



**Implementation of Service Delivery at One-Stop Crisis Management
Center in Addressing Gender Based Violence in Sarlahi, Nepal**

By

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MPPG 6th Batch

December 2017



**Public Policy & Governance Program
North South University**



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**Public Policy & Governance Program
North South University**

Dedicated to

“My Late Grandmother, Indra pari Devi, whose love and blessing is forever with me”

Declaration

I declare that the dissertation entitled *“Implementation of Service Delivery at One-Stop Crisis Management Center in Addressing Gender Based Violence in Sarlahi, Nepal -”* submitted to the PPG Program of North South University, Bangladesh for the Degree of Master in Public Policy and Governance (MPPG) is an original work of mine. No part of it, in any form, has been copied from other sources without acknowledgement or submitted to any other university or institute for any degree or diploma. Views and expressions of the thesis bear the responsibility of mine with the exclusion of PPG for any errors and omissions to it.

Signature with Date

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Abstract

As we know GBV is one of the big problems in Nepal, so to address this issue the Nepal government draws action plans in 2010 year against gender based violence. Ministry of health and population implemented the clause 3 of action plan with technical support of Nepal Health Sector Support Program (NHSSP) and women and child welfare adopting the strategy to provide one door services with multi-dimensional and multicultural by establishment of Hospital based One stop Crisis Management Center (OCMC) in different districts with approach to provide efficient and efficacy manner service to address gender based violence. The government had taken a good initiation for GBV survivors, so it is necessary to know how well it is providing service to GBV survivors.

Implementation of Service Delivery at One-Stop Crisis Management Center in Addressing Gender Based Violence in Sarlahi, Nepal, assess two research questions: (To what extent the one-stop crisis management Centre (OCMC) provide necessary services to the victims? What is the level of victims' satisfaction for the services delivered by OCMC?) . To answer these questions the qualitative data were collected through five cases who had access to OCMC service, services provided and stakeholders involved with OCMC.

Before the data collection the researcher went through different literature and theory review and then draws an appropriate analytical framework in which service delivery and user satisfaction as dependent variables and identity of OCMC Clients, institutional capacity and coordination as independent variables. To analyze the data techniques of content analysis and triangulation were used.

A total five cases were taken for the study, all of the cases were found to be unaware of the service provided by the OCMC. Although they have a good experience of OCMC services after reaching there. They express their feelings by emotion as everyone has started a new path of life through the help of OCMC. In the study married and unmarried age group of 15-49 GBV survivors had received the service from OCMC and all the survivors appreciate the service of the OCMC and were satisfied by the services. However it is found among five cases only one case was from higher caste and she also found to be satisfied by the service. This shows that the identity of clients does not have a significant relation with satisfaction level of clients but quality of service matters. The interviewees taken by the service providers analyzed that a concept of providing one door service is very effective to prevent and provide service to GBV survivors. They felt some problems while providing services: Inadequate staffing, insufficient capacity building and training of OCMC staff. It is also found that the coordination with NGO and OCMC were minimal. The interview with stakeholders analyzed their view about the service delivery of OCMC. They said the concept to provide service to GBV survivors is very effective but it needed more to be improved. Low level of awareness among the people about laws and OCMC services found to affect the services delivered by OCMC.

It is 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.

Key words: one stop crisis management center, Gender based violence, service delivery, policy objective, institutional capacity, coordination

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Abbreviations

GoN: Government of Nepal

NGO: Non- Government Organization

INGO: International Non-Government Organization

OCCMC: One stop crisis Management Center

GBV: Gender Based Violence

WBV: Women based violence

IPV: Intimate Partner Violence

VWA: Violence against women

WHO: World Health Organization

NHSSP: Nepal Health Sector Support Program

MoHP: Ministry of Health and Population

NDHS: National Demographic Health survey

CMA: Community medical Assistance

WOCs: Women ad child social welfare

DHO: District health Office

DHS: District health survey

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Gender based violence is a worldwide problem which is affecting the life of millions people. GBV is a problematic issue that affects the health as well as the development capacity of individual. The Gender violence is always interchangeable to women violence. This is not fact that men are not violated in society but through different studies it is found that in compare to Female, male are very less violates. Women are always not pursuing their full right due to society barrier in all sectors from home to work place. Throughout the world 1 in 3(35%) experience some kind of physical and/or sexual violence by a partner or sexual violence by a non-partner. 30% the women reported that they have suffered from physical and/or sexual violence intimate life partner.(World Health Organization, 2016). Through the study of different countries found only less than 40% of women suffering from violence are seeking some kind of help (United Nations Economic and Social Affairs 2015). Worldwide more than 119 countries have laws on domestic violence, 125 have laws on sexual harassment and 52 have laws on marital rape and many more normative framework to address violence against women despite these still women are suffering from different physical, sexual and Psychological violence.

Gender Based Violence is highly prevalent in Nepal (SAATHI and the Asia Foundation 1997).The traditional culture inherent in Nepal society still think violence as a part of society especially domestic violence that don't allow women to enjoy their freedom to live their life. Nepal government recognized Gender based violence is a women health problem through the national safe motherhood plan (2002-20017) in that context a safe motherhood program also help in addressing GBV in health system of Nepal.

Nepal is also seeing in providing the multi-dimensional service to survivor in order to address women violence. In that context OCMC is another form of the service to the women suffering from any kind of violence in Nepal. The services is provided by the Hospital based one stop crisis management center in cooperation with other institution, helping and providing justice to the survivors of violence. Does the government initiation to provide multi -sectoral services through OCMC is able to provide adequate service to the survivors

of violence? To what extent the one-stop crisis management Centre (OCMC) provide necessary services to the victims? What is the level of victims' satisfaction for the services delivered by OCMC? How the Survivors perceived this OCMC program, do they are satisfied? In order to answer these questions, this research has been proposed. This research aims to find the status of the implementation of service delivery at OCMC in Sarlahi District. At the same time, the study tries to find out is the program is able achieve its objective of the program.

1.2 Background

In history of world remarkable declarations were made to address the violence against women. In 1993, the United Nation General adopted the Declaration on the elimination of violence against women which address the women's right to protect from violence and to ensure that the individual, society and government are playing significance role in elimination of violence against women. In 1994 the United Nations Commission on human rights adopted a strategy to collected data and information and endorses the action to the countries to eliminate violence against women. In that phase September 1995 at the United Nations' Fourth World Conference on Women in Beijing was one of the most powerful declarations to violence against women in world, which identify the women violence is a form of violation to human right. After this declaration, all the governments recognize violence against women as a serious issue for the country which have negative impact on the country social and economy development and starts working on this issue to address violence against women.

In 1993 the United Nation General gave universal definition which is accepted world wide

"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".

After the democracy restore in Nepal in 1990 the Nepal government started to recognize women violence as a big issue in Nepal and started focusing on the different international strategy to address the Gender based violence as policy issue. After the Fourth World Conference on Women in Beijing, Nepal become aware that gender equality is very important for the social and economic development of the country so the country started to

think about the right of women's, protect women from injustice in order to eliminate the women violence from Nepal and make healthy and wealthy Nepal. In that context the Nepal government started playing the role in policies level in different phases.

Government Responses to Gender Based Violence

Stage in time (year)	Key actors	Changes over time around GBV 'frames'	Health sector context	Broader contextual factors
1997-2002	<ul style="list-style-type: none"> • Government of Nepal • SAATHI (local NGO) and other women's groups • Ministry of Women and Social Welfare 	<ul style="list-style-type: none"> • First recognition of GBV as major impediment to development and women's equality • First prevalence study on GBV 	<ul style="list-style-type: none"> • No recognition of GBV as a health issue. Focus was on women's police cell (safety and security of women) and rehabilitation (through NGOs) • Only one study on GBV prevalence, but none on its health consequences 	<ul style="list-style-type: none"> • Democratization process leading to proliferation of women's NGOs • Nepal's adoption of principles of 1995 Beijing Conference • Government's commitment to women's empowerment and gender equality
2002-2005	<ul style="list-style-type: none"> • Ministry of Health and Population • Samanita (private consultancy group) 	<ul style="list-style-type: none"> • Recognition of GBV as a public health concern, particularly for safe motherhood and women's health 	<ul style="list-style-type: none"> • MoHP, through Safe Motherhood Plan, plans for creation of GBV service delivery systems in hospitals • MoHP developed a training Manual and a protocol for health staff on GBV service provision • First survey on linkages between IPV and pregnancy published, showing lack of training and knowledge among health providers (OBGYN, midwives) around GBV 	<ul style="list-style-type: none"> • Adoption of Abortion Law • Published research on linkages between GBV and maternal mortality and morbidity • National concern for maternal mortality and strong focus on reducing it

2006-2008

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none">• Government of Nepal•MoHP•UNFPA | <ul style="list-style-type: none">• Recognition of the right of women to be free from GBV acts, which are seen as punishable by law• Government call for legal framework around GBV, and a study on health consequences of GBV | <ul style="list-style-type: none">• With the revised Safe Motherhood Plans (2006), MoHP shifted GBV focus from service implementation to primary prevention (community awareness) and rights-based approaches• Creation of Gender Equality and Social Inclusion Unit within MoHP | <ul style="list-style-type: none">• Adoption of new Constitution (legitimizing right to be free from GBV)• Legal revisions to promote gender equality• UNFPA study on Nepal Gender Equality recognizing GBV as important element of SRH and calling for the integration of IPV in safe motherhood and other RH programmes |
|--|---|---|---|

2009-2014

- | | | | |
|---|---|--|--|
| <ul style="list-style-type: none">• Prime Minister Office•MoHP | <ul style="list-style-type: none">• Recognition of GBV as a national priority needing concerted effort• Legitimization of MoHP role in integrating GBV services into health sector | <ul style="list-style-type: none">• Recognition of GBV as integral part of health service provision• MoHP as leading actor in health sector response to GBV with creation of 15 OCMCs in 2011 | <ul style="list-style-type: none">• Adoption of DV Law• Government declared Year against GBV• First National Plan of Action Against GBV• National Strategy and Action Plan on Gender Empowerment and to End GBV• More studies published on GBV |
|---|---|--|--|

(Health policy 2016)

Over the past 25 year Nepal government was taking different initiation to address GBV. The most significance response Nepal developed a legal and policy framework to address GBV was at 2010 as the "Year against Gender based Violence in response to 2010 objective ***“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 Nepal government draws action plans year against gender based violence with keeping ministry of health and population as a chief executive, with coordination of other different ministries, donor, technical exports and Medias. Ministry of health and population implemented the clause 3 of action plan with technical support of Nepal Health Sector Support Program (NHSSP) and women and child

welfare adopting the strategy to provide one door services with multi-dimensional and multicultural by establishment of Hospital based One stop Crisis Management Center (OCMC) in approach for efficient and efficacy manner to address gender based violence. over the past six years (2011 onwards), the Ministry of health and population (MoHP) has established twenty one OCMCs in selected district, zonal, sub-nearby and primary hospitals throughout Nepal and working with the support and help of DFID and coordination with different sectors like hospital , police, women and child social welfare ,safe home and local INGO and NGO to give one door service in term of prevention, protection, prosecution and policy formulation within this OCMCs are mandated to provide six services to GBV survivors i.e. Health service , pshyosocial counseling, security , rehabilitation , security and legal advice

Till now MOH (Ministry of health) has established 21 OCMCs in districts and is in the process to establish 14 more to make 35 in order to provide on door service to the GBV survivors. Since 2011 all OCMCs have provided services to 7100(Female 94% male 6%).Till now OCMCs have given psychosocial counselling and training on GBV to different 153 OCMCs and hospital staffs and forensic training to 50 doctors from OCMC hospitals. To provide quality service to the GBV survivors government is trying to coordinate with different sectors and in process of adding more guidelines in the manual of OCMC.

1.3 Problem of the Statement

Nepal have the population of 28,513.70 (thousand) with almost half of the female. The literacy rate is 76%(male) and 55%(female) with the 83% women and 89% men participation in Labour force but only 30% Women is in parliament and 70% are men whereas in ministerial positions 14% are women 86% are men (Global Gender Gap Report 2016). The problem starts here itself with gender inequality. Gender violence starts with the gender inequity in the society.

Nepal Demographic Health Survey 2011 has found that violence against the women is the major issue not only for the unmarried girls but also is the major problem for married women in Nepalese society. This study found that 1 in 3 women have experience some kind of violence did by their partners, 12% women have suffer to at least one kind of violence in

their life time. Only 7% of women have seek to some sought of service through police and medical service. Most of them don't seek to any kind of services due to shame and lack of livelihood care and they take help from friend and family (NDHS 2011). Despite the effort of Ministry of Women Children and Social Welfare and non-governmental organizations to address violence against women only minimal percentage of women is seeking to the services. Yet it need more for adequately controlling GBV.

Different study shows there is lack of adequate services for the violence against the women. Despite the Government of Nepal has addressing these issues since 1993 .There are different laws and policies related to women against violence. There are also other different program organize by different governmental and non- governmental organization in Nepal for the women to address violence. The OCMC is recognized as the important initiative for Nepal government to provide service to the survivors of violence. Now, it is important to find out whether One stop crisis management Centre for gender based violence playing its role effectively or not and whether it is capable to provide the adequate service or not to survivors under violence .

1.4 Significance of the study

In today context women against violence is globally discuss issue and different initiation are done from government and non-government to address this issue. A large literature exists on caring for survivors of physical and sexual abuse within specific professional disciplines, but research on the implementation, quality and impact of social service programs is scarce in low and middle-income countries. Most evaluations document records numbers of persons served, services provided, and types of cases reported (Inter-American Development Bank, 2002).

In Nepal there are many NGO and INGO working in the area of women violence to address this issue in different part of the country. These all are especially looking at advocacy, awareness, capacity building, and empowerment of survivors but OCMC is only one program in the country that address the one door service to the survivors of violence in six different kinds of services through multi-faceted coordination with other agencies i.e. Health services, Psycho-social counseling, Legal advice, Safe homes and Rehabilitation. This

study makes an attempt to study the OCMC Program on service delivery and user satisfaction of the GBV survivors. GoN has gradually expanded the program in different regions of the country under the hospital. The number of the women violence problem is rising in the country. The increasing problem of the women against violence should be recognized from the policy perspectives. Government is spending the huge resource and effort to address the violence against women, but still some gap is seen between the government effort and survivors services. 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 seeing the implementation status, we can find out whether such program is achieving its targets goals of service delivery or not and survivors are satisfied by services or not. This study helps the government as well as the policy maker that how well is the program is providing service to GBV survivors in the country and what needed to do more to run this program more effectively in order to address the women violence. It will also present the way to understand public values and attitude towards the government OCMC program. Moreover, there is no significant research conducted in sarlahi district about the implementation of OCMC program. It will also provide the input for the policy maker.

1.5 Scope of the study

- Though the OCMC is established for supporting both women and men Survivors under violence, this study is focused only on women under gender based violence.
- This study includes the respondents (Stakeholders) from various government and non-governmental agencies within the OCMC network.
- This study includes the physical¹, sexual² and Psychological violence³, and doesn't include the Survivors of women trafficking.

¹ Physical violence means when someone uses their physical force against others which results in pain, injury or discomfort

² Sexual violence means when someone forced other people to unwilling take part in sexual activities which results to pain, injury or discomfort

³ Psychological violence means when someone uses threat to control over the other person or threatening to harm own self which results to mental discomfort

1.6 Objectives of the Study

- The objective of this study is to access about the implementation of OCMC programs in term of service delivery to the violence related survivors.
- The study also aims to find out level of satisfaction of services provided by OCMC in addressing gender based violence.

1.7 The research questions of the proposed research are:

- To what extent the one-stop crisis management Centre (OCMC) provide necessary services to the Survivors of GBV?
- What is the level of survivors satisfaction for the services delivered by OCMC?

1.8 Limitations of the study

The study were limited by the following factors:

- In this study data were collected through interview with service providers, cases and stakeholders. It is always interesting to gather data through interview but due to unwillingness of some respondents to participate in the study makes the study challenging.
- Due to constraint time and resources, the study focused on only one OCMC of Nepal.

1.9 Organization of the study

- **Chapter one** presents the introduction and the background of the study, statement of the problem, significance of the proposed study, research objective, research questions and limitations.
- **Chapter two** review of the existing literature, the theoretical framework, analytical framework, variables, indicators and the operational definitions.
- **Chapter three** is the research methodology of the study. It deals with the research approach, study areas, sample size, sample design, source of data, and techniques of the data generation and method of analysis.

- **Chapter four** provide the data presentation and analysis which were collected by the researcher using the questionnaire, interview, observation, and review of published and unpublished document.
- **Chapter five** is the concluding chapter. It presents the summary of the entire work, and the concluding remarks of the research.

CHAPTER TWO LITERATURE REVIEW

2. Literature Review and Theoretical Discussions

This chapter reviews the existing literatures on the role of different government and Non-government organization programs in addressing women violence in Nepal and other countries with relevant information regarding this issue .The chapter also presents the theory and model used in this study. The theory and model which represents the implementation status of the program in term of service delivery to women violence is discussed here. Analytical framework has been undertaken at the end of the chapter to look at the dependent and independent variables of the study.

2.1 Introduction

This chapter deals with literature review and theoretical discussion which help study to be focused and provide relevant information regarding the study. This chapter help to give input to this study and help reader to find information and outline regarding my study. This chapter gives review on the exiting literature regarding different countries of governmental and non-governmental organization programs addressing women based violence. The study done in different countries is discussed below which will give clear idea and information about my study.

Although the violence against women have different kind of policies and laws and it is against human right. Large number of women and girls are suffering from some kind of violence either physical/ sexual, mental in the society. (World Health Organization, 2016).In our society we found there is inequity between men and women and our culture which also contribute to the violence to the women and also to seek the support from the formal service centers. The growth number of victims of women in society need high justice and service to address gender based violence. Different Literature regarding the research on women violence program has been reviewed in the context of Nepal and other countries to have the clear overview of the subject matter.

2.1.1 Research on addressing women violence through different organization in Nepal

GBV is exceptionally predominant to Nepal (SAATHI 1997; UNFPA et al. 2008). The Nepalese DHS report found that 22% of women claiming that they are having encountered some physical violence in any event once since age period of 15, and 12% of women accounted of having sexual violence in once to their lifetime. All the more later consider once Women's strengthening furthermore spousal violence in Nepal assessed that 28% from claiming ever-married women bring encountered physical or sexual violence even with their spouse (Tuladhar et al. 2013). Moreover, the maternal Mortality and Morbidity were seen horribleness investigations from claiming in 1998 (Pathak et al. 1998) and 2008/09 (Suvedi et al. 2009). Nepali women from claiming reproductive age have secondary suicide aerial attacker rates, large portions of which would attributed with Domestic violence toward life partner alternately family-members (Joshi 2009; Pradhan et al. 2011).

A comprehensive study done by government of Nepal (2012) on prevalence and consequences of Violence against women in six districts of Nepal, exploring the perspectives of multiple stakeholders. In this study it was found that nearly half of the women (48%) have experience some violence in their life time. A quarter of women in the Study found that they have been being physically assaulted at some time by their intimate partners, and 15% reported that they have suffered from sexual violence by their own partner and forced to have sex against their will. Despite majority of women knew that there are services provided in the community by the government for their help. Despite these only 30% of women said they seek some kind of support when they suffer from violence. Among them most of women seek help from their family and friends and very less take support from formal organization working in this area. Results show a consistent pattern of high policy priority and robust policy formulation, but weak patterns of implementation resulting in relatively weak knowledge and use of service. This lack of knowledge is likely due to the lack of visible implementation activities below the central level, a fact acknowledged by the national and district-level interviewees by stakeholders as well.

Hawkes et al (2013) This is the detail survey study which reflect 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 find that the women are vulnerable to the violence due to social norms, societal fear and shame they don't share or complain about their violence to respected place where it is address. The main finding of this study shows that the major institutions working for addressing women violence have develop their own record keeping system due to which different challenges has occur as a result not actual situation of the problem is seen, which provide burden in effectiveness the intervention in term of standardized monitoring, collection, evaluation and dissemination of data around cases of GBV. Mechanisms for implementation, monitoring and ongoing evaluation of these laws and policies are also not well implemented.

2.1.2 South Asia

India

Cavas, (2013) did a review on Voices against Violence of women: Empowering Women to access Informal Justice in Rural India. This review investigates the viability of a group drove reaction to domestic violence behavior in tribal groups inside Udaipur region, Rajasthan, India. Non-Government Organization's detailed women strengthening program, this examination demonstrates that the Women's resource Centers(WRC) give intervention to stop aggressive domestic violence and possibly avoid future viciousness through challenging cultural norms that perpetuate violence. 21 cases were settled among them nine cases including the women pioneers' own families. Forty-three percent of the cases in two years are originating from the women pioneers themselves demonstrate these women have a low resistance of viciousness and quickly utilize the WRC to determine struggle. The WRCs are having an effort, with no less than 46 cases enlisted and settled by the Balicha WRC alone these are empowering their ability that this group drove reaction has the ability to address violence against women both as a mediation methodology to stop current clash and in addition a counteractive action system impacting community norms .This study talks about the response of service provider rather than service seeker.

Bangladesh

Chowdhury (2007) In a review completed in Bangladesh on Women's Health and Domestic Violence as a major issue in the year of 2000 and 2003 by the World Health Organization, it

was assessed 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 lifetime. Likewise, a report distributed yearly by the Bangladesh National Women Lawyer's Association on violence against women in 2006 demonstrated that different types of violence kept on being continued by Bangladeshi women, for example, assault, settlement related brutality, corrosive assaults, kill, trafficking, and fatwa related violence writing demonstrated that reasons for viciousness were absence of information of women's rights and absence of usage and implementation by legal and law requirement offices. Absence of training, absence of monetary autonomy, and absence of security was a portion of alternate reasons found to bring about violence. At long last, destitution, culture and custom and the subordination of women were observed to be the underlying drivers behind violence against women. The outcomes of violence were observed to be influencing the wellbeing, social and financial segments of women lives. Writing demonstrated that gaps in the political condition and the legislature, the lawful framework, the social structure, research and health professional are available which should be tended to so that VAW can be changed. Laws exist to violence however are frequently not executed because of confused and extensive court procedures, detailed evidence required in sensitive cases such as rape, and the fraud being in a more effective social position than the casualty. This demonstrates the exploration on the lawful framework for tending to ladies violence need to center.

Sri Lanka

Guruge et al (2016) in this research which was conducted in Srilank found 1 in 3 women are suffering from IPV (Intimate partner violence) problem in Sri Lanka. The World Health Organization state that from their study that among 81countries revealed that South Asia has the second highest prevalence of IPV (41.7%) .Studies identified a number of individual risk factors for IPV in Sri Lanka, including a woman's young age, low socioeconomic status and low educational attainment. Those 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. The most recent survey of IPV in Sri Lanka conducted in 2013 found that only 32% of women who sought healthcare for IPV-related health problems reported the abuse to their healthcare provider. Personal barriers included

lack of knowledge and skills, and institutional barriers included lack of support from colleagues and other healthcare professionals, lack of communication and collaboration between professional groups, managers, and administrators, and lack of opportunities for developing relevant knowledge and skills. Overall, there appears to be a positive change in the perception of IPV in Sri Lanka. However, in moving forward, there is a need to address many of the barriers that prevent women from seeking legal redress and recourse from IPV.

2.1.3 Others

Tanzania

Betron (2008) this review is directed in Tanzania in 2005 and take after –up in 2008 in light based on a qualitative gender-based violence assessment. From the evaluation it is demonstrate that many types of gender-based violence, including intimate partner violence and rape, are viewed as typical and are met with acknowledgment by both men and women. In spite of these fact that the defenses for response difference amongst women and men. Women and young girls are likewise every now and again reprimanded for causing or inciting sexual orientation based violence. To a limited extent because of blame and shame, and absence of resource women and young girls don't report for the violence to specialists or look for different sorts of treatment or support. The key witness interviews found that the number and nature of service provider and resource accessible to survivors of gender based violence is insignificant. There are numerous different gaps in the lawful part. For instance, women who wish to press charges on the culprit of GBV have little support in doing as such and are not generally approached with deference and given a satisfactory reaction. Police officer and judges are not prepared in working with survivors of GBV and neither have protocols or extraordinary services for GBV cases. Additionally, there is still much advance to be made on the implementation of existing GBV laws, especially because of absence of consciousness of rights and fear of shame that keeps survivors from revealing their cases to the responsible person.

Sudan

Lowenstein (2011) in this review Survivors of GBV in Southern Sudan confront many interlocking obstructions to equity. Some of these boundaries are social culture (the

minimized part of women in their families and a social disgrace joined to survivors of sexual violence). Different obstructions are in the law itself: Formal and standard laws, procedures, and strategies victimize women and bear the cost of them couple of legitimate rights. At long last, more extensive systemic boundaries obscure the viewpoint for people looking for change for GBV. These hindrances incorporate an absence of Infrastructure and government resource and work force. Together, these hindrances make it exceptionally troublesome for a survivor of GBV in Southern Sudan to look for and get justice. This study review looks at these hindrances to justice and prescribes some recommended to evacuate them.

Ndowo (2015).This study review on Gender Based Violence prevention service was directed amid February to May 2015, including the minimized population in Arusha District Council. The reason for the assessment was to survey the advance of execution of administrations to recognize how service is coordinated inside Health Integrated Multi-sectoral (HIMS) program to address gender violence. From the general assessment it is seen that 30% members were trainer (TOTs), 10% were program staff, 20% partners and 40% recipients. The prevention services gave included: preparing training accounting to 17%, social services to vulnerable group 46%, human services 29%, and different services 8%. In any case, the program execution mark 45% positioned great. The subjective exposed that consciousness of GBV services are known to members prove by declarations. Since HIMS program has no dependable wellspring of subsidizing; resource are sourced from the executive and intrigued people close to personal income. This has prompted a major test in the execution of the association goals and in tending to the medical problems influencing the group .It was inferred that members know about administrations given by the program and it has contributed in enhancing their social, financial and wellbeing status. In conclusion, it is prescribed that this program must be incorporated into the region improvement gets ready for future sustainability.

Malaysia

Colombini, Manuela, et al (2011) the review done on one stop crisis center focuses: A strategy examination of the Malaysian reaction to intimate partner violence. This review means to research the procedures, on-screen characters and other impacting elements behind the improvement and the national scale-up of the One Stop Crisis Center (OSCC)

strategy and the ensuing wellbeing model for viciousness reaction. The discoveries demonstrate that women's NGOs and Health Professional were instrumental in the detailing and scaling-up of the OSCC approach. Be that as it may, the resulting breakdown of the NGO-wellbeing coalition adversely affected on the long term execution of the implementation, which needed money finical resources and clear strategy direction from the Ministry of Health. The discoveries affirm that a plainly characterized organization amongst NGOs and health professional staff can be capable for affecting the lawful and implementation condition in which medicinal services administrations for intimate partner violence are produced. It is basic to increase abnormal state bolster from the Ministry of Health so as to regulate the brutality reaction over the whole social insurance framework. Without clear operational points of interest and assets approach usage can't be completely guaranteed and taken to scale

2.1.4 Synthesis from Literature Review

Empirical studies, questionnaire, observation, case study is the some common things found in the literature here. All the studies do not have the same case and they concluded their finding differently. The summary of the literature include: Lack of resource, lack of coordination among the community and the actors, unclear policy and guidelines, due to lack of awareness of rights and fear of shame theses all are the factors which directly or indirectly affect the service to the survivors.

Although the research works talks about the issue regarding the addressing of women violence. It doesn't talk about the perception of survivors. Providing the service are the features that program valued? But focusing only its advantages doesn't make the programs successful. So there is the space to study about the implementation of program in term of service delivery and user satisfaction.

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. Thus, there is the room for the researcher to look upon the effective implementation of the service provided by the government. This study tries to see how well the program is being implemented .What are the different factors that affect the service delivery of OCMC program?

2.2 Theoretical review

The OCMC is established with the Multi-Sectoral approach in addressing Violence against women through ministry of health and population. The OCMC runs with an active multidimensional approach among various government and non-government actors/stakeholders. Different scholars have used different theories and model to address the implementation of program. In this context for this study implementation theory and Goal-Attainment Evaluation Model is used to draw analytical framework to looks at the implementation of service delivery of OCMC as dependent variable

2.2.1 Concepts on implementation

Implementation is define here as a Service delivery process of program which is a complex and contentious concept. No two authorities agree on what implementation or on how it is measured although they all agree that it involves attention to goals, satisfaction of users and relationship with the external environment. (Oghojaforet.al). "Program implementation" can be defined as at which level the program is able to achieve the objective. It helps to find out whether the program needs any reformed or resources to achieve the goals and provide better service to the service receiver.

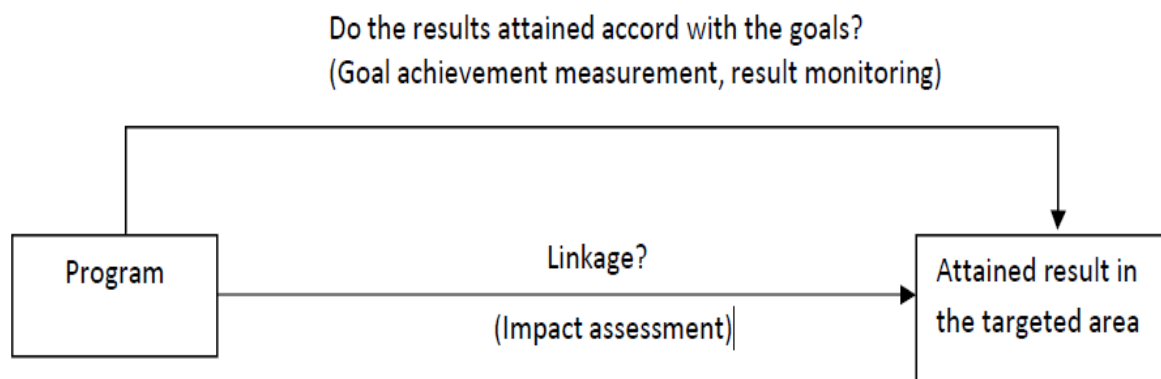
Implementation can be described as the ability of program to provide quality and adequate services to servicer receiver by service provider. A service provider can satisfy if only the better quality full service with having adequate resource will have a greater chance to satisfy a service receiver (Kano et al., 1984).

Different Previous and recent studies shows that there is connection between service provider and user satisfaction that address service delivery and user satisfaction, but these relations are more or less theoretical or 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. Of the effectiveness models, goal attainment model seems to be the most suitable one for this study as the objective of this study is to find out to what extent OCMC has been effective in attaining the goals of this program as par the program objectives.

2.2.2 Goal-Attainment Model

Goal –Attainment Model is one of the used models for the evaluation of any program between all the effectiveness models of program evaluation. This model tries to look at the two major part of the program first the achievement of the goals and second the impact of the program. When it talks about the influence of achievement of goals means did the program have achieved the objective according to program goal. And the second is the impact assessment tries to look at what is the result of the program goals. Goal-attainment evaluation is an effectiveness model because it asks questions about the substantive content, output and outcomes of the program. The simple anatomy of goal-attainment evaluation is outlined in the following Figure:

Figure: 01 Goal-Attainment Evaluation Model



The first part of the goal-attainment model, goal-achievement measurement, engenders two distinct activities to be kept apart: 1. the clarification of program goals (the goal function) and 2 the measurement of actual completion of premeditated program goals (the goal accomplishment function). The second part of the model implies finding out to what extent the program has contributed to goal achievement. There are at least three important reasons in favor of goal-attainment model (Vedung, 2000). The first one is that the program goals of this model are officially adopted in political assemblies by the public

representatives which make them significant. Secondly, since program goals are explicitly stated in the preparatory work, they can be established through interpretation and the cautious evaluator can avoid taking a personal, subjective stand on the merits and demerits of the programs to be evaluated. A third admittedly less important reason for the goal-attainment model is its attractive simplicity. Involving only two major questions, it is very easy to understand and apply. Almost all types of government programs can be evaluated by goal-attainment. Goal-attainment is also called as goal-achievement evaluation, the rational model, the objectives-oriented approach and the behavioral objectives approach frequently.

2.2.3 Implementation Theory

In this study, the researcher is using the implementation theory (Van Meter & Van Horn, 1975) to shape the foundation for the analysis implementation of service delivery of the program as well as the satisfaction level the Survivors through OCMC.

Van Meter and Van Horn's Model

The model presented by the Van Meter & Van Horn gives the structured way to think about policy implementation. Their model which is composed by six variables determines the performance of the policy and shape the linkage between policy and performance. The first three factors focus on the policy and the second three factors concentrate on the aspect of the policy's implementation. In this model, they have shown the relevance of the policy standards and objectives, resources, inter-organization 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.

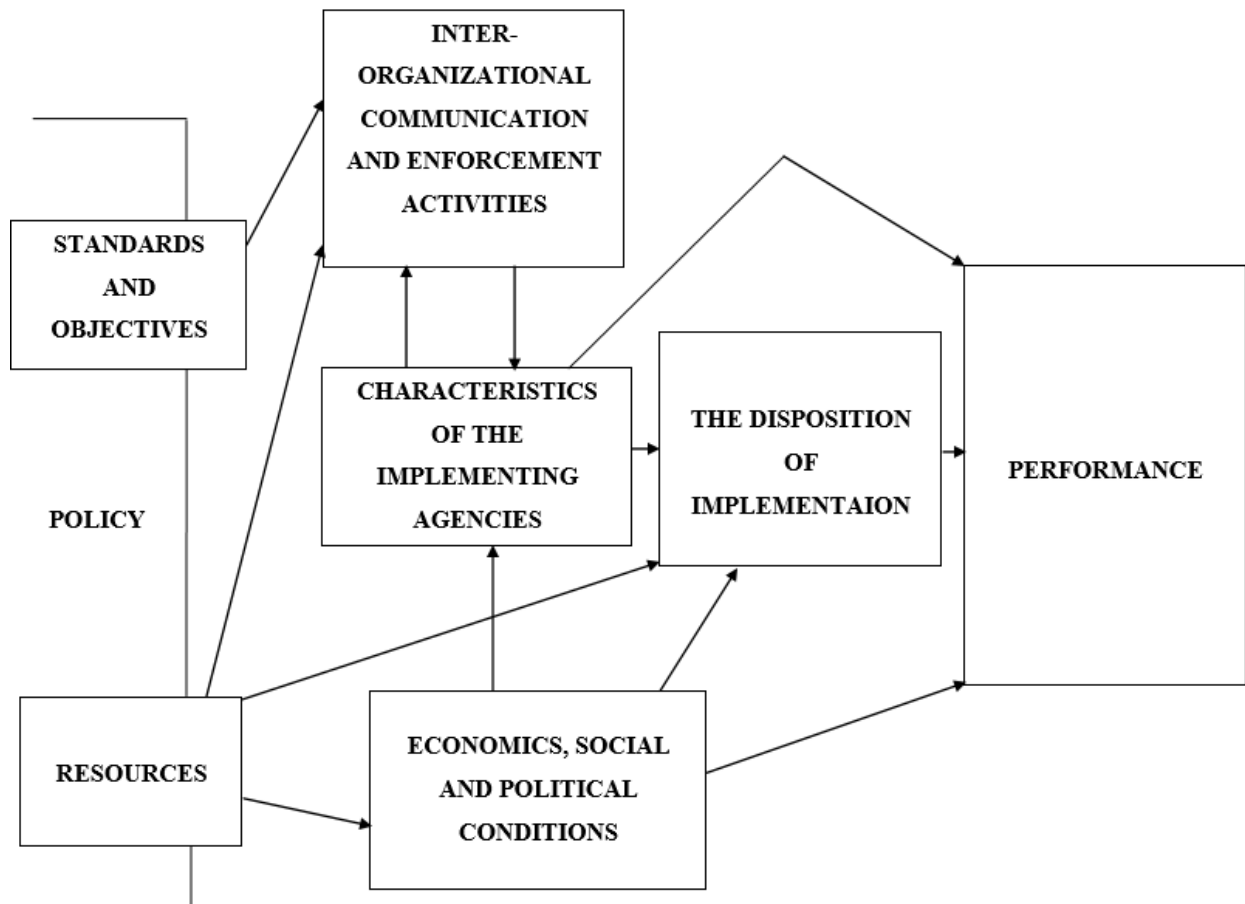


Fig 2: A Model of policy implementation process (van Meter & Van Horn, 1975:463)

The figure 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 six variables of the model presented in this article are universally applicable to policy implementation. These six variables can be applied within organization or among organization or across organization. The practical implications of the theory are admirable in the implementation of the OCMC program in this research.

1. Policy Standards and Objectives

Van Horn and Van Meter focused in the factors that determine the performance of the policy for which the identification of the indicators is an essential stage in the analysis. This is because the performance indicators access the extent to which the policy standards and objectives are realized. Identification of standards and goal is the crucial stage of this performance. They believe that the complex nature of the goals as well as ambiguities and

contradiction in the standard and objectives makes more difficult to identify and measure the policy performance. But he further mentioned that, it not much simple to evaluate it's much more difficult to understand. As a reason they notified, it depend on program breadth or complex and far reaching nature of its goal .Authors suggest that statement of the policy makers reflected in documents such as program regulations and guidelines can be used in determining standard and objectives.

2. Policy Resources

The second factor of this model reflects on the policy's resources that include the funds, technical assistance, or other incentives in the program which might encourage effective implementation to facilitate the administration. Resources might be human resources as well as logistics resources are important in policy formation. Inadequacy in these types of the resources can contribute to the failure of the program. Policy makers should ensure that enough time and sufficient resources are made available to the program (Hill & Hupe, 2002). Resource is still a very big issue for the developing countries.

3. Inter-organizational Communication and Enforcement Activities

According to this factor Van Horn and Van Meter have emphasized that accurate communication among the relevant actors and the awareness of the clarity of standards and objectives which expected in policy. Contradiction of information and conflicts in interpretation of standards and objectives in the same program put the implementers in a difficult position to carry out the aim of the policy. Superiors have the wide range of accesses of powers like recruitment and selection, assigning and relocation, advancement and promotion and ultimately dismissal. Though they cannot command obedience, they are capable to influence their subordinate's behavior. Communication within and between the organization is a complex and difficult process (Van Meter 7 Van Horn, 1975: 466). But, if the communication is well coordinated and clear, it will be easier to implement the policy.

Van Horn and Van Meter point out that in inter-organizational relation, two types of enforcement activities are important. They are: 1) provision of the technical advice and the assistance; and 2) normative, remunerative, and coercive power. They believe that the use of the normative and the remunerative powers seeks to influence policy implementers

through the socialization, persuasion and participation. They will try to cultivate allies at the implementation level and implement their policies willfully. Authors have pointed out about the sensitiveness of coercive power in the enforcement activities. The use of the coercive power can be made for the check and balance of enforcement activities depending upon the conditions specified as per the policy standards and objectives. Activities like monitoring and evaluations, administrative and management reviews, and other feedbacks mechanisms can be used for the better enforcement activities.

4. The Characteristics of Implementing Agencies

In this text Ripley has provided his explanation about this characteristic of the implementing agencies. There are some criteria regarding characteristic of agencies, Competence and size of the agency further we can understand in most cases capacity of the implementers. Van Horn and Van Meter articulate the numerous factors within the characteristics of administrative agencies that have effect on their policy performance. They offer the following factors of implementing agencies that may interrupt in implementation process. a) the competence and size of an agency's staff; b) the degree of hierarchical control of subunit decisions and process within the implementing agencies; c) an agency's political resources; d) the vitality of an organization; e) the degree of open communication within an organization; f) the agency's formal and informal linkages with the policymaking or policy enforcing body (Van Meter & Van Horn, 1975: 471).

5. Economic, Social, and Political Conditions

For effective policy implementation it is believe that there should be fine performance from economic, social and political environment. Otherwise we can't achieve the effective policy implementation process .Though the impact of economic, social, and political conditions has received the little attention, they may have the profound effect on the performance of implementing agencies (Van Meter & Van Horn, 1975). The economic conditions are directly linked with the government. It can have both direct and indirect impact. Likewise, political conditions can also influence the decision regarding with policy by public support. Societal factors influence the realization of a policy both positively and negatively, and these factors are not directly under the control of policy makers.

6. The Disposition of Implementers

Van Meter and Van Horn have discovered some elements of the implementer's response which may affect the ability and willingness of implementers to carry out the policy. For successful implementation, three elements of the implementer's response are necessary to define. It consists of three indicators. They are: cognition (comprehensive understanding), direction of response (acceptance, neutrality and rejection), and intensity of response. Writers are more concerned with the implementers understanding about the standards and objectives of the policy because it decides the success or the failure of the policy. Successful implementation may be frustrated when officials are not aware that they are not in full compliance with the policy (Van Meter & Van Horn, 1975:472).

2.2.4 Relevance of the Models and its application to the Study

One significant feature of applying these models is that it focuses on implementation of program (output) in relation to program objectives. The model also describe about whether the program is able to achieve its goals and objective or not.

Applying Goal –Attainment Model and van meter and van Horn variables in this study is to link the variable of dependent and independent variable to find out the answer of theses question: 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 survivors satisfaction for the services delivered by OCMC? It is important to note that the study focuses on implementation which means service delivery of the program through OCMC. From van meter and van Horn analytical framework/model and literature review, I have identified three independent variables for this study. The independent variables consist of factors I believe could explained the extent of service delivery and the factors that contribute the service delivery of the OCMC in addressing gender based violence.

2.3 Analytical framework

By analyzing the various literatures, model and theory, the study has identified the following variables for the analytical framework which influence the dependent variable

Independent Variables

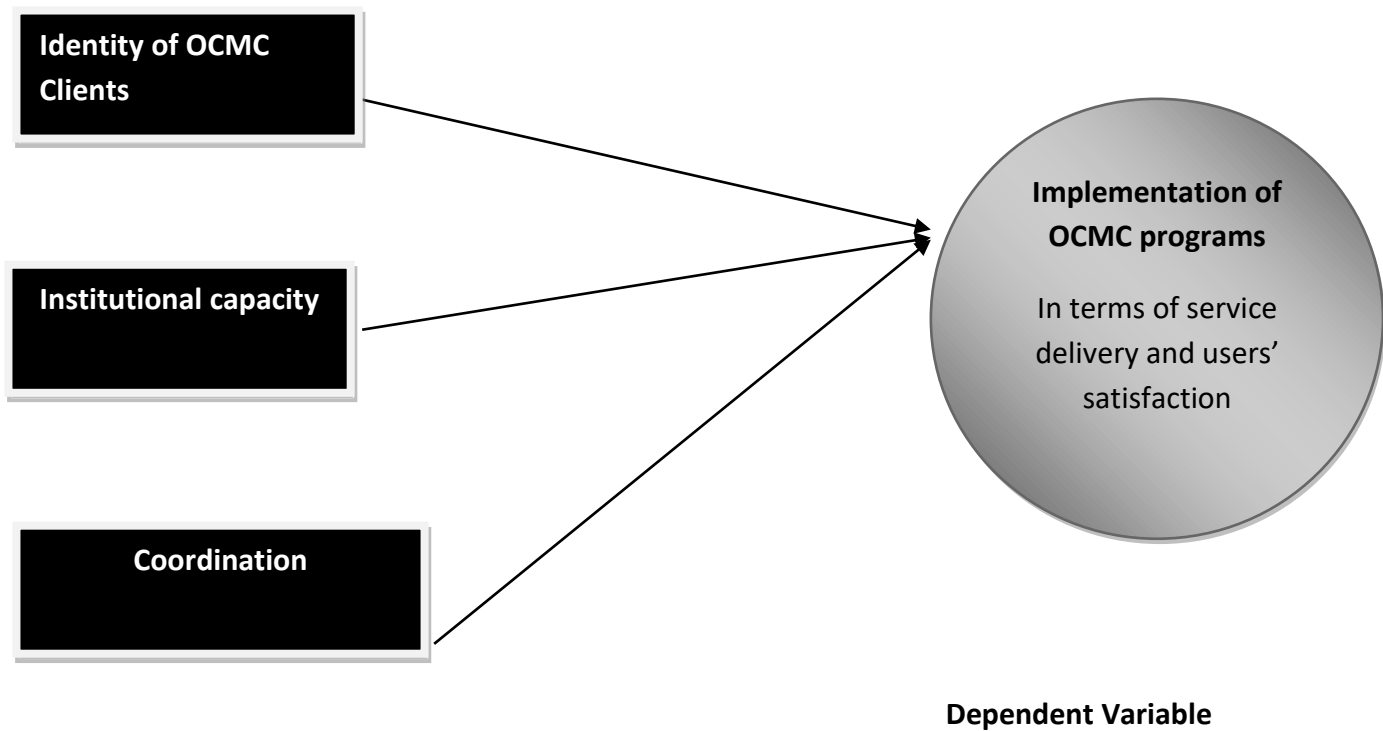


Figure 3: Diagram of Analytical Framework

2.4 Variables and Indicators

Table: 1 Variables and Indicators

Independent Variables	Indicators	Dependent Variable
Identity of OCMC clients	Age Marital status Family background Type of violence	Implementation of OCMC program In terms of service delivery and users' satisfaction
Institutional capacity	Availability of necessary logistics Necessary staff Policy objectives	
Coordination	Stakeholders response Stakeholders coordination	

2.5 Definition of Key Terms

Implementation of OCMC: In this study “implementation” has been defined as the fulfillment of the Objectives mentioned in the OCMC implementation manual. The objective of the program is to deliver services who are affected due to GBV. Therefore implementation is taken in this study for delivery of services and the clients’ satisfaction of survivors who visit OCMC.

User’s Satisfaction: User’s satisfaction means their perception regarding the OCMC program.

Service Delivery: In this study service delivery means to provide services to GBV Survivors according to guideline and to find the answer of a key question whether the service are in accord with OCMC program goals or not.

Identity of OCMC Clients: Identity of OCMC Clients are define as a client’s personal characteristics such as age, marital status, family background and type of violence.

Policy Objective: In this study policy objective means to find the answer of a key question whether the results are in accord with OCMC program goals or not.

Institutional capacity: Institutional capacity means resource which include Physical as well as human resource for service delivery through OCMC program.

Coordination: Coordination means working together to achieve a common goal. To achieve such a goal is not possible by any individual institution. Here coordination means working together with different line agencies to provide services according to OCMC manual in different six sectors Health services, Legal advice, counseling, Safe homes, Security and Rehabilitation

2.6 Conclusion

This chapter concluded the different literature review and gave the idea about the different theories and studies. With the help of these theories and literature a well define analytical framework is shape to work on the Implementation of OCMC as dependent variable and identify of OCMC clients, institutional capacity, and coordination as independent variables and indicators. For clearer concept the operational definition of variables and indicators are define above.

CHAPTER THREE METHODOLOGY

3.1 Introduction

This chapter intends to show how the researcher is presenting the different methodology to find out the outputs of the research. Research method provides a set of ideas, tasks, methods, techniques, tools and the systematic approaches to outline the unit of the analysis, data collection, data gathering, sample size, and data analysis plan. This chapter presents the analysis and the interpretation of the data that were collected by the researcher using the interview with cases, service providers, and stakeholders and by review of published and unpublished documents.

3.2 Research Method

The nature of the study is exploratory to find out detailed information of service users about reflecting of the service delivery of OCMC in addressing Gender based violence through case studies and the detail information regarding the factors which influence the OCMC in providing services to survivors through interview from OCMC staffs and different stakeholders which would address the policy level. To find out the answer of different question arrangement of Interview, Case Study and Observation methods is used for this study. This all methods helps researcher to find out the actual strengths and weakness of the services provided by OCMC.

3.3 Study area

This study selected is the OCMC of sarlahi District Nepal to assess the service delivery of the OCMC Program. This District is in the inner terai and a large number of women suffer from violence in terai region of Nepal. Since to provide the services to GBV survivors the OCMC has implemented, but still no research has been conducted to look at the part of service delivery of OCMC in this district .so the researcher want to look at the status of implementation in term of service delivery of OCMC and users satisfaction after receiving the services in this district OCMC.

3.4: Study population

To assess the implementation status of the program in the sarlahi District, the cases of GBV who have assess the services of OCMC, services providers and stakeholders who are involved in this program were taken as a sample. This study include the women age group of 15- 49 as a cases of violence who assess the services of OCMC for the in-depth interview to find about their perception about the service delivery. The researcher also interviewed with the service providers and stakeholders who are in close coordination to provide services to the GBV survivors.

3.5 Sample Size:

Table: 2 Total 20 responder were in the study.

Sample	Data collection Method	Number
Survivors	Case study	5
OCMC staffs	Interview	3
Government officials (police, WOCs,DHO,CDO etc)	Interview	5
Non- Governmental Officials(NGO,INGO)	Interview	2
Interview of key personals	Interview	5

3.6 Sampling Procedure

The cases of GBV who had accessed OCMC services were identify by snow ball sampling technique for in depth interview. The purposive sampling technique were used for the service providers and stakeholders in selected study area for interview. Unstructured interview schedule questionnaire were used for the Interviews from the cases of GBV, OCMC service providers, and different stakeholders within the hospitals and at district level.

3.7 Source of Data

Both primary and secondary source of data has been used in the study. Primary data were collected by the observation, interview and case study from the survivors of violence, service providers and the stakeholders. Secondary data were collected from the available published and unpublished materials related to GBV and OCMC.

3.7.1 Document review - National and international documents on GBV and OCMC were review. National level records were sourced from the Government of Nepal (GoN), NHSSP(Nepal Health Sector Support Program),UNFPA(United Nation of Population Fund), other Government and non-government organizations (NGOs) working in Nepal. The checked on GBV-relevant national activity plans, national overviews and observing visit reports were also review.

3.7.2 Interviews with stakeholders -An arrangement of interviews were embraced with chosen stakeholders (Women police cell, Hospital, CDO, WCO, DHO, Safe house, NGOs). The method of reasoning for collecting data from cases were to confirm and substantiate data collected from OCMC staff, hospital staff, and other stakeholders with respect to the quality of service delivery given by OCMC. The interviews evoked conclusions on services given by the OCMC. The developed of meet checklist as open ended questioner were prepared for the recognized key stakeholders.

3.7.3 Case study selection – As the main objective of OCMC is to deliver service to survivors of GBV, the five survivors were selected as specific cases. These cases were one or the other way approached the OCMC for getting the services. The information about the cases of the GBV survivors was given with a list of pre-selected survivors inside the catchment of the OCMC. The beginning recognizable proof of survivors was based on the accessibility of a contact phone number and the consent of the survivors to be interviewed. Five survivors were met, the details are found below. Interview with the survivors help to analysis the variables of the study.

3.8 Data collection procedure

The qualitative data were collected in the field. Data from the work area survey for OCMC coordination components were interviews by OCMC service providers, other stakeholders related OCMC service delivery. The Data from the different stakeholders were collected regarding the coordination with OCMC inside the hospital, their execution and benefit arrangement to GBV survivors. At long last, the voices of GBV survivors who had gotten to OCMC services were captured to substantiate data on the quality of services.

3.9 Data Analysis

Both quantitative and qualitative data were obtain in the field. The quantitative information obtain from the secondary data were analyzed by utilizing graphic measurements and displayed in pertinent tables and charts, with frequencies. Primary information were analyzed by using content analysis, coordinate citation, case boxes and Triangulation investigation after the completion of the field visits, information collection and the interviews.

3.10 Ethical Consideration

As GBV is very sensitive issue, for that the purpose objectives of the study were made understood to the respondents. Regarding their right and confidentiality of GBV survivor informed consent were taken before the interview. Verbal consent were taken from the responder who were not able to read and write. Privacy of the information obtained from the respondents was ensured. Researcher has attributed the ethical and moral issues.

CHAPTER FOUR DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter intend to presents the data that are collected on field and then to analyze it. A total five case studies, interview with the OCMC staffs and different stakeholders to put a discussion on the service delivery of the OCMC program. The qualitative data are collected from the GBV survivors to know about the implementation of program and in-depth of the OCMC services in the district. The finding of the dependent and independent variables were discussed sequentially with some of the relevant analysis of literatures review; publish document, cases and observation method during the interview.

OCMC is a center with in the hospital where they provide services to the survivors who suffer from violence through integrated management service from one door location. The OCMC consist of trained and skilled full staffs and other referred centers to provide service to survivors. In order to get as soon as possible services to survivors the coordination with other line agencies is required.

The findings from this study are presented under the following dependent and independent variables as a main headings:

- Service delivery and users satisfaction
- Identity of OCMC clients
- Institutional capacity of OCMC
- Coordination among different stakeholders

4.2 Features of Cases ⁴

Based on the intensive interviews with the selected cases in Sarlahi district the description of these cases are given as follows:

Case-1 (The survivor talked exceptionally gradually, and did not need to talk too much, she was little mental)

⁴ Cases, survivors and client are used interchangeable here

The survivor is 29 years old married women from Madheshi community living with her spouse and two children. She was from a portion of India of Bihar. According to her she had left her home some time recently four year and was wandering around due to her mental issue. In that setting she came to malangawa and living there in diverse places. The major incident occurrence which compelled her to go to OCMC center happened the past year: One night she was resting on the open place and one fellow came and begun doing assault with her and she began shouting but no one came, she got raped.

After getting raped she got pregnant but due to her mental condition she was incapable to take care of herself. Still she was in malangwa. The major occurrence happen when the women and child social welfare staff saw her and took her to the OCMC center, where see got her child and remains for 3 month and her report were detailed to the police . She moreover got three month mental treatment with the offer assistance of KOSHI Nepal. After that with the coordination of women and child social welfare she is presently remaining in safe home and she has 7 month child and still she is remaining in safe home and presently her mental issue seem to be right. They all are still in the handle of looking her home and moving in contact to Indian police. She was treated at the hospital and remained there for a week. The specialists and medical caretakers from OCMC carried on well with her and treated her complications. Police enlisted a case against him. But they are unable to find the culprit because of her mental health.

Observation: This was a case of Rape. The OCMC had given all required treatment and had encouraged enrolling the case with the police. The rehashed directing sessions given to the casualty had made a difference to live ordinary life. With coordination with women and child social welfare and KOSHI NGO the casualty is living ordinary life in safe home.

Case 2-

This Survivor was 31 year old married women from Newar community living with her husband for last 12 year. She studies up to class 12. She work in one of the government office .when she was in the age of 19 she got married .Now she has nine year old girl child. As they have done a love marriage, the family didn't allow them to come home so they had isolated from their in-laws, and were living on their own.

After few year she came to know that her husband have more than three wives in distinctive places, where ever he used to go for job he used to get marriage. So for that reason she used to get argue with her husband .Since last few years, her husband used to beat her. He would come at night and begin fighting with her and beat her up. It had gotten to be a schedule. She had to do all the family work as well office work. He would beat her each day and her neighbors would come to protect her. He moreover beat and utilized terrible words to his daughter. She had recorded a police complaint twice in the past, but the police would debilitate the spouse and inquire her to accommodate with him.

Whenever she used to go in work and came back home around five 'o'clock in the evening. He began beating her up with the sticks he had with him. The major incident took 2072-7-25 when her husband beat her in very worse condition. Her whole body was full of wounds and beaten marks. Hearing her shout, a few neighbors took her to hospital. The hospital staffs took the case into OCMC as it was case of domestic violence. The hospital gave treatment to her. Amid the day, she was kept in OCMC and at night was moved to female ward. Due to shortage of human asset at OCMC, they were not able to keep her in OCMC at night. She remained in healing center for add up to three days. She was given all drugs, nourishment and a combine of dress free of cost. With the help of OCMC she got the help from police and lawyer. The OCMC encouraged her to record a separate case and for the property which she have possess herself as well as for a divorce with him. The case is going on the court. Presently, she is living with her own family.

Observation: This was a case of domestic violence. The OCMC had given all fundamental treatment and had encouraged enrolling the case with the police. Due to the shortage of Staff in OCMC the case was kept in female ward at night. With coordination with police and lawyer she registered a case against her husband and filed for a divorce with him. She is now living a normal life with her family and daughter.

Case -3

The case had come with the help of women police center. The case as described by herself: The survivor is a sixteen year old unmarried young girl, from Salempur VDC, Ward no.5 and belong to madeshi community. She is illiterate. She had placed from a poor family and living

with her mother, father and a two little brother and sister. She was gone with by her mother, a women police cell and with the help of police they went to OCMC.

According to her, the culprit is a boy where she used to do household work for her salary to live a life. He is 24 year old boy. The occurrence happened, when there was no one in home except him .The boy used to say her that he like her and need to get married to her. That's make her pulled toward him. The occurrence took put at evening on 073/09/13, when she was in his home and no one was there. The culprit call her and inquired her to come to the room with him. He at that point pulled the young lady to adjacent bush and makes a relationship with her. After few months the girl complain about the discomfort and vomiting. The mother came to know that she is pregnant. She at that point took a note of that and inquired her girl everything. After knowing everything, she chosen to talk to the culprit family but they didn't react it and said that this is not our Son blame .At that point the mother chosen to register the case into police.

The case came into OCMC after the case was register in police. After the case arrived, the OCMC was opened and the case was made comfortable and the doctor was called. She remained there for three month and got infant boy with the help of OCMC staff. The delivery process was complicated but they attempted their best and got victories. According to her, everybody amid her remains at OCMC.She was given all medicines, nourishment and a cloth free of cost. She appeared to be fulfilled by the benefit of the service. She also got counseling sessions from the CMA staff of OCMC as there were no psycho-social counselor present at OCMC. She got help from police and legitimate from OCMC. The OCMC encouraged her to record to get equity but due to political weight and her poor family back ground the case was unravel inside them. The case is not presently going on in the court. Presently, she is living with her family and arranging to move to other place.

Observation: This was a case of sexual violence. The OCMC had given all required treatment and had encouraged enrolling the case with the police. With coordination with police and lawyer she registered a case against him. There were not present of psychosocial counselor so counseling given to her by the CMA staff of OCMC.

Case 4

This survivor were 15 year unmarried young girl from poor family and lower caste living with her family. Due to her finical condition she was incapable to study. She fall in love with a 28 year old man from her neighborhood at the age of 14. The culprit asked her to come to the field with him and within that time the relationship with him took place. Their physical closeness began taking place for several times. After two months, she dreaded that she might be pregnant. This was known by her mother. Her mother talked about everything with her and went to talk to the boy family, but boy family didn't respond about the case. His family was called to the police station and her mother wanted to have a marriage of a daughter with him. But in any case, her mother-in-law denied to marriage saying she was of lower caste so she could not live with her .However, she said: "If my son want to keep her someplace else I have no problem". In any case, also the boy also don't want to keep her. She attempted calling him a few times but his phone was inaccessible. After, she held up a complaint at the police station requesting that she want permitted to remain with that boy. Her in-laws were called to the police station and they concurred to get married and bring her home. For the instant they used to say ok but after some day they deny to get marriage.

The girls was very in critical condition as the society does not allowed her to live in her home. After her family denied taking her, the girl with the help of the social worker in the village went to Women and child social welfare and they took her in safe home. She was nine months pregnant. The ladies police officer from the Women's Cell recommended her to record a case against her in-laws requesting reestablishment of the relationship and property rights. She had no earlier information of the OCMC. They brought her to the OCMC for pregnancy check-up. At the OCMC all vital tests were conducted. She found the all staffs of OCMC positive towards her. Amid the guiding session she thought security was kept up as no other individual was permitted to come into the room. The infant was born with the help of OCMC staff at the OCMC. After the birth of child both mother and child were kept in the OCMC ward. She remained at OCMC for two days after the delivery.

After release from the OCMC, she went to remain with her father sister house as they thought she required care. She is still living with her. She needed to raise her girl and live her life autonomously.

Observation:

This was a case of sexual assault. The girl was able to get treatment and directing benefit from the OCMC. Since the safe home and WOCs worked in near coordination with OCMC and help the Survivors.

Case- 5

The survivor is a 27 year old woman. She is from Madeshi community and belong to poor family. It was an arranged marriage and she went to live with her in-laws home. At home she carried out all family work and also worked at the field within the day time. After three month of marriage her husband went outside the village to earn and used to come after six month. After coming to home he uses to beat her. He would kick on her head and stomach. She got pregnant after few month. Knowing that she is pregnant, he would beat o her. Due to his consistent mishandle she had got miscarriage of baby (four months child). As well much blood came out and she felt oblivious and was brought to hospital by her in-laws.

She was conceded to the OCMC. She had no earlier information of OCMC. All her restorative examinations were carried out at OCMC by staffs and she remained in OCMC for few days. After that she was taken to safe home where she remained for forty days. Concurring to her, everybody in the OCMC and safe home carried on exceptionally pleasantly with her. Guiding was given to her by OCMC sister. The facilitator from safe home made her to record case against her spouse in police. Now she is living with her own family.

Observation:

This was a case of physical violence. The women was able to get treatment and directing benefit from the OCMC. She found that safe home and OCMC worked in near coordination.

On the basis of cases mentioned the main features of these cases are given as follow:

Table 3: Main features of the Cases

Cases	Age	Marital status	Family background	Type of violence	perpetrator	Referred to OCMC	Medical treatment	Survivors counseling	Coordination
1	29	Married	Poor, lower caste	Sexual violence (rape)	Unknown person	WOCs	All medical treatment for rape and pregnancy	Yes	Police, WOCs, safe home and NGO
2	31	Married	Rich and higher caste	Physical violence	Husband	Neighbors	Medical treatment for wound	NO	Police, lawyer
3	16	unmarried	Poor, lower caste	Sexual violence	Neighbor (where she used to do household work)	police	Medical checkup during pregnancy and born of child	Yes	police
4	15	unmarried	Poor, lower caste	Sexual violence	Neighbor	Safe home	Pregnancy checkup	NO	Social worker, WOCs, safe home, police
5	27	Married	Poor, lower caste	Physical violence	Husband	Hospital	Medical treatment with medicine	NO	Safe home

4.3 Examining the implementation of OCMC program in the study District

Implementation of OCMC has been measure through the service delivery and users satisfaction

4.3.1 Service delivery and users satisfaction (Dependent variable)

OCMC is a center establish by MOH (ministry of health) which is situated inside the hospital to provide one door service to GBV survivors. OCMC provide services to the one who suffer from any kind of physical, sexual and mental violence anywhere in family, community, public or work places through one door system by maintaining its ethics. Firstly confirming the security and safety of GBV Survivors, secondly keeping confidentiality and thirdly maintain their rights and dignity.

In respect to services the OCMC are assigned to provide the information about the services by OCMC and to provide service according to manual in six different sectors with coordination of all other stakeholders.

- Health service to physical ,sexual and mental violence
- Psychological counseling to GBV survivors in needy condition
- Legal service
- Safe home to GBV survivors according to their need.
- Security to GBV Survivors
- Rehabilitation service

a) Timeliness of services :

A total five cases were taken interview asking about the question regarding OCMC services, overall the survivors seems to be satisfied by the services provided by OCMC.

According to one survivor “when I arrived at OCMC with the help of police, the OCMC was opened and I was made comfortable and the doctor was called. I remained there for three month and got infant boy with the help of OCMC staff. The delivery process was complicated

but they attempted their best and got victories. She was given all medicines, nourishment and a cloth free of cost. She appeared to be fulfilled by the benefit of the service. She also got counseling sessions from the CMA staff of OCMC as there were no psycho-social counselor present at OCMC. She got help from police and legitimate from OCMC. So I am satisfied with the services of OCMC because at that time no one was with me, OCMC staffs was the one who gave me medical treatment and all necessary things like food, drugs, cloths etc.” (Interview by survivor on September 14th, 2017 at Malangawa)

However according to survivors in some cases there was delay in the services provided to them.

According to one of the survivors, “sometime it is difficult to get the service at time due to delay in medical reports and shortage of staffs at OCMC”. (Interview by survivor on September 26th, 2017 at Malangawa)

Similarly according to the staff nurse “ we tries to maintain the timely services but some time it is difficult because of shortage of Staffs and on call duties of doctors.(Interview by staff nurse on October 7th, 2017 at Malangawa)

From the above conversation and observation it were found that the OCMC tries to maintain the services at time. But due to shortage of staffs and on call duties of Doctor found the delay in the services of OCMC. However due to the free of cost medicines, nourishment and a cloth the cases were seem to be satisfied by the services provided by OCMC.

b) Confidentiality

OCMC staffs in district said maintaining the confidentially of GBV survivors is one of the major issue while providing service. OCMC staffs in a district were following the guideline to maintain the privacy. They were not giving any information regarding the survivors to anyone without their consent. Sometime they felt difficult in maintain of confidentially when the cases goes for legal process.

According to OCMC In charge “we are very concern about GBV survivors confidentiality, for that reason some time we did not write their full name without survivors consent “(Interview by OCMC In charge on October 2nd, 2017 at Malangawa)

In this concern one of the survivor said “I felt safe and secure about my privacy inside the OCMC, but when my case goes through legal process I was away from confidentiality, she said that her photo were post in Facebook due to that she felt difficulty”. “(Interview by one survivor on September 14th, 2017 at Malangawa)

The observation of the registered and interview with the cases and OCMC staffs it is found that OCMC staffs were aware of maintaining the confidentiality of the GBV survivors. Similarly other agencies like police, lawyer stated that we tries to maintain the privacy of GBV Survivors but due to the legal process it goes through different procedure so sometime it is difficult to maintain privacy.

c) Psychosocial counseling

Psychosocial counseling is very important part of the services to deals with the GBV survivors. The psychosocial counselling in the OCMC were provided by the CMA staff of OCMC. The counselling were done on the severity of problem. Some time it take three to four days to counseling the GBV survivors.

According to CMA (Helper) “I have never got any training or orientation related to GBV but I have been giving psychosocial service to GBV Survivors very effectively”. “(Interview by CMA on October 1st, 2017 at Malangawa)

Out of five cases it is seen that only two of the survivors had got a counselling session and they reported that counselling was very helpful for them to live a normal life.

GBV is a very sensitive issue, though there is no staff having a training on psychosocial counseling. Although the OCMC is maintaining the service in effective manner and some cases were found be taken a counseling session and were satisfied by the service.

d) Attitude of service providers

Attitude of the service provider is one of the key to give effective service to survivors. It were found that despite of the shortage of the staffs they were providing 24 hour services in coordination with hospital. The attitude of the hospital staffs were found positive toward the OCMC. They both coordinate with each other in providing services to GBV survivors. The total five of the cases found the positive attitude toward them by service providers in OCMC. According to them they were satisfied by the attitude and behavior of the OCMC staffs.

One of the case state that "I am satisfied with the services and behavior of the staffs of OCMC because it was free of cost and the didi (she used to say staff nurse as didi) was kind to me". (Interview by survivor on September 25th, 2017 at Malangawa)

According to one case "I am satisfied with the behavior of OCMC staff because I found all the staff of OCMC positive towards me". (Interview by survivor on September 14th, 2017 at Malangawa)

It is found though there were shortage of staffs at OCMC, still the service provider found to be active in giving service to the GBV survivors. The cases state that they are positive toward the behavior shown to them by OCMC staffs.

e) Lab services

Lab service in the District were not found to be available for 24 hours. The cases who comes at night have to wait till next day for the lab tests. Sometime due to this reason OCMC Staffs felt difficulty to operate the cases of GBV as it is a sensitive issue. In some cases they used the service from the other private lab. After the observation and interviewed with the service providers it is found that lab service need to be run 24 hour to provide quality service to GBV survivors .

f) Referral system

Table 4: Refer to OCMC by different sector

Refer to OCMC by different sector	Number
Emergency ward	74
Police	136
Self	32
Women and child social welfare	7
Other office	6

Source: OCMC report

Table 5: Referrals by OCMC

Districts	Police	Court	Social institution	NGO	Child/women welfare	Home	Emergency Ward	Other
Sarlahi	7				1		5	1

Source: OCMC report

Most of the cases were referred to OCMC by police and emergency ward. No proper data of the referral cases were found in the record. The OCMC found to keep the data, but other partners⁵ were not recording their referrals to OCMC. It was found that referrals for lawful advising and other service had however were taken more. Often time cases were not coming to the courts. Besides, it is found that the cases from police and inter-hospital referrals were taking more.

According to the OCMC in charge "Most of the cases of GBV are referred from the police and emergency ward because people suffer from GBV first goes to these place for service and

⁵ Stakeholders , partners and agencies are used interchangeable here

with the coordination the cases come to take service at OCMC.” “(Interview by OCMC In charge on October 2nd, 2017 at Malangawa)

According to Chairperson (In-Charge) of safe home said “there is some problem when the cases are referred from OCMC, the clients wants to stay more than 45 days in the safe home at that time it is hard to convenes the client. “(Interview by Safe home In charge on October 3rd, 2017 at Malangawa)

It is found out of five, four cases have been referred to OCMC by the coordination of police, safe homes, WOCs and found to be active to provide service to the GBV survivors. Due to this they express their feeling by emotion as everyone have start a new path of life through the help of OCMC. All the survivors appreciate the services of the OCMC.

4.4 Discussion on Independent variables

4.4.1 Identity of the OCMC clients (GBV)

According to OCMC office records altogether 321 clients, i.e., 270 (85%) women and 51 (15%) male had visited the OCMC for some sort of services since the 2012. Inside this total, 173 women endured physical violence taken after by 119 cases of sexual violence and 77 mental violence. Similarly a comprehensive study done by government of Nepal (2012) on prevalence and consequences of Violence against women in six districts of Nepal, exploring the perspectives of multiple stakeholders. In the study it was found that nearly half of the women (48%) have experience some violence in their life time. A quarter of women in this Study found that they have been being physically assaulted at some time by their intimate partners, and 15% reported that they have suffered from sexual violence by their own partner. The information appears that women are more likely to have endured physical violence, taken after by sexual violence, at that point mental torment. Talking about the age wise it is found that the age group of 15-49 is more likely to be the vulnerable for violence.

Table 6: Types of GBV cases registered by OCMC (2012 – 2016/017)

Violence	Female	Male	Total
Physical violence	173	15	188

Sexual violence	119	36	155
Mental Violence	77	5	82
Others	21		21

Source: OCMC report

Table 7: Age wise GBV cases registered by OCMC (2012 – 2016/017)

S.N	Age group	Female	Male	Total
1	1-14	40	1	41
2	15-49	209	40	249
3	50- 65	9	9	18
4	65 above	4	1	1

Source: OCMC report

From the data obtain it is found that the OCMC in district have maintain only the age and sex wise records. No further records like caste/ ethnicity, marital status were found.

From the above five Cases, it is found three out of five women of 15-49 are suffering from sexual violence .The implementation of the OCMC for providing service to GBV violence seems to be more benefited to age group of 15 -49.

According to OCMC In charge "I feel women suffer from both physical and sexual violence and seek service from OCMC". (Interview by OCMC in charge on October 2nd, 2017 at Malangawa)

It was also found that out of five cases three were married women receiving service from the OCMC and were satisfied by the service .Nepal Demographic Health Survey 2011 has also found that violence against the women is the major issue not only for the unmarried girls but also is the major problem for married women in Nepalese society. It is also found that the GBV survivors are more in number from the lower caste and poor family who seek the OCMC Services.

According to the Doctor statement “Even the married women suffer from violence come to OCMC to receive service and found to be satisfied.” (Interview by Doctor on October 6th, 2017 at Malangawa)

According to one of the survivor who belong to poor family “One who belong to higher caste and rich family don’t seek this service because of their status in society but I got service from OCMC and I am satisfied by the service.” (Interview by the one Survivor on September 29th, 2017 at Malangawa)

Similarly since 2011 the all OCMC in country have provided services to 7100(Female 94% male 6%).Especially the young age women are most at the risk of violence. The Nepalese DHS report found that 22% of women claiming that they are having encountered some physical violence in any event once since age period of 15, and 12% about women accounted of having sexual violence no less than once to their lifetime . 28% from claiming ever-married women bring encountered physical or sexual violence even with their spouse (Tuladhar et al. 2013).

According to the Cases, service provider and secondary data it is found that even married women are experience of violence from their partners and thinks that OCMC is very helpful to them. It is also found the one who is 15- 49 years old and belong to the lower caste and poor family suffer from violence and take a service from OCMC and all cases found to be satisfied by the service. This shows that the identity of clients does not have significance relation with satisfaction level of clients but quality of service matters.

4.4.2 Institutional capacity

a) Availability of necessary logistics

According to the guideline of 2011 Nepal government state, the OCMC should be based within the hospital having a separate unit. The unit should be separate having two beds with necessary furniture in one room , one separate room for counseling with Curtains to maintain confidentially , separate toilet , Basic medical instrument for forensic examination as well as the medicine ,IEC materials , phone, computer and printer should present in OCMC to provide service to the GBV survivors .

The OCMC in district is running with the coordination of hospital. All the necessary furniture, IEC material, required medical instrument and other things is helped by the Ministry of Health in coordination with different organization partners which make easy to provide services to GVB Survivors. while in district the OCMC is shifted to a new building of hospital in separate place , now there is adequate space having one treatment room with two beds and necessary furniture , a separate counseling room ,a separate toilet but no guard room were found. There were office room available with computer, phone but no printer with not maintain properly .Basic medical equipment and IEC materials were in coordinates with the hospital. Keeping up security and privacy were insufficient, especially in OCMC where advising sessions could be effortlessly caught in adjacent rooms. Similarly a study done in Sudan found that hindrances incorporate an absence of Infrastructure and government resource and work force. Together, these hindrances make it exceptionally troublesome for a survivor of GBV in Southern Sudan to look for services. **(Lowenstein 2011)**

According to the OCMC In charge "OCMC have shift in a new building, so we trying to manage everything to provide services to survivors of GBV." (Interview by OCMC in charge on October 2nd, 2017 at Malangawa)

Table 8: Infrastructure and resources at OCMC in the study area

Norms to be equipped	Observed
Room :one treatment room with two beds, a separate counseling room and office room ,guard room	<i>one treatment room and one counseling room were found ,No guard room</i>
Separate toilet	<i>Present</i>
office equipment like Computer, printer and phone	<i>Not adequate and not maintain properly</i>
Basic medical equipment	<i>Not adequate</i>
IEC Materials	<i>Not adequate</i>

Training manual: OCMC guideline	<i>Present</i>
Necessary furniture	<i>Not adequate</i>
Curtains to maintain confidentiality during the forensic examination	<i>Not present</i>

GBV survivors referred from the out-patient, safe home, police get the services in the OCMC. The instrument required for the medical treatments for GBV survivors were in coordination with the hospital.

According to staff nurse "Sometime survivors felt difficult while checkup because all the medical instrument where not present at OCMC so they have to go several time to hospital for my clinical checkup." (Interview by staff nurse on October 7th, 2017 at Malangawa)

After the observation of the researchers herself ,five cases and service providers interview there found lacking of necessary logistics .Due to that service receiver as well as service providers were feeling difficult to give services . Service provider state that they have shifted in new building and trying to manage the service of OCMC.

b) Necessary staff

According to the OCMC manual of Nepal government there should be seven staffs: one medical officer ,three staff nurse with one well trained psycho- social counselor ,one women police and one volunteer in OCMC to provide 24 our services to the GVB survivors when ever necessary in 24 hours. In district there were present of only three staffs. The most of the service provided within OCMC was given by CMA. The same nurse and CMA were giving services to in-patient in hospital as well as OCMC survivors. The circumstance was compounded by the division of a single compensation between the two contracted staffs in district.

Table 9: OCMC staffs at study area

District	Focal person/staff nurse	Psycho-social counselor/staff nurse	Staff nurse (contracted)	DHO's focal person	Helper
Sarlahi	1		1		1(CMA)

Source: OCMC report

In spite of these staffing levels, the 24-hour benefit called for in the operational manual was accessible at OCMC. Their home was far from OCMC which makes it troublesome for staffs to supply night-time service. It is found that required OCMC staffs as the manual were not found in OCMC.

According to a staff nurse, "Due to constrained staff, we fell difficult in providing 24 hour service to GBV Survivors. Some time the cases that come at night is difficult to treated at the Crisis ward. The nearness by staff has to manage to come at night." (Interview by staff nurse on October 7th, 2017 at Malangawa)

Present of low staffs and not well trained man power is the challenge for OCMC in the District. The presence of medical officer were in on calling basis with coordination with hospital. Police were not present in OCMC to provide service to GBV survivors. However to be considered OCMC work force were not uninformed of their basic positions inside OCMC. NGO volunteers as present in the manual, had not been designated. Shortage of specialists and medical attendants in the OCMC is another issue that influences care given to GBV survivors. For illustration, there is no female doctor at hospital.

According to one of the survivors, "sometime it is difficult to get the service at time due to shortage of staff at OCMC". (Interview by survivor on September 26th, 2017 at Malangawa)

Reflecting the delicate nature of GBV and the abilities required to bolster survivors, MoHP embraced a positive activity in giving six-month long psycho-social advising preparing to a staff nurse for OCMC. But no psycho-social counselor staff were found for counselor of GBV survivors in this OCMC. The counseling were carried out by the CMA Staff without any training on GBV. No capacity building exercises had been run for DCC individuals, Hospital staff, and NGO and community individuals.

According to the Medical Officer "The government need to be more focused on this program on the issue of capacity building of staffs." (Interview by Medical Officer on October 6th, 2017 at Malangawa)

After the observation by the researcher and in depth interview with the five cases and the service providers: it were state that there is absence of trained staffs according to OCMC Manual. The above statement given by the cases and the service providers as well as the researcher observation it was found they were in difficult to providing services to the GBV survivors due to lack of inadequate trained staffs .

c) Policy objective

Government of Nepal had taken an initiation to prevent GBV and provide one door service to GBV survivors in a managed way. To assess the policy objective, interview with cases, service provider and stakeholders were taken. All the service provider and stakeholders were aware of the objective of OCMC and said it is very effective way to provide service to GBV Survivors, but they found there are some problem which were expressed by

According to the Chief district officer, "Awareness within the people were found very less regarding GBV and service provided by OCMC" (Interview by survivor on October 9th, 2017 at Malangawa)

A total five cases were taken interview asking about the question regarding OCMC objective, all of the Survivors were unaware of the objective of OCMC. But they have a good experience of OCMC after reaching there with the help of others and getting the services. In the study survivors seek to come OCMC with the help of their family, friends and other supported organization working in this area. This majority of statement state that majority of survivors come to take services with the help of other agencies, it is due to lack of

knowledge regarding the services of OCMC. Although all five cases seems to be satisfied by the services provided by the OCMC.

According to one survivors during the interview she said “I have never got any knowledge about the OCMC from anywhere, it is the first time I came to know about the OCMC after the police made me referred to it. (Interview by survivor on September 12th, 2017 at Malangawa)

According to one survivor “I am satisfied with the services of OCMC because at that time no one was with me expect my mother but she was also bound by the community to help me, at that time OCMC staffs was the one who gave me medical treatment and all necessary things like food ,drugs ,cloths etc.”. (Interview by survivor on September 14th, 2017 at Malangawa)

According researcher observation, service providers and stakeholders service delivery at OCMC is functioning with coordination of different agencies. They said the concept to provide services to GBV survivors is very effective but it need improvement. They suggest that first the level of awareness should be increase among the people in community and secondly government need to be more focused in term of institutional capacity of OCMC program to make effective in the district. This all shows that the service of OCMC is not fully utilized by GBV Survivors in district due to lack of knowledge about OCMC services among survivors.so the government need to think to aware the people regarding the policy objective. But all the cases, who got services found to be satisfied after receiving the service from OCMC.

4.4.3 Coordination

a) Stakeholders response

In district interview were taken with different stakeholders regarding the services of OCMC and were positive. Most of the interviewer said that the Government have taken the good initiation to provide one door service to the GBV survivors .But the government need to

make aware to the women about the GBV issue and about their rights. Firstly the government need to empowerment and aware the women by providing different program in the community.

According to majority of stakeholders many of organization is working in the issue of GBV in the district but the role of local NGOs and INGO were found very minimal in this district.

As the Chief district officer, "Awareness within the people were found very less regarding GBV and service provided by OCMC, so use of difference means like mass media, pamphlet, street drama should be conducted to bring out the Cases of GBV and to aware the community People. (Interview by chief district officer on October 9th, 2017 at Malangawa)

In term of GBV survivors shelter majority of responder felt that there need to be more time of duration to stay at OCMC and safe home for survivors with some incentives.

According to the Safe home incharge "Majority of Needy GBV survivors wants to stay in Safe home but due to inadequate resource and time limitation of 45 days they are not allow to stay so the provision of staying at shelter homes should be more. (Interview by In charge of safe home on October 3rd, 2017 at Malangawa)

Regarding the response of stakeholders it were found good with OCMC in district. The stakeholders response found to be good to work in coordination to provide one door service to the GBV survivors. Although NGO and INGO is working in GBV issue in the district but there was lack of active participation of NGO and INGO with OCMC.

b) Stakeholders coordination

OCMC staffs are the one key people who played vital role in providing services to GBV.OCMC is working in a coordination with other agencies like WOCs, safe home, police etc to provide one door service to GBV survivors .

Interviews with OCMC staffs uncovered that most of the agencies ignorant GBV issues and they accepted that only OCMC is a center to provide service to GBV Survivors.

According to OCMC in charge “we experienced difficulty in running OCMC. Since, it was a new concept, people and stakeholders took time to understand OCMC and its functions. However, things changed slowly and we able to convenience all concerned stakeholders but still the other line agencies thinks that the overall role to give services to GBV survivors is OCMC responsibilities. ” (Interview by OCMC In charge on October 2nd, 2017 at Malangawa)

According to women police cell officer of district, “Our rapport with OCMC to provide service to GBV survivors is functioning well. The support between both of us is working well.” (Interview by women police on October12th, 2017 at Malangawa)

Another survivor state “I am satisfied with the services of OCMC because they gave me medical treatment as well as coordinated me with the police and lawyer for legal process”. (Interview by survivor on September 12th, 2017 at Malangawa)

Survivors detailed that the OCMC staffs in district given them one door service through coordination with different partners. One of the survivors who had experienced extreme violence shared, “After the occurrence I chosen not to go home. The staff at OCMC associated me with the safe home facilitator and I lived in safe home and still I am living in safe home. After that, safe home facilitator and OCMC individual associated me to KOSHIA Nepal. I remained at KOSHIA Nepal for three months and got my mental treatment.

The finding reveled that there is coordination between the OCMC, WCO, police, safe home, had brought about in survivors made a help by KOSHIA Nepal. With coordination between OCMC, WCO, police and safe home, had made survivors being able to live normal life.

According to interview taken by the cases, service providers, stakeholders and observation of researcher the coordination between different line agencies like police, safe home, women and child social welfare was found to be horizontal .All the line agencies were found to be working in coordinate manner with OCMC.but still many other agencies like NGO, DHO, and DCC are found inactive in district.

4.5 Key finding

An effort has been done to recognize the implementation of the OCMC service delivery activities by exploring the perception of the GBV survivors, service providers and stakeholders. Here are key finding of the study:

1. GBV survivors

A total 5 cases were taken, all of the Survivors were unaware of the service provided by the OCMC .Although they have a good experience of OCMC service after reaching there. They express their feeling by emotion as everyone have start a new path of life through the help of OCMC. All the survivors appreciate the service of the OCMC. These are the following words that reveals the opinion of the GBV Survivors.

One of the case state that “I am satisfied with the services and behavior of the staffs of OCMC because it was free of cost and the didi (she used to say staff nurse as didi) was kind to me”. (Interview by survivor on September 25th, 2017 at Malangawa)

“I am satisfied with the services of OCMC because they gave me medical treatment as well as coordinated me with the police and lawyer for legal process”. (Interview by survivor on September 12th, 2017 at Malangawa)

“I am satisfied with the services of OCMC because at that time no one was with me expect my mother but she was also bound by the community to help me at that time OCMC staff was the one they gave me medical treatment and all necessary things like food ,drugs ,cloths etc.”. (Interview by survivor on 14th September, 2017 at Malangawa)

“I am satisfied with the behavior of OCMC staff because I found the all the staff of OCMC positive towards her (Interview by survivor on 14th September, 2017 at Malangawa)

According to one of the survivors, “sometime it is difficult to get the service at time due to delay in medical reports and shortage of staffs at OCMC”. (Interview by survivor on September 26th, 2017 at Malangawa)

Still there are some the problem which were expressed by the GBV survivors. They show their dissatisfaction about delay in service due to shortage of staffs and also said that the staying period in safe home should not be limit to 45 days, needy survivors should be able to stay more than 45 days. The survivors also state that the level of awareness is very low about the GBV issues and the service of the OCMC, so the government need to think to aware the people.

2. Services providers

Service providers are the one who is very closely related with survivors and the program so they can give the best scenario about the implementation of OCMC program. The interviewed taken by the service providers gave the perceptions regarding the services at OCMC .Service provider said that to give the service it is easy but the thing is that survivors are unaware about the service given by the OCMC. They express that to provide effective services to the survivors the government need to strength this program in institutional mechanisms for service delivery. Problems felt by service provider in giving service are:

- Lack of infrastructure
- Inadequate staffing
- Insufficient capacity building and training of OCMC staff
- Low level of awareness among the people of OCMC and about the law and rights of GBV.
- Insufficient budget to provide service to GBV survivors

Some of the Service providers express their views view on these matters:

According to a staff nurse, "Due to constrained staff, we fell difficult in providing 24 hour service to GBV Survivors. Sometime the cases that come at night is difficult to treated at the Crisis ward. The nearness by staff has to manage to come at night" (interview on October 7th, 2017 at Malangawa)

According to CMA (Helper) "I have never got any training or orientation related to GBV which some time brings difficulty to deals with GBV Survivors". (Interview on October 1st, 2017 at Malangawa)

3. Stakeholder

OCMC is a program which is running in coordination with different line agencies in providing Service to the GBV survivors. The coordination between different agencies were good. The interview with stakeholders helps to analysis their view about the service delivery. They said the concept to provide service to GBV survivors is very effective but it needed more to be improve. They suggest that first the level of awareness should be increase among the people and government need to be more focused on this OCMC program to make effective in the district.

Some of the Stakeholders express their views view on these matters:

As the Chief district officer, "Awareness within the people were found very less regarding GBV and service provided by OCMC, so use of difference means like mass media, pamphlet, street drama should be conducted to bring out the Cases of GBV and to aware the community People. (Interview on October 9th, 2017 at Malangawa)

According to the Safe home in charge "Majority of Needy GBV survivors wants to stay for in Safe home but due to inadequate resource and time limitation of 45 days they are not allow to stay so the provision of staying at shelter homes should be changed. (Interview on October 2nd, 2017 at Malangawa)

4.6 Conclusion

The facts analyzed above had addressed the research questions of the study with the help of the interview conducted to GBV survivors, OCMC staffs, and government and non-government stakeholders.

The identity of OCMC clients found that the women of 15-49 age group suffering from different form of violence. The five cases indicates that even married women 15- 49 seems to suffer from violence and receiving service from OCMC and found to be satisfied by the service of OCMC. However it is found among five cases only one case were from rich and higher caste and she also found satisfied by the service.

The five GBV cases have got the service through OCMC in term of medical treatment, home to stay by safe home, justice by police. A few had gotten psycho-social counseling. Survivors have a positive response about the service and staffs of OCMC.

Likewise, the institutional capacity (staffs, logistics, and policy objective) of the OCMC is affecting in the service delivery of the GBV Survivors. It is found that inadequate staffs and logistics in the OCMC affect the service delivery of OCMC. Talking about the policy objective all the cases were unaware about the objective of OCMC and their right to information and the facilities of services of OCMC but they were found to be satisfied when they receive service from OCMC because at the time no one were there to help, OCMC help them to fulfill their need.

Similarly the coordination between different lines agencies have also affect the service delivery of the OCMC. The coordination between hospitals, police OCMC and WOCs helps the services of OCMC to function well in the district. Although the local INGO and NGO found to be minimal involvement with OCMC.

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Introduction

This Qualitative study were conducted to find the Implementation status of OCMC in sarlahi district in term of service delivery and users satisfaction as dependent variable and identity of OCMC clients, institutional capacity and coordination as independent variables. The objective of this study is to access about the implementation of OCMC programs in term of service delivery to the violence related victims. The study also intends to find out level of satisfaction of services provided by OCMC in addressing gender based violence.

The chapter two reveled the different literatures review and theoretical frame work which gave the idea to understand the relation between indicators of dependent and independent variables. Implementation theory of Van Horn and Van Meter and goal attended model were used. Implementation of OCMC is the dependent variable and identity of OCMC clients, Institutional capacity and coordination as an independent variable. To analyze all the variables the concept of methodology and analytical frame work is describe in the chapter three. To interpret the indicators qualitative study were conducted by taking five case study, interview with service providers, stakeholders and observation of researcher, which is analyzed in chapter four. The research questions proposed for the study were based on the analytical frame work.

- To what extent the one-stop crisis management Centre (OCMC) provide necessary services to the victims?
- What is the level of victims' satisfaction for the services delivered by OCMC?

5.2 Implementation of OCMC Program in Sarlahi District [Dependent Variable]

The best indicators to access the Implementation of OCMC would be the service delivery because the objective of the program is to provide service to the GBV survivors and user

satisfaction, as policy implemented is only successes when the service receivers are satisfied by the program .All the responder in the study seems to be satisfied by the program which is implemented to provide services to the GBV survivors in the sarlahi district. But at the same time they said there need more improvement to meet the policy objective up to mark. All the five cases in the study found to be satisfied by the services provided by the OCMC, at the same time they said more can be done by the government to improve the service delivery like increase in awareness level of public about OCMC services and length of stay in OCMC and safe home should be more than 45 days.

5.3 Identity of OCMC clients [Independent Variable]

According to different studies found in the world state that Women are more suffer from violence. Similarly in the study it is seem that the women are suffered from violence. The five cases in the study are within the age group of 15- 45 year old. All the age group people found to be satisfied .Even married women are experience of violence from their partners and thinks that OCMC is very helpful to them. It is also found that women belong to higher or lower caste and poor or rich suffer from violence and take a service from OCMC and all cases found to be satisfied by the services of OCMC. This shows that the identity of client does not matter there satisfaction level but the quality of service that matter them a lot in their satisfaction.

5.4 Institutional capacity [Independent Variable]

All the responders as well as cases of GBV feels that the government had taken a good initiation to address the gender based violence by providing one door service to GBV survivors . They all have a positive attitude toward the policy objective and working in a coordination to fulfill the objective. All the cases don't have a knowledge about the policy objective. So they states that government need to be more focused to fulfill the objective of the program and regarding awareness of the people about GBV issue and OCMC services. Majority of the responder in the study said that Institutional capacity is the back bone to give the service delivery to the needy people. To analyze how the institutional capacity like physical assets and human resource affect the service delivery, different question were asked to the responders. The responders said that the most important is the institutional

capacity to succeed the implementation of the OCMC program. Majority of the hospital and OCMC staffs said that there is lack of the physical assets and human resource to give service delivery to the GBV survivors. According to the cases there need to be adequate staffs to give 24 hour service at the OCMC. From the above statement given by responders and cases studies you can find more details

5.5 Coordination [Independent Variable]

To provide service to the GBV survivors stakeholders coordination approach is taken by the government in the concept of OCMC. All the five cases found to receive service in coordination with stakeholders. In this study majority of responders response that the coordination between the OCMC and other stakeholders (police, lawyer, WOCs, safe home, hospital) is well functioning in the society. It is seem that the INGO and NGO are working in field of women violence in the district but not more active coordination were found with OCMC.

5.6 Policy Implications

As this program is very valuable for the GBV survivors in the district. So the policy plays a very crucial role to sustain the program and provide services to the GBV survivors. These are some of the recommendations which is given after the response, feedback and suggestion of the service providers, stakeholders, and five cases in the district to improve the service delivery of the program. This recommendation is also on the observation of researcher during the data collection.

- Physical assets is inadequate in OCMC. The presence of physical resource should be maintain according to government protocols, for that they can coordinate with other partners.
- Psychological counseling should be provided in a confidentially with well trained staff.
- Awareness raising about the OCMC program should be done by audio and visual method in a public. None of the cases who were interview have a knowledge regarding the OCMC. Different strategy related to OCMC should be conducted for the knowledge of OCMC and GBV related issue.

- Maintain of adequate and trained staffs should be done according to guideline of the OCMC to provide 24 hours service.
- OCMC Staffs, Health workers, social workers, and the police need to be more frequently trained on GBV so that they can traced the GBV cases and can give manual service to the GBV Survivors.
- Prevention programs must be implemented at the district to make people aware about the GBV issue in coordination with MOH and other agencies in district.
- OCMC should take a step to coordinate with INGO and NGO working in the sector of GBV issue in district.
- The provision of referral mechanism should be there in order to maintain the serious cases.

5.7 Future Scope of the Research

Due to the limited time and resource, the researcher were able to analyze the some important issue with taking three independent variables (identity of OCMC clients, institutional capacity and coordination) to look at how these affect the implementation of service delivery at OCMC in district. The variables like culture and socio- economic with more case studies can be taken to go in the depth of implementation status of OCMC. This study is mainly based on the service delivery and user satisfaction in term of implementation of OCMC. The more details study can be made by taking socio-economic as one of the variables to find the status of implementation of OCMC.

5.8 Conclusion

This study tries to find out the implementation status of OCMC program in sarlahi district with relating the different variables, identity of OCMC clients, institutional capacity, and coordination. A final conclusion can be made on the bases of above all interviewer (cases, OCMC staffs, stakeholders) discussion is that the OCMC service delivery for GBV survivors in a Sarlahi district found to be effective but further improvement is needed. The program is very helpful for needy people and survivors were satisfied with the program in the district.

Moreover OCMC despite of inadequate staffs and infrastructure it is playing its role in addressing gender based violence. But the lack of knowledge among the survivors regarding the laws and services of GBV hindering the service seeker to get the service from the OCMC. This facts were also acknowledge by the services provider and stakeholders. In practice, however, it was also recognized by a number of interviewees that implementation and public knowledge of law related to own right about the violence and OCMC services have been less than ideal. Increase in survivors knowledge can help in more effective implementation of OCMC service. Satisfaction level of service seeker depends upon the successful implementation of policy.

As we know that the GBV is very delicate issue, required a functioning coordination, technical person and adequate resources to give the services to the GBV survivors. So these all needed to be address in context to provide valuable role in providing services to the GBV survivors through OCMC.

Reference

A Study on Gender-Based Violence Conducted in Selected Rural Districts of Nepal 2012
Government of Nepal Office of the Prime Minister and Council of Ministers November
<https://asiafoundation.org/resources/pdfs/OPMCMGECUGBVResearchFinal.pdf>

Beijing Declaration and Platform for Action (1995), AU Solemn Declaration on Gender Equality and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women (2003)

Bott, S., Morrison, A. and Ellsberg, M., 2005. Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis.

Betron, M., 2008. Gender-based violence in Tanzania: an assessment of policies services and promising interventions.

Bureau of Democracy, Human Rights, and Labor 2016 Country Reports on Human Rights Practices Report March 3, 2017

Brignall, S. and Modell, S., 2000. An institutional perspective on performance measurement and management in the 'new public sector'. *Management accounting research*, 11(3), pp.281-306

Colombini, M., Mayhew, S.H., Hawkins, B., Bista, M., Joshi, S.K., Schei, B. and Watts, C., 2016. Agenda setting and framing of gender-based violence in Nepal: how it became a health issue. *Health policy and planning*, 31(4), pp.493-503.

Colombini, M., Dockerty, C. and Mayhew, S. H. (2017), Barriers and Facilitators to Integrating Health Service Responses to Intimate Partner Violence in Low- and Middle-Income Countries: A Comparative Health Systems and Service Analysis. *Studies in Family Planning*. doi:10.1111/sifp.12021

Colombini, M., Ali, S.H., Watts, C. and Mayhew, S.H., 2011. One stop crisis centers: A policy analysis of the Malaysian response to intimate partner violence. *Health research policy and systems*, 9(1), p.25.

Cavas, J., 2013. *Voices against Violence: Empowering Women to Access Informal Justice in Rural India*.

Chowdhury, S., 2007. *Violence against women in Bangladesh: situational analysis/existing interventions*

DFID. (2012). "Violence against Women and Girls: A Theory of Change for Tackling Violence against Women and Girls". Guidance Note 1, CHASE Guidance Note Series, London, May 2012

Fernandez.D.2011 Tracking Gender-Based Violence in Nepal, The Asia foundation <http://asiafoundation.org/2011/01/19/tracking-gender-based-violence-in-nepal/>

Global Gender Gap Report 2016 - Reports - World Economic Forum <http://reports.weforum.org/global-gender-gap-report-2016/economies/>

Grindle, M. S. and Thomas, J. W. (1991). *Public Choice and Policy Change: The Political Economy of Reform in Developing Countries*. Baltimore and London: The Johns Hopkins University Press

Guruge, S., Jayasuriya-Illesinghe, V. and Gunawardena, N., 2015. A review of the Sri Lankan health sector response to intimate partner violence: looking back, moving forward. *WHO South-East Asia Journal of Public Health* | January-June 2015 | 4 (1-2

Guruge, S., Jayasuriya-Illesinghe, V., Gunawardena, N. and Perera, J., 2016. Intimate partner violence in Sri Lanka: a scoping review. *Ceylon medical journal*, 60(4).

Hawkes, S., Puri, M., Giri, R., Lama, B., Upreti, T. and Khadka, S., 2013. OPMCM (tracking cases of gender based violence in Nepal: individual, institutional, legal and policy analysis). Patan, London: CREHPA, UCL.

Lowenstein, A.K., 2011. Gender-Based Violence in Southern Sudan: Justice for Women Long Overdue. Study for the Enough Project. Allard K. Lowenstein International Human Rights Clinic. Yale Law School, New Haven.

Meter, V. & Horn, V. (1975). The Policy Implementation Process: A conceptual Framework. Vol.6, pp. 445-487.

MoHP (2011). Hospital Based One-stop Crisis Management Centre (OCMC) Operational Manual, 2067 (official Nepali version). Kathmandu: Ministry of Health and Population

Ndowo, E.J., 2015. Evaluation of gender based violence prevention services in health integrated multi-sectoral programme for marginalized communities in Aarush district council

United Nations Economic and Social Affairs (2015). The World's Women 2015, Trends and Statistics, p. 159. - See more at: <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes>

USAID, (2009). A Guide to Programming Gender-Based Violence Prevention and Response Activities, Gender-Based Violence Working Group USAID, USAID

Meter, V. & Horn, V. (1975). The Policy Implementation Process: A conceptual Framework. Vol.6, pp. 445-487

World Health Organization, 2016. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization.

ANNEX: 1

Table 10: In the summary form the finding are given in the following

Service delivery	Observation
a) Timeliness of service	<ul style="list-style-type: none"> • GBV survivors get timely service but sometime it found to be affected by the shortage of staffs and on calling duty of Doctor.
b) Confidentially	<ul style="list-style-type: none"> • Confidentially seems to be maintain at OCMC , even they don't write full name in record without the Survivors consent
c) Psychosocial counseling	<ul style="list-style-type: none"> • There were not present of psychosocial counselor staff • Counseling were done by CMA staff at OCMC
d) Attitude of services providers	<ul style="list-style-type: none"> • Attitude of services providers found to be positive towards the GBV survivors • Attitude of services providers of hospital were also good toward the OCMC staffs
e) Lab service	<ul style="list-style-type: none"> • Not available for 24 hours
f) Referral system	<ul style="list-style-type: none"> • Referred record were found with the OCMC but not were recorded with other agencies • Most of the referred cases come to OCMC police and hospital

Institutional capacity	
a) Availability of logistics	<ul style="list-style-type: none"> • Available of the OCMC space seems to be adequate in new building • Medical equipment and ICE Material were inadequate • All the medical service were in coordination of hospital
b) Necessary staff	<ul style="list-style-type: none"> • Found to be inadequate (not according to manual: 3 staffs, 1 OCMC in charge, 1 staff nurse and 1 CMA. • Insufficient capacity building and training of staffs
c) Policy objective	<ul style="list-style-type: none"> • Service providers and stakeholders seems to be aware of policy objective of OCMC • No any cases seems to be aware of policy objective of OCMC.
Coordination	<ul style="list-style-type: none"> • Coordination among the stakeholders seems effective in district with OCMC (police, WOCs, safe home , hospital etc) • NGO and INGO working in the GBV issues seems inactive with coordination with OCMC

ANNEX: 2

To be observed during interview

- Observation of OCMC spaces, location and others facilities like counselling, infrastructure and staffs.
- Accessibility of all services according to manual
- Coordination with hospital and other agencies
- Observation of behaviors and attitude of hospital based service providers toward OCMC cases

OCMC Staffs

- General information about the individual and his/ her work experience and role in OCMC as a staff?
- Information on the establishment, goals and going on Activities of OCMC?
- How the concept of OCMC has affect GBV survivors life in district? Is this concept is effective to help the GBV survivors?
- Did you have gone through any kind of training related to GBV including Psychosocial counseling after joining OCMC.If yes, what kind of change you perceived after training?
- Is there adequate staffs and infrastructure to provide services to GBV Survivors? If no, how did you manage to gives service to GBV survivors?
- Did you use any guideline related to OCMC? If yes do you think these guidelines are helping you or need to add more guidelines?
- How do you maintain the confidentiality and privacy of GBV survivors while providing service to them?
- How do you maintain the coordination with others line agencies? Is it effective to provide service to GBV Survivors with their coordination?

- Are follow up process is practice in the OCMC? If yes, what is the means to contact them?
- How OCMC Service have help the GBV Survivors? What are the challenges and barrier to provide service to GBV survivors through OCMC? What further should be done to make this program more effective to GBV survivors?

Medical Officer

- Do you find the concept of OCMC within the hospital is effective to support the GBV survivors in district? Is yes, what are the change occurred due to OCMC service? If no, what should be done in district to provide service to GBV survivors?
- Are the staff working inside the OCMC have a sufficient knowledge regarding the OCMC Concept?
- As we know that the concept of OCMC is to provide 24 hours service to GBV survivors, how do you manage the staff time?
- Did you fell any barriers to provide service to GBV survivors (Infrastructure, staffing , coordination , Public awareness)
- How do you maintain the coordination with others line agencies? Is it effective to provide service to GBV Survivors with their coordination?
- Is regular meeting is organized in the district for the progress of the OCMC?
- What are the challenges and barrier to provide service to GBV survivors through OCMC? What further future plan should be done to make this program more effective to GBV survivors?

CDO/ Police/WCO/ DHO/Attorney General/Safe house/ NGOs

- Do you find the concept of OCMC within the hospital is important to address the GBV Issue in the district? Is yes, what are the change occurred due to OCMC service? If no, what should be done in district to provide service to GBV survivors?
- Is it effective to provide service to GBV Survivors with coordination of all agencies? Have you involved in it? If yes, what is your role in providing service to GBV survivors?
- Do you maintain the reporting system with OCMC and other agencies? If yes how do you report the data?
- How the concept of OCMC has affect GBV survivors life in district? If yes, Can you tell me some of the change bought through the one door service concept with coordination with agencies?
- Are the community people are aware about the GBV Issue and OCMC service in the district?
- Have you fell that working in coordination with OCMC have enhance your as well as community people knowledge regarding GBV issues?
- Do you think there is an enough resource to address the service to GBV survivors?
- What are the challenges and barriers while coordination? What should be done to manage it?
- What future plan should be done to enhance the quality service to GBV survivors in the District?

Annex: 3

Tracking Tool for Case Study

Background of cases

1. Age
2. Marital status
3. Family Background
4. Type of GBV
5. perpetrator
6. Cause for survivor problem
7. Who support the Survivors to reach OCMC – Community people, family member, other agencies (health worker, NGO, Police, safe home, women and child social welfare etc.?)
8. Do you have any knowledge regarding OCMC before reaching here?
9. Who referred you to take service from the OCMC? (police, WOCs, safe home, hospital or other health care center)
10. Who were the one in the OCMC had first provided service to you after reaching to the center?
11. How do you find the behavior and attitude of the staffs in OCMC?
12. Do you think there were adequate resource (staff, infrastructure) to provide service to GBV Survivors in the OCMC?
13. Have you got any counselling session from OCMC staff?
14. While providing service, did they maintained confidentially if yes, how did they did that?
15. Did your response toward taking shelter in OCMC or Safe home was addressed?
16. How were you help by other agencies? Is it benefited to you? If yes how?
17. Are you satisfied by the one door services provided by the OCMC to GBV survivors?
18. What were the barriers and challenges you faced while receiving service from OCMC?
19. Do you think the concept of OCMC to address GBV survivors is effective in the District to Address GBV?
20. What should further be done to provide more quality service to GBV survivors?

ANNEX: 4
CONSENT LETTER

नमस्ते । मेरो नाम नितु कुमारी गुप्त हो । म MPPG (Master in public policy and governance) को विधार्थी हु । म मेरो अध्ययन को करमा नेपाल सरकारद्वारा संचालित अस्पतालमा आधारित लैंगिक हिंसा सम्बन्धी एकद्वार संकटव्यवस्थापन केन्द्रको संचालन सम्बन्धी अनुगमन गर्न आएकी हु । यी केन्द्रहरूले हिंसा पिडितहरूलाई के कस्ता सविधाहरू दिएका छन् र ती सेवा सविधामा रहेका सवल र कमजोर पक्षहरूको पहिचान गरी आउँदो दिनमा अक्षप्रभावकारी बनाउन यस अनुगमनको उद्देश्य हो । म आशागर्छु कि तपाईंले यस अर्न्तवातामा सहभागी भई सहयोग गर्नुहुनेछ । तपाईंले भन्नु भएका सबै कुराहरूलाई हामी नाम नखुलाई प्रतिवेदनमा राख्नेछौं । अर्न्तवार्तामा सहमत हुनुहुन्छ भने तल सही गरिदिनु अनुरोध छ ।

सहमत

असहमत

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अर्न्तवार्ताकर्ता

.....
अर्न्तवार्ता दिने व्यक्ति

ANNEX: 5

Some pictures of OCMC at sarlahi District

