

From

Director General Higher Education, Haryana,
Shiksha Sadan, Sector-5, Panchkula.

To

The Principal
All Govt. Colleges

Memo No. 8/13 - 2013 NPE(2)

Dated Panchkula, the 10/10/2017

Subject: - **Regading Awareness about Gender Health Support Centres.**

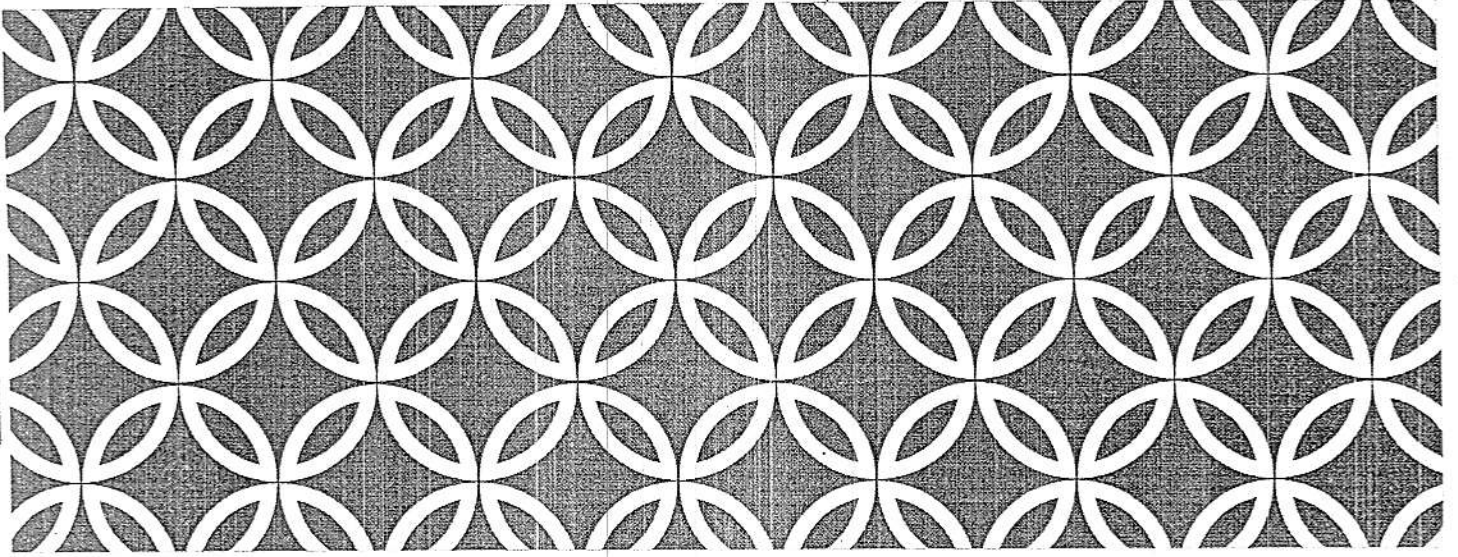
Kindly refer on the subject cited above.

You are hereby intimated that HSHRC has established Gender Health Centres named "Sukoon" to provide assistance to survivors of violence. These have been established in four District Hospitals i.e. Ambala, Panchkula, Panipat and Yamunagar. In this regard, as per orders of Haryana Govt., A copy of directions is sent to you and requested to create awareness among the girl students of your colleges about these Health Support Centre and send compliance report to this office.

Encls:- As above

Navits
Deputy Director NPE
for Director General Higher Education, Haryana
Panchkula
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email id hechrynp@gmail.com
NPE 2/ 2016-2017/Eng letter

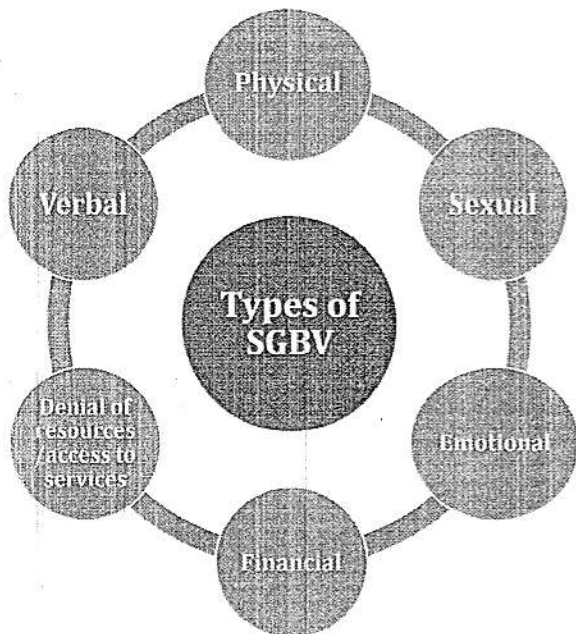


STATE LEVEL CONVERGENCE MEETING FOR ADDRESSING SEXUAL AND GENDER BASED VIOLENCE



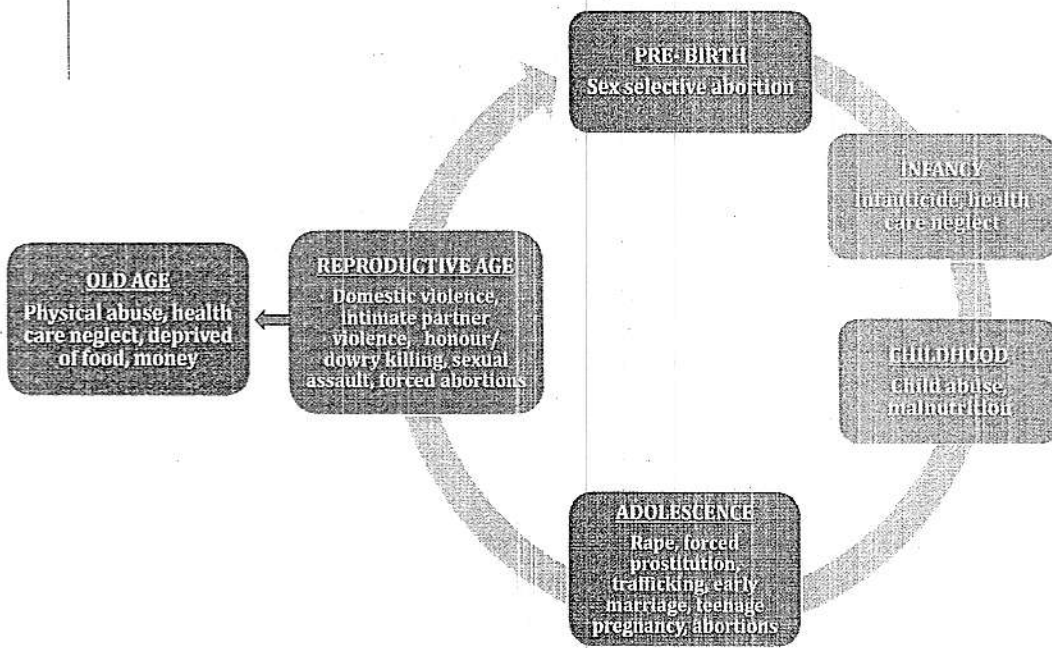
SEXUAL AND GENDER BASED VIOLENCE

Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion.



2/10/20

CYCLE OF VIOLENCE



SEXUAL AND GENDER BASED VIOLENCE : HARYANA

- Almost one-third (32%) of ever-married women have experienced spousal violence and 5% married women suffered violence during pregnancy (NFHS-4)
- National Crime Record Bureau (NCRB) data shows steady rise in rape and domestic violence cases in Haryana from 2008 to 2015.

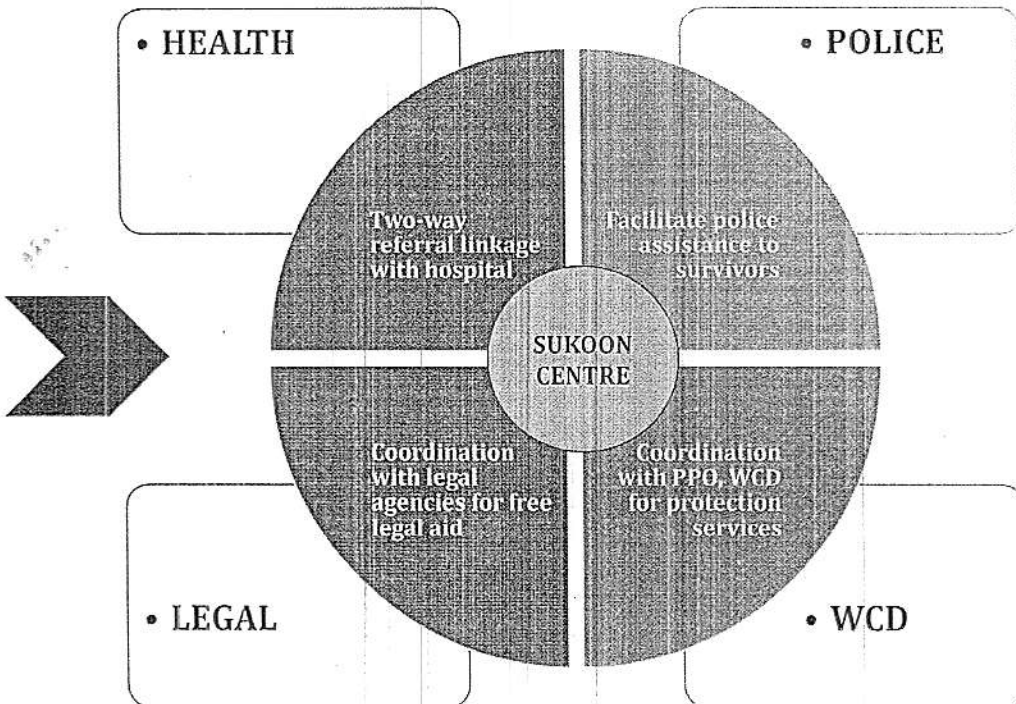
	2008	2009	2010	2011	2012	2013	2014	2015
Dowry	302	281	284	255	258	263	293	243
Domestic Violence	2435	2617	2680	2740	3137	3617	3478	3525
Rape	454	600	719	733	668	971	1174	1070
Sexual Harassment	447	389	436	360	434	643	599	688
Molestation	477	469	468	472	525	1560	1680	1886

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GENDER HEALTH SUPPORT CENTRE -*SUKOON*

- HSHRC took the initiative of establishing Gender Health Support Centre named "*Sukoon*" to provide assistance to survivors of violence.
- First *Sukoon* centre was set up at Civil Hospital Panchkula in August 2014 based on "*Dilaasa*" model, set up by CEHAT (Centre for Enquiry into Health and Allied Themes) in Bhabha Hospital, Mumbai.
- Haryana is the only state in India to extend support services to survivors of violence through establishing crisis intervention centres at 4 District Hospitals (Ambala, Panchkula, Panipat and Yamunanagar). Expansion of *Sukoon* in four more districts (Faridabad, Gurugram, Jind and Rewari) is in process.

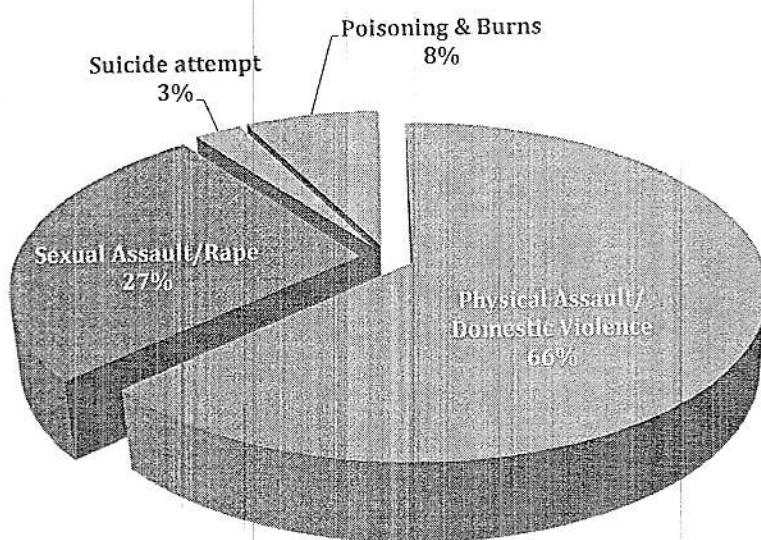
**SUKOON
MODEL**



WHAT DO SUKOON CENTRES DO?

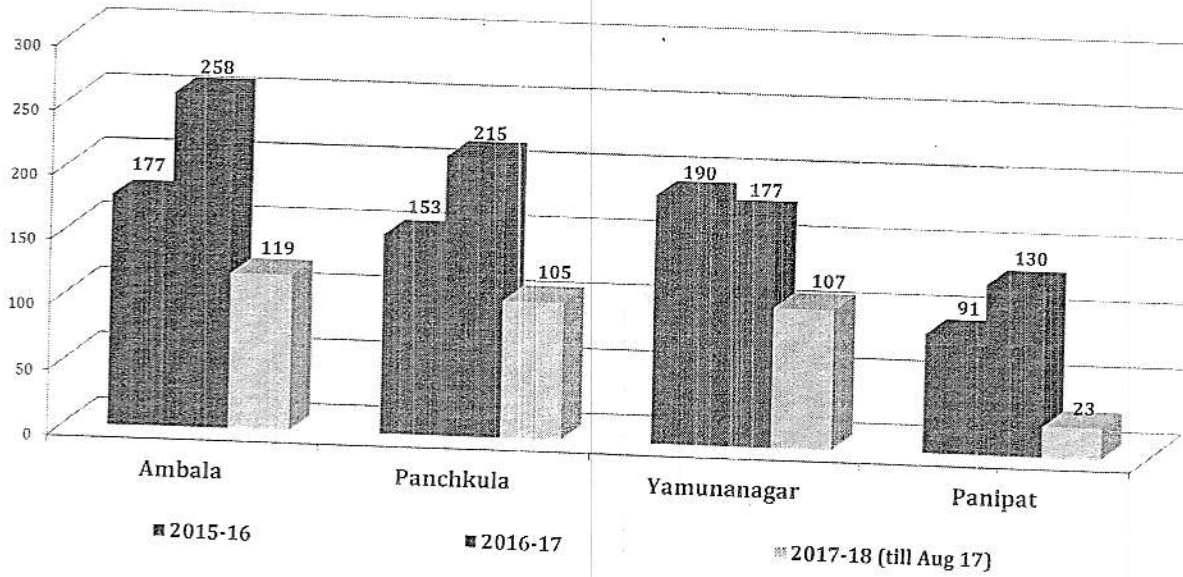
- First aid and medical treatment
- Psychological and emotional support through counselling
- Free legal aid and legal counselling
- Assistance for filing police complaint
- Synergy with all clinical departments of the Hospital
- Active surveillance for identification of probable victims of SGBV among those seeking treatment in the Hospital
- Capacity building of hospital staff on gender issues
- Reporting through creation and maintenance of database of all violence cases

Total cases till August 2017

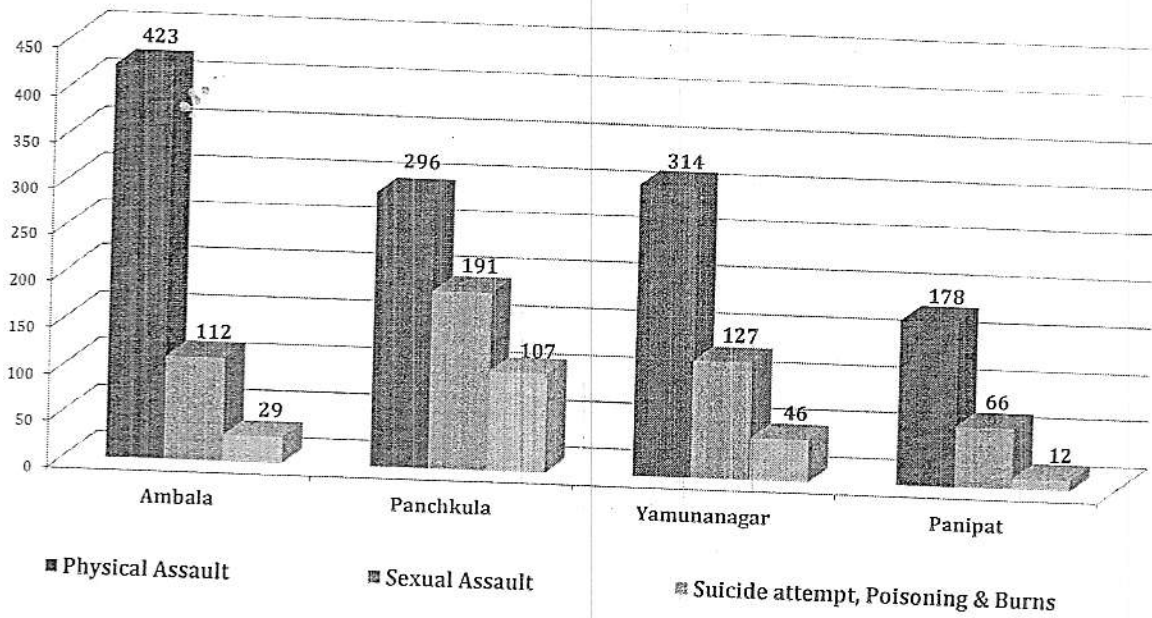


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DISTRICT WISE CASES: APRIL 2015-AUGUST 2017



CASES ACCORDING TO THE TYPE OF VIOLENCE

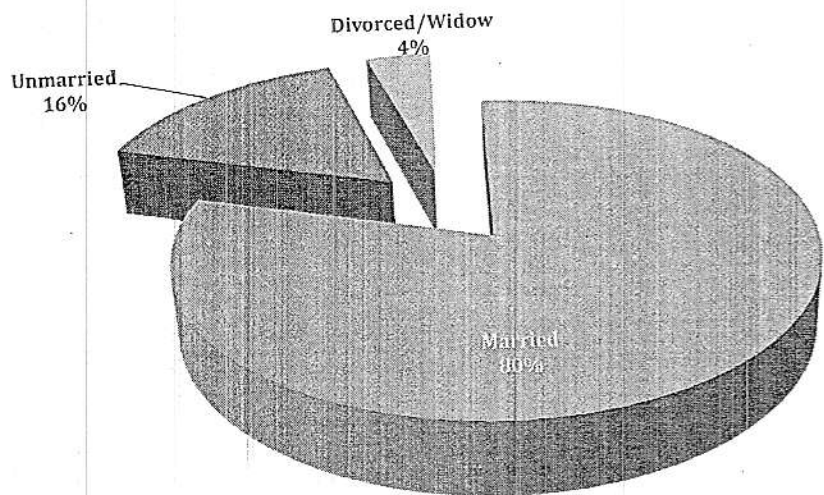


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DISTRICT AMBALA

MARITAL STATUS OF SURVIVORS OF VIOLENCE



24% survivors suffered violence during pregnancy

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CASE STUDIES

CASE STUDY 1

Survivor, a 45 year old widow has 3 daughters and 1 son. After her husband's death, her daughter in-law started physically and verbally abusing her. She gets no money and the family rarely provides food to her.

On the day of the incident, survivor was badly beaten up by her daughter in-law and was brought to Civil Hospital by her neighbour for first aid.

During daily screening in Emergency department, *Sukoon* counsellors identified the case as that of violence (though the victim stated she received injuries by falling from stairs). After a long counselling session, counsellors gained her confidence and then she told them about her suffering.

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CASE STUDY 1 (CONTINUED)

- Counsellors helped in medical examination and provided psychological and legal counselling to her.
- Survivor did not want to file any case against her daughter in-law even after she was educated about her rights.
- Counsellors repeatedly called Joint Meetings with her son and daughter in-law.
- Contact numbers of Counsellors and Protection cum Prohibition Officer (PPO) were provided to the survivor
- Now her son gives her Rs. 1500 per month for her personal expenses and she is treated well at home. Physical and verbal violence has completely stopped.
- Regular follow up of the case is done by Counsellors.

CASE STUDY 2

Police brought a 13 year old unmarried girl to Emergency from where she was referred to *Sukoon* for counselling. Her 24 year old married neighbour had forcefully kept her captive in his room for a day and had raped her.

Abuser's family also tried to molest her mother so as to pressurize her for not filing any police complaint against the assaulter.

When she was brought to CH for medical examination and MLC, she was silent and very nervous.

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CASE STUDY 2 (CONTINUED)

- Counsellors helped in medical examination and provided psychological counselling through the process of MLC filing.
- Free services of a lawyer were provided and FIR was filed against her neighbour.
- Contact numbers of Counsellors and Protection cum Prohibition Officer were provided to her in case abuser's family threats again.
- Regular counselling of the victim and her family was done.
- After 1 year, **she won the case** and accused was sentenced to 7 years **imprisonment** for raping a minor.

She is continuing her education

OBSERVATIONS AS WE PROGRESSED....

- Low visibility of *Sukoon* Centres within hospital premises
- Need for continued handholding and training of counsellors
- Requirement of IEC material at *Sukoon* centres
- Sensitization of hospital staff and their awareness of their role in responding to SGBV
- Strengthening referrals from within the hospital, as well as from PHCs/CHCs
- Lack of co-operation from Police Department and *Mahila Thanas* in some cases.
- Need for shelter homes in Haryana for women survivors of SGBV
- Need for robust convergence between Health, Police, Legal services and WCD.

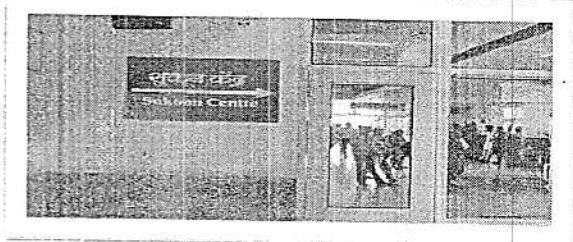
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PROGRESS MADE SINCE 2016

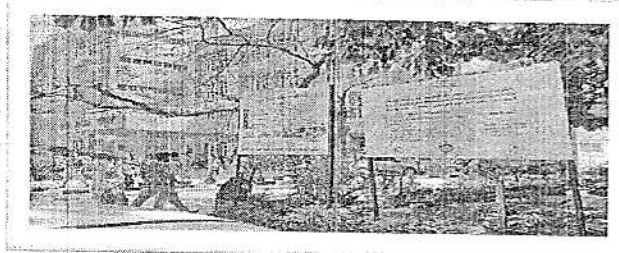
- Refresher training of all *Sukoon* counsellors of four centres was conducted at Mumbai
- Training modules, facilitator guides and job aids were developed
- A five day training of Medical Officers from 12 districts was conducted at Mumbai from 5th to 9th June 2017, on Gender health mainstreaming.
- Sensitization training on SGBV was conducted for healthcare providers at District Hospitals of Ambala and Yamunanagar on 2nd and 3rd August, 2017 respectively.
- Visibility of four existing *Sukoon* centres enhanced by displaying billboards, signage, posters, wall paintings and same is being done now in four more districts.

SUKOON VISIBILITY ENHANCEMENT

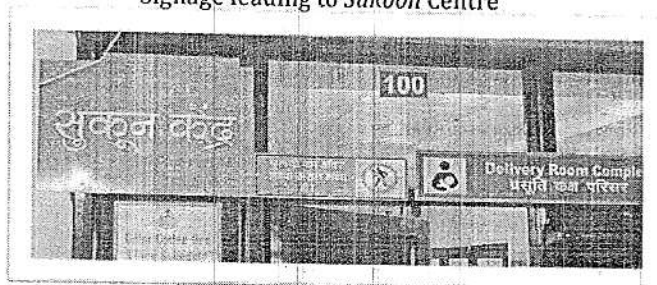
Sukoon Signage



Sukoon Hoardings along the CH pathway



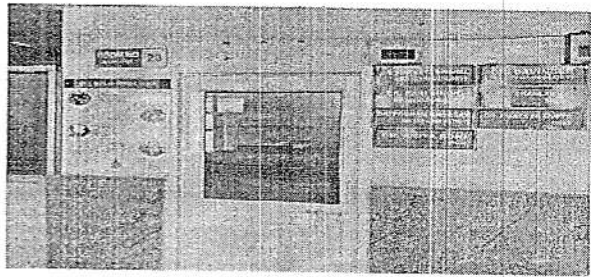
Signage leading to *Sukoon* Centre



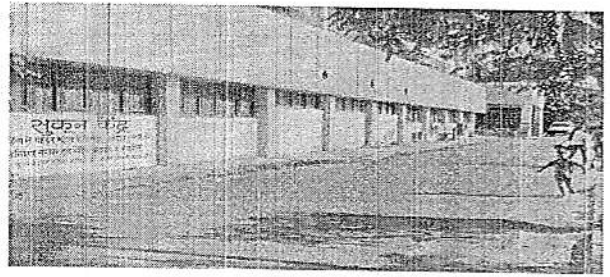
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SUKOON IEC MATERIAL

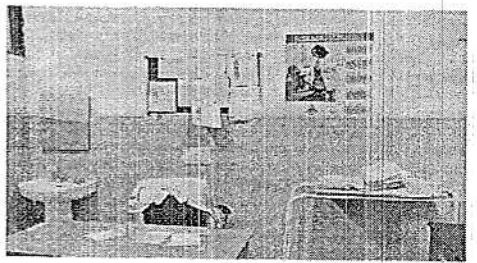
Poster on Domestic Violence



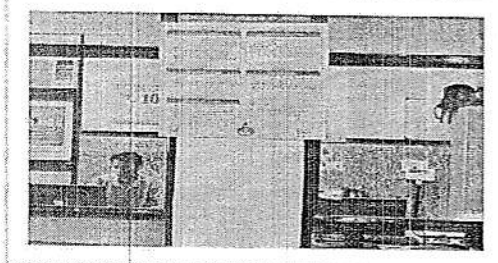
Wall Writing



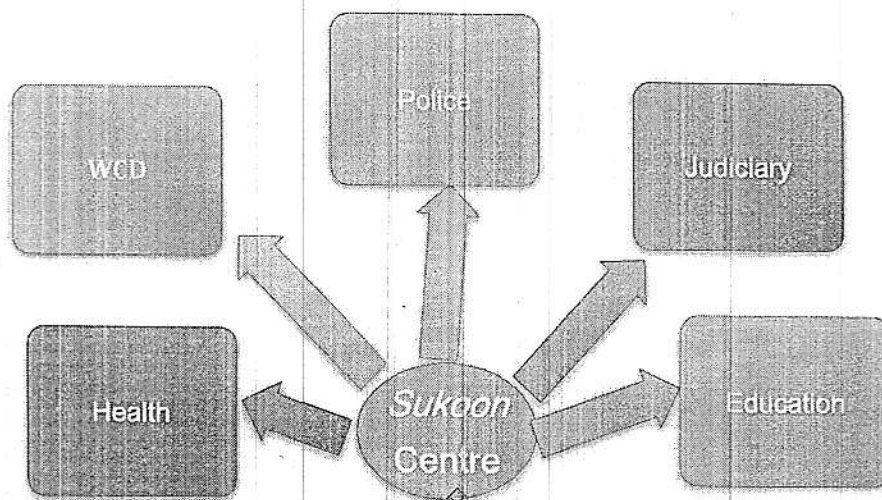
Poster for Healthcare Professionals



Poster educating women on their rights



CONVERGENCE MODEL



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Coordination at district level and monthly/ quarterly review at state level



HEALTH DEPARTMENT

Gaps

- Low referrals from within hospital
- Low referrals from PHC and CHC

Recommendations

- ✓ Sensitization of medical officers and hospital staff in all districts with *Sukoon* centres
- ✓ Include referrals to *Sukoon* centres in hospital SOPs
- ✓ Guidelines on 'Non-denial' of services to survivors to be circulated to all district hospitals
- ✓ Sensitization of medical officers and PHC/CHC staff on identification and referral of survivors
- ✓ Maintain Register of referrals at PHC and CHC and weekly/fortnightly monitoring of register by MO/IC
- ✓ Identification and Screening of women survivors of violence by ASHA and referral to *Sukoon* Centre

HEALTH DEPARTMENT

Gaps

- Reluctance on the part of the Healthcare professionals to conduct Medico-legal examination

Recommendations

- ✓ Training of medical officers on MLC/MLR/Zero FIR
- ✓ Domestic Violence cases should be provided medical treatment even without filing Domestic Incident Report
- ✓ Copy of all documentation (pertaining to medico-legal examination and treatment) must be provided to the survivor free of cost.
- ✓ Follow MoHFW guideline/protocol "Guidelines and Protocols on Medico-legal care for survivors/victims of Sexual Violence"
- ✓ Appoint Nodal Officer for addressing SGBV in all districts, display their contact details in Emergency & Gynaecology so that survivors can contact them



POLICE DEPARTMENT

Gaps

- ▣ Response time and the action by the police in many cases still remains an area of concern
- ▣ Reluctance of police officials to file FIR remains a problem, where the counsellors have to intervene.
- ▣ Many a time, male constable is sent and there is refusal to record statement.
- ▣ Survivors are referred from *Mahila Thaana* to local Police Stations near her residence.

Recommendation

- ✓ Filing FIR is mandatory and the denial/delays should be reviewed at district level.
- ✓ Display of guidelines in all PS for mandatory filing of FIR for SGBV cases. Periodic review at district level.
- ✓ Victim should not be pressurized for compromising with the accused (especially in domestic violence cases).
- ✓ Female ASI should be assigned for recording the statement
- ✓ It should be mandatory for *Mahila Thaana* to take up cases of SGBV without refusal.
- ✓ Gender sensitization training of all *Mahila Thaana* staff

DISTRICT LEGAL SERVICES AUTHORITY

Gaps

- ▣ Lawyers not assigned on time
- ▣ At Alternative Dispute Resolution (ADR) Centres, legal counselling /assistance is largely dependent on Para Legal Volunteers.

Recommendations

- ✓ Ensure free legal aid under the Legal Services Authorities Act, 1987
- ✓ Availability of Lawyer at the centre atleast two days a week
- ✓ Provision of updated list of Lawyers empaneled with DLSA to Health Department
- ✓ No fees in any kind should be taken from the victim
- ✓ Gender sensitisation of all the lawyers

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

- Form district level coordination committees led by DC with representation from all concerned departments
- Provide a list of shelter homes and NGOs in each District
- Coordination between Protection cum Prohibition Officer (PPO) and *Sukoon* counsellors for case intervention-
 - ✓ Coordination and referral between PPO and *Sukoon* counsellors happens on phone or verbally and at times there is drop out of survivors.
 - ✓ A systematic process of documenting and recording the referrals and counter referrals between *Sukoon* centre and PPOs need to be developed and maintained.
 - ✓ PPO may produce a monthly departmental report on joint interventions and support provided in each case.

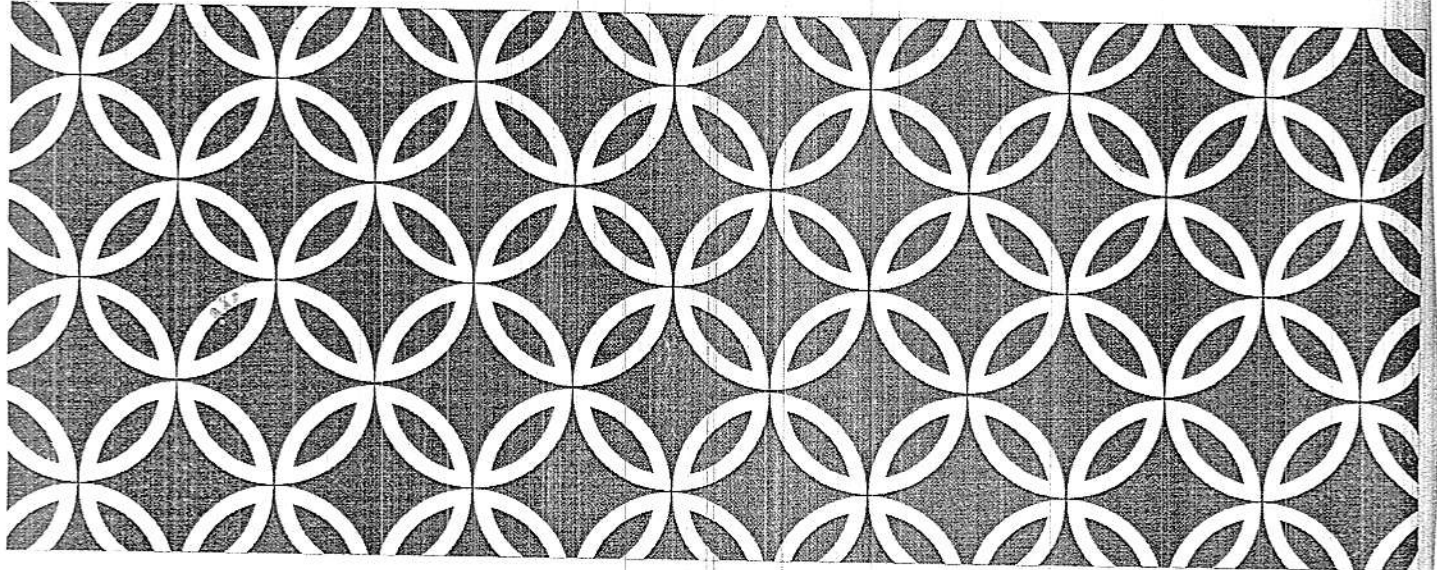
EDUCATION DEPARTMENTS (SCHOOL AND HIGHER EDUCATION)

- Conduct sensitization trainings for students, teachers and non teaching staff on SGBV. SIHFW could prepare master trainers.
- Develop referral mechanism to refer a survivor of violence to the nearest health facility/*Sukoon* centre without any delay.
- Contact details of local Police Stations should be available with each institution.
- Maintain complete personal record of each staff member in all institutions.
- Encourage a culture of volunteer work by students to support *Sukoon* centres.


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ACROSS DEPARTMENTS

- Share details of relevant laws/rules/schemes/projects especially wrt SGBV
- 'Relevant' may not mean schemes meant only for women. It involves all schemes in which women are included
- Each department to issue department specific standing instructions based on the discussions in this meeting
- Regularly review progress on the decisions made



THANK YOU



हिसा से पीड़ित माहिलाओं की सुरक्षा एवं सहायता हेतु कुछ महत्वपूर्ण बातें



यदि आप या आपसे
परिचित कोई बालिका
या महिला किसी भी रूप
में हिसा का सामना कर
रही है, तो घबराएं नही....

माहिलाओं के विरुद्ध हो रही हिसा में महिला का दोष नही है और
इस संघर्ष में सरकार और कानून दोनों आपके साथ हैं

माहिलाओं के विरुद्ध हिसा का किसी भी परिस्थिति में समर्थन
नही किया जा सकता। यह गैर-कानूनी है

हिसा-गुप्त वातावरण में जीना प्रत्येक महिला का अधिकार है।
किसी भी स्थिति में खुद को गोट न पहुंचाएं। मन हलका करने
के लिए निच पर भरोसा हो उससे बात करें।

माहिला होने के नाते आपको भी हिसा के विरुद्ध अपनी आवाज
उठानी है, ताकि इस पर रोक लगा सके। किसी महिला के विरुद्ध
हिसा की कोई घटना व्यक्तिगत या पारिवारिक मुद्दा नही है,
बल्कि यह एक सामाजिक मुद्दा है।

हरियाणा सरकार ने महिला हिसा के लिए कानून बनाएं हैं।
महिला हिसा के संबंध में कर्तव्य करने के लिए प्रत्येक जिले में
महिला थाना, संरक्षण अधिकारी, गुप्त सलाह और कानूनी
सहायता उपलब्ध है।

महिला हिसा के विभिन्न प्रकार



शारीरिक हिसा
मारपीट करना, धक्का देना, बाल
खींचना, दাঁत से काटना आदि

शौचिक हिसा

जबरदस्ती शारीरिक संबंध
बनाना, अश्लील तस्वीरें या
वीडियो दिखाना, दूसरे के
मनोरंजन के लिए पीड़िता
का उपयोग करना आदि



आर्थिक हिसा

खाना-कपड़ा, दवाई का खर्च न
देना, नौकरी न करने देना,
वेतन या मजदूरी छीन लेना,
घर का किराया न देना आदि



भौतिक हिसा /

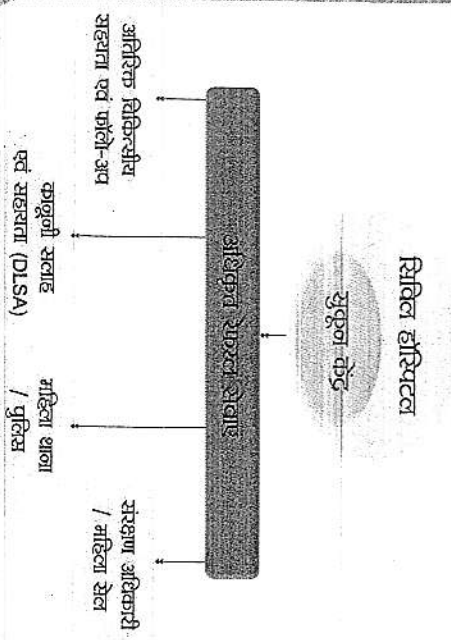
भावनात्मक हिसा

गाली-गलौच करना, ताना देना,
कलंक लगाना, अपमानित करना
बात न करना, नज़रअंदाज़
करना आदि



सुकून केंद्र (HSMRC द्वारा संचालित)

सुकून केंद्र हरियाणा सरकार की ऐसी ही एक पहल है
जिसका उद्देश्य किसी भी रूप में उत्पीड़न, घरेलू, शारीरिक,
शौच अथवा किसी अन्य प्रकार की हिसा या शोषण का सामना
करने वाली महिलाओं की सहायता करना है।

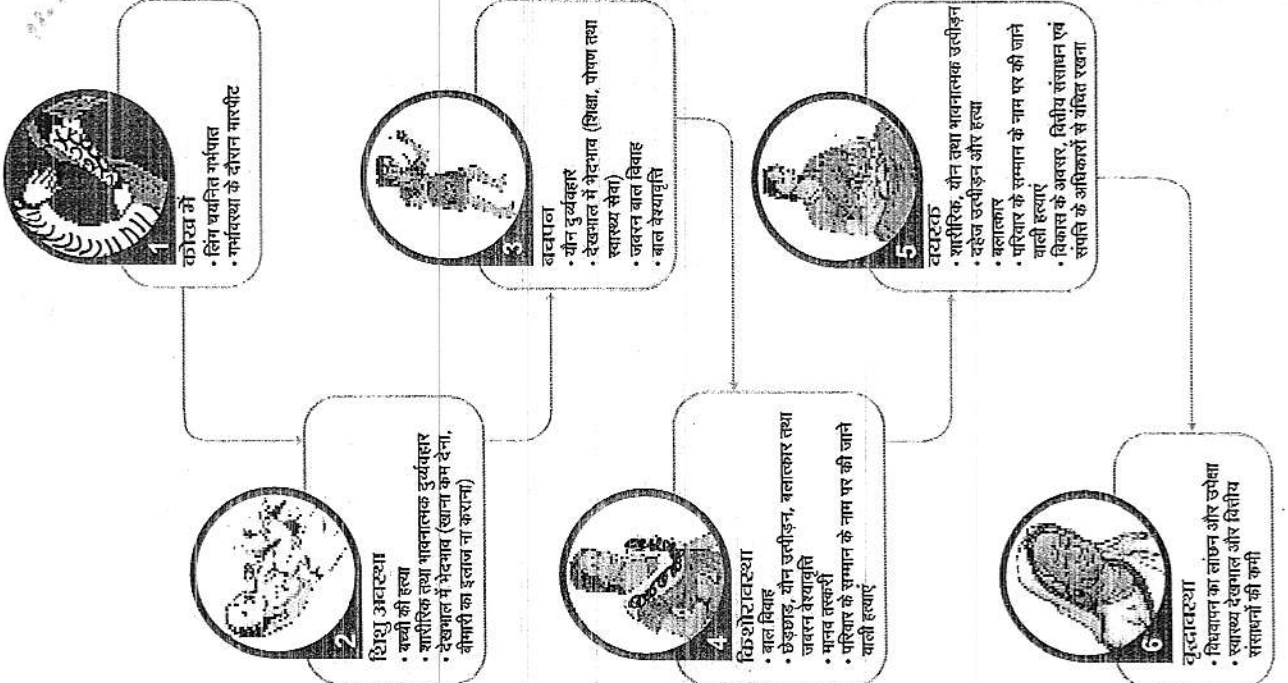


सुकून केंद्र पर उपलब्ध सेवाएं

- 1) अपनी जानकारी देने या अपनी परिस्थिति बताने के लिए सुरक्षित माहौल
- 2) अपने अधिकार के बारे में जानकारी
- 3) जरूरी एवं पूरी डॉक्टरी जांच
- 4) पुलिस में शिकायत करने की प्रक्रिया के बारे में पूरी जानकारी
- 5) गुप्त कानूनी सलाह / सेवा के लिए भ्रष्ट
- 6) अन्य सरकारी सेवा एवं सहायक नेटवर्क से संपर्क
- 7) जबरन के अनुसार फॉलो-अप

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कोख से लेकर वृद्धावस्था तक लिंग भेदभाव और हिंसा का चक्र



याद रखें

आप पर होने वाली हिंसा एक अपराध है।
"इसके खिलाफ आवाज़ उठाये"
हिंसा से सुरक्षा एवं सहायता के लिए
सम्पर्क करें

सुवृण केंद्र (HSHRC-द्वारा संचालित)

पंचकुला	अम्बाला
सिविल हॉस्पिटल, रूम न. - 100	सिविल हॉस्पिटल
डी ब्लॉक, सेक्टर- 6	ट्रामा सेंटर, रूम न.- 9
पंचकुला - 132101	अम्बाला - 134004
फ़ोन न. - 0172- 2584767	फ़ोन न. - 0171- 2550580
पानीपत	यमुनानगर
रूम न.- 13, भीम सेन सचचर सिविल हॉस्पिटल	ट्रामा सेंटर, रूम न.- 555, मुकुंदलाल सिविल हॉस्पिटल
बस स्टैंड के पास	बीएसएमएल टेलीफोन एक्सचेंज के पास
पानीपत- 132103	यमुनानगर - 135001
फ़ोन न. - 0180- 2697101	फ़ोन न. - 0173- 22237022
जौंद	रेवाड़ी
सिविल हॉस्पिटल, रूम न.	ट्रामा सेंटर, रूम न.
गोहाना रोड - जौंद - 126102	1st फ्लोर, सिविल हॉस्पिटल
फ़ोन न. -	रेवाड़ी - 123401
	फ़ोन न. -
फरीदाबाद	गुरुग्राम
रूम न. - १०६, महिला वार्ड	रूम न.
1st फ्लोर, सिविल हॉस्पिटल	जन्म मृत्यु पंजीकरण कक्ष के सामने
फरीदाबाद - 121007	सिविल हॉस्पिटल - गुरुग्राम - 122001
फ़ोन न. -	फ़ोन न. -

नोट: यहाँ प्रयोग किये गये चित्र वास्तविक नहीं, काल्पनिक प्रस्तुतिकरण हैं।

हिंसामुक्त परिवार से..... हिंसामुक्त समाज तक

