



Integrated Platform for Gender Based Violence
Prevention and Response (**Sambodhan**)



FAQ GBV HELPLINE



In just 18 months of its establishment, the Gender Based Violence (GBV) helpline operated by National Women Commission (NWC) with the assistance from the World Bank Group, has supported more than 2000 cases of GBV. The Integrated Platform for Gender Based Violence Prevention and Response in Nepal (IPGBVPR) project is a 24 hour, toll-free national helpline, first of its kind in Nepal, and is managed by NWC – a constitutional body for safeguarding the interests and rights of women. Although the project was initially aimed at four districts¹, the helpline operation handles calls from across the country and now has expanded beyond the four districts. The establishment of this mechanism of response to GBV survivors has not only led to an increase in reporting of GBV cases but it has also improved cooperation and cross-sectorial interventions.



Over
2000
cases of GBV were
supported in 18 months

What support do the survivors receive from the helpline?

The helpline provides a wide range of services via multiple channels (24 hour hotline, website and texts) that connects survivors with helpline operators, their first point of contact. The 10 helpline operators work round the clock with a specialized team consisting of legal counselors, psychosocial counselors and a case manager who are well trained and experienced in GBV issues and women rights. The team works together to provide following services which is managed through a digital case management system:



Cases and Services

Resource assistance, crisis intervention and support by delivering a wide range of coordinated services² to GBV survivors with the help of four specialized partner organizations.³



Information Sessions

Information to survivors about their rights, opportunities and forms of support. This is usually provided to callers and doesn't include information provided as part of a case service and follow-up calls of the survivors.



Linked Referrals

Direct connection provided to callers where they are linked to other service providers such as Police, Bar Association, District Bar Association, Hospital Based One-stop Crisis Management Centers (OCMCs), and civil society organizations across Nepal. Referrals outside the partner organizations are also provided as part of case service. Moreover, helpline callers are also given the option to automatically transfer their calls to the Police.

The nationwide referrals to service providers and civil-society organizations are provided through **service directory** (over 450 services across 77 districts in Nepal). A free access to this service directory is provided through a website maintained by the helpline.

1. The helpline/project was piloted in four districts: Kathmandu, Lalitpur, Bhaktapur and Nuwakot because of high prevalence of GBV especially in the form of domestic violence, trafficking and sexual assaults.
2. The services of the helpline include: Legal Counseling, Legal Case Work, Representation in court, Implementation, Mediation, Psychosocial Counseling, Formal Education, Informal Education, Vocational Training, Employment Service, Mental Health, Medical, Rescue, Field Visit, Shelter, Recreational Activity, Reintegration, Case Meeting, Financial Support, and Linked Referral Case.
3. This project is implemented in partnership with CWIN for child support, Legal Aid and Consultancy Centre (LACC) for legal support, Trans-cultural Psychosocial Organization (TPO) for psychosocial support and SAATHI for shelter.

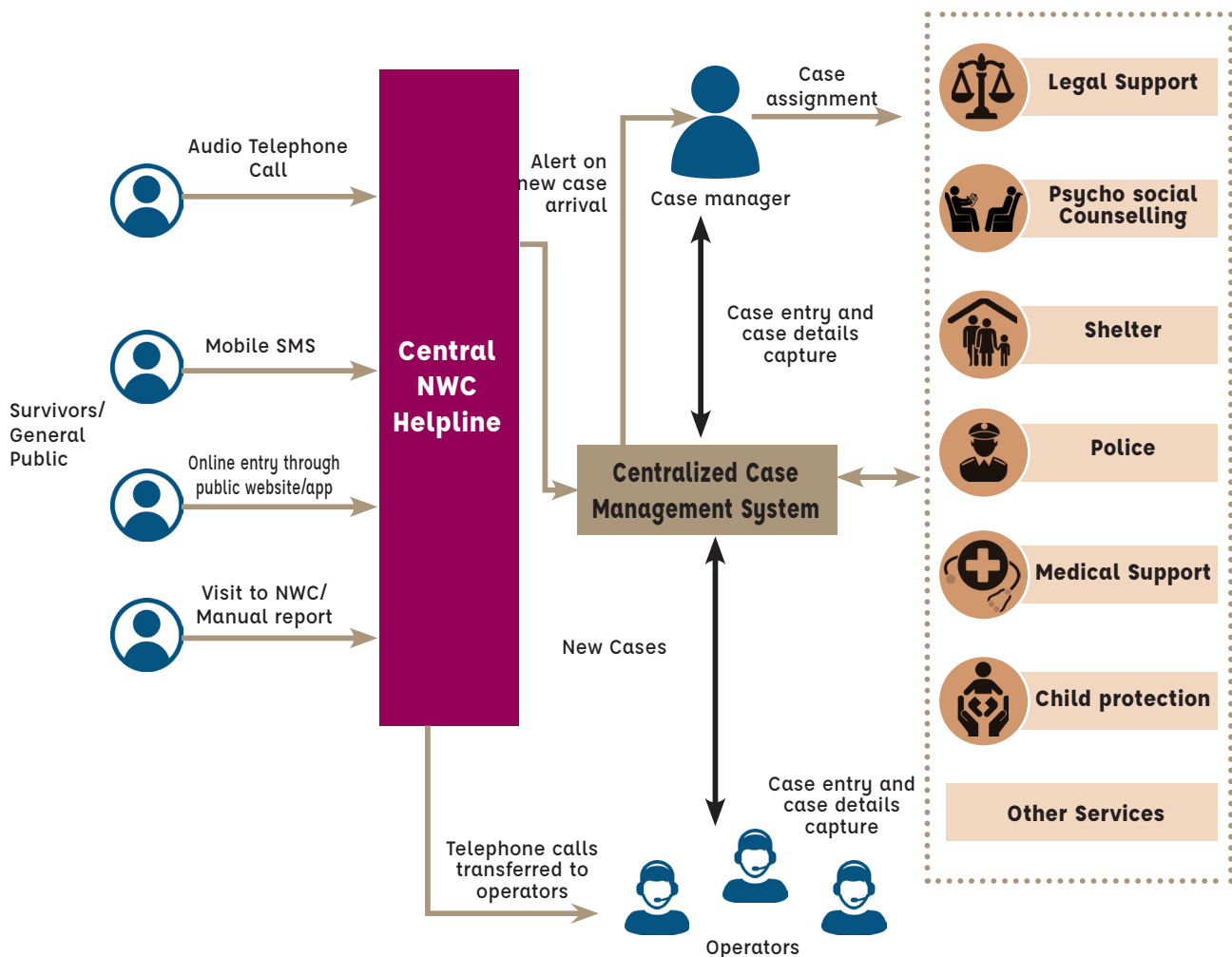
What happens after a case is registered?

Once a case is registered through the helpline, website or text, the client is provided legal and psychosocial service at NWC and also referred to four partner organizations for shelter, legal, psychosocial and child support. This apart, depending upon the necessity, the cases are also referred to other service providing agencies and civil society organizations across Nepal. Additionally, there is a provision of manual registration in NWC office.

How does the Case Management System (CMS) function?

The helpline operation is backed by a case management system (CMS) which supports coordinated services to GBV victims. The CMS is a major component of the helpline and has replaced the manual case management system at NWC. The calls and cases are all linked to CMS because of which the referrals, tracking and reporting of services/cases have been far easier. The CMS therefore manages, implements, coordinates and monitors the services provided to the survivors through the helpline. Most importantly, because the four major partners use the same CMS, it has drastically reduced the risk of re-victimization as survivors do not need to recount the incident every time they are referred to a partner organization and/or when they receive a service.

CMS has also brought together additional breadth of functionalities beyond the referral system to include real-time tracking of services, multi-agency reporting, nationwide service mapping and utilization of data for policy advocacy. In fact, the CMS works strongly as a database management system and therefore provides an immense opportunity for the Commission to collect information and data around GBV prevalence, emerging violence, reporting pattern, survivor information and other trends. Therefore, the case management system is also envisaged to support the convening of a national GBV data repository at National Women Commission.



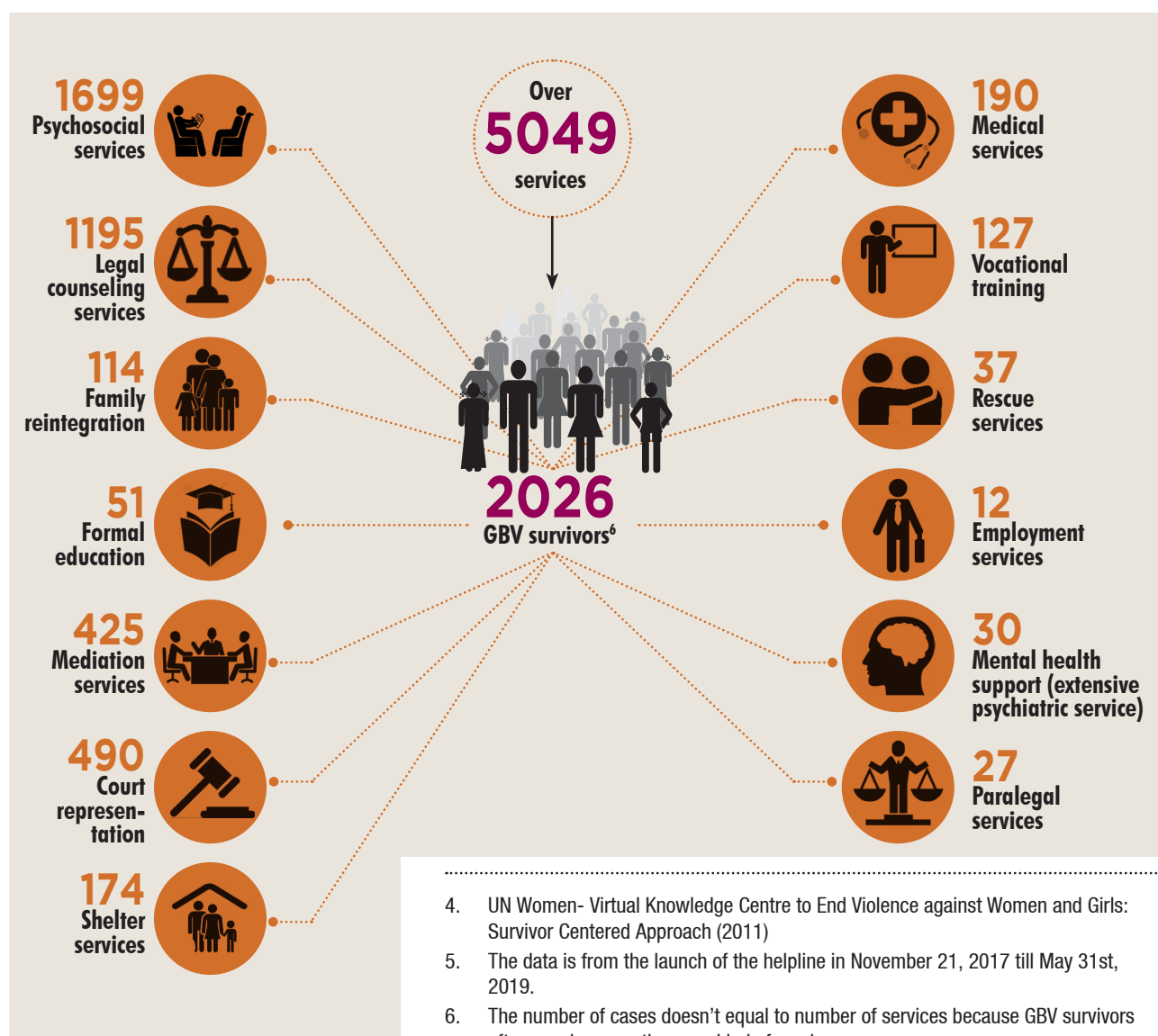
How are survivor-centered approach and confidentiality ensured?

The survivor-centered approach seeks to empower survivors by prioritizing his/her needs, rights and wishes⁴. The helpline provides free access, appropriate and quality services to survivors while the CMS captures the incidents' details, requirements and choices of services on offer. This encourages the helpline team and service providing agencies to focus on prioritizing services based on survivor's own experiences and inputs, thereby promoting the survivor's capacity to decide possible course of action.

Moreover, the service referrals are undertaken with the consent from survivors after guaranteeing confidentiality. All written and vital information are kept secured in the system and shared only with service providers who need to know about the case details to provide assistance. Consent is also ensured throughout the helpline operation- from call backs and sharing information to the decision regarding appropriate course of action.

How has the helpline progressed so far?

The evaluation of the services provided through the helpline and its results is still at its nascent stage. However, the immediate outcomes of the helpline service show that⁵:



More than

8938



survivors were provided information services over the phone regarding GBV, existing legal protection and support services.

223



survivors were linked with other support services through nationwide service directory

2142



callers were directly connected to the police through the automated referral service of the helpline.

The findings of the survey demonstrated clients' moderately high level of satisfaction towards helpline and its referral partners' service quality. Survey findings showed areas of improvement in terms of timely referrals and follow ups in addition to improving the access, reachability of helpline services and its advertisement.

A client satisfaction survey carried out in January 2019 and quality monitoring showed that **72%** of the clients felt that they were able to receive quality services. The survey was conducted through telephonic conversation using structured questionnaire and online data collection tool in consultation with GBV experts.

Additionally, more than **66%** of the clients chose ratings which were above satisfactory when it came to the overall performance of the helpline service.

What are the patterns and types of violence being reported?



86%

of the total GBV cases reported through helpline were related to **domestic violence**. The Nepalese Crime and Punishment Act (2008) defines domestic violence as any form of physical, mental and sexual and economic violence perpetuated by person with whom the survivor has a family relationship such as physical assault, psychological torture, and child protection issues among others.



14%

were related to **violence against women** (defined by the same act as violent action primarily or exclusively committed against women and girls) such as rape, attempt to rape and forced marriage.



34%

of the cases were related to **emotional violence** such as psychological torture, recognition of marriage and divorce. Similarly, 30% of the cases were related to economic violence to do with legal documents (citizenship, property, marriage registration), and child protection.



28%

were related to physical violence such as physical assault.



8%

were related to sexual violence such as rape and attempt to rape.

These were the main type of violence experienced in any registered case. However, many survivors experience more than one type of violence, which is why the percentage of emotional violence is highest- as most violence regardless of its form- causes some sort of emotional distress to the survivors.

Nearly **70% of these cases were perpetrated by intimate partners or spouse of the survivors and 14% were perpetrated by immediate family members.** This corroborates with the higher rate of domestic violence reported on the helpline. Economic Torture, Psychological Torture, Physical Assault, Legal Documents (Marriage registration, Citizenship, Birth Certificate, Property, and Passport) and Sexual Violence were the five most frequently reported violence.

Who are reaching out more to the helpline?⁷



98% of the survivors with reported cases of GBV were women. As the helpline operation is aligned with the mandate of the Commission which is to support women and girl survivors, more women have reached out to the helpline in comparison to men. Nevertheless, the **helpline ensures that non-discriminatory services are provided to men and boys.**



2% cases were mostly related to male child survivors who receive wide range of services such as education, shelter, legal and psychosocial assistance primarily from CWIN (partner organization for child support). As for men who had reached out to helpline, they were linked to relevant service providers for immediate assistance and support. Very few incidents related to LGBTIQ and same-sex violence have been reported to the helpline and they were linked to service providers focusing on sexual minorities.

Survivor Demographics

80%



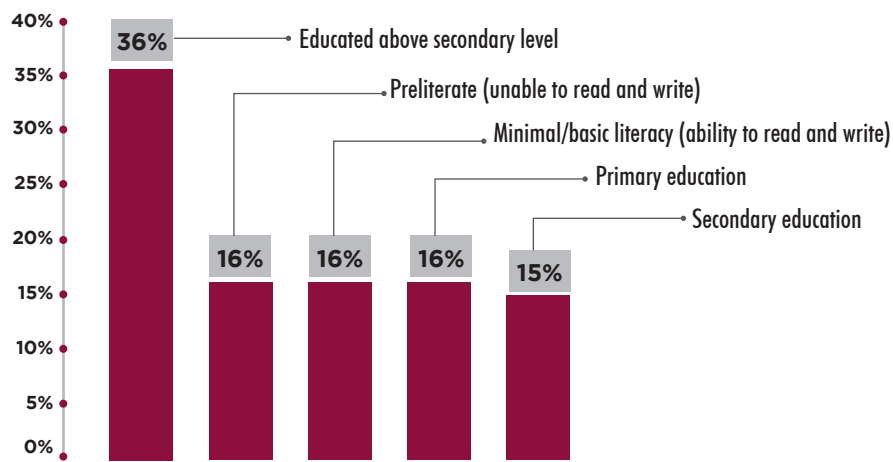
of the survivors who had reported violence through helpline were married

54%



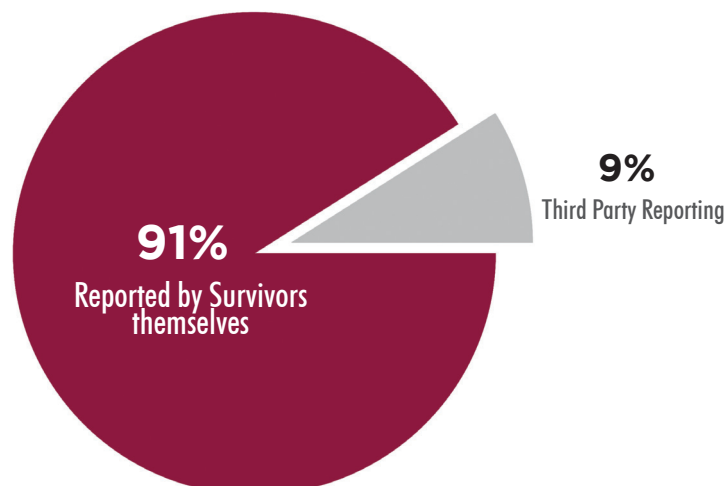
of the survivors who had reported violence through helpline were between the ages 26-40.

7. The data is from the launch of the helpline in November 21, 2017 till May 31st, 2019.



44% of the survivors who had reached out to the helpline were from upper-caste group. The reporting was lowest among Dalits and Disadvantaged Janjatis living in Terai area and among religious minorities.

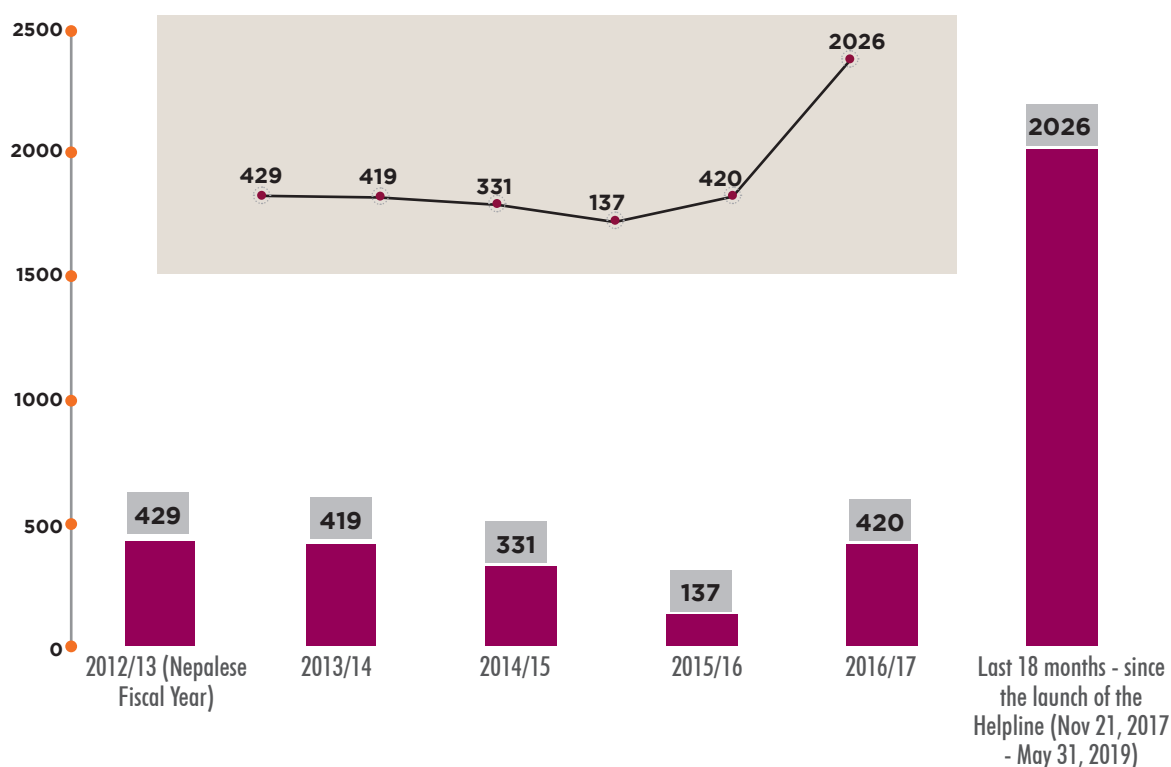
Survivors **below the age of 16** were reaching out to the helpline for violence that are sexual and emotional in nature. Similarly, survivors who weren't legally married but cohabitating with partners were reaching out to the helpline for economic and emotional violence (such as recognition of marriage and psychological torture).



How has the helpline led to a rise in GBV reporting?

The operation of first 24-hour GBV helpline has increased the availability of information and support for victims of violence at any time. The fact that the call to this number is free of charge is of particular importance because a large number of women who are at risk of violence are in a state of poverty. A national study conducted on GBV by the Prime Minister's Office in 2012⁸ suggests that lack of a proper reporting mechanism has been a major 'pain-point' for GBV survivors in Nepal. Additionally, the report also highlights that women do not report violence to service providers and family members due to social stigma, fear of losing their livelihoods, cultural expectations, further violence, and social norms holding women more responsible to preserve the honor of their families. The same study also reasons that procedural obstacles, lack of accessibility, awareness of or actual lack of services and concern about the effect on their reputation as the major reasons for underreporting of GBV.

For these reasons, the services and components of the helpline have been framed in the context of the people to whom it is targeted to, by making the helpline service free, accessible, confidential and coordinated. This has led to an upsurge in the number of cases related to GBV reported at NWC. Since the launch of the helpline in November 2017, the number of cases have more than quadrupled. **In fact, the number of registered cases after the launch of the helpline more than surpasses the combined total of the previous five years** (as can be seen in the graph below):



After initial outcomes that have shown the importance of these services and relevance of helpline for survivors of GBV, the need to continuously work on improving service model has become increasingly important. For this purpose, the CMS is being revised to make it more survivor-centric so that it accurately captures results and outcomes of services. Additionally, it has also become important to constantly monitor the quality of services with the increment in reporting and expansion of existing services.

8. A Study on Gender-Based Violence Conducted in Selected Rural Districts of Nepal- Government of Nepal (November 2012)