R-13/1/2020-PRPP National Human Rights Commission Research Unit-II

Visit Report of Prof. Indu Agnihotri, Special Monitor on Women's Issues to assess status and feedback on One Stop Centres in Telangana State from 20.1.2020- 23.1.2020.

The Special Monitor visited three SAKHI Centres which are running with a Support Agency under the Project Management Unit (PMU) which functions under the Dept. of Women and Child Welfare, Telangana. The fourth Centre visited was the first Bharosa Centre, set up in May 2016. The Bharosa Centres are run directly by the Police under a registered Society.

The observations emanated out of the said visit are as follows:

- It was observed in the report that police refer cases of Domestic Violence (DV) to the Sakhi Centres while cases involving incidents of Sexual Assault and other public violence /crime- related cases (including POCSO) are being taken up by them directly. The Police refer women to the Sakhi Centres mostly if they are in need of shelter. It was noted that the police try to resolve the matter at their end, failing which victims/ survivors are sent to OSCs, with nearly 30-40 % coming in at night. The FIRs are generally then not being filed by the police.
- It was noted that the OSCs have Video-conferencing facilities, which remain unused most of the time.
- There are Para- Medical staff available in OSCs but with no qualified doctors on duty. There are also no designated medical Doctors/ Gynecologists available and even the doctors from District hospitals are reluctant to visit the Centres. It was reported that due to the non-availability of a designated Doctor, there are delays in the medical examination sometimes of 3-4 days which results in violation of the mandatory provisions regarding time-frame within which the medical examination is to be conducted.
- It was reported that some districts have SWADHAR Centres, (WCD scheme for women victims, who are in need of institutional support for rehabilitation) which allow for a comparatively longer period of stay and have provision for training for livelihood generation activities. The special monitor in the report suggests a need for updating the centers, including provision for modern skills other than tailoring/stitching etc. The Bharosa Centre in Hyderabad in the past had a tie-up with a UN agency which funded computer training, tailoring etc for training with the objective of livelihood support. More such schemes need to be explored.
- There are many cases of girls between 16-18 years of age, where the facts of the case need more careful/ sensitive handling, especially due to the provisions relating to

- statutory rape. In these cases there is scope for both exploitation and extortion. There should be better provision for dealing with sensitive cases involving minors. Mental health issues should also be addressed adequately.
- The special monitor suggested inquiry about the details of the financial assistance provided by the Telangana State Government to the OSCs. There is also a need to examine the financial allocations under Nirbhaya Fund, based on experience/ information from other States.
- The special monitor requests the District authorities to draw up schemes to address regional specificities and vulnerabilities based on poverty/ drought proneness leading to livelihood issues which often provide the context for trafficking, and violence. The district administration in Mahbubnagar seemed to be sensitive to these aspects.
- The suggestions made by the special monitor in the report are; first, to provide livelihood training with SHG- bank to address economic vulnerability issues, second, to also address the subject of continuing education of adolescence girls in the case of victims/ survivors of violence and third to address cultural practices such as the earlier system of Devadasis/ Joginis.

Recommendations emanated out of the above said visit are:

- The funds allocated for the expenditures incurred by the Sakhi centers should be released on time as it is released approximately twice a year. Some of the staff members had not been paid salaries since the month of October 2019 as pointed out in the report. There should be increase in the funds allocated for the centers each year as well.

 **Action to be taken by: Department of Women and Child Welfare, Government of Telangana*
- The funds and compensations allocated for victims/survivor staying in Sakhi Center and Swadhar Greh centers should be transparent and examined by the concerned authority. Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- There are long periods during which no Judge has been appointed to the courts where cases involving shelter home inmates are to be pursued. Special Monitor suggests in the report that Judges in Metropolitan Magistrate (MM) Courts should be appointed on an urgent basis. The MM is also assigned cases under the SC/ST Act; along with Domestic Violence cases thus there is also a need to see cases on priority basis to allow for timely resolution.
 - Action to be taken by: Ministry of Women and Child Development
- It was reported that lawyers dealing with cases of violence against women needs to be sensitized and legal support for women needs to be strengthened. There is also a need to

review the functioning of the Courts to ensure speedy justice and make them womenfriendly.

Action to be taken by: Ministry of Women and Child Development

• There is need for on-call medical support team and a designated pool of Doctors for each Centre. Doctors are reluctance to visit the OSCs as they feel they will be called for evidence collection to the courts and in follow-up procedures as observed by the special monitor.

Action to be taken by: Department of Women and Child Welfare, Government of Telangana

- The age certificate required in cases under POCSO is an issue, since the dental test usually takes up to one week. The OSC staff suggests that data should be gathered on aspects related to time span and nature of cases, to provide a basis for review/ reexamination of the 21-day cycle prescribed time.
 - Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- The special monitor suggests a mandatory provision for on-call psychiatric assistance, going beyond psycho-social Counselling for victims of Sexual Assault. The need for district level Rehabilitation/ Dc-Addiction Centres was expressed in both RangaReddy and Mahbubnagar Districts.
 - Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- The staff in the Sakhi Centres in Telangana has been trained under a joint collaboration with TISS, Hyderabad. There is a need to upgrade their training on regular basis. Staff also expressed the need for more regular work contracts and provision for leave/increments etc.
 - Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- There are a number of vacant posts with regard to the Govt. personnel involved; these have not been filled over a long period of time. (For both administrative and financial reasons). These should be filled up. The support agency and field staff suggest that at the Police level there should be an ASI cadre level person designated for each District OSC. Action to be taken by: Department of Women and Child Welfare, Government of Telangana

- Telangana has not appointed a State Commission for Women which should be addressed on an urgent basis. It is also not clear whether there is a woman member in the SHRC. Action to be taken by: Department of Women and Child Welfare, Government of Telangana and Telengana, SHRC
- In the cases involving children, since the CWC members do not sit everyday they are not available for signing the certificate required for producing the child causing delays in issue of certificate, whereas the law mandates that the child should be produced within 24 hours. It is recommended that CWC members should be available on call.

 *Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- In POCSO cases, the medical examination is in one place, the legal aspect is handled in another place and the victims are taken to different places. The medical examination often takes 3-4 days as per reports from the Sakhi centres. This needs to be urgently addressed. There are four Helplines in operation: 100 (police); 181 (women); 112 (national Helpline) 1098 for (Child Helpline) which also needs to be efficient and effective.
 - Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- The computer system in the OSC Centres does not have provision for up-dating, so when the survivor/victim returns after a time-gap, resulting in a different kind of continuity issue with regard to the specific case.
 - Action to be taken by: Department of Women and Child Welfare, Government of Telangana
- In Swadhar Greh centers, registration of the cases in the computer system requires Aadhar id/ number, phone numbers and photo id. Similarly, the Dashboard entry requires a phone number but destitutes/ orphans and other do not always have a phone no. A photo id is also required in the Centres at the time of entry/ admission but victims/ survivors do not always have a photo available at hand, especially since many come at night. There is need for other alternatives.
 - Action to be taken by: Department of Women and Child Welfare, Government of Telangana

796/2020/SRO

Subject: [No subject]

To: sgnhrc@nic.in, member3.nhrc@nic.in, US <covdnhrc@nic.in>

Date: 02/07/20 06:00 PM

From: Indu Agnihotri <iagnihotri53@gmail.com>

OSCs Telangana.docx (41kB)

Dear Shri Govind,

please see report attached for the trip undertaken to Telangana by me as Special Monitor.

if there is another format for submission of reports, I may be informed and this may be treated as a draft report.

I look forward to your response.

regards

Indu Agnihotri

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Visit of Prof. Indu Agnihotri, Special Monitor on Women's Issues to assess status and feedback on One Stop Centres in Telangana State from 20.1.2020—23.1.2020.

20.1.20	Flight to Hyderabad from Delhi
	Visit to OSC in Ranga Reddy District
21.1.20	Visit to OSC in Mahbubnagar District
	•
22.1.20	Visit to OSC in Hyderabad
	Meetings
23.1.20	Visit to Bharosa Centre in Hyderabad
	Return to Delhi

I. Details of visits and meetings held

Date	District	Name of person	Designation District Welfare Officer	Depart/NGO Women Development and
20.1.2020	Ranga Reddy	Smt.N.Mothi	(DWO) Support	Child Welfare Dept.
		M. Sumitra	Agnecy Centre	Ankuram-Director
		B. Saritha Reddy	Administrator State Project	Sakhi - RR
		B. Girija	Manager Programme	Sakhi - PMU
		Dr. M. Suneetha	Manager	Sakhi - PMU
21.1.2020	Mahabubnagar	Ms.ValluriKranthi, IAS	IAS trainee- incharge DWO	Mahabubnagar District
		D. Ronald Rose, IAS	Collector, MBNG	Support Agency

				Amanvedika- General
		K. Manjula		Secretary, Telangana
		R. Indiramma		•
		Smt. B. Jhansi		Women Development and
22.1.2020	Hyderabad	Laxmi	DWO	Child Welfare Dept.
	,	Mr. Isidore	Support	1
		Phillips	Agency	Divya Disha - Director
		· ······	Centre	
		N. Rohini	Administrator	Sakhi - Hyd
			Section	Directorate- Women
		Smt.	Officer-	Development and Child
		SwethaKarnam	CDPO	Welfare Department
		5 Welliam Kalinami	CDIO	Directorate - Women
		Smt.	Joint Director	Development and Child
		SabithaPasaladi	(Schemes)	Welfare Department
		Subiliux usuluux	(Bellellies)	Department for Women,
		Sri. M.	Principal	Children, Disabled and
		Jagadeeshwar	Secretary	Senior Citizen
		Jagadeesiiwai	Secretary	Schol Chizen
Date	District	Name of person	Designation	Depart/NGO
		•	District	•
			Welfare	
			Officer	Women Development and
20.1.2020	Ranga Reddy	Smt.N.Mothi	(DWO)	Child Welfare Dept.
			Support	•
		M. Sumitra	Agnecy	Ankuram-Director
			Centre	
		B. Saritha Reddy	Administrator	Sakhi - RR
		,	State Project	
		B. Girija	Manager	Sakhi - PMU
		J	Programme	
		Dr. M. Suneetha	Manager	Sakhi - PMU
			IAS trainee-	
		Ms. Valluri Kranthi,	incharge	
21.1.2020	Mahabubnagar	IAS	DWO	Mahabubnagar District
		- · ·	Support	Amanvedika- General
		R. Indiramma	Agency	Secretary, Telangana State
		D D 11D	Collector,	
		D. Ronald Rose,	MBNG	

	IAS			
		Centre		
	K. Manjula	Administrator	Sakhi - MBNG	
	Smt. B. Jhansi		Women Development and	
22.1.2020 Hyderabad	Laxmi	DWO	Child Welfare Dept.	
	Mr. Isidore	Support		
	Phillips	Agency Centre	Divya Disha - Director	
	N. Rohini	Administrator	Sakhi - Hyderabad	
		Section	Directorate- Women	
	Smt.	Officer-	Development and Child	
	SwethaKarnam	CDPO	Welfare Department	
et 1			Directorate - Women	
	Smt.	Joint Director	Development and Child	
	SabithaPasaladi	(Schemes)	Welfare Department	
			Department for Women,	
	Sri. M.	Principal	Children, Disabled and	
	Jagadeeshwar	Secretary	Senior Citizen	
		Executive	,	
	Dr. Rukmini	Director,	Support Agency for	
		GRAMYA	, Support Agency for	
22 1 2020 UndambadDba	Rao,	GKAWI I A	Nalgonda SAKHI Centre	
23.1. 2020 HyderabadBharosa Centre.				

Meetings with DCP Pujitha Neelan

Central Administrator

Psycho- Social Counsellor

SHE Team

Special Court for POCSO victims

II. Note on Visit:

 I would like to state that despite the communication sent from the NHRC no contact was established by the Telangana state team,

except for the security staff at the airport who had received information from their concerned staff! It was only after SOS intervention from NHRC, Delhi that some arrangements-including guest house/ vehicle/ were put in place.it was the contact provided by the NGO partner representative that allowed for the visit to be meaningful.

Even on the last day of the trip, the Personnel in charge of the Bharosa centre (Police) I was informed that no information was given to them regarding my visit.
In future this gap may be addressed.

Three Centres visited are SAKHI Centres.

As per the Telangana model, these are running with a Support Agency under the Project Management Unit (PMU) which functions under the Dept. of Women and Child Welfare, Telangana. Of these, the Hyderabad Centre is very recent having been set up in August 2019.

The fourth Centre visited was the first Bharosa Centre, set up in May 2016. The BharosaCentresare run directly by the Police under a registered Society.

Observations:

The three SakhiOne Stop Centres visited are running with support staff as per the Scheme provisions.

These display a victim/ survivor –friendly approach.

- > It was reported that in many districts the Domestic Violence cells have been wound up and all the cases are now being referred to the SakhiCentres.
- In this background District Protection Officers are also no longer being appointed as per the Protection of Women from Domestic Violence Act.(PWDVA, 2005).
- The District Welfare Officer is fulfilling this role, with little clarity as to change in role either for the transition period or as a long-term responsibility. This needs attention, especially in view of the assignment being held in combination with several other responsibilities.
- The pattern that seems to be emerging is that the police are keen to assign / refercases of Domestic Violence (DV) to the SakhiCentres whilecases involving incidents of Sexual Assault and other public violence /crimerelated cases (including POCSO) are taken up by the police directly.

- ➤ However, victims of incidents of sexual assault, including some under POCSO come to SakhiCentres, especially through the Helpline.
- ➤ The Police refer women to the SakhiCentresmostly if they are in need of shelter.
- In this context, it was noted that while the OSCs have Video-conferencing facilities, these are mostly not being used.
- ➤ The involvement of the District Collector as a pro-active Officer proves to be effective. However, this may vary given availability of time or the inclination.
- ➤ While para medical staff are available in OSCs, there is no qualified doctor on duty.
- There are no designated medical Doctors/ Gynaecologists for OSCs.
- > Doctors from District hospitals are reluctant to visit the OSCs.
- ➤ It was reported that due to the non-availability of a designated Doctor, victims of violence including sexual violence—sometimes have to run pillar to post and there are delays in the medical examination —sometimes of 3-4 days—which results in violation of the mandatory provisions regarding time-frame within which the medical examination is to be conducted.
- In some cases it appears that the OSCs are being seen as a one-stop shelter for women by the Police, meaning thereby that women who may be in police custody (whatever the circumstances that may have led to this and are seen to be requiring shelter) are being referred to the SakhiCentres. The pattern emerging is that the police try to 'resolve' the matter at their end, failing which victims/ survivors are sent to OSCs, with nearly 30-40 % coming in at night.
- > Zero FIRs are -generally- not being filed by the police.
- An issue that was highlightedby the staff attached to the Centres visitedwas that of lack of follow- up facilities in the area of livelihood generation.
- ➤ This issue was also flagged by the District Magistrate, Mahbubnagar and subsequently raised with the Principal Secretary, WCDSCTG, Telangana.
- ➤ It was reported that some districts have SWADHAR Centres, (WCD scheme for women victims of difficult circumstances who are in need of institutional support for rehabilitation so that they could lead their life with dignity) which allow for a comparatively longer period of stay and have provision for training for livelihood generation activities. These need to be strengthened and updated, to provide modern skills going beyond tailoring/stitching etc.
- ➤ Children (ie. Under 18 age group are not sent to SwadharGrehs.

➤ The Bharosa Centre in Hyderabad in the past had a tie-up with a UN agency which funded computer training, tailoring etc for training with the objective of livelihood support. This collaboration is over. More such schemes need to be explored.

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- There are many cases of girls in the 16-18 (below) age group, where the facts of the case need more careful/sensitive handling, especially due to the provisions relating to statutory rape. The staff of the OSC feel this a major concern and there is scope for both exploitation and extortion. These cases also involve young boys who may end up being criminalized.
- ➤ Mental health issues are inadequately addressed under the existing provisions.
- In Telangana the state govt. is reported to be pitching in financially. This needs to be quantified.
- ➤ This may also point to the need to examine the financial allocations under Nirbhaya Fund, based on experience/ information from other States.
- ➤ The Centres have formed WhatsApp groups to facilitate sharing of information. This should be adopted as one of the best practices by others, if not already being done.
- There appear to be regional specificities and vulnerabilities. The District authorities are familiar with these and should be requested to draw up schemes to address these, especially in the context of vulnerabilities based on poverty/ drought proneness leading to livelihood issues which often provide the context for trafficking, and violence linked to these aspects. The district administration in Mahbubnagar seemed to be sensitive to these aspects.
- The suggestion in this regard was to provide livelihood training with SHG-bank linkage to address economic vulnerability issues.
- Adolescent girls need special attention. To also address the subject of continuing their education in the case of victims/ survivors of violence.
- ➤ Also specific context of cultural practices such as the earlier system of Devadasis/ Joginis.

III. Recommendations:

(this includes related matters that need to be addressed)

a. Funds

- It is important that funds for expenditures envisaged and incurred by SakhiCentresshould be released on time. At present the fund is released approximately twice a year.
- Staff in the SakhiCentresvisited expressed special concerns on this count.
- Members of the staff conveyed that some of them had not been paid salaries since the month of October 2019.
- Itwas stated that the funds allocated are on the same terms for each year with no provision for increase in costs under any of the heads. This includes rental for the shelter, food costs for shelter inmates, salaries and other miscellaneous costs.
- There is a clear issue with regard to Funds for victims/ survivors and compensation under existing legal provisions. There is need for transparency and streamlining in this regard.
- There is an issue with SwadharGreh funding for the last 2-3 years. This needs examination.
- Sakhi and SwadharCentres need to be seen in a continuum with complementary roles and objectives.

b. Issues pertaining to Legal Provisions:

- There are long periods during which no Judge has been appointed to the courts where cases involving shelter home inmates are to be pursued. This puts a different kind of pressure on the Centres.
- Judges in Metropolitan Magistrate (MM) Courts should be appointed on an urgent basis.
- The MM is also assigned cases under the SC/ST Act, along with DV cases.
- There is a need to see these cases as a priority to allow for timely resolution/disposal.
- In Hyderabad, the Fourth MM Court covers the whole of Hyderabad. This is a large area since there is no district-based administrativeorganization in/of the city. As per information given by the Bharosa team, Hyderabad Centre covers 61 (+2 Women's) Police Stations.
- The Hyderabad based Sakhi centre staff reported that since 2019 no Judge has been appointed, resulting in an existing Judge holding Additional Charge as Judge In- Charge.

- This ensures non-fulfilment/ implementation of the provisions of the PWDVA.
- This also results in delay and a huge problem of pendency.
- It was reported that most DV cases dealt with by OSCs also go for litigation.
- The OSC staff feel that the lawyers under the DLSA need to be sensitized to deal with such cases and the legal support for women needs to be strengthened.
- In the case or statements under 161/164 involving filing of criminal cases the Sakhistaff also have to follow up matters in the courts.
- The staff of all the OSCs visited emphasized that there is a need to review the functioning of the Courts to ensure speedy justice and make them women-friendly.

c. Medical Support:

- There is need for on-call medical support team and a designated pool of Doctors for each Centre to fulfill the requirements as per the law.
- The experience is that Gynaecologists are reluctant to visit the Centres.
- one of the factors which contributes to the reluctance to visit the OSCs is that the Doctors feel they will be called for evidence collection to the courts and in follow-up procedures. The DM of Mahbubnagar appeared to agree with this observation and assessment.
- The age certificate required in cases under POCSO is an issue since the dental test usually takes up to one week.
- The OSC staff are of the opinion that data should be gathered on aspects related to timespan and nature of cases, to provide a basis for review/ reexamination of the 21-day cycle prescribed time.

d. Referral/ Counselling Services:

- There is a need to improve referral services and strengthen convergence with both the district hospital staff, the DWO, CWC members and the Police with respect to the cases involved.
- The PWDVA as well as the provisions of laws to deal with incidents of Sexual Assault should have a mandatory provision for on-call psychiatric assistance, going beyond psycho-social Counselling. Doing so on an

- individual case- to- case basis may jeopardize proceedings in the specific case.
- There is a need to strengthen the convergence with the police through the PFO (for facilitation).
- The need for district level Rehabilitation/ De-Addiction Centreswas expressed in both RangaReddy and Mahbubnagar Districts.

e. Staff/HR policy

- The terms of the Annual contract of the staff of the OSCs do not provide for leave, including the right to maternity leave. This should be addressed on an urgent basis.
- The staff in the SakhiCentres in Telangana have been trained under a joint collaboration with TISS, Hyderabad. They expressed the need for Refresher training/ courses to upgrade skills on a regular basis. They also emphasized that there is the need for a break since the nature of the work is such that sit is stressful on a continual basis.
- Staff also expressed the need for more regular work contracts. At present staff in the Counsellor category are hired on a consolidated payment of Rs. 35000/- with no provision for leave/ increments etc.

f. Dept. Personnel and Official Agency:

- The District Welfare Officer (DWO) is a key/ nodal person in this line-up. She is also the Special Protection Officer (SPO).
- The DWO is the Convener of the Managing Committee of Sakhicentres. Partner agencies informed that the DWOs also received training at TISS Hyderabad, but this could not be confirmed.
- It is clear that the Sakhi Centre responsibilities may be only one of the responsibilities that the DWO holds: as in the case of Hyderabad city, the DWO is located in a Dept. which attends to Women, Child, Food and Nutrition, Disabled and Senior Citizens. The State-level senior officials-- in the course of interaction --admitted that the DWO is overstretched (virtually functions as the senior-most ICDS officer in the State) along with holding other responsibilities.;
- The meetings of the Management Committees should be held on a regular basis.

- There are a number of vacant posts with regard to the govt. personnel involved; these have not been filled over a long period of time. (for both administrative and financial reasons). These should be filled up.
- There is an issue with regard to PFOs. The support agency and field staff suggest that at the Police level there should be an ASI cadre level person designated for each District OSC.
- As per reports, Telangana has not appointed a State Commission for Women; this should be addressed asap.
- It is also not clear whether there is a woman member of the SHRC. (website)
- The Sakhi OSCs in Telangana are presently being run under the PMU as per MoU with a Support Agency(Regd NGO/ Society) for three years. The partner / Support Agency is different for each district, with a few exceptions. In the 11 districts that these were first started—prior to the constitution of 21 new districts in the State—some Centreswill complete 3 years in 2020. The partner agencies expressed the view that the road map ahead needs to be discussed asap.
- In the cases involving children, since the CWC members do not sit everyday they are not available for signing the certificate required for producing the child causing delays in issue of certificate, whereas the law mandates that the child should be produced within 24 hours. It is recommended that CWC members should be available on call.
- HR policy for OSC staff is required.
- Theissue of linkage to be established with the police resulting from the absence of a designated officer (PFO) needs to be addressed on an urgent basis.
- In POCSO cases the medical examination is in one place, the legal aspect is handled in another place so the victim has to be taken to different places. The medical examination often takes 3-4 days as per reports from the Sakhicentres. This needs to be urgently addressed.
- Similarly, there are gaps visible vis a vis what are seen as the line Departments. These need to be addressed asap.
- The Helpline issue needs to be resolved with four Helplines in operation: 100 (police); 181 (women);112 (national Helpline) 1098 for Child Helpline;
- There is need for providing greater visibility to the Sakhicentres.

g. Technology/IT issues

- The Dashboard format for Nirbhayawas changedso there is a lack of continuity in the database.
- The dashboard does not have provision for up-dating when the survivor/victim returns after a time-gap, resulting in a different kind of continuity issue with regard to the specific case.
- The SwadharGreh shelter format does not allow for entry without Adhar id/ number. Whereas those requiring support do not always have id papers, given the circumstances in which they seek shelter.
- Similarly, the Dashboard entry requires a phone number. but destitutes/ orphans and other do not always have a phone no.
- A photo id is required in the shelter home at the time of entry/ admission but victims/ survivors do not always have a photo available at hand, especially since many come at night.