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: - Regarding Awareness about Gender Health Support Centres.

Kindly refer on the subject cited above.

You are hereby intimated that IISHRC 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.

Encs:- As above

Deputy Director NPE
for Director General Higher Education, Haryana
Panchkula

email id hechrynpe@gmail.com

NPE 3/2016-2017/Eng letter
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.
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.
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.
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

- Hospital-Related Domestic Violence 66%
- Sexual Assault/Rape 23%
- Poisoning & Burns 8%
- Suicide attempts 3%

N = 1946
DISTRICT WISE CASES: APRIL 2015-AUGUST 2017

Cases according to the type of violence:

- Physical Assault
- Sexual Assault
- Suicide attempt, Poisoning & Burns
DISTRICT AMBALA

MARITAL STATUS OF SURVIVORS OF VIOLENCE

Unmarried 16%

Divorced/Widow 4%

24% survivors suffered violence during pregnancy
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.
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.
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.
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
SUKOON IEC MATERIAL

Poster on Domestic Violence

Poster for Healthcare Professionals

Poster educating women on their rights

Wall Writing

CONVERGENCE MODEL

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

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

- 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 SGRV. 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.
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
याद रखें.....
आप पर हमें वाली हिस्सा एक अपराध है
"इसके खिलाफ आवाज उठाये"
हिस्सा से सुरक्षा एवं सज़ादात के लिए
समय करें

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नोट: यही प्रोग्राम विभिन्न शहरों में भी उपलब्ध है। कमांड एवं सहयोग की आवश्यकता है।