

Strengthening Planning and Budgeting Interventions to Address Sexual and Gender Based Violence

Scoping Studies in Delhi,
Madhya Pradesh, Punjab and Rajasthan



NO MORE
VIOLENCE



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Acronyms

CSO	Civil Society Organisation
DCW	Delhi Commission for Women
DLSA	District Legal Services Authority
DSLISA	Delhi State Legal Services Authority
DV	Domestic Violence
DWCD	Department of Women and Child Development
FIR	First Information Report
IPC	Indian Penal Code
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, Allies and others
MPV	Mahila Police Volunteers
MSSK	Mahila Salah evam Suraksha Kendra
MWCD	Ministry of Women and Child Development
NCRB	National Crime Records Bureau
NCW	National Commission for Women
NFHS	National Family Health Survey
OSC	One Stop Centre
PO	Protection Officer
PoA Act, 2015	Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Amendment Act, 2015
POCSO Act, 2012	Protection of Children from Sexual Offences Act, 2012
POSH Act	Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013
PPMM	Punjab Police Mahila Mittar Scheme
PwD	Persons with Disability
PWDVA/PWDV Act, 2005	Protection of Women from Domestic Violence Act, 2005
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SHG	Self Help Group
SI	Sub Inspector of Police
SHO	Station House Officer
SLL	Special and Local Laws
SPUWAC	Special Police Unit for Women and Children
TISS	Tata Institute of Social Sciences
ULB	Urban Local Bodies
URJA	Urgent Relief and Just Action
WCD	Women and Child Development

1. Introduction

The COVID-19 crisis has been accompanied by an increase in various forms of sexual and gender based violence (SGBV) all over the world. In India, this was evident from the rising number of complaints registered with the National Commission for Women and on various other helplines, as well as several independent studies. Domestic violence was seen to have increased most in districts with the strictest lockdown measures (Ravindran and Shah, 2020). Restrictions in mobility, heightened economic distress, the growing burden of unpaid domestic and care work upon women, as well as reduced access to health and support services, may be some of the factors contributing to this trend.

The present volume of budgetary commitments at the Union level for combating violence against women and girls has been judged to be inadequate (Oxfam, 2021). Issues in fund flows, fund utilisation and gaps in implementation across states have also been documented in critical response mechanisms for addressing SGBV. It is therefore pertinent to examine states' progress and identify measures to strengthen the scope and effectiveness of their interventions in this domain. A holistic approach that encompasses adequate provision of amenities such as public toilets, access to water, transport, childcare, street lighting, employment opportunities, recognition of unpaid work and gender sensitisation in educational institutions, can create a conducive environment in which social norms and behaviours towards women can be progressively changed over time.

Towards this end, this report presents findings of our scoping study in four states: Delhi, Madhya Pradesh, Rajasthan and Punjab. Section 2 provides a brief background of SGBV in India. Section 3 discusses the methods used in the scoping study, including the analytical framework, sources of evidence and methods of data collection. Section 4 details indicators on SGBV in the study states, followed by Section 5 which details the policy framework addressing SGBV. Section 6 presents a budgetary analysis of the interventions to address SGBV. Section 7 presents the findings from interviews with respondents in the four study states, and Section 8 concludes with recommendations.

2. Background

One in three women experiences physical and/or sexual abuse in their lifetime, most likely perpetrated by an intimate partner or somebody who is known. Sexual and gender-based violence (SGBV) refers to “any harmful act of sexual, physical, psychological, mental, and emotional abuse that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females (UN OCHA, 2019).”

Vulnerable groups of women and girls are especially at risk of SGBV, which is compounded by the fact that they may not have equal access to redressal mechanisms. During the lockdown there was

a surge in atrocities against Dalits and Adivasis (IDSN, 2020) and an increase in domestic violence against Muslim women (Agarwal and Dhawan, 2020). The experiences of women with disabilities, as well as sexual and gender minorities, were further complicated by the multiple forms of oppression and risks they face every day.

In 2021, India's ranking on the World Economic Forum's Gender Gap Index slipped to 140 out of 156 countries, from 112 out of 153 countries the previous year. The decline was found to be driven by the reduced political representation of women, fall in women's labour force participation, and fall in the share of women in professional and technical roles. It is important to note that India ranked in the bottom five countries on the Health and Survival subindex, reflecting the high rate of sex selective abortion and intimate partner violence.

Further to the commitment to Sustainable Development Goal (SDG) 5 of achieving gender equality and empowering women and girls, of which eliminating SGBV is a critical component, India has also endorsed the call of the UN Secretary General to put 'women and girls' safety' at the center of government responses to COVID-19. The Draft National Policy for Women 2016 had proposed a lifecycle approach in which gender-based violence would be identified and addressed in a continuum from the foetal stage to violence faced by adult women in public, private and work spaces. Additionally, in its Action Agenda for 2017-2019, Central Government think tank NITI Aayog included a commitment to prioritise protection of women from all forms of violence.

3. Methods

This study has been undertaken using a mixed methods approach, combining primary and secondary data collection on the progress on planning and budgeting interventions in the four study states, including steps to address SGBV in the context of COVID-19.

Scope of study

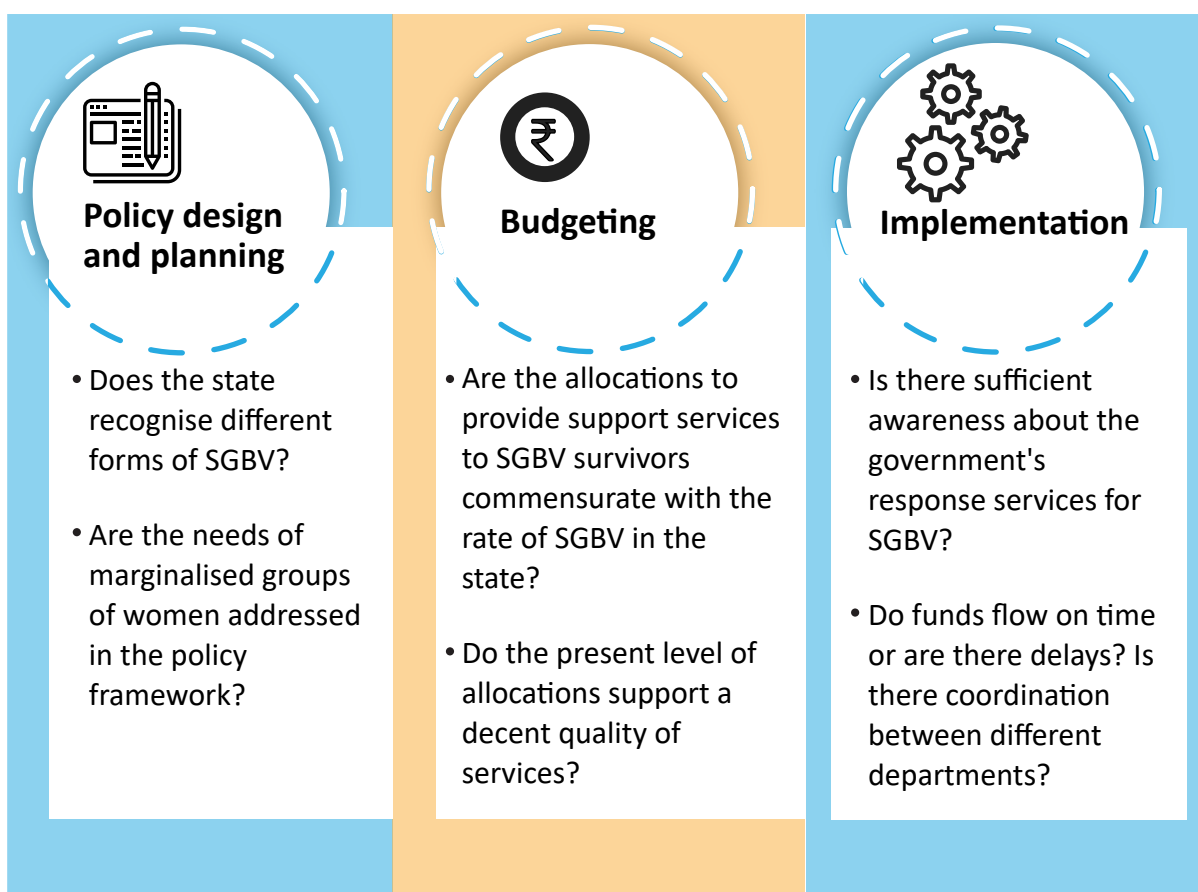
SGBV encompasses several forms of violence, including rape and sexual assault; sexual harassment at the workplace; child sexual abuse, domestic/spousal/intimate partner violence; human trafficking; acid attacks, so-called honour killing; sex-selection; and others. These forms are recognised to varying degrees in India's Constitutional, legislative and policy framework; and their translation into budgetary commitments remains limited. For the purpose of this study, we focus on areas of SGBV for which policy and budgetary commitments are present at the level of the Union Government and State Governments in India. This excludes certain forms of SGBV for which there are no direct government responses in place yet.

While violence against children is an important and inter-connected issue, it was not possible to address that issue adequately in this study. While both direct and supporting response mechanisms for SGBV may be mapped, our focus is on direct mechanisms for the purpose of budgetary analysis as well as primary data collection. These include interventions such as helplines, One Stop Centres,

women's cells in police stations, shelter homes, schemes for rehabilitation of trafficking survivors, and others. The scope of the budget analysis was restricted to four financial years: 2018-19, 2019-20, 2020-21 and 2021-22.

Analytical framework

Interventions were analysed through three key stages: policy design and planning, budgeting, and implementation. The following graphic depicts some illustrative questions posed to understand the challenges at each stage.



In addition to these, we also sought to understand the specific challenges that arose during the COVID-19 pandemic and the lockdowns, mobility restrictions and disruptions that accompanied it.

Desk review

We reviewed multiple sources of secondary evidence to understand the status of SGBV in each of the study states, as well as to map the policy framework, including schemes and institutions, to address SGBV. We also carried out a similar review at the level of the Union Government, as most of the existing schemes and programmes to address SGBV in India are funded, at least in part, by the Centre.

For data on trends in SGBV incidence, and significant developments during the pandemic period, we referred to reports of the National Family Health Survey (NFHS) and National Crime Records Bureau (NCRB), as well as media reports. We further referred to state policies for women, department websites and annual reports, scheme guidelines, as well as select independent surveys and studies. These helped us identify the main schemes, programmes and institutions in every state that directly address SGBV.

Budget analysis

For the budget analysis, we scanned the Detailed Demand for Grants of relevant departments in each state, and compiled the budget allocations for SGBV interventions across four financial years: 2018-19 to 2021-22. We also reviewed the state's Gender Budget Statement in some cases. The major interventions to address SGBV were found in the budgets of the nodal department of Women and Child Development. However, some other state departments also implement relevant schemes and programmes, including the Departments of Legal Affairs or Justice, Home and Tourism.

Interventions that directly address SGBV have been included in the analysis, although the selection is not exhaustive. Some interventions mentioned in policy documents or department websites could not be located within budget documents. Each state also has several interventions that are at least partially relevant from the perspective of women's safety and empowerment. However, those have not been included in the analysis as they also have other objectives, and may distort the estimate of the state's total spending on SGBV response mechanisms.

We tracked budgets for key interventions over the four-year period to identify trends in allocation and expenditure. We supplemented this with an analysis of Union Government allocations for major schemes, as well as a review of the distribution, release and utilisation of the Nirbhaya Fund, under which some important interventions are financed.

Primary data collection

For primary data collection, we reached out to 45-50 respondents per state and gathered information through semi-structured interviews and Focus Group Discussions. Respondents were identified through the methods of snowball and purposive sampling.

We targeted respondents across the following categories to gather a comprehensive set of perspectives on the subject.

Type of service provided	Category of service provider
Social	One Stop Centre workers, shelter home workers, helpline operators, Civil Society Organisations
Medical	Doctors, attendants
Police	Women’s cell/women’s helpdesk officers, police officers
Legal Aid	Workers at Legal Aid Cells
Judicial	Judicial officers, officers in Fast Track Courts

Category	Respondents
Government	State department officials – Women and Child Development, Health, Police, Judicial, Social Welfare; State Commission for Women
Non-Government	Civil Society Organisations, women’s rights groups, groups representing marginalised women
-	SGBV survivors

For each major category, we developed interview schedules with indicative questions covering the three stages in our analytical framework: policy design and planning, budgeting and implementation. In addition, we included questions on basic information, issues that came up during the pandemic, as well as perspectives and attitudes on SGBV. The schedules were further adapted depending on the researchers’ needs in each state. In some cases, schedules were translated into the local language. The responses were recorded and collated, following which we analysed the findings.

Ethical research practices were followed by each researcher, with special attention to obtaining informed consent from the respondents, using sensitive and appropriate language, and maintaining confidentiality wherever required.

Limitations

- We were unable to reach respondents in each identified category for all the states, due to time and resource constraints. In particular, it was difficult to get appointments while reaching out to government officials.
- Our respondents were largely concentrated in the state capitals and other urban centres. Therefore the findings do not capture SGBV issues in rural areas.

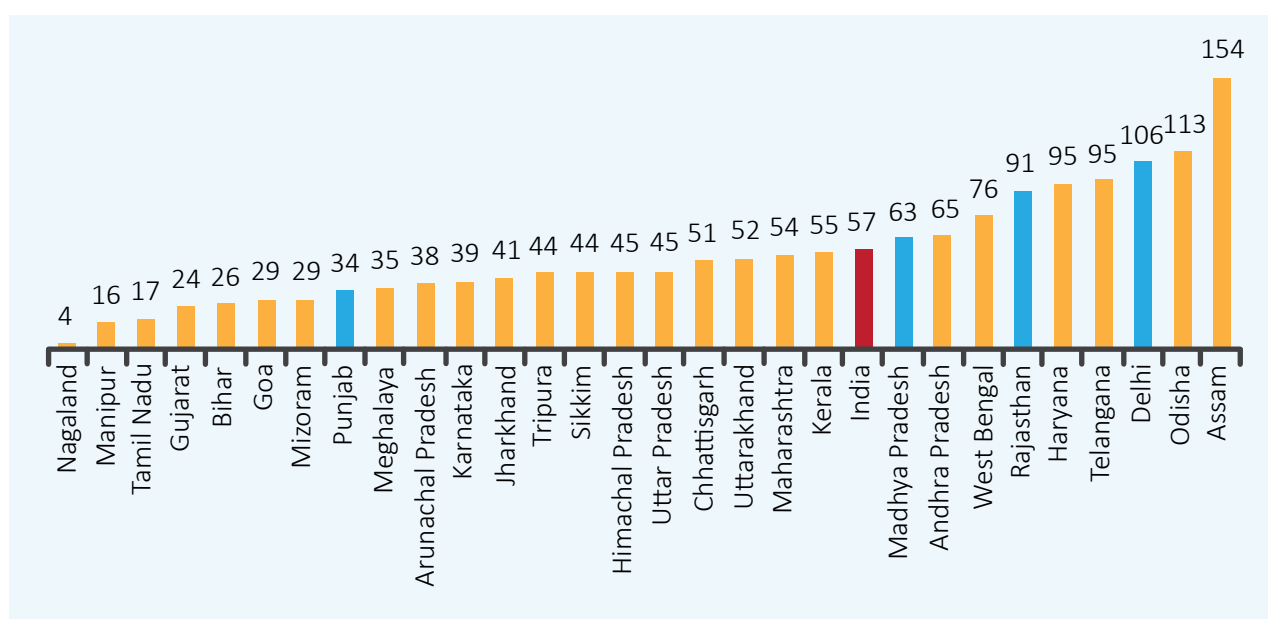
- The period of data collection coincided with the third wave of the COVID-19 pandemic. The resulting travel restrictions and health issues affected the scope of data collection. Many interviews were done over the phone or through online platforms.

4.SGBV Trends in the Study States

The performance of various states and Union Territories pertaining to the United Nations Sustainable Development Goal 5 (gender equality) on the NITI Aayog Sustainable Development Goals (SDG) India Index (2020) has been far from satisfactory. The overall score for India was 48. Delhi performs worse among Union Territories with a score of 33 out of 100. Among states, Rajasthan fares among the bottom four with a score of 39. Punjab does slightly better (45), while Madhya Pradesh scores 55 to rank among the top 10. Except Madhya Pradesh, which is in the Performer category, the other three states fall in the Aspirant category (score 0-49).

According to data from NCRB, 2020, the crime rate per one lakh population increased to 487.8 in 2020 compared to 385.5 in 2019. The rate of crime against women registered per lakh women population was 56.5 in 2020 in comparison with 62.3 in 2019. However, this decline might be due to under-reporting of crimes during the pandemic-induced lockdowns rather than an actual reduction in instances of crime. It could also point to the lack of accessibility of the police system to survivors.

Figure 1: Rate of Crime Against Women in India (crimes per lakh of women population) – NCRB, 2020



At the all-India level, cruelty by husbands and their relatives remains pervasive, comprising about 30 per cent of all the crimes against women registered under the Indian Penal Code (IPC). Moreover, the offender was known to the survivors of rape in over 95 per cent of cases in each of these states. Thus, it is necessary for safe spaces to be created not only in public places but also in the private sphere and the household.

Nearly 21.5 per cent of the total instances of crimes against women in India registered under the IPC and 20.2 per cent of those under Special and Local Laws (SLL) in 2020 were committed in these four states alone.

Data collected by the NCRB suffers from certain limitations. As the data is based on FIRs, it can significantly underestimate the actual incidence of SGBV cases, which frequently go unreported. NFHS data, on the other hand, is self-reported and therefore may show a more accurate picture of the extent of SGBV.

A comparison of data from NFHS-4 (2015-16) and NFHS-5 (2019-21) reveals that some improvements have been made on indicators related to gender and SGBV. Further, some common trends across the four states can be observed in the findings of NFHS-5. About one in four women has faced physical or sexual violence in Madhya Pradesh (28 per cent), Delhi (27 per cent), and Rajasthan (24 per cent). This proportion is lower for Punjab at 15 per cent. In all four states, it was the current husband who turned out to be the most common perpetrator of physical violence on women aged 15 and above who have ever been married.

Figure 2: Trends in Key SGBV Indicators - NFHS

		Ever-married women age 18-49 years who have ever experienced spousal violence (%)	Ever-married women age 18-49 years who have experienced physical violence during any pregnancy (%)	Young women age 18-29 years who experienced sexual violence by age 18 (%)
India	NFHS 5	29.3	3.1	1.5
	NFHS 4	31.1	3.9	1.5
Delhi	NFHS 5	22.6	3.6	1.6
	NFHS 4	26.8	3.4	0
Madhya Pradesh	NFHS 5	28.1	2.3	1
	NFHS 4	33	3.3	1.9
Punjab	NFHS 5	11.6	1.6	0.1
	NFHS 4	20.5	2.3	0
Rajasthan	NFHS 5	24.3	2.1	0.9
	NFHS 4	25.1	1.4	0.8

Findings from NFHS-5 also indicate that more women than men in Madhya Pradesh and Rajasthan believe that wife-beating is justified under certain circumstances. An equal number of both (18 per cent) believe so in Delhi, whereas 23 per cent of the women and 31 per cent of the men in Punjab justify this act. Thus, data pertaining to lived experiences as well as social perceptions point towards the need for greater gender sensitisation and awareness across genders to prevent SGBV against women.

In addition, complaints of domestic violence received by the National Commission for Women (NCW) surged by 26 per cent from 2020 to 2021 (Pandit, 2022). It must be noted that the second highest complaints in this category were from Delhi. Further, Rajasthan reported the highest cases of rape whereas Madhya Pradesh had the third highest cases in this category (PTI, 2021).

5. Policy Framework to Address SGBV

SGBV can take many forms and may be classified according to its form (sexual violence, physical violence, emotional abuse, economic and structural violence) or by its perpetrator (intimate partner, family members, others). In India, the commonly recognised forms of SGBV include rape, molestation, sexual harassment, domestic violence, human trafficking, dowry-related violence or deaths, sex selective abortion, so-called honour killings, acid attacks and female genital mutilation.

The legal and policy framework for protection against SGBV in India encompasses Constitutional provisions, the Indian Penal Code, and laws against specific forms of violence. Some of the important laws relevant for this study are the Protection of Women from Domestic Violence Act (PWDVA), 2005, the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, (PoA) 1989, and the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act (POSH Act), 2013. Further, there are statutory provisions at the Centre and state level for victim compensation targeted at survivors of SGBV.

The legal provisions are accompanied by various policies with guiding principles, objectives and action points on SGBV, such as National Policy for Women, 2016 and NITI Aayog Three Year Action Agenda. Based on these, the government has various institutions, schemes and programmes to address SGBV. The following are some important Centrally Sponsored Schemes implemented by Ministry of Women and Child Development (MWCD) that provide services to SGBV survivors: Swadhar Greh, Ujjawala, Women Helpline, One Stop Centre and Mahila Police Volunteers.

These schemes cover a wide range of services and activities. Swadhar Grehs are centres that provide shelter, food, clothing, medical treatment and care to women in difficult circumstances, including survivors of domestic violence and trafficking. The Ujjawala scheme is targeted at the prevention of trafficking, as well as rescue and rehabilitation of trafficking survivors. Its implementation can be taken up by a variety of actors, including state departments, local bodies and voluntary organisations.

One Stop Centres (OSCs) provide integrated services to women affected by violence in public or private spaces. They provide temporary shelter and facilitate access to medical, legal, psychological and counselling services, either through direct assistance or through referrals. As per guidelines, the preferred location of an OSC is within a medical facility. The Women Helpline is a 24*7 emergency response service for women. The scheme integrates existing helplines in states by allocating a single national number (181) for their use. Helpline operators are required to refer survivors to OSCs and other services. Mahila Police Volunteer (MPV) is an honorary position assigned to a woman, so she can act as an interface between the public and the police. The objective of the scheme was to curb SGBV and improve women’s access to response services. However, in 2021 it was announced that the scheme may be discontinued

MWCD schemes for protection and empowerment of women	Umbrella schemes introduced by MWCD in 2021-22
Beti Bachao Beti Padhao	<i>Sambal</i>
Women Helpline	
One Stop Centre	
Mahila Police Volunteers	
Mahila Shakti Kendra	
Swadhar Greh	<i>Samarthya</i>
Ujjawala	
Working Women Hostel	
Gender Budgeting and Research	
Home for Widows	
Pradhan Mantri Matru Vandana Yojana	

Additionally, there are Central Sector Schemes (fully funded by the Centre) for institutions that perform functions relevant for addressing SGBV, including the National Commission for Women and Central Social Welfare Board.

Among the four study states, some have announced separate policies and charters for women in recent years that articulate guiding principles, objectives and action points for addressing SGBV. However, it remains to be seen how far the policies have been put into action. The Charter of Women’s Rights Bill, 2015 brought out by the Delhi Government envisions that every woman shall be protected from all forms of violence, whether it occurs in private or public spaces, including unwanted or forced sexual intercourse or activity. Madhya Pradesh had endorsed a Policy for Women in 2015, with three thrust areas: (i) sensitisation on women's issues, (ii) eradication of gender discrimination, and (iii) development of professional expertise and skills and generating employment opportunities for women. However, the text of the policy does not appear to be

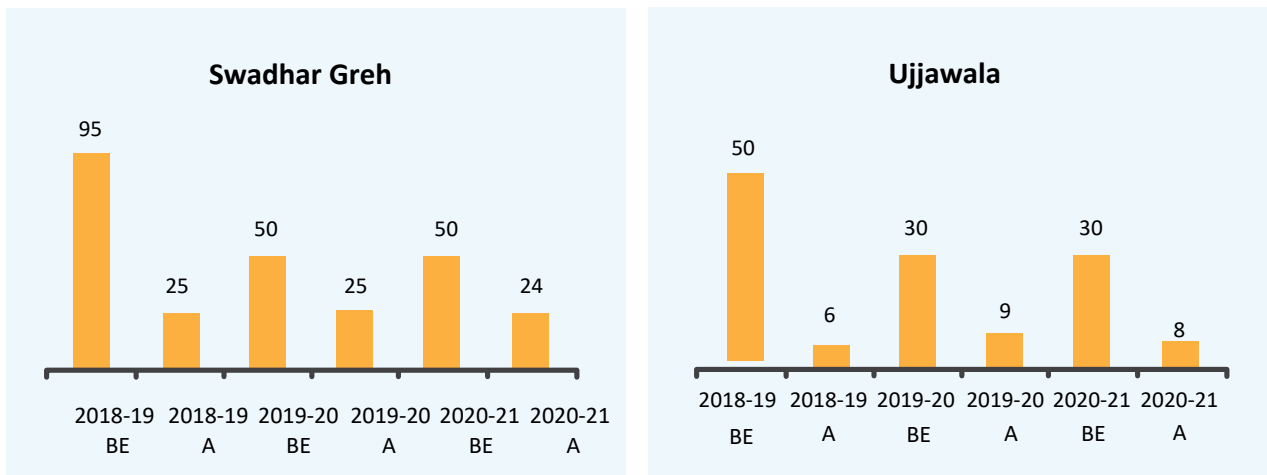
available in the public domain. Rajasthan brought out a detailed State Women’s Policy in 2021, emphasising on the autonomy, dignity and rights of women and girls. It lists action points across six focus areas, including ‘safety, security and protection’. Notably, it emphasises on bringing trans women to the mainstream and calls for special focus on marginalised groups among women.

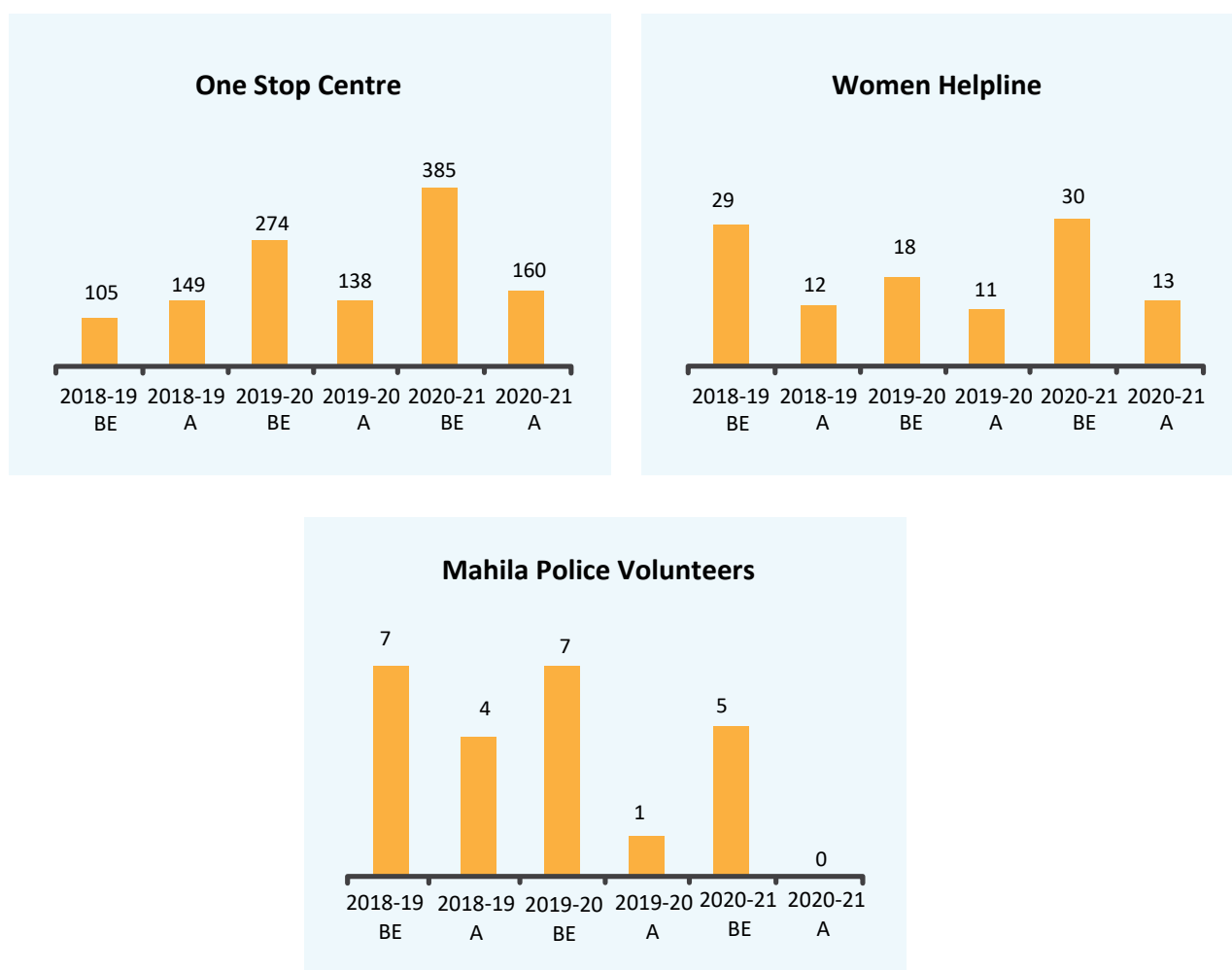
In addition to Central schemes, states may implement schemes of their own to address SGBV and provide support services to survivors. The Delhi Government has made significant investments towards ensuring women’s safety in public spaces, including setting up a special police unit for crimes against women, deploying marshals and installing CCTVs in public buses, and undertaking media campaigns on women’s safety. Madhya Pradesh implemented a scheme called *Shaurya Dal Gathan*, wherein community action groups were formed at the village level to reduce violence against women, and create an enabling environment for women and girls. Rajasthan has a similar scheme- *Chirali* Community Action Groups- that pro-actively address discrimination and violence at the village level. Rajasthan also has centres called Mahila Salah evam Suraksha Kendras. These are NGO-operated centres that provide support services to survivors of violence. Since the onset of the pandemic, each state has also announced several new initiatives for the safety and empowerment of women.

6. Budget Analysis

Trends in budget allocations for major SGBV schemes reveal the government’s priority towards the services provided under the schemes, as well as the reach of services. The budgets for key Centrally Sponsored Schemes that address SGBV have been consistently underutilised, indicating possible gaps in planning and implementation.

Figure 3: Allocation and Expenditure for Key Centrally Sponsored Schemes Addressing SGBV (Rs. crore)





Source: Detailed Demands for Grants of MWCD, various years

In 2021-22, the major schemes under MWCD were merged under two new umbrella schemes: Sambal and Samarthya. An analysis of allocations reveals that the process may have led to a shrinking of the resource envelope for these schemes. Moreover, the configuration of the new umbrella schemes also changed between 2021-22 and 2022-23, making it difficult to compare allocations.

The Nirbhaya Fund was set up by the Union Government in 2013, to provide dedicated funding for the safety, security and empowerment of women, with an initial allocation of Rs. 1,000 crore. As of 2022, projects worth Rs. 9,540 crore have been approved under this fund (MWCD, 2022). Proposals for financing projects on women’s safety under this fund can be submitted by Union Government ministries, state governments and Union Territories. The cost of projects proposed by state governments is shared between the Centre and the state in a 60:40 ratio.

Through this fund, the Centre has scaled up the One Stop Centre model (piloted in Rajasthan), so that it is now being implemented across states. Some other projects initiated by the Centre that are being implemented across all States/UTs include: Fast Track Courts for rape and POCSO cases, Universalisation of Women Helpline, Anti-Human Trafficking Units, and women help desks in police stations. Some projects are state-specific, including: Safe Tourism Destination for women in Madhya

Pradesh, Chirali proposal for women empowerment in Rajasthan, and Nirbhaya shelter home in Nagaland.

Projects under the Nirbhaya Fund have seen delayed releases and low utilisation of funds, as seen in the table below.

Status of Nirbhaya Fund (all-India) as of 2021 (Rs. crore)

Funds Approved	Funds Allocated	Funds Released	Funds Utilised
9549.04	6212.85	4241.91	2871.42
	65% of approved funds	44% of approved funds	30% of approved funds; 68% of released funds

Status of Nirbhaya Fund in Study States as of 2021 (Rs. crore)

	Funds Released	Funds Utilised	Percentage of Utilisation
Delhi	413.27	404.38	98%
Madhya Pradesh	155.96	86.63	56%
Punjab	58.02	35.24	61%
Rajasthan	100.88	79.44	79%

Source: MWCD, 2021

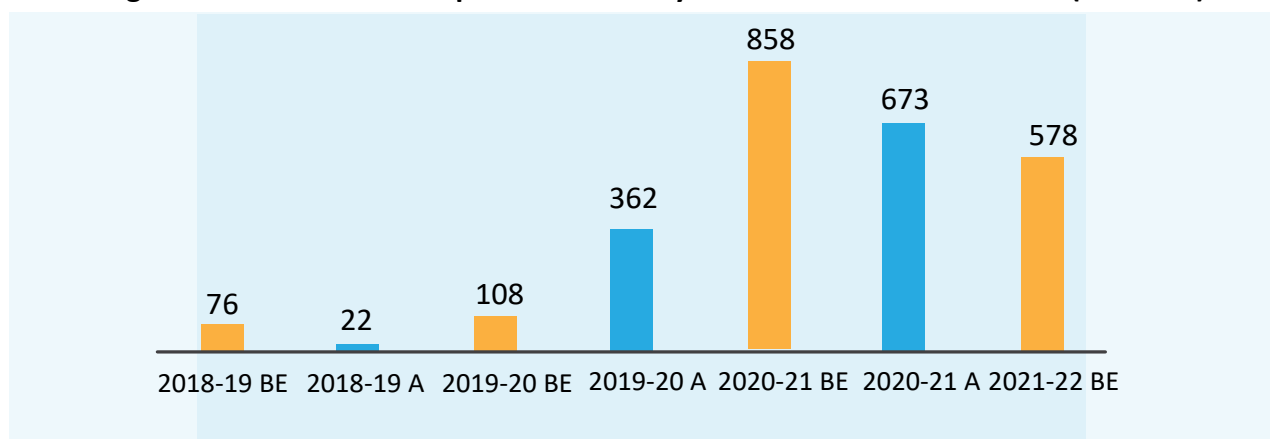
Delhi

Government spending in Delhi is distributed between the State Government, the Union Government and Municipal Corporations. Given Delhi's unique administrative structure, spending by the latter two comprises up to 50% of total expenditure (CBGA and Jagori, 2017). For this study, we reviewed allocations towards SGBV interventions made by departments of the Delhi Government.

A total of 22 interventions were identified across four departments: General Administration, Administration of Justice, Home, and Social Welfare (which includes the Directorate of Women and Child Development).

Delhi's total allocation towards SGBV interventions increased from Rs. 76 crore in 2018-19 BE to Rs. 578 crore in 2021-22 BE. A large part of this increase is because of projects under the Nirbhaya Fund introduced in 2019-20 and 2020-21, for which the funding is shared between the Centre and the state.

Figure 4: Allocation and Expenditure for Key SGBV Interventions in Delhi (Rs. crore)



Source: Detailed Demand for Grants of state departments, various years

The Safe City Project was launched in Delhi in 2019-20 with an initial allocation of Rs. 333 crore, which has fallen to Rs. 0.008 crore in 2021-22 BE. Anti-Human Trafficking Units and Women Helpdesks were launched in 2020-21 with initial allocations of Rs. 1.65 crore and Rs. 2.06 crore respectively. A sum of Rs. 12 crore was allocated for Fast Track Special Courts in 2020-21 BE. The allocation remained the same in 2021-22 BE.

Part of the increase also results from the state’s own investment of Rs. 200 crore each in appointing marshalls (or security personnel) in DTC and cluster buses in 2020-21. In the same year, Delhi also received Grants in Aid to set up an investigative unit within the Delhi Police for crimes against women.

Between 2018-19 BE and 2021-22 BE, Delhi increased allocations for implementation of the PWDVA. However, allocations for Short Stay Homes for women, Swadhar Greh, Anti-Dowry Cell and Women Helpline have either fallen or stayed the same.

Notably, Delhi has recently invested in some preventive mechanisms for SGBV in 2021-22. In 2020-21 BE, allocations of Rs. 200 crore were made for ‘Behavioural Change for Dignity of Women’, although these have reduced to Rs. 95 crore in 2021-22 BE. In 2021-22 BE, Rs. 200 crore were allocated for ‘Media Campaign on Women Safety’. Allocations for the State Commission for Women have gone up from Rs. 200 crore in 2018-19 BE to Rs. 350 crore in 2021-22 BE.

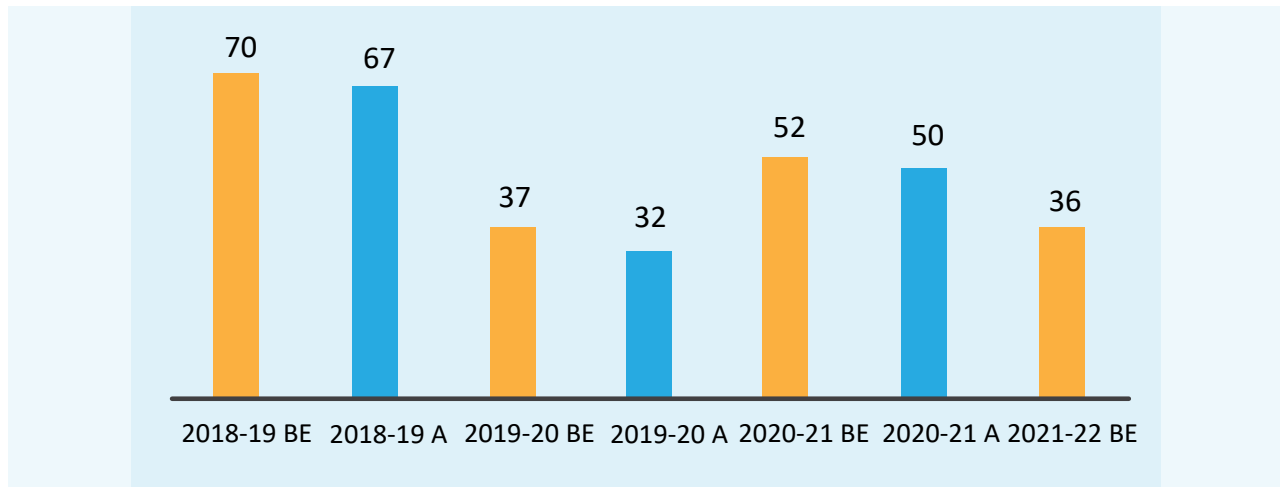
There has been an emphasis on surveillance, evidenced by high allocations for installation of CCTVs in buses (the state share for these was Rs. 900 crore in 2020-21 BE).

Under the Nirbhaya Fund, there is a proposal for ‘providing facility of Social Workers/ Counsellors at the District and Sub- Divisional Police Station Level’ in Delhi, under the Ministry of Home Affairs, with a budget of Rs. 5.07 crore. There is a second proposal for ‘establishment of National One Stop Nirbhaya Centre at Forensic Department, AIIMS, New Delhi’, under the Ministry of Health and Family Welfare, with a budget of Rs. 70 crore. These indicate that Delhi continues to corner a relatively large proportion of funding from the Nirbhaya Fund. However, it remains to be seen how effective these interventions will be to curb the high incidence of SGBV in the state.

Madhya Pradesh

A total of 13 interventions which directly address SGBV were identified across three departments in Madhya Pradesh: Home, Tourism, and Women and Child Development. Allocations for these interventions have nearly halved from Rs. 70 crore in 2018-19 BE, to Rs. 36 crore in 2021-22 BE. This appears to be because allocations for some state schemes have been discontinued since 2020-21, including *Shaurya Dal*, and ‘infrastructure development in police stations for women police force’. A sum of Rs. 40 crore had been allocated for the *Shaurya Dal* scheme in 2018-19 BE.

Figure 5: Allocation and Expenditure for Key SGBV Interventions in Madhya Pradesh (Rs. crore)



Source: Detailed Demand for Grants of state departments, various years

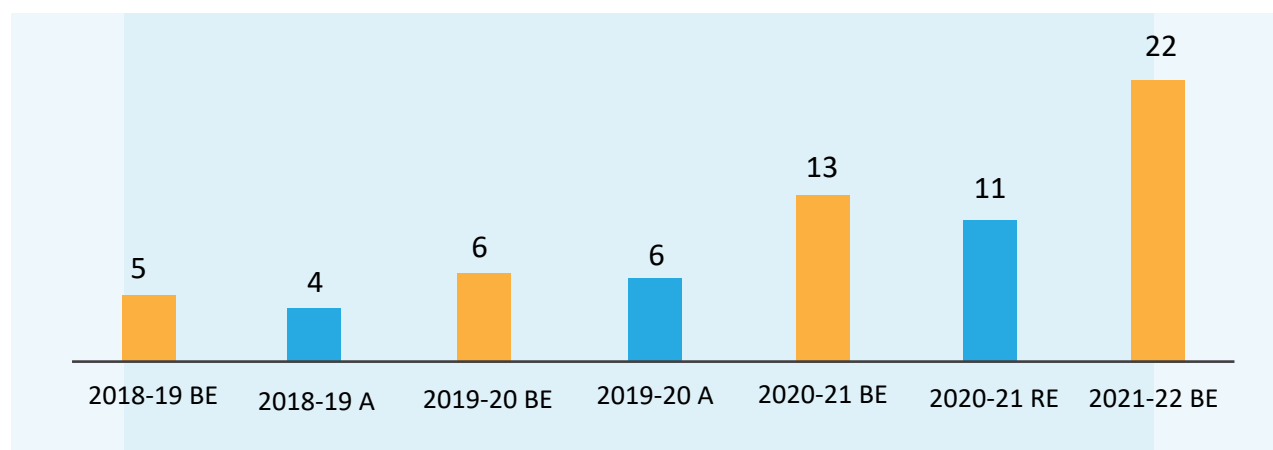
Allocations for Women Helpline, One Stop Centre and Ujjawala show a decline between 2018-19 BE and 2021-22 BE, while allocations for Swadhar Greh have gone up. Allocations for a state intervention named ‘Women safety and health centre against domestic violence’ have also fallen over this period. Funds for projects financed under the Nirbhaya Fund were released in 2020-21 BE. These include Rs. 70 crore for Mahila Help Desks, Rs. 69.3 crore for Anti Human Trafficking Units and Rs. 41.6 crore for ‘Protection of women in tourist places’, the latter being a state specific project approved under the Nirbhaya Fund. However, allocations for all three schemes were significantly reduced the following year.

Among the various interventions for SGBV reported in the budget, a large sum is for the Establishment of Women Crime Unit under the Home Department. The budget for this intervention increased from Rs. 235.8 crore in 2019-20 RE (when it was first reported) to Rs. 281.1 crore in 2021-22 BE. This indicates a priority for police interventions; however, falling allocations for other support services are a matter of concern.

Punjab

For Punjab, a total of 11 interventions that directly address SGBV were identified across three departments: Home Affairs; Women and Child Development; and Law and Justice. The total allocation for these interventions increased from Rs. 5 crore in 2018-19 BE to Rs. 22 crore in 2021-22 BE. The increase is driven by allocations (of Rs. 3 crore) for ‘Nirbhaya Scheme for Safety and Security Tour’, introduced in 2020-21, and a rise in allocations for the Punjab State Commission for Women.

Figure 6: Allocation and Expenditure for Key SGBV Interventions in Punjab (Rs. crore)



Source: Detailed Demand for Grants of state departments, various years

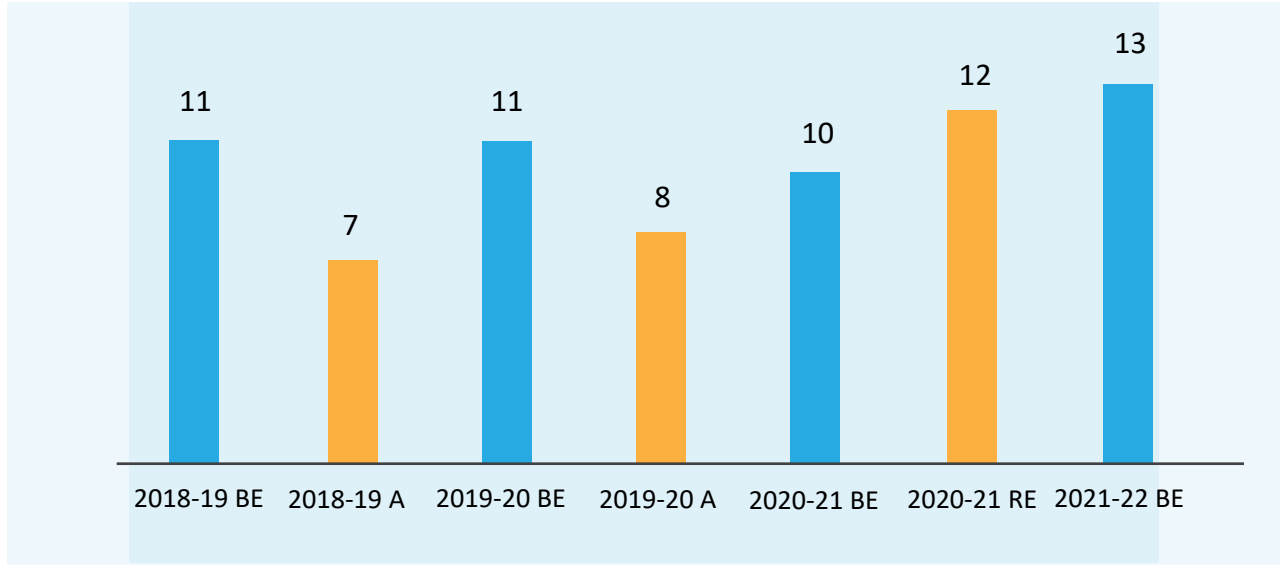
Allocations for the Victim Compensation Fund under the Department of Law and Justice have risen from Rs. 30 crore in 2018-19 BE to Rs. 80 crore in 2021-22 BE. Allocations for Swadhar Greh have also increased over this period. Allocations for Financial Assistance to Acid Attack Female Victims have risen from Rs. 1 crore in 2018-19 BE, to Rs. 2.4 crore in 2021-22 BE. However, the Women Helpline scheme has not received any allocations after being allocated Rs. 4.7 crore in 2018-19 BE.

There is a proposal under the Nirbhaya Fund by the Department of Local Government, Punjab, for ‘Punjab Urban Local Bodies Surveillance Grid for Women Safety (PUNGRID-WS)’ to be implemented in 167 Urban Local Bodies (ULBs) across Punjab. It will be implemented by the Ministry of Housing and Urban Affairs, with a budget of Rs. 154.03 crore. This reflects the growing emphasis on surveillance-based mechanisms targeted at safety in public spaces, which may not be an appropriate approach as discussed in later sections.

Rajasthan

For Rajasthan, a total of 14 interventions that directly address SGBV were identified across two departments: Social Security and Welfare (which includes Women and Child Development); and Police. It may be noted that the estimates presented here may underestimate the state’s spending on SGBV services, as disaggregated salary components were not available for certain interventions. The total allocation for these interventions has not changed significantly over the past four years. There has been a slightly increase from Rs. 11 crore in 2018-19 BE to Rs. 13 crore in 2021-22 BE.

Figure 7: Allocation and Expenditure for Key SGBV Interventions in Rajasthan (Rs. crore)



Source: Detailed Demand for Grants of state departments, various years

Allocations for modernisation of laboratories under the Nirbhaya Fund were introduced in 2020-21, and for the Mahila Police Volunteer scheme (also under the Nirbhaya Fund) in 2021-22.

The budget for the State Commission of Women had been increasing but shows zero allocations in 2021-22 BE. Allocations for One Stop Centres have shown a decline since 2018-19, and have only a nominal allocation in 2021-22 BE. The allocation for ‘state shelter homes and after care services’ was Rs. 36.7 crore in 2018-19 BE and has increased marginally to Rs. 39.1 crore in 2021-22 BE. Allocations for ‘providing support to women under PWDVA’ appear to have been phased out over this period.

7. Findings from Interviews

Our findings uncover trends in the incidence of SGBV since the onset of the pandemic and the lockdowns, experience of survivors during this period, challenges in the functioning of key response services, attitudes of survivors and government survivors towards the phenomenon of SGBV, best practices in the state, along with required reforms in the state’s response to SGBV. The findings have been classified by category of stakeholder, as well as by area of analysis. While there are some common patterns, there are also insights specific to each state.

Policy design and planning

Our discussions with respondents across states revealed that there is a lack of support mechanisms for violence perpetrated in private spaces, such as domestic violence. Domestic violence data often does not get reported or recorded and hence there is no comprehensive database on it. Discussions in Punjab revealed that cases of domestic violence are the most common form of SGBV in the state. However, the implementation of the PWDVA, 2005, was reported to be sub-par. The attitudes towards such forms of violence also play a role in the design and scope of policies. Respondents in Delhi observed that some government service providers showed a somewhat negative attitude towards traits of the 'new generation of women' who prefer nuclear families and may be more independent. Our researchers further observed that in the accounts of many service providers, cases of reconciliation between survivor and perpetrator were always seen as success stories. We learn that at One Stop Centres (OSCs), *mahila thanas*, and URJA helpdesks in Madhya Pradesh, efforts are made to restore the marriage in cases of domestic and/or intimate partner violence. The interviews revealed that often these incidences are referred to as 'family disputes' and not violence.

These findings must be seen in light of the distribution of budgetary resources across SGBV response mechanisms. The majority of projects financed under the Nirbhaya Fund address the safety of women in public spaces. At the level of both the Centre and states, there is a disproportionate focus on surveillance-based mechanisms such as CCTVs and GPS-tracking; these are costly and end up cornering a big chunk of available resources.

Discussions with organisations representing marginalised communities revealed the lack of support mechanisms for, and sensitivity towards, these communities. Representatives of the LGBTQIA+ community in Delhi reported that members of the community facing violence are forced to approach CSOs for help, as there is a lack of government support services targeted at them, as well as a lack of sensitivity among providers of existing services. A CSO worker in Rajasthan emphasised that there are no helplines, OSCs or shelter homes for transgender persons despite laws mandating some of these services for them. In addition, the community's members are less aware of laws and social protection mechanisms which are available. A CSO worker in Madhya Pradesh noted that violence on transgender persons is undermined and misunderstood because of prevailing negative perceptions about them.

A respondent from a Delhi-based CSO representing Dalits shared that class and poverty play a big role for survivors while accessing SGBV services. They are often subject to verbal abuse and humiliation by service providers. The respondent stated that there is reluctance among the police in filing FIRs under the PoA Act, so as to avoid the requirements of compensation, conveyance support, travel allowance, and completion of the investigation within 60 days. A social worker earlier associated with a Special Cell in Madhya Pradesh reported that instances of violence on individuals from marginalised castes are high, but the state fails to recognise caste discrimination as a cause of SGBV. Such instances are instead dubbed as communal violence or conflicts.

A lack of safe, private spaces in police stations was reported in interviews with survivors of SGBV in Delhi. They further reported that police stations often did not have women's toilets, and proper signage or facilities to guide complainants. Notably, Rajasthan's *mahila thanas* were reported to be

approachable and survivor-friendly, as they are staffed by women and equipped with child care centres.

Certain kinds of support services are missing from the overall police framework. Respondents in Rajasthan reported a lack of adequate support mechanisms for couples who are at risk of violence from their families. In Delhi, we found that a safe house was set up in 2020 to provide accommodation to couples at risk of violence, which is a welcome precedent. However, its infrastructure was poor and there was a lack of counselling and other support services. In Punjab, respondents revealed that there was a lack of permanent shelter homes for abandoned women.

Case-by-case data segregated by location, caste, religion, disability status, or income category is not being collected by any of the states. In Rajasthan, MSSKs were found to be without computers and printers, which makes maintaining and disseminating electronic records impossible. MSSK staff had to visit nearby police stations for printing purposes, which also risks the confidentiality of sensitive data pertaining to the survivor's identity in SGBV cases.

The lack of economic empowerment among women was seen to play a role in both access to support services while facing violence, as well as survival and rehabilitation after the violence has ended. One CSO respondent in Punjab shared that survivors of violence often could not afford to travel to courts or avail of other services in Chandigarh as a redressal mechanism. An official of the Delhi State Legal Services Authority (DSLISA) reported that many survivors do not have their own bank accounts, which delays the disbursement of compensation, often up to six months. A high-level official from the Delhi Department of Women and Child Development opined that the current design of shelter homes reflected a missed opportunity to make women more self-reliant; at present only a single skill instructor was appointed instead of a more substantial livelihood support system.

Budgeting

In all four states, we observed a lack of adequate physical and human resources across multiple platforms and services, from OSCs and shelter homes to hospitals and legal aid. Low salary ranges, compensation amounts and unit costs, as well as lack of budgetary provisions for proper institutional functioning were other common findings. An OSC respondent in Delhi shared that over time, more needs have emerged at OSCs, which require funds over and above those stipulated in the guidelines. There is a need for rooms for video conferencing and to accommodate the Protection Officer (PO); a store to keep bedding and other provisions that may be needed by the survivor; more beds; and relievers to replace the multi-tasking staff and security staff.

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Food budget is a meagre Rs 43 per day per person for three meals and tea twice a day with a snack. We have demanded at least Rs 120 per person per day, but no action has been taken. The Swadhar Greh receives Rs 30,000 per year for clothes for all the women residents which is grossly inadequate. During the pandemic, we also had to arrange for masks within that amount.

-Swadhar Greh staff, Jaipur

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Shelter home staff in Delhi reported that the salary range for counsellors and wardens (Rs 10,000–15,000 a month) was inadequate, given that the workers are expected to be available for 24 hours a day. Further, shelter homes lack funds to buy clothes and other basic materials for survivors, build disabled-friendly infrastructure, and have separate rooms for medical services and the member-in-charge. In Rajasthan, it was reported that salaries of counsellors were low across all institutions and had not been revised for MSSK counsellors for over a decade. MSSK counsellors also do not receive any social security benefits. Unit costs at Swadhar Grehs, Nari Niketans and Mahila Sadans were reported to be low.

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We handled a case of alimony rights for a migrant woman from Rajasthan. After some six-seven years of fighting a legal battle, she received an alimony of Rs 2,000 per month. How can she provide for herself and her children in such a paltry amount? Compensation is awarded in cases of domestic violence and crimes under Article 498A (cruelty by husband or his relatives), but the amount is so meagre that it is not even worth the fight.

-CSO worker (Gender Justice Centre – ANANDI), Sheopur, Madhya Pradesh

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In Punjab, a lack of paramedical staff to deal with cases of burns/acid attacks was reported. Many respondents in Punjab highlighted staff shortages in the police department, particularly in the cybercrime units.

Legal and judicial services were also seen to be lacking adequate resources. An official from the DSLSA shared that the organisation could use more funds for the purpose of awareness generation through display boards, radio jingles, advertisements in metro trains, and others. A member of an Local Committee from one of the districts in Delhi revealed that they did not have sufficient funds for basic infrastructure and materials such as a designated room or space, tables, chairs, display boards and paper. The special courts under the PoA Act are reported to be overloaded, and special

public prosecutors overworked, causing significant pendency in cases. The allocations for Fast Track Courts that handle cases of crimes against women are found to be low or stagnant across states.

A large number of frontline workers and service providers opined that the Nirbhaya Fund must be disseminated across multiple activities rather than being “consolidated under one category, underutilised, and wasted”. It was reported that budgetary allocations for training, sensitisation and capacity-building of service providers were inadequate.

Implementation

Our discussions revealed several gaps in the implementation of response mechanisms, reflecting the lack of a survivor-centered approach. Survivors in Delhi reported that the police often discourages them from filing court cases, citing the time and effort involved. Instances were also reported of police officers taking bribes from the in-laws of survivors. A survivor in Rajasthan narrated her harrowing experience of being sent from pillar to post to lodge an FIR against the perpetrator at multiple police stations. Our discussions revealed that the 181 Women’s Helpline directs the caller to multiple other service providers and shifts the responsibility towards them, leading to confusion and delays. One survivor in Delhi reported facing delays in receiving monetary compensation awarded to her by the court. Another survivor shared how she had been compelled to hire private lawyers and that they had not informed her about all her options. One service provider in Madhya Pradesh noted that even if a survivor receives compensation, it is only after the final verdict which could take several years.

Marginalised communities face further challenges in access to services. A Dalit rights advocate in Delhi shared that Dalit women find it hard to even reach the police station; if they do, they are met with insensitivity. Further, whenever a Dalit woman files a complaint, a counter-complaint is filed by the accused. The conviction rate in these cases remains low. A respondent in Punjab revealed that sections of the PoA Act are not invoked, whereas Dalit and Adivasi survivors are entitled to higher amounts of compensation under this act. A CSO worker in Rajasthan observed that members of the LGBTQIA+ community are hesitant to directly approach the police for help, and instead prefer going to CSOs. A respondent in Punjab observed that women survivors with any form of intellectual disability are automatically held at a disadvantage because their accounts are not taken into consideration.

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I wish someone had guided me regarding the importance of medical test in rape case, I would have surely got it done for my daughter. My case could not be strengthened. I am very sad about it.

-Mother of SGBV survivor, Punjab

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Awareness was found lacking not just among survivors looking to avail services, but also among various service providers themselves. While survivors are aware of police and courts, the awareness about OSCs, shelter homes and alternative justice mechanisms like Mahila Panchayats was reported lacking. In Punjab, it was reported that police officers were often unaware of many policies, funds and schemes that deal with SGBV, which made it difficult for them to provide proper information to the survivors. In Delhi, it was opined that many police officers are not aware about OSCs, and even the special unit for crimes against women and children, which is a body under the Police Department. Respondents in Madhya Pradesh stated that many frontline workers and service providers were unaware of the provisions related to Victim Compensation Fund. Similarly, respondents in Punjab stated that awareness on the provisions under the PoA Act was lacking.

Many gaps were revealed in the functioning of various response mechanisms, which hinder their service delivery. A representative from the Delhi Commission for Women shared that getting timely budgets is a challenge for the commission, and also that they need more staff for monitoring. Salaries of Mahila Panchayats are frequently delayed by 3-4 months. In Rajasthan, respondents attributed delays in investigation to the presence of only one forensic laboratory in the state. It was shared that timely payment of compensation to survivors is difficult owing to delays on the part of police officials in completing documentation and paperwork. However, police personnel stated that they face constraints in collecting evidence, especially in cases dating back many years. Further, we heard many accounts of a lack of coordination between different service providers across states.

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During the lockdown there was a drastic increase in cases of violence. The impact was visible after the lockdown was lifted – women were desperate to speak about it or file complaints.

-Counsellor, Special Police Unit for Women and Children, Delhi

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The COVID-19 lockdown which necessitated efficient functioning of support systems against SGBV saw an unprecedented collapse of all kinds of response mechanisms including OSCs and shelter homes. Review meetings among key officials and service providers either could not be conducted or reduced in frequency. The police was found to be unapproachable during this time, as observed by multiple respondents.

8. Recommendations

India needs to pursue transformative strategies at the national and state level to address the high incidence of SGBV in the country. It is also important for these strategies to have an inclusive, intersectional approach towards gender to provide adequate support to marginalised communities of women.

Literature suggests that interventions are effective when they operate at multiple levels: from individuals and intimate relationships to communities and larger public systems. The RESPECT Framework developed by the World Health Organisation posits seven key strategies for preventing violence against women. Other than providing a range of services to survivors, these include strengthening of relationships, economic and social empowerment of women, poverty alleviation, safe environments, prevention of child and adolescent abuse, and transformation of attitudes and beliefs. This, and other similar frameworks can be used to inform strategies for successful interventions by the Union and state governments.

Based on our findings in the scoping study, we have presented a set of short term, medium term, and long term strategies recommendations to address SGBV, including specific points of action for various key stakeholders. Such a phased approach is needed for sustained action on SGBV services besides ensuring time-bound implementation of the same.

Consolidated Roadmap and Action Plan

1. Short term (between now and the next budget cycle)

i. Ensure budgetary priority for key SGBV services

- With support from the Centre, budgets for key schemes and programmes that address SGBV must be protected, if not increased, in the coming year, including Women Helpline, One Stop Centres, Swadhar Greh, and Ujjawala. The overall MWCD budget must also be increased.
- States should protect allocations for specific interventions such as SPUWAC in Delhi, Special Cells in Madhya Pradesh, MSSKs in Rajasthan, and PPMM scheme in Punjab.
- Budget allocations for the implementation of the PWDVA, POSH and PoA Acts, as well as for Central and state victim compensation funds, must be reviewed, and expanded in the coming year.
- Compensation already approved under different victim compensation mechanisms, including the PoA Act, must be released without further delay.

- Release and utilisation of all approved funds for Nirbhaya Fund projects must be expedited. Allocations must be made under the Nirbhaya Fund for prevention-oriented projects. The support of the Union government for key services must be expanded.
- Pre-budget consultations should be carried out with CSOs and representatives from vulnerable communities of women to ensure participatory decision-making.

ii. Institutional strengthening

- State governments should conduct rapid surveys and scoping studies to: (i) measure the extent of increase in SGBV during the pandemic, (ii) document the gaps in service delivery of key response mechanisms. Subsequently, each state should announce a clear, time-bound action plan to address the issues elicited.
- For all key response mechanisms, a portion of the budget must be clearly earmarked for training and sensitisation of service providers. Further, both Union and state governments should invest in the development of training modules on gender, sexuality, marginalisation, power relations, mental health, perspective building on marriage without religious conversion, gender equality in relationships, sensitivity towards LGBTQIA+ communities, and other relevant issues. This exercise should be done in consultation with CSOs and representatives from vulnerable communities of women.
- State governments should notify clear guidelines for gender-responsive budgeting, and direct all relevant departments to identify action points for addressing SGBV and supporting survivors and to allocate resources for their implementation.
- Regular orientation programmes on new schemes and legal provisions for SGBV should be held with all key stakeholders involved in delivery SGBV services, including police and judicial officials. Refresher courses should also be held on existing mechanisms and on overall gender sensitisation.
- Clear indicators of successful delivery of SGBV services should be developed for each category of service provider, against which their performance can be evaluated.

iii. Build awareness about SGBV response mechanisms

- Budgets must be allocated for awareness generation through different media channels of the legal, social, medical and police services available for survivors in all the four states. Dedicated channels of communication should be set up to build awareness about rights of marginalised communities of women, and the support services available to them.
- Mass media campaigns should be carried out for providing information regarding helplines, OSCs and other related services. Hoardings can be put up at markets, dispensaries, bus stops, railway stations, and religious places where they can be easily noticed by women

- Information about the role of legal services authorities at the district, state and national level needs to be well advertised in prominent public places (markets, community centres, *Anganwadis*, primary health centres, Gram Panchayat offices), and not only in courts.

iv. Strengthen implementation of statutory provisions for SGBV survivors

- The quantum of one-time compensation under various victim compensation funds should be reviewed, and the process to avail these must be simplified. There should be efforts by all the relevant departments to promote public awareness about the provision of victim compensation.
- Training and awareness workshops on the PWDV and PoA Acts, including on rights of survivors under the Act, need to be conducted on a regular basis in urban as well as rural areas of all four states.
- All service providers should be made aware of the procedures under PWDVA to survivors, starting from informing the PO and filing an application at the police station to making use of shelter homes, medical facilities, counselling, and legal aid. These steps must be clearly explained to all survivors.
- Service providers should be sensitised about the gravity and long-term implications of domestic violence on the survivors and their children.

2. Medium term (over the next 2-3 years)

i. Expand key services and schemes addressing SGBV

- Budgets for all critical SGBV services must be progressively increased.
- The presence of critical response mechanisms, such as One Stop Centres, must be expanded to the district and block levels in all states. Schemes such as the PPMM should be strengthened and scaled up so as to reach far off rural areas in Punjab.
- The number of operators and counsellors at the helplines should increase, in proportion to the frequency of calls received. Efforts should be made to improve the quality of service delivery of, based on feedback from survivors who have the helplines.
- Safe houses should be constituted for cis, queer and inter-faith couples in all districts.
- Budgets allocated to Central and state victim compensation funds must be increased, and part of the budget must be clearly earmarked for generating awareness on compensation provisions and processes

ii. Address human resource gaps in SGBV services

- Staff shortages in OSCs, shelter homes, police stations, *mahila thanas*, and at all levels of response mechanisms must be plugged.
- OSCs should have a dedicated doctor to examine survivors of SGBV. OSCs attached to hospitals should have a forensic expert, a pathologist, and legal aid counsellors. Psychological counsellors should be present at the OSC 24/7 on a rotation basis.
- States must invest in recruiting and training more counsellors who can assist survivors through different stages of the response process.
- All vacant posts of Protection Officers must be filled.
- The representation of women in all key SGBV services, including police, legal aid and judiciary, must be increased.
- An upward revision in the salaries of frontline workers, service providers, and lawyers provided to survivors, alongside timely payment would ensure retention and better performance of all the personnel who form the backbone of the response and recovery systems. They must also be provided social security benefits.
- In rural areas, well-trained gynaecologists should be recruited at health centres. Additionally, frontline workers can be engaged to aid women survivors of violence, with adequate compensation for their additional services.
- There should be an increase in the number of judges as well as fast-track courts to address pending cases.

iii. Invest in survivor-friendly infrastructure for key SGBV services

- Police stations should have private spaces for survivors to lodge complaints, and clear directions and assistance for survivors to ease the process of filing complaints and seeking redressal.
- Every police station, Women's Cell, and any other institution that provides legal and judicial services, should have facilities to provide updates about the case to the survivor through phone calls, phone message, emails, or other appropriate modes of communication.
- Every delivery platform where the survivor is required to spend a few hours should be equipped with child-care facilities.
- Any digital apps being used in service delivery should have content in vernacular languages, for better access.

- OSCs, Swadhar Grehs, and all shelter homes should be equipped with adequate facilities for residents. Additional financial resources must be provided for purchase as well as maintenance of infrastructure, as well as to meet travel requirements.
- The government should set up shelter homes with more capacity besides ensuring that existing ones are run at full capacity. Permanent shelter homes must be established for women who have been abandoned and women with intellectual disabilities.
- Helpdesks should be set up at all court complexes, to guide the survivor through the legal and judicial process. Court infrastructure should be made more accessible to the elderly, women with disabilities, women with young children, and other vulnerable groups of survivors.
- Court orders directing the provision of safe shelters for LGBTQIA+ persons need to be implemented across the country.
- Exclusive special courts should be established in all districts under the PoA Act for its better implementation.
- There must be regular audits (including community-led audits) of all delivery platforms to assess the state of infrastructure and repairs undertaken.
- Government portals on SGBV schemes and services should be regularly updated. Efforts must be made to disseminate information about these schemes and services through non-digital mass media channels.

iv. Training and sensitisation

- All response mechanisms should have provisions for pre-service and in-service training for service providers. These should cover wide range of issues concerning SGBV, such as its causes, consequences, and measures for sensitive response as well as prevention.
- Trainings on basic legal awareness, rights of survivors, and knowledge of important statutory provisions on SGBV issues, should be organised for government and non-government service providers, along with the larger community.
- Police personnel should be trained on soft skills, with a focus on how to communicate with survivors and handle SGBV cases with empathy.

v. Promote convergence between all relevant departments

- A nodal officer/authority should be appointed to coordinate with officials from all state departments involved in the delivery of SGBV services; to review registered cases and pending complaints; and ensure seamless service delivery.
- Regular review meetings should be held among all key officials, including functionaries from legal aid services and judicial bodies.

vi. Collect and track data on SGBV

- Collection of real-time and disaggregated data of SGBV survivors should be institutionalised and done periodically to plan for more effective prevention and response measures. Indicators should be reviewed from time to time to identify policy actions required for strengthening response mechanisms.
- A centralised survivor database can be maintained to ensure that data is not duplicated and is readily available to all service providers. Survivors must be tracked to ensure rehabilitation and reintegration following rescue and response.
- Vulnerability mapping and threat assessments for all forms of SGBV must be conducted periodically.
- A headcount of all transgender persons in each state must be undertaken to estimate their population and gauge the need for support services required to cover all of them.

vii. Institutional strengthening

- The guidelines for the Nirbhaya Fund should be reviewed and made more conducive towards supporting a wider range of projects, beyond surveillance mechanisms. State governments should formulate proposals for projects focused on prevention, in sectors such as education, health and rural development.
- Parallel mechanisms for addressing SGBV in the unorganised/informal sector should be set up on a large scale. The provisions for the functioning of Local Committees under the POSH Act must be reviewed and strengthened.
- Livelihood opportunities and handholding support for survivors should be provided through the development of a 'Livelihood Cell' in the state government. Referrals to the cell can be provided at multiple service delivery platforms.
- Additional funding should be provided to shelter homes for rehabilitation and reintegration services.
- The design of existing schemes and institutions should be improved to adopt a survivor-centric approach. Mental health components should be included in the protocol for dealing with survivors, for personnel at OSCs as well as police stations.
- The powers, functions and resources provided to statutory bodies such as State Commissions for Womens must be reviewed and strengthened to improve their effectiveness.

3. Long term (5 years and more)

i. Address all resource deficits and strengthen capacity to deliver SGBV services

- SGBV services must be scaled up in proportion to the incidence of violence and needs of survivors as well as vulnerable groups.
- Capacity-building of all survivors must be prioritised to ensure their rehabilitation and reintegration in the society. Education and employment opportunities should be made available to ensure their economic independence and mobility.
- Arrangements for permanent accommodation should be made on priority basis for survivors with mental health illnesses. Permanent old age homes should also be set up and a list of these should be made available in all shelter homes.
- The government should carry out regular large-scale awareness programmes on SGBV services in urban slums and remote rural areas. CSOs can be engaged to conduct sensitisation session in schools and colleges for better awareness on SGBV services.
- Targeted investments should be made in health services, to increase the number and capacity of medical and para-medical staff to deal with different forms of SGBV. Investments in mental health services must be scaled up.

ii. Adopt a survivor-centric approach in the police, legal and judicial services

- A survivor-centric approach must be articulated in the police on SGBV. There should be a case-by-case assessment of the needs of the survivors; reconciliation should not be viewed as the most desired outcome of all cases.
- Any survivor-centric approach to justice must ensure that the primacy is shifted to the harm experienced by the survivor and the redress of that individual harm.

iii. Set up centralised database for key statistics on SGBV

- A centralised database on SGBV should be set up at the state level in each of the four states in order to make optimum use of the information and data obtained from the suggested surveys.
- This database should have information and data on SGBV from all the districts in the states, covering both the rural and urban population. It should be regularly updated and reviewed.

iv. Strengthen interventions for prevention of SGBV

- The Union Government and state governments should significantly scale up investments in prevention services and programmes, across sectors such as education, rural and urban development, transport and infrastructure.

- Targeted investments should be made to address the adverse impact of the pandemic on women's access to education and employment, with a special focus on marginalised communities.
 - The Nirbhaya Fund should be scaled up. States should be incentivised to avail the fund for prevention services.
 - Governments at all levels should invest in studies and surveys to generate better evidence and understanding on all forms of SGBV.
 - More resources should be allocated towards create safe public spaces for women. Alternatives to CCTV cameras in urban areas can be promoted, including adequate lighting; maps and signs to show the way towards the main roads, nearest police station and hospitals; banners of helplines for survivors as well as the legal repercussions for perpetrators of violence; and easy availability of transport services for women.
 - Challenges concerning women's mobility in both urban and rural must be identified through targeted surveys, and efforts must be directed towards making transport facilities accessible and safe for all women.
 - More resources should be allocated towards community-level programmes with higher participation of women, in both urban and rural areas, to build greater ownership towards SGBV prevention at the community level.
 - Representation of women from marginalised communities should be increased in key services, as well as in policymaking positions.
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Annexure

List of Interviewees

Delhi

Sr. no.	Designation	Location	Organisation
1	Counsellor, CSO	New Delhi	Nazariya
2	Special Secretary	Patiala Court Complex, New Delhi	Delhi State Legal Services Authority
3	Helpline operator	Patiala Court Complex, New Delhi	Delhi State Legal Services Authority
4	Lead, CSO	Jangpura, New Delhi	Shakti Shalini (Eastern Chapter)
5	Survivor	-	-
6	Survivor	-	-
7	Member Secretary, Internal Committee	New Delhi	AIIMS
8	Local Committee Member, South-East Delhi, and Director, CSO	New Delhi	Martha Farrell Foundation
9	Assistant Commissioner of Police	Malviya Nagar, New Delhi	Special Police Unit for Women and Children
10	Inspector	Malviya Nagar, New Delhi	Special Police Unit for Women and Children
11	Social Worker	Malviya Nagar, New Delhi	Special Police Unit for Women and Children
12	Lawyer	Saket, New Delhi	-
13	Secretary	New Delhi	<i>National Campaign on Dalit Human Rights</i>
14	Founder, CSO	-	Dhanak of Humanity
15	General Secretary, CSO	New Delhi	All India Dalit Mahila Adhikar Manch (AIDMAM – NCDHR)
16	Area Coordinator and Trainer, CSO	New Delhi	Action India
17	Senior Paralegal, CSO	New Delhi	Action India
18	Collective Coordinator, CSO	New Delhi	CEQUIN
19	Mahila Panchayat Member, CSO	New Delhi	CEQUIN
20	Community Coordinator, CSO	New Delhi	Janpahal
21	Mahila Panchayat Member, CSO	New Delhi	Janpahal
22	Centre Administrator	East Delhi	OSC
23	Superintendent, Shelter Home	Delhi	Nirmal Chhaya
24	Protection Officer, West District, New Delhi	Nirmal Chhaya Complex, Hari Nagar	Govt. of NCT of Delhi

Sr. no.	Designation	Location	Organisation
25	Director, DWCD	New Delhi	DWCD, Govt. of NCT of Delhi
26	Deputy Director, DWCD	New Delhi	Women Empowerment Cell, DWCD, Govt. of NCT of Delhi
27	Chairperson, DCW	New Delhi	Delhi Commission for Women
28	Assistant Professor, Department of Psychiatric Social Work	New Delhi	Institute of Human Behaviour and Allied Sciences, Delhi
29	Transwoman survivor	-	-
30	DSLISA-empanelled lawyer	New Delhi	DSLISA
31	Advocate	Delhi	National Dalit Movement for Justice
32	Head, Department of Gynaecology	New Delhi	Deen Dayal Upadhyay Hospital
33	Medical Officer, Department of Gynaecology	New Delhi	Deen Dayal Upadhyay Hospital
34	Head, Department of Gynaecology	New Delhi	Ram Manohar Lohia Hospital
35	Member-in-Charge and Counsellor, Shelter Home	Tilak Nagar, New Delhi	Bapnu Ghar Shelter Home
36	Survivor	-	-
37	Survivor	-	-
38	Survivor	-	-
39	Survivor	-	-
40	Survivor	-	-
41	Survivor	-	-
42	Survivor	-	-
43	Survivor	-	-
44	Survivor	-	-
45	Survivor	-	-
46	Survivor	-	-
47	Survivor	-	-

Madhya Pradesh

Sr. No.	Designation	Location	Organisation
1	Service Provider	Bhopal	Shelter Home
2	Service Provider	Gwalior	Shelter Home
3	Service Provider	Hoshangabad	Shelter Home
4	Service Provider	Jabalpur	Shelter Home
5	Sub-Inspector	Indore	Police
6	Service Provider	Indore	Urgent Relief and Just action (URJA) Women Helpdesk
7	Head Constable	Jabalpur	URJA Women Helpdesk
8	Head Constable	Sagar	URJA Women Helpdesk
9	Service Provider	Satna	Special Cell
10	Service Provider	Jabalpur	Special Cell
11	Service Provider	Jabalpur	Special Cell
12	Service Provider	Indore	OSC
13	Service Provider	Sagar	OSC
14	Service Provider	Shivpuri	OSC
15	Service Provider	Bhopal	OSC
16	Service Provider	Shivpuri	OSC
17	Service Provider	Sheopur	Gender Justice Centre, ANANDI (Madhya Pradesh State Rural Livelihood Mission)
18	Service Provider	Sheopur	Gender Justice Centre, ANANDI (Madhya Pradesh State Rural Livelihood Mission)
19	Paralegal	Gwalior	-
20	Lawyer	Gwalior	-
21	Lawyer	Bhopal	-
22	SHG Head	Chandpur, Rehli	-
23	Samta Sakhi	Talsemara, Rehli	-
24	Samta Samanvayak	Dhaunai, Rehli	-
25	Nurse	Sagar	-
26	Anganwadi Worker	Rehli	-
27	SHG Head	Sheopur	-
28	Samta Sakhi	Dhaunai, Rehli	-
29	Samta Samanvayak	Sandai	-
30	Samta Sakhi	Chirari	-
31	Samta Sakhi	Chaurai	-
32	District Project Manager	Sagar	-
33	District Master Trainer- Anandi	Sheopur	-

Sr. No.	Designation	Location	Organisation
34	Bank Sakhi- Samta Samanvayak	Shampur	-
35	SHG Secretary-Samta Sakhi	Phular	-
36	Dhaunai- Sherawali Adhyakh	Dhaunai, Rehli	-
37	Samta Sakhi	Madiha	-
38	Samta Sakhi	Dhauniya	-
39	Samta Sakhi	Tal Semra	-
40	Survivor	-	-
41	Survivor	-	-
42	Survivor	-	-
43	Survivor	-	-
44	Survivor	-	-
45	Survivor	-	-
46	Survivor	-	-
47	Survivor	-	-
48	Survivor	-	-

Punjab

Sr. no.	Designation	Location	Organisation
1	Assistant Sub-Inspector	Pathankot	Police station
2	Secretary, CSO	Sujanpur	Public Vikas Council
3	Coordinator, CSO	Chandigarh	Punjab Police Mahila Mittar project (NCW-TISS)
4	Survivor	-	-
5	Survivor	-	-
6	Survivor	-	-
7	Survivor	-	-
8	Survivor	-	-
9	Survivor	-	-
10	Survivor	Ludhiana	-
11	Survivor	Chandigarh	-
12	Survivor	Ludhiana	-
13	Survivor	-	-
14	Survivor	Chandigarh	-
15	Survivor	Jalandhar	-
16	Survivor	-	-
17	Survivor	-	-
18	Survivor	-	-
19	Survivor	-	-
20	Survivor	-	-

Sr. no.	Designation	Location	Organisation
21	Survivor	-	-
22	Survivor	-	-
23	Survivor	-	-
24	Survivor	-	-
25	Survivor	-	-
26	Survivor	-	-
27	Survivor	-	-
28	Survivor	-	-
29	Survivor	-	-
30	Survivor	-	-
31	Survivor	-	-
32	Survivor	-	-
33	Convenor, CSO	Chandigarh	Association of Volunteers for Students' Rights
34	Director, CSO	Chandigarh	Human Rights Law Network (Chandigarh Unit)
35	Coordinator, CSO	Jalandhar	Ambedkarite Women's Era
36	Additional Professor, Plastic Surgery	Chandigarh	Department of Plastic Surgery, Postgraduate

Rajasthan

Sr. no.	Designation	Location	Organisation
1	Counsellor, Family Counselling Centre	Jaipur	Central Social Welfare Board (attached to Rajasthan University Women's Association)
2	Counsellor, Family Counselling Centre	Jaipur	Central Social Welfare Board (attached to Rajasthan University Women's Association)
3	Counsellor	Jaipur (Rural)	MSSK
4	Counsellor	Jaipur (Rural)	MSSK
5	Woman Constable	Jaipur (Rural)	MSSK
6	Counsellor	Jaipur	Mahila Punarvas Samooh Samiti

Sr. no.	Designation	Location	Organisation
7	Counsellor	Jaipur	Mahila Punarvas Samooch Samiti [Gandhi Nagar Mahila Thana (East)]
8	SHO, Mahila Thana	Gandhi Nagar Mahila Thana (East), Jaipur	Police station
9	SI, Second officer, Mahila Thana	Gandhi Nagar Mahila Thana (East), Jaipur	Police station
10	Staff, Mahila Thana	Gandhi Nagar Mahila Thana (East), Jaipur	Police station
11	Constable, Local Committee	Gandhi Nagar Mahila Thana (East), Jaipur	Police station
12	Constable, Local Committee	Gandhi Nagar Mahila Thana (East), Jaipur	Police station
13	Woman constable, Mahila Desk	Vidhayakpuri Thana, Jaipur	Police station
14	Woman constable, Mahila Desk	Vidhayakpuri Thana, Jaipur	Police station
15	Head Constable, Mahila Desk	Vidhayakpuri Thana, Jaipur	Police station
16	Reader, Mahila Thana	Mansarovar Mahila Thana, Jaipur (South)	Police station
17	Reader, Mahila Thana	Mansarovar Mahila Thana, Jaipur (South)	Police station
18	SHO, Mahila Thana	Mansarovar Mahila Thana, Jaipur (South)	Police station
19	Convenor, Rajasthan Chapter, Bhartiya Muslim Mahila Andolan (CSO)	Ramganj, Jaipur	National Women Welfare Society, Rajasthan
20	Staff, CSO	Ramganj, Jaipur	National Women Welfare Society, Rajasthan
21	Staff, CSO	Ramganj, Jaipur	National Women Welfare Society, Rajasthan
22	Counsellor, CSO	Jaipur	Shakti Stambh, Rajasthan University Women's Association
23	Counsellor, CSO	Jaipur	Shakti Stambh, Rajasthan University Women's Association
24	Coordinator	Gandhi Nagar Mahila Thana (East), Jaipur	MSSK- Mahila Punarvas Samooch Samiti
25	Senior Programme Manager, CSO	Jaipur	Vishakha
26	Convenor	Jaipur (Rural)	MSSK, Jaipur Rural

Sr. no.	Designation	Location	Organisation
27	Head, CSO	Jaipur	Nai Bhor
28	Outreach Worker, CSO	Jaipur	Nai Bhor
29	Outreach Worker, CSO	Jaipur	Nai Bhor
30	Counsellor, CSO	Jaipur	Nai Bhor
31	Mental Health Professional, CSO	Jaipur	CSO associated with MSSK, Jaipur
32	Lawyer	Jaipur	Centre for Dalit Rights
33	Deputy Director, Jaipur District, Department of Women Empowerment	Jaipur	Collectorate, Jaipur
34	Deputy Director, Women's Protection Cell	Jaipur	Directorate of Women Empowerment
35	Assistant Director, Women's Protection Cell	Jaipur	Directorate of Women Empowerment
36	Lawyer	Jaipur	Independent
37	Director	Jaipur	Rajasthan State Legal Services Authority
38	Clerk/Helpline Operator	Jaipur	Rajasthan State Legal Services Authority
39	Assistant Director	Jaipur	Rajya Mahila Sadan (state shelter home)
40	Special Educator	Jaipur	Rajya Mahila Sadan (state shelter home)
41	Chhatravas Adhikshak (Hostel Warden)	Jaipur	Rajya Mahila Sadan (state shelter home)
42	Junior Accountant	Jaipur	Rajya Mahila Sadan (state shelter home)
43	Convenor	Jaipur	Swadhar Greh
44	Co-convenor	Jaipur	Swadhar Greh
45	Resident Superintendent	Jaipur	Swadhar Greh
46	Counsellor	Jaipur	Swadhar Greh
47	Accountant	Jaipur	Swadhar Greh
48	Survivor	Rajsamand	-
49	Survivor	-	-
50	<i>Saathin</i>	-	DWCD

