and pregnancy test. The staff nurse gave me medicine, food and water. She took me another separate room and provided Psychosocial counseling secretly. I stayed in bed for 2 days. After the test reports, I felt relaxed and happy. I am very much satisfied with OCMC services.”

Observation: In my observation, it was a sexual violence. During her story telling she was little hesitant in the beginning. But when assured she talked slowly with confidence. She was very much satisfied with OCMC services. She was still in contact with OCMC Hetauda. My observation date was January 12, 2020

Referred Case 12: Code No : 137

She was 34 years old and belonged to Goley Janajati community. She was illiterate. She was married. She came from poor and nuclear family. It was a sexual incident from elder brother of law.

GBV survivor narrated, “On the day of incident Saturday, I was sleeping in the room. The door was closed. The elder brother in law entered my room through window. He was drunken. He opened my trouser and had sex with me by force. I cried. Brother Suresh came there. At this, elder brother in law ran out of the room. With the help of NGO, reported to the police. Police referred to OCMC. When I arrive at OCMC, both doctor and staff nurse were present there. Staff nurse took me the checking room. Both doctor and staff nurse were very kind and helpful. They spoke with me with great respect and care. After medical checkup, urine test, blood test and the pregnancy test were done. Staff nurse took me to another separate room for psychosocial counseling. I was given free medical treatment, food and shelter. I am very happy to get OCMC services free of cost.”

Observation: In my observation, it was a sexual violence. As the case was very sensitive, she was hesitant in saying and telling the story. OCMC staff nurse explained the situation and she became comfortable to tell her story to me. She was very much satisfied with OCMC services. My observation date was January 28, 2020

Referred Case 13: Code No: 138

She was unmarried teen aged girl of 15 years old. She belonged to Lama caste. She was illiterate. She was living in a joint family. Her economic condition was poor.

GBV survivor narrated, “Incident happened on 2076/09/18 by the relative neighbor. Mostly, I used to go near my neighbor relative house after having food in the evening. The relative neighbor called me in his room and persuaded to become partly naked for fun. At this moment, he had sex with me by force. He also had taken photos of my naked body by mobile. My mother came to know this incident and reported to the Police. Police referred me to OCMC Hetauda. At OCMC I was treated with due care and respect. Both staff nurse and doctor were kind and caring. They took me to check up room and gave medical services. After that urine, blood and pregnancy test were done. I was given Psychosocial counseling in a separate room secretly. Police took action against the perpetrator for taking my naked photos. I am very happy and satisfied with OCMC services.”

Observation: In my observation, it was a sexual violence. She had become comfortable by joining OCMC. She was in a big dilemma what to do and what not to do before joining OCMC. Police have also

helped her a lot. She was very much satisfied with OCMC services given to her. She was still in contact with OCMC Hetauda. My date of observation was on January 28, 2020

4.10 Findings from the case study are:

From the GBV case study, it is evident that OCMC have been handling the cases very confidentially, ensured security and safety and have built confidence and morale in the GBV survivors. OCMC has given psychosocial counseling, kept safely in safe home, given training wherever needed, and supported them with skill development to restart their new life and livelihoods in a better way. Because of all these, happiness has come back in lives of GBV survivors and they feel morally lifted up and dignified. All of them express their thanks to OCMC as they are very much satisfied with OCMC services.

The main features of the GBV cases are summarized as follow:

4.11 Attitude of service providers

Here, the hospital based service providers means the medical doctor, staff nurse, support staff and psychosocial counselor. Altogether 13 GBV survivors had given consent to narrate their story to the researcher. When asked about the attitude of service providers. They replied as follow:

According to one GBV survivor, “I am very happy and satisfied with the attitude and behavior of OCMC staff. They are very kind to me. I found them very helpful. They talk with me with great respect. The staff nurse gave me medicine, food and clothes all free of cost. Both doctor and staff encouraged me to become a brave woman. They helped me develop my skill of tailoring and start my own business for livelihoods.” (Interview of survivor on Sept 14, 2019, Hetauda)

One of the GBV Survivors stated, “I am satisfied with the OCMC services and behavior of the staff of OCMC because checkup, medicines, food, clothes and counseling all were given free of cost. The doctor and staff nurse are very kind to me. I was never looked down by them. They spoke with me with great love and sympathy.” (Interview of GBV survivor on Sept 25, 2019, Hetauda)

All the GBV survivor cases stated that they found the attitude and behavior of all the staff positive toward OCMC activities and they were satisfied with the services.

4.12 Observation:

The researcher had observed the OCMC Hetauda physically. Following information were found at OCMC Hetauda, according to the guidelines of MoPH manual (2011).

- (a) OCMC was located within hospital premises as a separate unit Two rooms with attached toilet. Room size 36' x 13' x 8' and Toilet size 10' x7' x 8'.
- (b) Room had 2 beds for patients. One bed for checkup purpose
- (c) One separate room for psychosocial counseling with curtains to maintain confidentiality.
- (d) Laboratory room
- (e) Basic medical instrument including for forensic examination
- (f) Necessary furniture such as tables, chairs, phone, fan, Amirah with filing cabinets for keeping records.

- 1. Human Resources as per MoHP manual
 - (i) Medical Doctor- Coordinator- 1
 - (ii) Psychosocial counselor -1 (no separate counselor present)
 - (iii) Staff Nurse/Counselor/Focal Person- 1 (3 no specified in MoHP manual)
 - (iv) Police Representative- 1
 - (v) Representative Officer of District Attorney – 1
 - (vi) Women & Children Officer- 1
- 2. Instruments and equipment: Autoclave, Swab stick, Iodine (Medication for Sexually transmitted infection, I-pill for emergency protection).

General: Weighing machine, Wall Clock, globe, thermometer, tape, torch, spectrum, computer, printer, digital camera, internet, TV 32", toys, dustbins, chairs, desks, record keeping files, cabinet. Land telephone: 057-527138

- 3. Accessibility of all services available as per manual.
- 4. Coordination with hospital and other agencies- Very good
- 5. Behavior and attitude of hospital based service providers towards OCMC cases were found excellent. The medical doctor and staff nurse and support staff all were found highly motivated, dedicated, polite, helpful and well-mannered.

4.13 Laboratory Services

Laboratory services at OCMC Hetauda were found available for 24 hours. There is no separate lab test available in OCMC Hetauda. Lab tests are conducted in Hetauda hospital laboratory free of cost. This shows implementation of OCMC program satisfactorily. The GBV survivors are happy and satisfied to get free of cost lab test OCMC services.

One GBV survivor said, “Many tests like urine, blood and X-ray test were needed soon and I had no money. But all tests were performed free of cost. I am very happy and satisfied and thank OCMC Hetauda for these lab test services” “(Interview of Medical doctor on Oct 3, 2019, Hetauda)

4.14 Duty and Responsibility

The Medical doctor reported, “Normally, staff nurse, helper and police are available all the duty hours at OCMC and the medical doctor is called on whenever there is a GBV case. However, during odd hours such as in night, emergency doctors and the Police carry out OCMC service works. Most of the cases are referred to OCMC by police and emergency ward and NGOs. We try to maintain up to date data record of all the referral cases at OCMC, Hetauda. This OCMC program runs under the direct supervision of Prime Minister of Nepal. CDO of Makawanpur district acts as the chairperson of the OCMC working committee. This outlays very serious and important duty and responsibility to us. So, we act seriously and carefully to fulfill the duties. We act seriously for the lawful advising referrals as well as other services. Most cases do not seek to go to the courts. Besides these, we get cases from NGOs and inter-hospital referrals too.” This shows the well balanced implementation of OCMC program at Hetauda. “(Interview of Medical doctor on Oct 3, 2019, Hetauda)

4.15 Policy Objective

GoN Nepal had started an initiative to prevent GBV and provide one door service to GBV survivors in a managed way. In order to understand and assess the policy objectives, interview with GBV survivor cases, service providers and stakeholders were carried out. All the service providers and stakeholders were found aware of the objectives of OCMC but the GBV survivors. Stake holders said that it was the very effective way to provide services to GBV Survivors through OCMC, but they also highlighted some problems given as follow:

According to the Medical Officer, “Awareness within the people were found very minimal regarding GBV and so the knowledge about the services provided by OCMC. Because of this GBV survivors are not able to fully utilize the benefits of OCMC services. Hence, some kind of awareness program should be started.” (Interview of Medical Officer on Oct 9, 2019, Hetauda)

A total of 15 GBV cases all women had given their consent and appeared at interview. When asked about the OCMC objectives, all of the GBV survivors were found unaware of the objectives of OCMC. However, they expressed their good experience of OCMC services. In this study, GBV survivors had sought help from Police, Emergency ward, family, friends, NGOs and other supporting agencies to come to OCMC. Majority of GBV cases had come to OCMC with the help of Police. This shows a lack of knowledge about OCMC services among the GBV survivors. But they all were found happy and satisfied after getting free OCMC services.

According to one survivor during the interview said, “I have never had any knowledge about the OCMC from anywhere. Nobody had ever told me about this. It is the first time, I came to know about the OCMC after the Police told me and referred to it.” (Interview of survivor on Sept 12, 2019 at Hetauda)

According to one GBV survivor, “I am very much satisfied with the services of OCMC because at that time there was no one with me except my mother. With the help of other agency, I came to OCMC Hetauda. At that time OCMC staff took me to a separate room, ensured me security and consoled me in a very confidential manner. The medical doctor was very kind and helpful. After medical check, she gave me medicine and food free of cost. She also arranged to provide

me all necessary things like food, clothes and shelter free of cost to start a new life.” (Interview of survivor on Sept 14, 2019 Hetauda)

In the present scenario, as per researcher's observation, the Service delivery of OCMC is functioning effectively due to the coordination of service providers, stakeholders and different line agencies. GBV survivors were found satisfied with OCMC services.

The stakeholders told the researcher that the concept to provide services to GBV survivors was very important and valuable. But it needed improvements. They suggested:

- (i) to increase the knowledge about GBV among people through different forms of communications
- (ii) GoN need to focus on institutional capacity building of OCMC
- (iii) Increase the budget for OCMC as it operates within limited budget.

These all show that OCMC services are not fully utilized by GBV Survivors due to lack of knowledge about OCMC services and lack of trained staff and limited budget.

4.16 Safe Home

Safe home in-charge said, “There is some problem when the cases are referred from OCMC to safe home. The GBV clients want to stay more than 45 days in the safe home. Often, GBV survivors express their heart felt emotional feelings as they would start a new path of life through the help of OCMC. At that time, it is hard to convince the GBV clients. “(Interview of Safe home In-charge on Oct 3, 2019, Hetauda)

4.17 Findings from the study using method of triangulation are:

1. OCMC operates under the direct supervision of Prime Minister of Nepal through an executive committee consisting of 19 members chaired by CDO of Makawanpur district with a noble objectives to help rehab the GBV survivors and minimize the GBV.
2. Altogether 13 GBV survivors had come to tell their stories. Out of which 5 were teen aged girls from 12 to 16 years old. Remaining eight were from 25 to 35 years old. Out

of 13, 5 had suffered from sexual violence while 4 had suffered from physical and domestic violence each.

3. From the case studies, it is found that GBV cases were handled carefully with safety, security and confidence in timely manner. The Medical and Psychosocial counseling were given to all GBV survivors. Most of them are sent to safe home and rehabilitation works followed up. Some cases were given legal and support and capacity building training as well. All the OCMC services were given free of cost. This shows that OCMC program had adequate resources and was implemented satisfactorily and provided quality services to GBV survivors. GBV survivors were found very satisfied with OCMC services.
4. Only one trained staff nurse was found available in place of 3 mentioned in the MOHP manual (2011) and no separate counselor were found at OCMC Hetauda. Despite the lack of staff, OCMC Hetauda was found functioning very well and no discrepancies were found in rendering OCMC services to GBV survivors.
5. Attitude of the service providers (doctor and staff nurse) were found very positive, caring and helpful as reported by GBV survivors.
6. Infrastructure was found satisfactory as required by MoHP manual (2011)
7. Budget to operate OCMC activities was limited as reported by the OCMC coordinator
8. The doctor and staff nurse were found available for 24 hours and so the lab services. During odd hours, doctors from emergency department and police carry out OCMC works.
9. Policy objectives of OCMC were found clear to the service providers, stakeholders but the GBV survivors. This required well dissemination of policy objective through education and mass communication as suggested by stakeholders

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

From the study following conclusions have been drawn:

This study tries to find satisfaction of GBV survivors from services provided by OCMC Hetauda using quantitative and qualitative and triangulation methods of research. An attempt has been made to answer the research questions raised ahead in this study.

From its date of establishment 2068 to 2076, OCMC Hetauda have adequately served 2312 GBV survivors. Out of which female account as 1768 (76.47%) and male 122 (5.27%) comprising of physical violence 839 (36.28%), domestic violence 258 (11.15%), sexual violence 465 (20.11%), other violence 328 (14.18%) and re-registration case 422 (18.25%) respectively.

The indicators used for identification of OCMC client cases were age, marital status, family-background, type of violence, education level and ethnicity (caste) respectively. The GBV distribution based on age was found highest 33.33% in the age range of 31-35. Based on education, it was highest (38.46%) in the primary education level. Based on ethnicity (caste), it was highest in Janajati (61.54%). Based on type of violence, it was highest (58.97%) in physical violence. Based on perpetrator, it was highest (53.85%) due to husband.

The GBV towards children 0-14 age group accounts to 6.44% due to physical and domestic violence and 48.93% due to sexual violence while for women from age range 15-65 and above physical and domestic accounts to 93.56% and 51.07% due to sexual violence respectively in Makawanpur district.

The correlation coefficient of -0.492 indicates that there exists a negative correlation of moderate degree between age and frequency (GBV survivors). This means as the age increases beyond certain limit, number of GBV survivor cases decreases.

The institutional capacity of OCMC Hetauda showed that the infrastructure and the instrument required for the medical treatments for GBV survivors were in accordance with the MoHP manual (2011). Staff requirements are as per manual except staff nurse and the counselor. There is only one trained staff nurse instead of 3 mentioned in the MoHP manual. No separate counselor is available. The staff nurse does the counseling and who works as a focal person of

OCMC Hetauda. Lack of required staff and limited budget were two constraints observed at OCMC Hetauda. Despite the lack of staff and limited budget, OCMC Hetauda has been performing very well in delivering its services. It is ranked one of the top OCMCs in the country. This showed that implementation program of OCMC at Hetauda was performing well in terms of service delivery leading to satisfaction of GBV survivors.

Coordination among the stakeholders is found excellent due to strong network and executive committee chaired by the CDO. All stakeholders are very supportive towards OCMC services and attend meetings on phone calls only. The monthly and quarterly meetings are organized by the member secretary (medical doctor) using phone calls to decide on OCMC activities.

Most of GBV survivors come to OCMC through Police, NGOs, safe home and emergency of hospital. This shows excellent coordination between stakeholders and GBV survivors.

OCMC provides 7 sector services to GBV survivors. The percentage satisfaction levels are in terms of Health service 62.47%, Psychosocial Counseling 57.76%, Security 87.18%, Safe home 52.14%, Legal support 60.26%, Rehabilitation is 47.44% and Information, education and empowerment 65.81% respectively. Additionally, satisfaction rate calculated using Likert's scale came out to be 88.15%.

GBV survivors have expressed that they had received timely medical services, psychosocial counseling, security, safety, legal support, capacity building training and rehabilitation services free of cost. They were very happy with the positive attitude and behavior of service providers. So they were found very much satisfied with services provide by OCMC Hetauda.

5.2 Recommendations

Following are recommended for future study.

1. This study was mainly focused on satisfaction level of GBV survivors at OCMC Hetauda. A comparative study of satisfaction level can be done using GBV survivors data from 2 or more OCMCs.
2. This study was based on 8 indicators except socio-economic level. Hence, further study can be done considering socio-economic parameter of the GBV survivors also.

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APPENDIX-A



Photo 1: OCMC Center at Hetauda



Photo 2: Medical Doctor, staff at OCMC



Photo 3: Office of OCMC staff



Photo 4: Psychological room at OCMC



Photo 5: Psychological Counseling Room towards left side.



Photo 6: Two beds for GBV at OCMC, Hetauda



Photo 7: Interview with Police officer at Hetauda



Photo 8: Medicines for GBV



Photos 9: Interview with incharge of Safe home



Photo 10: Interview with NGO, GBV care taker

APPENDIX-B

Observation check list at OCMC Centre at Hospital:

1. Location- Hetauda
2. Number of Rooms- 2 with attached Toilet
3. Space in the rooms -35'x13'-main room
4. Counseling room-yes size (22'x13'-6")
5. Laboratory room –yes hospital
6. Number of staff (Nurse, Lab Assistant etc) as per MoHP Manual
 -) Medical Doctor- Coordinator - yes
 -) Representative Officer of District Attorney-Member -yes
 -) Women & Children Officer- Member -yes
 -) Police Representative - Member -yes
 -) Staff Nurse/Counselor /Focal Person -Member-Secretary -yes
7. Room with at least two beds. - yes
8. A separate office room with information/communication facilities for a trained Health service provider, Psycho-social counselor and Police officer.
9. Instruments, materials and medications required for forensic examination shall be available
10. Accessibility of all services according to Manual
11. Coordination with hospital and other agencies
12. Observe behavior and attitude of hospital based service providers towards OCMC cases.

APPENDIX-C

Satisfaction of OCMC services in District Hospital, Makawanpur

Survey Questionnaire

Date:

Section 1: Tracking Tool for Case Study

1. Age _____

2 Code:

3. Marital status: Married/Unmarried/divorce/ other

4. Caste

5. Ethnicity

6. Education level

Illiterate

Primary

Secondary

BA and above

7. Family Background

Joint

Nuclear

8. Municipality/VDC: _____

9. Ward No:

10. Relationship with Perpetrator

11. Current Problem of GBV survivor

Known

Unknown

12. Type of GBV _____

13. Who supported the GBV Survivors (you) to reach OCMC Hetauda?

Community people-1, family member-2, Friend-3, Agencies (Police,Health worker,NGOs)-4, Other-5

Section 2: Service Provided by OCMC District Hospital, Makawanpur

1. Health Services (Medical Treatment)

101. The {Doctor/Nurse} was very careful to check everything when examining you.

Very satisfied=1 Satisfied=2 Do not know =3 Not Satisfied =4 Bad= 5

102. How much of the time did you feel respected/satisfied by the {Doctor/Nurse}?

Very Satisfied=1 Satisfied= 2 Do not know =3 Not satisfactory 4 Bad-5

103. Are you satisfied by the time given by the {doctor/Nurse} for checking?

Very satisfied=1 Satisfied = 2 Do not know=3 Not satisfied =4 Bad=5

104. During your stay in OCMC ward, how often did nurses treat you with courtesy and respect?

Always =1, Usually =2 Sometimes =3 Do not know= 4 Never =5

105. During your stay in OCMC, how often did doctor/nurse listen to you carefully?

Always =1, Usually =2 Sometimes =3 Do not know = 4 Never =5

106. During your stay in OCMC ward, how often did you get help as soon as you wanted it?

Very satisfied=1 Satisfied = 2 Do not know=3 Not satisfied =4 Bad=5

107. During your stay in OCMC, how often did nurses explain things in way you could understand?

Very satisfied=1 Satisfied = 2 Do not know=3 Not satisfied =4 Bad=5

108. How do you find the behavior and attitude of staff in OCMC?

Very Satisfactory=1 Satisfactory= 2 Do not know =3 Not satisfactory 4 Bad-5

109. Do you think there were adequate resources (staff, infrastructure) to provide service to GBV Survivors in the OCMC?

Very satisfactory-1 Satisfactory -2 Do not know =3 Not satisfactory-4 Not at all satisfacrory-5

110 Did you receive the free medical treatment and services provided by OCMC Hetauda?

Yes : 1 No: 2

111. How satisfied are you with the care and treatment given to you ?

Very satisfied= 1 Satisfied =2 Do not know =3 Dissatisfied= 4 Very dissatisfied=5

2. Psycho-Social Counseling

201. Did you receive the free counseling and PSP services from OCMC? Yes : 1 No: 2

202. How was the counseling by OCMC Counselor staff?

Very Satisfactory-1 Satisfactory -2 Do not know =3 Not satisfactory=4 Bad=5

203. During providing services, how did they maintain confidentiality?

Very Satisfactory-1 Satisfactory -2 Do not know =3 Not satisfactory=4 Bad=5

3. Security

301. How was the security provided to you?

Very Satisfactory-1 Satisfactory -2 Do not know =3 Not satisfactory=4 Bad=5

4. Safe Homes

401 Did you receive free food, shelter during mental recovery? Yes : 1 No: 2

402. How well they manage giving you shelter in Safe homes?

Very Satisfactory -1 Satisfactory -2 Do not know -3 Not satisfactory -4 Bad-5

403. Are you satisfied with the services/facility given to you by Safe homes?

Very Satisfied -1 Satisfied -2 Do not know -3 Not satisfied -3 Not at all satisfied-4

5. Legal Advice counseling and Support

501. Did you receive free Legal Advices or not? Yes-1 No-2

502. How helpful was the Legal Advisor?

Very Satisfactory -1 Satisfactory -2 Do not know -3 Not satisfactory -4 Very Bad-5

6. Rehabilitation

601. Did you receive free Rehabilitation support or not? ? Yes-1 No-2

602. How were you helped by the Rehabilitation support?

Very Satisfactory -1 Satisfactory -2 Do not know -3 Not satisfactory -4 Very Bad-5

7. Information, Education and Empowerment

701. Were you given some training by the OCMC? Yes-1 No-2

702 Are satisfied with the training and education given to you?

Fully satisfied-1 Satisfied-2 Not satisfied-3 Not fully satisfied-4

703. In total, are you satisfied with the OCMC Services of District Hospital Hetauda?

Very satisfied =1 Satisfied = 2 2 Do not know = 3 Dissatisfied= 4 Very dissatisfied= 5

APPENDIX-D

Sample questionnaire

CDO, DHO, Police Officer, Attorney General, NGO, Safe home, WCO

1. Do you find the concept of OCMC within the hospital effective to support the GBV survivors in the district?
 - A. If yes , what are the changes you observed /found due to OCMC services?
 - B. If no what should be done in district to provide GBV survivors?
2. Is it effective to provide services to GBV survivors with the coordination of line agencies? Have you involved in it? If Yes, what is your role in providing service to GBV survivors?
3. Do you maintain the reporting system with OCMC and other agencies? If yes, how do you report the data? Please briefly explain.
4. How the concept of OCMC has affected GBV survivors life in district? If Yes, Can you please tell me some the changes bought through the one door service concept in coordination with agencies ?
5. Are the community people are aware about the GBV issues and OCMC services in the district?
6. Have you felt that working in coordination with OCMC have enhanced your as well as community people knowledge regarding GBV issues?
7. Do you think there are enough resources to address the services to GBV survivors?
8. What are the challenges and barriers while coordination? What should be done to improve and manage it?
9. What future plan should be done to enhance the quality service to GBV survivors in this District?

Medical Doctor- Coordinator

1. Do you find the concept of OCMC within the hospital effective to support the GBV survivors in the district?
 - A. If yes, what are the changes you observed /found due to OCMC services?
 - B. If no, what should be done in district to provide service to GBV survivors ?
2. Do the staff working for OCMC have a sufficient knowledge with respect to OCMC Concept?

3. The concept of OCMC is to provide 24 hour services to GBV survivors, how do you manage the staff and time?
4. Did you feel any hurdles/barriers to provide services to GBV survivors (Infrastructure, staffing, coordination, Public awareness)?
5. How do you maintain the coordination with others line agencies?
6. Is it effective to provide services to GBV survivors with the coordination of line agencies?
7. Is regular meeting organized in the district for the progress of the OCMC activity?
8. What are the challenges and barriers to provide service to GBV survivors through OCMC?
9. What further future plan/action be taken to make this program more effective for GBV survivors?

OCMC- Nurse Staff

1. How much general information you had about the individual and his/her work experience and role in OCMC as a staff?
2. How much aware is about information on the establishment goals and going on activities of OCMC?
3. How the concept of OCMC has affect GBV survivors life in district? Is this concept is effective to help the GBV survivors?
4. Did you have gone through any kind of training related to GBV including Psychological counseling after joining OCMC? If yes, what kind of change you perceived.
5. If there adequate staffs and information to provide services to GBV survivors? If no, how do you manage to gives services to GBV survivors?
6. Did you use any guideline related to OCMC? If yes, do you think these guidelines are helping you or need to add more guidelines?
7. How do you maintain the confidentiality and privacy of GBV survivors while providing services to them?
8. How do you maintain the coordination with other line agencies? Is it effective to provide service to GBV survivors with their coordination?
9. Are follow up process is practice in the OCMC?
10. How OCMC services have helped the GBV survivors?
11. What further future plan/action be taken to make this program more effective for GBV survivors?

APPENDIX-E CONSENT LETTER

नमस्कार । मेरो नाम सुदीप हुजदार हो । म त्रिभुवन विश्वविद्यालय, किर्तिपुर, नेपालको (Master in Sociology) मा अध्ययनरत विद्यार्थी हुँ । म मेरो अध्ययनको सिलसिलामा नेपाल सरकारद्वारा संचालित अस्पतालमा आधारित लैंगिक हिंसा सम्बन्धी एकद्वार संकट व्यवस्थापन केन्द्र (OCMC) हेटौडा मकवानपुरको संचालन सम्बन्धी अध्ययन अनुगमनगर्न आएको छु । यो OCMC केन्द्र हेटौडाद्वारा दिईएको सेवा सुविधाहरुबाट हिंसा पिडितहरुको सन्तुष्टिको स्तर अध्ययन अनुसन्धान गर्न र ती सेवा सुविधाको सबल र कमजोर पक्षहरुको पहिचान गरी आउँदो दिनमा अभि प्रभावकारी बनाउन यस अध्ययन अनुसन्धानको उद्देश्य हो । म आशा गर्दछु कि तपाईंले यस अन्तर्वातामा सहभागी भई सहयोग गर्नु हुनेछ । तपाईंले भन्नु भएका सबै कुराहरुलाई म नाम र ठेगाना नखुलाई प्रतिवेदनमा राख्ने प्रतिबद्धता गर्दछु । अन्तरवार्तामा सहमत हुनुहुन्छ भने तल सही गरिदिन हुन अनुरोध छ ।

सहमत

असहमत

अन्तरवार्ता दिने व्यक्तिको सहीछाप

अन्तरवार्ता कर्ताको सही छ