



**IMPACT EVALUATION STUDY  
OF  
MULTI-SECTORAL PROGRAMME ON VIOLENCE AGAINST  
WOMEN (2<sup>nd</sup> Phase)**

**Conducted by:**

**Evaluation Sector**

**Implementation Monitoring and Evaluation Division (IMED)**

**Ministry of Planning**

**Government of the People's Republic of Bangladesh**

**June 2014**

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June 2014**

## FOREWARD

The project “Multi-Sectoral Programme on Violence Against Women (MSPVAW)” of the Ministry of Women and Children Affairs (MoWCA), has been one of the most important achievement for the women of Bangladesh, developed through joint collaboration of the Government of Bangladesh & Denmark. The project has initiated a tremendous impact on the women of the country, creating an opportunity never before provided for the victims of violence in Bangladesh. It has not only been extremely successful but institutional arrangement, the multi-professional engagement and the quality of services have been appreciated by all. The Project was launched in 2000 in response to Bangladesh’s commitment to Beijing Platform for Action. Pilot phase was from May 2000 to December 2003. The Impact Evaluation study on the 2<sup>nd</sup> phase which continued from July 2008 to June 2011 showed that the program introduced a coordinated integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh, through the eight One-stop Crisis Centres (OCC) being run in seven Divisional Medical Hospitals and one district level medical college hospital at Faridpur.

The study was undertaken with great difficulty due to the big gap existing between implementation time from 2008 to 2011 and the impact evaluation in 2014, during which time it was extremely difficult to locate the victims who were mostly untraceable due social problems and constraints faced regarding recognition. The study also reveals that the victims usually hide their identification and are mostly untraceable due to socio-cultural problems and restrictions faced regarding detection and recognition.

The stories of violence through physical, sexual and burn assaults are atrocious, horrendous and unbearable. However the treatment, health care, police protection, assistance to legal action, DNA tests, psycho-social counseling, shelter and rehabilitation through OCC, the Help-line support and Database information has created tremendous impact for the victims, in spite of the lapses within the project.

I would like to put on record my sincere appreciation for Professor Masuda M. Rashid Chowdhury, who worked within such a limited time stretch and various impediments to produce this excellent research study. I thank her for having the courage and sincerity in completing this study, the findings of which carry critical message for effective project formulation and implementation in Bangladesh, especially in areas which have never been identified before. Thanks are also due to my colleague Ms Salma Mahmud, Director General IMED and her team for undertaking this wonderful study and providing necessary support. The Study results are enlightening and informative and taking careful consideration of the recommendations provided regarding control of violence against women and children including their protection at all levels of society, next phase of the project will be accomplished through coordinated, improved and effective implementation.



**(Suraiya Begum ndc)**

Secretary

IMED, Ministry of Planning

## PREFACE

The Implementing, Monitoring and Evaluation Division (IMED) of the Ministry of Planning monitors the implementation of on-going as well as evaluates the completed development projects of the Government of Bangladesh (GoB). The Evaluation Sector of IMED has assigned individual consultant Professor Masuda M. Rashid Chowdhury to evaluate the project “Multi-Sectoral Programme on Violence Against Women” executed by the Department of Women Affairs of the Ministry of Women and Children Affairs from July, 2008 to June, 2011.

The overall objective of the project was to redress and prevention of violence against women in Bangladesh through a coordinated and integrated inter-ministerial approach. The impact study reviewed progress of implementation and compliance of the project. The Study results are indeed revealing and instructive, holding important lessons for planners and implementers on these issues and have provided recommendations through which violence against women could be controlled at both the urban and rural areas.

The outputs of the study were reviewed and approved by the Technical and Steering Committees at different stages. The final outcome and findings were presented in a national workshop organized by the Evaluation Sector, IMED. The national workshop was attended by the concerned officials representing different agencies & ministries and the outcomes were appreciated.

I would like to thank the consultant Professor Masuda M. Rashid Chowdhury, all concerned officials & staffs of the Evaluation Sector and officials of Department of Women Affairs for their sincere co-operation. My thanks and profound gratitude is also to all members of the Technical and Steering Committee, especially to the Secretary, IMED for providing useful advice and guidance.

It is believed that the recommendations of the study will be useful to all concerned involved in control of violence against women and children including their protection at all levels of society.



(Salma Mahmud)  
Director General  
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## Acronyms and Abbreviations

|          |   |   |
|----------|---|---|
| ADB      | : | Asian Development Bank  |
| BNPAW    | : | Bangladesh National Policy on Advancement of Women                                    |
| BNWLA    | : | Bangladesh National Women Lawyers Association   |
| BPRS     | : | Bangladesh Poverty Reduction Strategy   |
| CEDAW    | : | Convention on the Elimination of All Forms of Discrimination Against Women            |
| DFR      | : | Draft Final Report  |
| DG       | : | Director General  |
| DHS      | : | Directorate of Health Services  |
| DKK      | : | Danish crowns (currency)  |
| DMCH     | : | Dhaka Medical College Hospital  |
| DNA      | : | Deoxyribo Nucleic Acid.   |
| EC       | : | European Commission   |
| EoD      | : | Embassy of Denmark  |
| EU       | : | European Union  |
| FGD      | : | Focus Group Discussion  |
| GoB      | : | Government of Bangladesh  |
| BHAP     | : | Bangladesh Harmonization Action Plan (August 2006)                                    |
| HRGG     | : | Human Rights and Good Governance  |
| ICPVWC   | : | Inter-Ministerial Committee for the Prevention of Violence against Women and Children |
| IMCC-VAW | : | Inter-Ministerial Coordination Committee on Violence Against Women                    |
| IMED     | : | Implementation Monitoring and Evaluation Division                                     |
| KII      | : | Key Informant Interview   |
| MCH      | : | Medical College Hospital  |
| MoE      | : | Ministry of Education   |
| MoHA     | : | Ministry of Home Affairs  |
| MoHFW    | : | Ministry of Health and Family Welfare   |
| Mol      | : | Ministry of Information   |
| MoLJPA   | : | Ministry of Law, Justice and Parliamentary Affairs                                    |
| MoRA     | : | Ministry of Religious Affairs   |
| MoSW     | : | Ministry of Social Welfare  |
| MoWCA    | : | Ministry of Women and Children Affairs  |
| MSPVAW   | : | Multi-Sectoral Programme on Violence Against Women                                    |
| NAPWA    | : | National Action Plan for Women's Advancement  |
| NCWCD    | : | National Council for Women and Children Development                                   |
| NFDPL    | : | National Forensic DNA Profiling Laboratory  |
| NGO      | : | Non-Government Organization   |
| NSAPR    | : | National Strategy for Accelerated Poverty Reduction                                   |
| NTCC     | : | National Trauma Counseling Centre   |
| OCC      | : | One-Stop Crisis Centre  |
| PCR      | : | Project Completion Report   |
| PD       | : | Project Director  |

|      |   |   |
|------|---|---|
| PEP  | : | Project Evaluation Report                       |
| PIU  | : | Project Implementation Unit                     |
| PMU  | : | Project Monitoring Unit                         |
| PRS  | : | Poverty Reduction Strategy                      |
| PRSP | : | Poverty Reduction Strategy Paper                |
| PSU  | : | Programme Support Unit (of HRGG)                |
| RIK  | : | Rape Investigation Kit                          |
| RDPP | : | Revised Development Project Proforma / Proposal |
| SA   | : | Senior Advisor                                  |
| SRO  | : | Statutory Regulation Order                      |
| TK   | : | Taka (Bangladesh Currency)                      |
| ToR  | : | Terms of Reference                              |
| UNDP | : | United Nations Development Programme            |
| UP   | : | Union Parishad                                  |
| VAW  | : | Violence Against Women                          |

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# *EXECUTIVE SUMMARY*

## **BACKGROUND:**

The project “Multi-Sectoral Programme on Violence Against Women (MSPVAW) “ of Ministry of Women and Children Affairs (MoWCA), has been one of the most important achievements for the women of Bangladesh, developed through joint collaboration of the Government of Bangladesh & Denmark. The project has initiated a tremendous impact on the women of the country, creating an opportunity never before provided for the victim of violence in the country. The Project was launched in 2000 in response to Bangladesh’s commitment to Beijing Platform for Action. Pilot phase was from May 2000 to December 2003. The 1<sup>st</sup> phase of the project continued from January 2004 to June 2008.

**Implementation Period:** The Impact evaluation Study is on the 2<sup>nd</sup> phase which continued from July 2008 to June 2011. The program introduced a co-ordinated integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh. Presently, eight OCCs are being run by the MSPVAW of which seven are divisional level medical college hospitals and one district level medical college hospital. The main objective of the OCC is to provide all required services for woman and children victims of violence in one place.

**Administrative Ministry of MSPVAW** is Ministry of Women and Children Affairs. The Implementing Units are also under the Ministry of Women and Children Affairs. Location of the Project are the 7 (Seven) Divisional Medical College Hospitals and one District level Medical College Hospital.

These are as follows:

1. Dhaka Medical College Hospital.
2. Chittagong Medical College Hospital
3. Rajshahi Medical College Hospital
4. Sylhet Medical College Hospital
5. Khulna Medical College Hospital
6. Barisal Medical College Hospital
7. Rangpur Medical College Hospital
8. Faridpur Medical College Hospital.

**Componets of the project:** 1. One Stop Crisis Centre (OCC) at seven Medical College Hospitals. 2. National Forensic DNA Profiling Laboratory (NFDPL) in Dhaka Medical College Campus 3. Divisional DNA Screening Laboratories in Divisional Medical College Hospitals, 4. National Trauma Counseling Centre (NTCC), 5. Violence Against Women (VAW) Database, 6. VAW Helpline to address the gender based violence. Besides there are Violence Against Women (VAW) Division Committees in each Division working privately for women’s security.

The **ONE-STOP CRISIS CENTRE (OCC):** provides treatment, health care, police assistance, DNA test, social services, legal assistance and psychological counseling. Women and Children victims of violence with a history of physical, sexual and burn assaults are referred to the OCCs. The institutional arrangement and multi-professional engagement of the OCC and quality of the services are appreciated by the professionals and stakeholders. It also established a close relationship between the women and children victims of violence and service providers.

## **OBJECTIVES OF THE PROJECT:**

**Objectives of the Project:** Redress and prevention of violence against women in Bangladesh would be improved through a coordinated and integrated inter-ministerial co-ordination.

**Immediate Objectives:** 1. Integrated public services related to Violence Against Women would be improved and consolidated to increase quality, efficiency and sustainability. 2. Awareness on Violence Against Women and related public services will be increased in relevant institutions and general public to promote the use of the concerned facilities. 3. Institutional capacity of the MoWCA will be developed to improve and consolidate inter-ministerial coordination and actions in relation to VAW.

## OBJECTIVES OF THE CURRENT IMPACT EVALUATION STUDY:

To investigate whether the project activities are implemented/achieved as targeted and reasons for any deviation and bottlenecks. To observe and comment on the present functional status of major activities in the areas selected for survey. To examine whether the procurement process ( invitation of tender, evaluation of tender, approval procedures, contract awards etc) of the packages ( goods, works and services) under this project was done following PPR '08. The consultant will be required to analyze these procurement related functions based on predetermined indicators. To assess the impact as well as the performance of the project activities with respect to:

i. Medical treatment, legal support, DNA test, psycho-social counseling, shelter and rehabilitation support from OCCs for VAW victims. ii. Lesser incidence of violence against women and children. iii. General awareness on violence against women through TV and mass medias. iv. Speedy trial on the basis of DNA tests. v. Awareness of professionals, Imams, Government and Non-Government officials, about uses of DNA, OCC and NTCC services. Other objectives include the following: To assess impact of project activities in increasing skill development and self employment opportunity for women of VAW victims, women's participation in development and sustainability of the project through OCC services. To review weaknesses and bottlenecks that are impeding the performances of project through SWOT analysis as well as internal strengths and opportunities that would lead to more sustainability of the project activities. To suggest recommendations for more holistic and well-coordinated activities amongst various ministries, GO & NGO interactions and help OCCs become more affordable and accessible to VAW victims and overall sustainability of the project in future.

## ESTIMATED PROJECT COST (IN LAKH TAKA):

| Estimated Cost (in Lakh Taka) | Original    | Latest Revised |
|-------------------------------|-------------|----------------|
| a) Total                      | Tk. 1674.63 | Tk. 1845.84    |
| b) GOB                        | TK. 369.78  | TK 245.99      |
| c) Project Aid                | Tk. 1308.85 | Tk. 1599.85    |

**TARGET BENEFICIARIES:** The Target Beneficiaries included the following as determined by the project

### **“The Victims of Violence against Women at all levels of the society.”**

The number of beneficiaries selected has been decided on the availability of the victims of violence who were mostly untraceable due to social problems and constraints faced regarding identification. These victims maintained a low profile of not being recognized as victims of violence due to social repression and subjugation including undesirable impacts of the people of the locality on their victimization, which created a matter of shame and degradation both for the victims and also for their families.

## SAMPLE SIZE:

The sample size was decided on 108 victims from the year 2008 on to the present day in 2014 as the sample of victims entitled “Victims who did not receive services from OCC of MSPVAW” were omitted from the survey, being difficult to categorize and locate without proper identification. The final sample size was decided as 1. From 2008 to 2011, which was the mentioned time-frame of ToR, 2. Non-victims or victims without OCC service were finally identified as those victims who received services of the MSPVAW from 2012 to 2014 (the present day)

## MAJOR STUDY FINDINGS:

**Project's Advantages and Benefits provided to society through OCC:** Majority 72.22% Victims mentioned that helpless, poor and illiterate women had become aware about various rehabilitative services provided by OCC of MSPVAW, 31.48% assured that the Legal assistance has enhanced women's confidence and mental strength. Through the OCC of MSPVAW 37.48% Victims said that the women have become financially self dependent.

**Encouragement for victims through project support:** 90.74% victims mentioned gratefully of the free medical and other health services received by the victims at the OCC. 31.48% victims mentioned that good counseling was received to assist victims to regain their mental and moral strength. Shelter and security was received when the victims were under threats and this was mentioned by 51.85%.. Legal assistance was received in order to file cases through the lawyers as mentioned by 21.30% victims. Fair justice was received from OCC, mentioned 10.19% victims. Cash and kinds (sewing machine etc.) was received to earn for self dependency reported 17.59% victims.

**Impact Analysis through Facilities created:** VAW victims are given emergency medical services and conservative treatments, which are usually rendered for physically, sexually assaulted and burnt victims in the EMO. After recovery the victims are transferred to OCC for further medical services, counseling, legal supports as well as police protection and security. In cases of severe cases patients/victims are referred to specialized doctors and departments. The services are provided free of cost to all type of victims.

**Publicity of MSPVAW:** Public awareness campaigns have been made through 5 episodes of TV serials on Trauma Counseling, Sexual Harassment, Social security, Child labour problems, Child sexual assault, Acid violence, website for information, DNA test, dowry etc

**One- Stop Crisis Cells :** MSPVAW has established 60 One- Stop Crisis Cells including 40 in District Sadar Hospitals and 20 in Upazilla Health Complexes to provide information to the women and children survivors of violence regarding various services i.e. health care, police assistance, legal advice and trauma counseling.

**Issues of Free movement of women in family and society after being attacked through violence.** On the issues of Free movement of women and maintaining protection of victims from being attacked again through violence, the victims suggested the following: 1. Careful movement in society and control of their activities in society, 2. Maintaining police & OCC Phone numbers for protection & assistance when needed 3. Become more self-dependant to avoid financial problems, 4. Necessity of women to keep their family matters under control to avoid violence.

**The Strengths of MSPVAW :** Doctors were confident about the standard and promptness of their services rendered from the OCC. MSPVAW officials were of the opinion that although violence against women had not reduced in the society but project activities had enhanced awareness amongst people and increased the victims' courage to seek assistance from the OCC and rehabilitative centers. Moreover, the victims realized that they had some shelters including medical, legal and police protection supports to fight out the aftermaths of violence against them. These services had enhanced the courage of women to fight against violence and inform or assist other victims in need of protection, treatment, rehabilitation or need for shelter.

**Weaknesses of MSPVAW:** Regarding the Weaknesses of the project, the victims highlighted the issues being the lack of reduction in violence against women through impacts of project activities, 50% victims informed that the MSPVAW was unable to reduce violence because there was no exemplenary punishment of the criminals, 48.15% mentioned lack of security for women in all walks of life, while 1.85% mentioned that there was no enactment of Laws against violence, which created privileges for the criminals. Victims requested MSPVAW to take actions on these issues.

**Impacts of the project activities:** Majority 87% victims affirmed that the shelter and rehabilitation provided and the consciousness raising activities for protection and security have helped reduce violence against women.

## CONCLUSION:

The programme performance, the medical care and treatment, legal assistances, police protections, shelter and rehabilitation related services rendered, the situation of victims and description of the violence incurred on them, along with focuses on the detailed account of the performances carried out for the victims have been spelt out in the Impact Evaluation Study. The protective situation of the victims, the changes in their lives, their struggles through their failures along with their achievements through the benefits provided have been focused through the impact of the project on the society.

**Successes:** The Report is on issues through which the project has initiated miraculous changes amongst the poor rural population, majority of whom have never visited hospitals before. Their belief of protection is greater than challenges of legal action, because they have the fear of being harmed again. This was the change --- the mental change towards acceptance of struggle and survival, brought in through the greatest opportunities provided through the OCC for the victim of violence. Women empowerment increased as they now themselves visit OCC in cases of violence knowing their cases will be heard and they can fight back.

**Drawbacks:** Issues in this concern included the lapses in the programme. It was observed that some of the expensive diagnostic check-up such as MRI, NCS, DNA are not usually borne by hospitals so the poor victims are deprived of these treatments. Some of the doctors' observations were that smooth functioning OCC services were at times impeded or strained due to social, familial and political pressures and hushing of facts about the victims. Problems at times surfaced when the victims themselves wanted to get released from OCC before they were stabilized or physically fit to leave the hospital. The major problems associated with OCC managements were its limited space to accommodate all the professionals involved in the treatment and protection of the victims, including the doctors, nurses, psycho-social therapists, radiologists, along with the lawyers, counselors, police persons; social workers and others. Moreover, lack of proper orientation, lack of dissemination of OCC related activities in the mass media and lack of speedy trial for the severe victims caused apathetic and lack of interest and enthusiasms amongst victims and their parents and relatives.

**Achievements and Impacts of the Project:** Life is not only risky, but also uncertain for women regarding their security both in the society and also in many families in Bangladesh, where violence occurs without the knowledge of others. It is heart-rendering to see the activities in the OCC where the survivors of violence are treated with medical assistances, provided support to fight their legal cases along with protection and given hopes of survival through treatment, shelter and opportunities of better lives.

## RECOMMENDATIONS:

The Recommendations were derived from the suggestions of the Victims through the questionnaires, the opinions of the participants of the Focus Group Discussions, the propositions and ideas of the selected personnel of Key Informants Interviews and also by the personnel offering services at the OCC.

Among the major recommendations were the following:

- The modernization and further development of OCC was an immediate requirement. Doctors felt that adequate fund should be allocated for the project to provide full-fledged medical and rehabilitative cares to the financially strangled victims. Coordinators suggested appropriate and greater campaigns at district, Upazila and community levels to disseminate proper information about the services rendered from OCC and rehabilitation centers. Social Workers requested for more IGA related training and financial supports for the victims so that they are able to recoup themselves from aftermaths of violence and social degradation.
- Allotment of greater space for the construction of a larger, modern and more sophisticated One-Stop Crisis Centre at Dhaka, the capital city, with more beds and treatment facilities for victims.
- Greater working space for professionals as the legal experts, police officials, social workers and psycho-social counselors to perform their duties at ease.



- OCC Centres should be established in every District, Upazila and Unions, because it is difficult for the victims
- (females) to come to the Divisional cities from far off areas for treatment, security requirements and legal actions and procedures against culprits and perpetrators. If victims take time to reach the OCCs the issues of evidence and proof are often destroyed.
- Contribution from the general people should be encouraged for the cost of the free treatment and rehabilitation services provided for the OCC patients.
- DNA test should be publicized for taking action against the rape or physical assault crime committed, since DNA tests help the women victims to identify the crime committed. Publicity through the media and other sources is necessary for the sake of correct treatment of the victims and proper legal actions against the culprits.
- Television programmes on the services provided and advertisement of the OCCs should be focused to provide victims the proper care and also to sensitize people regarding the violence inflicted upon women in various ways, both within the family and also outside in the open surroundings.
- More Safe Homes and shelters for victims should be built to protect the women of disadvantaged and poor families.
- Increase of Help-lines, organizing of rallies against crimes and arrangement of television programmes on issues of protection against violence for women and children is extremely necessary.
- Organizing of discussion programmes at schools, colleges and madrasas should be held on these issues of protection against violence in order to sensitize the students and prepare the protective measures for their security.
- School syllabus should have information of MSPVAW and services provided for the victims of violence
- NGOs should be linked with the OCC to provide services to the people whenever and wherever required
- District Violence against Women and Children Protection Cell should be strengthened to take necessary action on victims, provide proper treatment to victims and raise conscious among the people for their protection.
- The Imams commented that the MSPVAW activities should be publicized at the Friday Jumma Khudba (Sermons) through the initiatives of the Islamic Foundation activities to inform the citizens of the services provided to victims at OCC and other MSPVAW treatment facilities.
- Books should be written on the violence caused on women, the ways of taking protection and about the treatment services provided for recovery of victims.
- Exemplary punishment should be given to the offenders / criminals in case of violence against women
- Women should know the laws enacted for punishment of criminals involved with violence against women.
- Girls should move decently and not instigate offenders towards violence against them.
- Security measures should be strengthened on roads, police vigilant teams should guard at night, Thana police teams should keep constant watch & Law enforcing agencies should be honest in dealings for service to people.
- Protective measures should be highlighted in the media for self security.

# **CHAPTER ONE: INTRODUCTION, BACKGROUND, OBJECTIVES**

## **1.0 INTRODUCTION**

The Draft Report for the Impact Evaluation of the Project “Multi-Sectoral Programme on Violence Against Women (2<sup>nd</sup> phase) from 2008 to 2011, contains description of the project, the programme performance, the treatment and related services rendered, the situation of victims and description of the violence incurred on them, as well as focuses on the detailed account of the activities carried out for the victims. The situation of the victims, the changes in their lives, their struggles through their sufferings along with their achievements through the benefits provided have been focused through the impact of the project on the society. The 2<sup>nd</sup> Phase of MSPVAW was in short – to consolidate the achievements from the First Phase by addressing the problems and concerns which still hamper the quality and efficiency of the service delivery as well as the access to and the demand of these services (RDPP Summary)

### **1.1 VIOLENCE AGAINST WOMEN IN BANGLADESH:**

The Revised Development Project Proforma/Proposal (RDPP) of the Ministry of Women and Children Affairs of the Government of the People’s Republic of Bangladesh, clearly mentions that among all the inequalities in Bangladesh, discrimination against women reflects the most blatant form of injustice. Further on, it mentions that among the several dimensions of such discriminations against women and women’s poverty, social vulnerability is all pervasive and endemic. Within this, the worst form of social discrimination takes place in terms of Violence against Women (VAW) both in the public space and also within the household. Although there are no statistics, there are reasons to believe that the occurrence of family violence is endemic in all social and economic classes.

The high incidence of Violence Against Women (VAW) often makes the victims become economic and social liabilities to their families and also to the society. Thus it adds to their devaluation in their society. It also has a strong negative impact on their participation in income generating activities, labour market and attendance in educational institutions.

Among the actions as identified for women in Bangladesh, Government’s particular focus has been given to VAW along with good governance and women’s political empowerment. In case of VAW, the main goal is to eliminate all forms of violence, include domestic violence as a punishable crime, ensure protection of women in custody by enforcement agencies and punish the perpetrators of such crime. Among other priorities are the implementations of laws against VAW and the providing of facilities of psychosocial services for the victims including developing congenial male attitude towards women.

### **1.2 PROTECTION OF VAW VICTIMS IN BANGLADESH:**

Equal rights for men and women have been enshrined in the Constitution of Bangladesh. In accordance with CEDAW, Beijing Platform for Action and other international commitments, a set of specific goals have been included in the Bangladesh National Policy on Advancement of Women (BNPAW - March 1997) and the National Action Plan for Women’s Advancement (NAPWA). The National Council for Women’s Development (NCWD) headed by the

Prime Minister is mandated to provide guidance in the formulation of regulations to ensure women's legal rights including prevention of oppression against women. Women's development activities are monitored across the sectors by NCWD.

The Inter-ministerial Committee for prevention of violence against women and children which is headed by the Minister of Women and Children Affairs (MoWCA) reviews the national VAW situation at intervals and monitors inter-agency activities. The central prevention Cell on VAW under MOWCA monitors VAW at national level. District and Upazilla level committees provide legal aid to women victims. Special courts have been set up in each district for quick disposal of cases.

There are several well-reputed and leading NGOs which have women rights as their main area of interest and several of these e.g. BNWLA also provide services for victims of VAW such as legal assistance and run a shelter home. Several international NGOs such as OXFAM and Action Aid lead major awareness campaigns with local partners concerning VAW. Moreover, development of programmes also in the rural areas have been activated as essential for protection of women and prevention of violence. A number of NGOs have assisted in the areas of women's empowerment and VAW and since 2000. Danida has provided substantial assistance to the Multi-Sectoral Programme on Violence Against Women (MSPVAW) implemented by the MoWCA as a significant contribution towards prevention and redress of VAW in Bangladesh. This backdrop reveals that the overall development of the situation of Violence Against Women in Bangladesh is being carefully looked into through various activities in the country. The Project "Multi-Sectoral Programme on Violence Against Women (2<sup>nd</sup> phase)" is dependent on the various activities linked with the treatment and rehabilitation of the victims of VAW.

### **1.3 BACKGROUND OF THE PROJECT:**

The Multi-Sectoral Programme on Violence Against Women (MSPVAW) of the Ministry of Women and Children Affairs (MOWCA) was being implemented jointly by the Government of Bangladesh and Denmark. The project was carried out in collaboration with the Ministries of Health and Family Welfare, Home Affairs, Social Welfare, Law, Justice and Parliamentary Affairs, Information, Education and Religious Affairs. The Project was launched in 2000 in response to the Bangladesh's commitment to Beijing Platform for Action. The pilot phase of the action took place from May 2000 to December 2003. The 1<sup>st</sup> phase of the project continued from January 2004 to June 2008 and the 2<sup>nd</sup> phase continued from July 2008 to June 2011. The programme had introduced a co-ordinated integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh.

The major activities of the programme included seven one-stop crisis centres (OCCs) in the Medical College Hospitals at Division headquarters, one in Faridpur Medical College Hospital, National Forensic DNA profiling lab at the DMC and divisional DNA screening Lab at Rajshahi, Sylhet, Chittagong, Barisal, Khulna, Rangpur and Faridpur Medical College Hospital, National Trauma counseling centre, Violence against Women (VAW) helpline, VAW Data base and public awareness activities on VAW and protection of women..

The project which was a continuation of the 1<sup>st</sup> phase, had been using new and experimental approaches in setting with VAW. The multi-faceted management structure with the involvement of eight ministries has been a very new

mechanism. Each of the eight ministries had its own role in the project. The one-stop crisis centre and one DNA laboratory have been new and experimental approaches being introduced first time in Bangladesh by the project.

It was assumed that availability of One-stop Crisis Centre (OCC) services in own locality would increase the reporting of the VAW cases and consequently raise awareness. DNA is a new technology introduced to our country and usage and demand for the DNA test has shown drastic rise in this phase. The lab services reduced the cost of DNA test significantly by fixing DNA test fee to a nominal amount compared to its actual cost and the fee of other neighbouring countries and avoiding traveling cost abroad. The lab has also earned revenue for the government from its activities. Since DNA is a new technology, the expensive machineries that are used need close supervision and monitoring by experts to keep up an international standard. To provide mental health support to the VAW victims a national trauma counseling centre has been established in this phase. Moreover, violence against women is a complicated problem which needs a change of social customs, culture and taboos. Time is a big factor to bring about gradual change into society. Public awareness campaigning went hand in hand with the services of the project to promote social and gender issue changes and reduce Violence against Women (VAW) in the country.

#### **1.4 OBJECTIVES OF THE PROJECT:**

##### **Objective:**

Redress and prevention of violence against women in Bangladesh would be improved through a coordinated and integrated inter-ministerial approach.

##### **Immediate Objectives:**

- Integrated public services related to VAW would be improved and consolidated to increase quality, efficiency and sustainability.
- Awareness on VAW and related public services will be increased in relevant institutions and general public to promote the use of the concerned facilities.
- Institutional capacity of the MoWCA will be developed to improve and consolidate inter-ministerial coordination and actions in relation to VAW.

#### **1.5 OBJECTIVES OF CURRENT IMPACT EVALUATION STUDY - AS IN TERMS OF REFERENCE (TOR):**

- To investigate whether the project activities are implemented/achieved as targeted and reasons for any deviation and bottlenecks.
- To observe and comment on the present functional status of major activities in the areas selected for survey.
- To examine whether the procurement process ( invitation of tender, evaluation of tender, approval procedures, contract awards etc) of the packages ( goods, works and services) under this project was done following PPR '08. The consultant will be required to analyze these procurement related functions based on predetermined indicators.
- To assess the impact as well as the performance of the project activities with respect to:
  - i Medical treatment, legal support, DNA test, psycho-social counseling, shelter and rehabilitation support from OCCs for VAW victims.
  - ii. Lesser incidence of violence against women and children
  - iii. General awareness on violence against women through TV and mass medias..

- iv. Speedy trial on the basis of DNA tests.
  - v. Awareness of professionals, Imams, Government and Non-Government officials, about uses of DNA, OCC and NTCC services etc.
- To assess impact of project activities in increasing skill development and self employment opportunity for women of VAW victims, women's participation in development and sustainability of the project through OCC services.
  - To review weaknesses and bottlenecks that are impeding the performances of project through SWOT analysis as well as internal strengths and opportunities that would lead to more sustainability of the project activities.
  - To suggest recommendations for more holistic and well-coordinated activities amongst various ministries, GO & NGO interactions and help OCCs become more affordable and accessible to VAW victims and overall sustainability of the project in future.

## 1.6 STUDY RATIONALE

Violence has increased in Bangladesh, even with the opportunities of education, development of infrastructure, increase of income, and even with the better living facilities. Violence has been an inborn attitude in mostly the male members of society. In such cases it is observed that the women usually become the victims, being of a weaker sex and more frail in bodily structure. Sexual assaults have increased both at homes and in societies. On the other hand, violence which are inflicted through women have taken a worse turn in recent years, through dowry demands, torture on daughters-in-law and atrocities often leading to physical instability, burn injuries, and even death through violent incidents.

Violence against women in Bangladesh did not occur in such a massive situation before since people refrained from violent criminal activities, and maintained sober lives. Crime did exist but not in this extreme situation at it exists today. Moreover since women's out of house participation was lesser there were lesser incidents of violence outdoors. Sexual violence was seen with disgust. But violence is widespread now and political influence; administrative failure and lack of social resistance and implementation of laws are the main reasons that lead to the perpetrators going free. The overall situation of women and girls in Bangladesh and the issues relating to violence against women, particularly, dowry violence, rape, acid violence and stalking (sexual harassment) is increasing gradually. Victims of rape face severe social stigma where in majority cases victims are treated as the guilty party by the police. As a result a majority of victims/their families do not seek justice and try to hide incident. Due to a weak criminal justice system, insensitivity, corruption, wrong postmortem reports the judicial procedure is hindered. Though a deep rooted patriarchal mindset and lack of awareness is behind such violence; however, non implementation of laws are also instigating such violence. In such conditions the MSPVAW project, the programme performance, the treatment and related services rendered, the situation of victims and description of the violence incurred on them, as well as focuses on the detailed account of the performances carried out for the victims, is an extra-ordinary achievement for Bangladesh.. The situation of the victims, the changes in their lives, their struggles through their failures along with their achievements through the benefits provided have been focused through the impact of the project on the society.

In such conditions the MSPVAW has provided tremendous facilities for the victims through which they have not only survived but have also been given protection and facilities for leading a better life. The Report is on issues through which the project has initiated miraculous changes amongst the poor rural population, majority of whom had never visited hospitals before. Their belief of protection is greater than challenges of legal action, because they have the fear of being harmed again. This was the change --- the mental change towards acceptance of struggle and survival, brought in through the greatest opportunities provided through the OCC for the victim of violence. Women empowerment has increased as they now themselves visit OCC in cases of violence knowing their cases will be heard and they can fight back.

Usually the accused absconds and in many cases return back for taking revenge if the victims or their families file cases. Many victims avoid speaking of their tortures because people often rebuke them instead of giving solace. Treatment facilities are not available everywhere for victims especially if they are cases of violence. Clinics refuse entrance in many places. Moreover, women are put to shame by their family members or friends, as the victims become the topics of discussion. Society talks about them instead of consoling them. There are no differences in attitudes of violations be it a male or a female. Maidservants, young girls, school children all are now in problems due to eve teasing. Moreover, dowry demands, drug addiction, financial insolvency all co-operate to increase violence in society. In these situations, the project "Multi-Sectoral Programme on Violence Against Women (MSPVAW) " of Ministry of Women and Children Affairs (MoWCA), has been one of the most important achievements for the women of Bangladesh, developed through joint collaboration of the Government of Bangladesh & Denmark. The opportunities have initiated a tremendous impact on the women of the country, creating an opportunity never before provided for the victim of violence in such a vast form in the country. It is for these achievements that the project requires more facilities together with appreciation. It is assumed that the situation would be controlled with greater security for women, enactment of laws against the offenders and the criminals and there would be a protective environment in future for the women to move in safety and live secured lives.

### **1.7 SCOPE OF WORK OF EVALUATION STUDY**

In line with the objectives set forth, the consultant prepared the study design. Sampling of the evaluation study was made on the basis of coverage of work and area mentioned below (as in ToR):

#### **Area Coverage:**

5 (five) Divisional Medical Hospitals and beneficiaries associated with OCC services

#### **Coverage of Work:**

1. Implementation status of VAW activities in projects at all the 5 (five) Divisional Medical Hospitals, Women's Directorate and 6 (six) Ministries.
2. Interviewing the VAW victims for the impact of the projects and their impressions about the VAW related activities.
3. Interviewing the Non-victims and their impressions about the VAW related activities.
4. Conducting in-depth discussions and consultative meetings with SPS Advisor, NDP, PD of LGSU.
5. FGD meetings with professionals, Imams, Government and Non-government officials, UP members, Local Administration, Public representatives, Local Elites, Teachers, Religious Leaders etc about various uses of DNA, OCC and NTCC services.

### **1.8 SCOPE OF SERVICES - RESPONSIBILITIES OF THE CONSULTANT**

A brief description of the services rendered by the consultant has been provided below:

- i. Consultant has prepared Data Collection Instruments (DCIs) and the Report
- ii. Consultant has trained field staff, met the project authorities and made field visits.
- iii. Consultant has borne expenses for preparation of data entry format in SPSS, data entry works, verification, processing and analysis etc.
- iv. Consultant has carried out multivariate and economic/financial analysis, where needed.

# CHAPTER TWO: PROJECT INFORMATION

## 2.0 PROJECT INFORMATION

The project information includes the project area description, project profiles, project components, types and number of target beneficiaries and rationale of the project.

### 2.1 PROJECT AREA DESCRIPTION:

The project “Multi-Sectoral Programme on Violence Against Women (2<sup>nd</sup> phase)” is an attempt to initiate care, treatment, protection, nursing for victims of Violence Against Women and instigate the people towards prevention of criminal acts on women. The project supports the Bangladesh Poverty Reduction Strategy (BPRS), which especially addresses women’s rights in the supporting strategy of *Ensuring Participation, Social Inclusion and Empowerment*, and includes a specific indicator for “elimination of Violence against Women”. The programme is also aligned to UN Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) and Danida’s Gender Equity.

The project Evaluation Study on “Multi-Sectoral Programme on Violence Against Women (2<sup>nd</sup> phase)” covers the activities of the project for the victims of Violence Against Women initiated by Ministry of Women and Children Affairs (MOWCA) in the Medical College Hospitals of 7 (seven) divisions, namely, Dhaka, Chittagong, Rajshahi, Sylhet, Khulna, Barisal and Rangpur. Another project area is Faridpur at the District level hospital. Moreover, project area also covers the activities at the Department of Women’s Affairs for the victims of VAW. In addition, collaboration is also carried out by 8 (eight) Ministries which include the Ministries of Health and Family Affairs, Home Affairs, Social Welfare, Law, Justice and Parliamentary Affairs, Information and Education through providing justice on the crimes committed, and also rehabilitation and self-employment programmes for the victims.

### 2.2 PROJECT PROFILES:

**a) Name of the Project** : “Multi-Sectoral Programme on Violence Against Women (2<sup>nd</sup> phase)”

**b) Administrative Ministry:** Ministry of Women and Children Affairs

**c) Implementing Units** : Ministry of Women and Children Affairs:

**d) Location of the Project** : 7 (Seven) Divisional Medical College Hospitals and one District level Hospital:

1. Dhaka Medical College Hospital
2. Chittagong Medical College Hospital
3. Rajshahi Medical College Hospital
4. Osmani Medical College Hospital, Sylhet
5. Khulna Medical College Hospital
6. Sher-e-Bangla Medical College Hospital, Barisal
7. Rangpur Medical College Hospital
8. Faridpur District level Hospital

**e) Implementation Period:**

|          | Date of Commence | Date of Completion |
|----------|------------------|--------------------|
| Original | 01. 07. 2008     | 31.12. 2010        |
| Latest   | 01. 07. 2008     | 30. 06. 2011       |
| Actual   | 01. 07. 2008     | 30. 06. 2011       |

**f) Estimated Project Cost (in lakh Taka):**

| Estimated Cost (in Lakh Taka) | Original    | Latest Revised |
|-------------------------------|-------------|----------------|
| a) Total                      | Tk. 1674.63 | Tk. 1845.84    |
| b) GoB                        | Tk. 369.78  | Tk. 245.99     |
| c) Project Aid                | Tk. 1308.85 | Tk. 1599.85    |

**2.3 COMPONENTS OF THE PROJECTS**

1. One-Stop Crisis Centre (OCC) at seven Medical College Hospitals.
2. National Forensic DNA Profiling Laboratory (NFDPL) in Dhaka Medical College
3. Divisional DNA Screening Laboratories in Divisional Medical College Hospitals
4. National Trauma Counseling Centre (NTCC) along with Association for Community Development of Rajshahi, Sylhet Jubo Academy and Aparajeyo-Bangladesh of Chittagong to provide counseling services to OCCs.
5. VAW Helpline now called “National Helpline Centre” to address the gender based violence.
6. VAW Database
7. VAW Committees.
8. Study Tours to India, Cambodia, Vietnam, Thailand, Philippine and Malaysia by officials of MoWCA, partner ministries, hospital doctors
9. 148 training, workshop and seminars on capacity development, strengthening the VAW activities, Counseling, DNA, Gender sensitization for concerned professionals and stakeholders of national, division, district and Upazilla level where 11143 participants attended those training courses.
10. Public awareness campaigns through five episode of TV serial on Trauma Counseling, Eve Teasing (Sexual Harassment), Social security, Child labour, Child sexual assault, Acid violence, website for information, DNA test, dowry etc.

**2.4 PROJECT COVERAGE AREA (for Evaluation Study):**

The project activities have been undertaken in 7 (seven) Divisional Medical College Hospitals, of which 5 (five) have been selected for the Impact Evaluation Study. These are as follows:

**a) 5 (Five) Divisional Medical College Hospitals undertaken to evaluate project activities**

1. Dhaka Medical College Hospital (DMCH)
2. Chittagong Medical College Hospital
3. Rajshahi Medical College Hospital
4. Khulna Medical College Hospital
5. Sher-e-Bangla Medical College Hospital, Barisal

**b) MSPVAW of MOWCA for VAW Victims in the 5 Divisional Medical College Hospitals:**

1. One-Stop Crisis Centre (OCC) in all 5 Medical College Hospitals
2. DNA Screening Laboratories at OCC in 5 Medical College Hospitals
3. National Forensic DNA Profiling Laboratory (NFDPL) In Dhaka Medical College Campus, Dhaka

**c) MSPVAW of MOWCA for VAW Victims in the Department of Women Affairs**

- 4.. National Trauma Counseling Centre (NTCC) at Department of Women’s Affairs



- 5.. Psycho-social Counseling Activities at NTCC at Department of Women's Affairs
- 6.. VAW HELPLINE (for Gender-Based Violence) at Department of Women's Affairs
- 7.. VAW DATABASE at Department of Women's Affairs

**d) Collaboration of 8 (eight) Ministries for rehabilitation and self employment programmes for Victims/Beneficiaries** of OCC services. These include the following:

1. Ministry of Health and Family Welfare
2. Ministry of Home Affairs
3. Ministry of Social Welfare
4. Ministry of Law, Justice and Parliamentary Affairs
5. Ministry of Information
6. Ministry of Education
7. Ministry of Religious Affairs
8. Ministry of Women and Children Affairs

**e) Other than the OCC and other MSPVAW activities, information was also derived from the private source of VAW Committees located in the Offices of Local Administration / Divisional Commissioners** at Dhaka, Chittagong, Rajshahi,, Khulna, Barisal for organized VAW activities through VAW Committee at each division.

## **2.5 TARGET BENEFICIARIES**

The Target Beneficiaries included the following as determined by the project::

**The Victims of Violence against Women at all levels of the society.**

The number of beneficiaries selected had been decided on the availability of victims of violence who are mostly untraceable due to social problems and constraints faced regarding recognition, who usually hide their identification because of social protection and are mostly untraceable due to socio-cultural problems and constraints faced regarding detection and recognition. These victims maintain a low profile of not being recognized as victims of violence due to social repression and subjugation including undesirable impacts of the people of the locality on their victimization, which creates a matter of shame and degradation both for the victims and also for their families.

## **2.6 NUMBER OF BENEFICIARIES**

The number of beneficiaries of the Project included the following:

1. VAW Victims who had undergone treatment at the projects
2. VAW Beneficiaries of the project who were provided rehabilitation and self-employment services.

## **2.7 JUSTIFICATION / ADEQUACY**

Among all the inequalities in Bangladesh, discrimination against women reflects the most blatant form of injustice. Moreover, among the several dimensions of such discrimination against women and women's poverty, social vulnerability is all pervasive and endemic. Within this, the worst form of social discrimination takes place in terms of Violence against Women (VAW) both in the public space and also within the household. It is known that occurrence of family violence is endemic in all social and economic classes. The high incidence of VAW often makes victims become economic and social liabilities to their families and the society. Thus it adds to their devaluation in their society. It also has a strong negative impact on their participation in income generating activities, labour market and workplace occupations.

This project has been developed to provide treatment and medical and psychological assistance to the victims, in order to rehabilitate them and also provide income generating activities for their sustainability. This reduced the incidence of mental degradation caused through impacts of violence among these victims and prevented them from becoming burdens on their families. Providing income and employment generating opportunities substantially raised the spirit of survival among the victims. The project activities were aimed at contributing towards the victims' mental upliftment and physical comfort after the harmful and destructive attacks on them through violence.

## **2.8 RATIONALE OF THE PROJECT**

It is presumed that the project "Multi-Sectoral Programme on Violence Against Women (2<sup>nd</sup> phase)" implemented by the Ministry of Women and Children Affairs (MoWCA) was an attempt to uplift both the mental and also physical conditions of the victims of violence in Bangladesh, never before provided in this vast form by the government in collaboration with Danida through its "Bangladesh – Denmark Partnership" strategy. This attempt was not only a support for the rehabilitation of the victims of violence but also for their families most of whom were not of the high income groups. For the violated women, who were the victims of violence, despite their extremely perilous socio-economic position, it had been demonstrated that given the opportunity for survival and rehabilitation, in the above categories, they responded successfully to well focused socio-economic well-being and were able to cope with the new endurance and survival responsibilities. Along with mental enhancement and physical improvement after victimization, socio-economic development of victims was another important activity under the project, which had been linked in collaboration with the eight Ministries of the government for activity support.

This project had been developed aimed at generating newer approaches for assistance to the victims, to reduce the incidence of violence against to a controllable situation, among the female population of the country through developing the treatment procedures, psycho-social counseling at National Trauma Centre, increasing VAW Helpline and Database activities and expanding income-generating opportunities that substantially raised the social stability and security of the effected women and decreased violence against women in the country through growth of social consciousness.

So, in this study, the Evaluation Sector, IMED had been assigned to evaluate the credibility of the services provided by the project and also the greater confidence and trust created through faith and conviction amongst the victim women regarding their survival and rehabilitation in cases of violence harmed on them. Along with these issues lay the satisfactions of the project personnel who provided assistance in cases of treatment, rehabilitation and self-employment opportunities for the victims. In this context, the study had assessed the implementation status and impact of services provided in this completed project. It had found out the extent to which it had succeeded in achieving its stated objectives, and also suggested further steps for improving the sustainability and performance of the services provided to the victims of violence against women in Bangladesh.

## **CURRENT INFORMATION ON MSP-VAW**

Information of the number of patients who received treatment and other services from the One-Stop Crisis Centre (OCC) of Medical College Hospitals of Dhaka, Rajshahi, Chittagong, Sylhet, Khulna, Barisal, Faridpur, Rangpur from August 2001 to April 2014

### **OCC clients from August 2001 to April 2014**

| Category         | OCC, DMCH   | OCC, RMCH   | OCC, CMCH   | OCC, SMCH   | OCC, KMCH   | OCC, BMCH   | OCC, FMCH  | OCC RpMCH  | <b>TOTAL</b> |
|------------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|--------------|
| Physical Assault | 2847        | 4231        | 1828        | 1900        | 2060        | 1035        | 163        | 150        | 14214        |
| Sexual Assault   | 1653        | 510         | 651         | 1150        | 322         | 322         | 55         | 28         | 14214        |
| Burn             | 211         | 45          | 14          | 19          | 54          | 20          | 4          | 4          | 371          |
| <b>Total</b>     | <b>4711</b> | <b>4786</b> | <b>2493</b> | <b>3069</b> | <b>2436</b> | <b>1387</b> | <b>222</b> | <b>182</b> | <b>19286</b> |

Source: MSPVAW

#### **Legal services from OCC:**

From 2008 - 2011, number of cases filed from OCC were 1780, of which 263 cases settled through compromise. Court declared verdict of punishment for 43 cases. Other cases are on-going due to lengthy court systems. Victims request quick disposal of cases since they feel insecurity for their lives, through suspension.

#### **National Trauma Counseling Centre (NTCC)**

Trauma Centre activities started from 2009. From 2009 - 2014, Trauma Centre provided services to more than 1000 patients free of cost.

#### **Help-line**

##### **MSP-VAW Help-line**

- Help-line 10921 started from 19<sup>th</sup> June 2012, today it is renamed National Helpline Centre, which provides services, information and assistance to victims, or any person who requests for their requirements.
- Prime Minister has declared that any person would receive immediate services from MSP-VAW for any incidence of violence against any woman or child, or for information desired or reporting of any criminal occurrence or threat by calling the number "10921" .
- Any person can take support through the phone services.
- The assistances from help-line are provided 24 hours through phone.
- All types of queries of the victims or their relatives are provided from the Help-line.
- Victim can request the support of professionals through On-line services from the doctors, councilors, lawyers, DNA Specialists, Research officers, police service people etc whenever required.

# **CHAPTER THREE: TECHNICAL APPROACH, METHODOLOGY**

## **3.0 TECHNICAL APPROACH, METHODOLOGY**

This section is the core of the technical proposal. It explains how, given the current knowledge of the project environment and based on the long-standing experience, it is proposed to achieve the objectives set by ToR.

The general principles of the approach are set out in Section 3.1, followed by a detailed discussion of the specific approach/method to the study in Sections 3.2.

## **3.1 APPROACH**

The methodology for the present study used system-wide approach, which was both detailed and participatory. This approach involved wide-ranging and sequenced discussion with project management persons and beneficiaries, to know their views.

The study involved the use of the following:

- i. Review of the available Literature
- ii. Review of the available Reports
- iii. Formal and informal interviews;
- iv. Semi-structured interviews by means of Key Informants
- v. Field survey through Structured Questionnaire,
- vi. Collection of primary and secondary information,
- vii. Series of reconnaissance field visits by the Study Team and consultant to project area
- ix. Case Studies of Victims.

While the conceptual model crystallized different ideas into a simple form for carrying out the study, the detailed methodology provided the modes of implementation including survey design, sampling procedures, preparation of questionnaire, training of enumerators, framing of analytical techniques and the output generation.

### **3.1.1 The Conceptual Framework**

The conceptual framework for the assignment had been developed based on the meticulous reviews of the available literature/documents on the project and based on understanding of the ToR provided by IMED. While analyzing the ToR, special thought had been put on understanding the objectives, the scope of work, the suggested approach and methodology and the time allocated to undertake the assignment. **(ToR provided in Annexure No.1)**

### **3.1.2 Evaluation Methodology**

The Methodology included the following:

- a) Determination of sample size of the beneficiaries of the project
- b) Identification of the number of project components for field work
- c) Review of the activities of the project (before and after) especially for the future development programmes.

- d) Methods of managing the impediments encountered
- e) Identification of the positive impacts on the victims
- f) Mentioning the types of Trainings provided
- g) Identification of assistances/rehabilitation activities by 8 (eight) collaborating Ministries with the project
- h) Verification of the employment provided for maintenance of the victims
- i) Identification of the services of the VAW Help-line for addressing Gender-Based Violence
- j) Identification of the information received at VAW Data-Base & methods of compilation, accumulation, conservation, and preservation of data.
- k) Ascertain the activities of the VAW Committees at the 5 (five) evaluating Divisions of the project
- l) Identify project implementation, impacts and services rendered through Project officials & other employees at different service centers in the Divisional Medical College Hospitals and Department of Women Affairs.
- m) Statement of the success of the project through support provided to victims and identifying the changes in their lives after the violence and the protection provided
- n) Finalization of the future requirements for the VAW victims/beneficiaries.

## 3.2 DETAILED METHODOLOGY

### 3.2.1 Review of Existing Literature, Secondary sources data and initial consultation meetings

Existing Literature was reviewed to understand the present status of violence against women, places of occurrence and impact on women. The information gained assisted in identifying types of violence incurred and formulation of future plans for prevention of violence against women along with development of services through MSP-VAW. Detailed review of project documents, relevant materials and secondary sources of information were done prior to finalization of methodology and data gathering instruments. Information available for the Projects at the 5 (five) Divisional Medical College Hospitals and also at the Department of Women's Affairs were reviewed to understand the present status and identify gaps.

## 3.3 LITERATURE REVIEW

**Violence against women : Reports of Odhikar :** The reports by Odhikar mentions that Violence against women in Bangladesh, is widespread and politically influenced. Administrative failure and lack of social resistance and implementation of laws are the main reasons that lead to the perpetrators going free. Odhikar closely monitors the overall situation of women and girls in Bangladesh and documents the issues relating to violence against women, in particular, dowry violence, rape, acid violence and stalking (sexual harassment). Victims of rape face severe social stigma where in majority cases victims are treated as the guilty party by the police. As a result a majority of victims and their families do not seek justice and try to hide incident. Due to a weak criminal justice system, insensitivity, corruption, wrong postmortem reports, the judicial procedure is hindered. Though a deep rooted patriarchal mindset and lack of awareness is behind such violence; however, non implementation of laws are also instigating such violence. The inaction and corruption of law enforcement agencies and their reluctance to investigate or arrest the accused also contribute to the continuing crime of violence against women.

The most recent News and Reports by Odhikar on Violence against women are the following:

1. Rape from 2001-June 2013
2. Dowry related violence against women from 2001-June 2013.

Violence against Women Reports include the following:

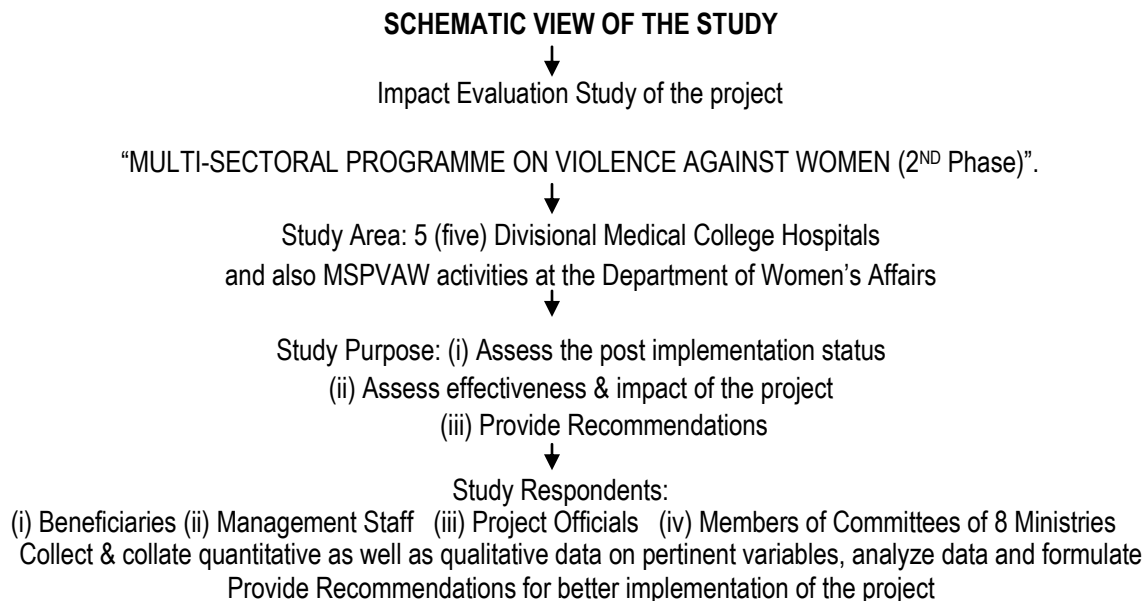
1. Gang rape of a girl in Satkhira District: Allegation against police for putting false information in the FIR and taking bribe,
2. Sheuly Begum in Munshiganj was killed allegedly for dowry,
3. Violence against women still exists though 100 years have passed after the declaration of International Women's Day
4. Fatema Khatun allegedly killed in demand of dowry,
5. Shahinur Begum allegedly killed over dowry demands

### **Baseline Report on Violence against Women in Bangladesh by Naripokkho and Bangladesh Mohila Parishad**

The report Discusses the types of Violence, the reactions in society regarding Violence Against Women, the Preventions and Resistances by Women against Family Violence and the types of Punishments required for the attacks on Women. On the issue of women's protection by themselves from familial violence, issues mentioned were of Protests by tortured women for punishment against criminal or offenders, along with Counter measures to be taken by women to defend themselves, The report adds that Protection was necessary for women to fight against violence in society and this could be attained through legal procedures and reforming of family rules. The demand of the community adds that there should be concerted efforts to protest against violence towards women. The type of punishment to be exerted for violence against women includes that Capital punishment should be given or there should be chopping of hands and legs for the brutal attacks on women. There were demands of Hanging of the criminal or rapist involved, and there should be Severe penalty and fine to be exerted for any violence against women.

### **3.4 STUDY DESIGN**

The Study Design was formulated in accordance with the requirements of the research and evaluation study.



### 3.4.1 Evaluation of Study Design

Since BLS data was not available thus recall method i.e. before and existing situation data was used to measure the effects of project activities, especially in the case of the treatment and the beneficiary services, including legal aid, rehabilitation, psycho-social consultations, skill development and self-employment opportunities. The target beneficiary issues of the Victims of VAW were covered through the structured questionnaire, which focused mainly on the impacts of the project on the Victims.

### 3.4.2 Study Respondents

The major units of the Study were as follows:

- i) The 1<sup>st</sup> unit of study were the Beneficiaries who were the Victims of VAW
- ii) The 2<sup>nd</sup> unit of Study was the assessment of Project activities through the management staff at OCC at the 5 (five) divisional Medical College Hospitals
- iii) The 3<sup>rd</sup> unit of study was the assessment of the NFDPL at DMC, NTCC, VAW Helpline, VAW Database at the Department of Women Affairs,
- iv) The 4<sup>th</sup> unit of study were the Project Officials, the Ministerial Committees
- v) The 5<sup>th</sup> unit of study was the activities of the VAW Committees at 5 Divisions through the Divisional Commissioners (DC)

### 3.4.3 Selection of Respondents

The Respondents from among the Beneficiaries and the project management personnel were selected following **Purposive Sampling** procedure. The names of the Beneficiaries and project management personnel were collected from the Divisional Medical College Hospital OCC projects and other MSPVAW projects at the Department of Women's Affairs of Ministry of Women and Children Affairs.

### 3.4.4 Sample Size

For obtaining a representative sample size, a purposive sampling approach as delineated below was adopted. Due to limited time and resource constraints, it was decided to draw the numbers of respondents for this study purposively. There have been some, especially in the cases of husband and wives, where even after incidents of victimization, through family negotiations and understanding, the victimizing issues have been reconciled and the wives have been reunited with their husbands. But these were very few.

### 3.4.5 Sample Size Determination

Traditional sampling procedures for determining the sample size was not felt as appropriate for the study. This is attributed to the nature of the study and cultural sensitivity prevailing in the society on the study matter. **Following discussions in the Steering Committee and the statistical expert, small sample size test was decided to be appropriate for this type of study.** The small sample test is based on the assumption that sample size is <30 and variance is unknown.

This helped to achieve required sample size and to test the statistical significance of the findings using 't' test. In addition to quantitative survey, qualitative survey was also conducted. Besides, FGDs, KII and Case Studies of both successful and failure rehabilitation of beneficiaries were presented to supplement quantitative and qualitative findings.

## The Sample for Victims :

The Sample for Victims had been divided into 3 (three) parts.

**1. The Victims (Beneficiaries during the 2<sup>nd</sup> phase):** These were Women and girls, who had suffered through violence and been Beneficiaries by treatment, counseling, shelter and rehabilitation support through OCC & programmes of MSPVAW. However, number of beneficiaries selected was decided on availability of victims of violence who were usually mostly untraceable for social problems and constraints of identification. **(Source: OCC of Divisional MCH)**

**2. The Victims (Beneficiaries till the present day) :** MSPVAW (2<sup>nd</sup> Phase) was from 2008 to 2011 and 6 years gap had grown from time of 2<sup>nd</sup> Phase, which created problems in identifying beneficiaries in such a long time. Victims who had been Beneficiaries till present day, were therefore decided to be included, to identify the reactions of victims from the past to the present day, to account for the success of the project. **(Source: OCC of Divisional MCH)**

**3. The Non-Victims have been identified as Non-Beneficiaries as in ToR. (These were Victims of violence who had not received any treatment through MSPVAW)**

The third sample for Victims included the Non-Victims (as mentioned in the ToR) who actually mean those women who have not been victims of violence. But for greater advantage of the project the **Steering Committee's decision** of identifying the Non-Victims as Non-Beneficiaries "Victims of Violence, who have not been benefitted through OCCs of MSPVAW had been accepted and included". **But due to unavailability of respondents in this short period, this category of victims was left out as respondents from the study**

### 3.4.6 Sample Size of Victims/Beneficiaries from Different Areas

As the survey was undertaken in the 5 (five) Divisional Medical College Hospitals, thus, for our convenience, confidence and also for the greater accuracy of information from data collection, in allocation of respondent the sample size of the beneficiaries from the victims of violence were identified according to the population size of the Divisions and availability of the beneficiary victims in the Divisions, which was taken accordingly as:

1. Dhaka Division.....36 beneficiaries
2. Chittagong.....26 beneficiaries
3. Rajshahi..... 20 beneficiaries
4. Khulna.....16 beneficiaries
5. Barisal.....10 beneficiaries

Total sample size of beneficiaries for the study amounted to 108

The victims/beneficiaries were taken in two groups as follows:

#### **Victims of the previous phase (from 2008 to 2011)**

1. Dhaka Division.....18 beneficiaries
2. Chittagong.....13 beneficiaries
3. Rajshahi..... 10 beneficiaries
4. Khulna.....8 beneficiaries
5. Barisal.....5 beneficiaries

#### **Victims of the present phase (from 2012 till to-day)**

1. Dhaka Division....18 beneficiaries
2. Chittagong.....13 beneficiaries
3. Rajshahi..... 10 beneficiaries
4. Khulna.....8 beneficiaries
5. Barisal..... 5 beneficiaries



Victim Sample size (from 2008 to 2011) was 54

Victim Sample size (from 2008 to 2011) was 54

**Thus the total sample size of Victims/Beneficiaries was (54 + 54) = 108**

**Case Studies were taken of 3 Victims from each of the 5 Divisions = 15**

Representativeness of information needed to be ensured for reliable estimates. For this other categories of respondents were identified which were Project officials, Project Management personnel at One-Stop Crisis Centre (OCC) in five divisional medical college hospitals and Dhaka Medical College Hospital, the Management personnel of MSPVAW at Department of Women Affairs. Interviews of VAW Committees at 5 Divisions, Officials of eight Ministerial Committees, Key Informants Interviews and Focus Group Discussions were held.

### **3.4.7 Sample Size of Project Management Personnel**

#### **1. Project Management Personnel at OCC at include the following**

- a) **OCC Co-ordinator** at MCH (1x5 divisional MCH) = 5 in the 5 MCH
- b) Medical Treatment personnel: **Doctors** (2x5divisional MCH) =10 in the 5 MCH
- c) Health Care personnel : **Nurses** (2x5divisional MCH) =10 in the 5 MCH
- d) Legal Support personnel: **Lawyers**(2x 5 divisional MCH) =10 in the 5 MCH
- e) Divisional Screening DNA Screening Laboratory: **Scientific Officers** (2x5 division MCH) =10 in the 5 MCH
- g) Law Enforcement personnel: **Policemen**(2 x 5 divisional MCH) =10 in the 5 MCH
- h) Shelter & Rehabilitation personnel: **Social Workers** (2x5divisional MCH) =10 in the 5 MCH
- i) Skill Dev & Self Employment personnel: **Counselors** (2x5 divisional MCH) =10 in the 5 MCH

Total sample size of Project Management Personnel amounts to 75

#### **2. Management personnel at NFDPL at Dhaka Medical College Hospital**

Management personnel at NFDPL at Dhaka MCH = 2 in Dhaka MCH

Total sample size of Project Management Personnel amounts to 2

#### **3. MSPVAW Management personnel at Department of Women Affairs (DWA)**

- a) Project personnel at NTCC = 1 in the DWA
- b) Project personnel at VAW Helpline = 1 in the DWA
- c) Project personnel at VAW Database = 1 in the DWA

Total sample size of Project Management Personnel at DWA amounts to 3

#### **4. Key Informants Interviews (KII) with MSPVAW Project Officials**

Project Director and Project Officials of the MSPVAW at Dhaka = 3 project officials

Total sample size of KII with Project officials amounts to 3

#### **5. Key Informants Interviews (KII) with Ministerial Committee Members**

Members of 8 (eight) Ministerial Committees (3 x 8 Committees) = 24 people of Ministries

Total sample size of KII with Ministerial Committees Personnel amounts to 24

#### **6. Focus Group Discussions (FGD) at the five Divisions**

FGD with people at the 5 (five) Divisions, including Professionals, Govt officials, NGO workers, UP members, Public representatives, Local Elites, Lawyers, Teachers, Religious Leaders (12 x 5 division ) = 60 people

Total sample size of Focus Group Discussants amounts to 60

#### **7. VAW Committees (Public) at Deputy Commitioners' Offices at 5 Divisions**

VAW Committees at 5 (five) Divisions (2 x 5=10) = 10 in the 5 Divisions

Total sample size of VAW Committees amount to 10

| <b>3.4.8 Sample category</b>                         | <b>Number</b> |
|--|---------------|
| Beneficiaries (victims) interviewed                  | = 108         |
| Interview of project personnel                       | = 75          |
| Interview of VAW Committees                          | = 10          |
| Interview for Case Studies                           | = 15          |
| Number of FGD participants to be interviewed         | = 60          |
| Number of KII of Project & officials of 8 Ministries | = 32          |
| <hr/>  |               |
| <b>Total</b>   | <b>= 300</b>  |

### **3.4.9 Sample Design for Qualitative Analysis**

In this analysis the most appropriate tools used were as follows:

- a) Focus Group Discussion (FGD)
- b) Key Informant Interviews (KII)

#### **3.4.10 Focus Group Discussion (FGD)**

**A total of 5 (five) FGDs (1 in each project Division)** were conducted with the Beneficiaries, Non-Victims, Professionals, Imams, Government Officials, Non-Government officials, UP members, Local Administration people, Public Representatives, Local Elites, Lawyers, Teachers, Religious Leaders and others as mentioned in the ToR with 12 persons per group.

#### **3.4.11 Key Informant Interview (KII)**

For KII, the selected persons were the Project Director, Government officials and related project officials, members of collaborating Ministerial Committees and the Project Management Personnel at the OCC including projects at the 5 Divisional Medical College Hospitals and the other MSPVAW projects at Department of Women's Affairs. Altogether there were a total of 32 KIIs from the Ministry of Women and Children Affairs, other collaborating ministries and project personnel

#### **3.4.12 Selection of Location for Survey**

According to the ToR, of all the Projects which are being operated in Medical College Hospitals in the Divisions, only 5 (five) were studied for impact evaluation. For this reason a purposive sampling technique was used to have an objective assessment of the impact of the Multi-Sectoral Project of Violence Against Women (MSPVAW).

### **3.5 Limitations of the Study**

The time was extremely short for the investigation of all the 5 project areas in the 5 Divisions, namely Dhaka, Chittagong, Rajshahi, Khulna and Barisal. This was because of delay in receiving the permission of conducting the field work in the OCCs, which are kept under tight security because of the violence involved with the victims who are being treated in the project areas.

Much of the survey work could not be finished in due time because of problems in identifying the victims/beneficiaries of MSPVAW. Sample size had to be reduced in order to conduct the survey within the financial year timing of impact evaluation of projects. The greatest hurdle was of finding the addresses of the victims/beneficiaries and identifying them, some of whom were victims in the year 2008, nearly six years ago.

Many concealed their addresses and whereabouts because of shame in families and society for being victims of violence. Many took cover, refusing to admit of the violence incurred on them, because of now being happily married or living better lives. Female investigators took interviews as victims refused to speak before males regarding their atrocities and violence. Required information was difficult to achieve, since all did not wish to share their problems.

# **CHAPTER FOUR: DATA COLLECTION AND PROCESSING**

## **4.1 Preparation of Study Instruments/Questionnaire**

- i. The questionnaire was prepared based on the objectives and scope of work and the needs and indicators for the study as indicated in the TOR, proposed approach and methodologies. The data from the questionnaire was related and used to elicit impact information regarding services, performances, and impacts from 1) Beneficiaries' notions of project services, 2) Treatment of Victims 3) Evaluation of Project activities through project management personnel, 4) Identifying Rehabilitation of Victims, 5) Measuring the Sustainability and Development of the project 6) Evaluating Impressions of the general people. Data of the project completion report was treated with priority. The study questionnaire was pre-tested in the study location and finalized with due care.
- ii. The in-depth Key Informants Interview (KII) guideline was designed concerning accumulation of relevant information from the project officials, related ministerial committee members, and relevant management persons.
- iii. The FGD Guideline was administered to Professionals, Imams, Government officials, Non-government Officials, UP Members, Local Administration People, Public representatives, Local Elites, Lawyers, Teachers, Religious Leaders for eliciting their notions about the impacts, sustainability, requirement, awareness and development of the project.

## **4.2 Method of Data Collection**

Direct personal interview approach was adopted for collection of primary data, since this method was effectively related to the collection of data directly from the beneficiary. The field enumerators/investigators personally contacted the respondents and obtained the desired information of the study from them. Some data, especially those relating to treatment of victims and psycho-social counseling were collected through physical observation and approaches as far as practical and decent.

### **4.2.1 Data Collection from the Field – Recruitment of Field Staff/ Field Investigators (Interviewers)**

12 study investigators participated in collection of data in 5 divisions in order to conduct the survey for covering the sampled 108 target beneficiaries, 75 project personnel & management people, 117 other relevant people. Due to shortage of time all the Field investigators were assigned to complete the data collection of Dhaka Division for 3 days. Then 2 females & one male were assigned in each team for the 4 teams to investigate other 4 Divisions, namely Chittagong, Rajshahi, Khulna and Barisal. As the victims were women, preference was given on recruiting greater number of female investigators since the victims would not talk freely before the males. 108 interviews of Victims by a total of 12 interviewers in five divisions, covered interviews of sample size target beneficiaries, project management personnel, VAW committee members in the 5 (five) divisional medical college hospital projects and also the MSP-VAW activities at Department of Women's Affairs. Along with these were the 60 FGDs (5 FGDs with 12 people) in each Division and the 32 KIIs at various project offices of MOWCA and 8 (eight) collaborating ministries.

**IMED personnel were provided observed as Supervisors in the field.**

With each of the 4 Teams one IMED personnel visited the field during the interviews taken in the 4 Divisions.

#### **4.2.2 Data Collection Procedures**

The study followed a **purposive sampling model**. 12 study investigators conducted the field study for covering the sampled 108 target beneficiaries, 80 project personnel and management people, and 112 other relevant people in MSPVAW, 8 Ministries, 5 VAW Committees and those involved in the FGD and KII processes.

#### **4.3 Requirement of Field Interviewers:**

For field data collection through structured questionnaires for the evaluation of the MSPVAW (2<sup>nd</sup> Phase) Project, there was one team where all the investigators worked for Dhaka Division for 3 days. For each of the other 4 Divisions there were 4 (four) teams working at the One-Stop Crisis Centres in the 4 Divisional Medical College Hospitals of the country and the activities at the Department of Women's Affairs for the Multi-Sectoral Programme for Violence Against Women (2<sup>nd</sup> Phase) Project.

#### **4.4 Orientation and Training of Field Investigators**

A 2-day Orientation Programme through intensive training of the field investigators, including field demonstration was organized at the IMED office. The training of the field investigators was designed and imparted so as to make the trainees (field investigators) conversant with the procedures of data collection.

#### **4.5 Field Operation**

The field placement of the study personnel was done after completion of their training to cover collection of data in each of the study locations. The consultant also conducted the field visit to discuss with beneficiaries, project field personnel and MoWCA officials, including other agencies which conducted similar works such as GO (Ministerial projects), UP Members, Local administration officials, Public Representatives, Professionals, Religious Leaders, and NGO officials with similar activities for VAW victims for co-operation and assistance in the evaluation study through Focus Group Discussions (FGD) and Key Informants' Interviews (KII).

**4.6 Quality Control Mechanism:** The Consultant and other Study Team Members from IMED were in constant touch with the Field Investigators so that they could seek instructions on the concepts, definitions and difficulties encountered in carrying out the fieldwork under the actual operational conditions.

#### **4.7 Data Management, Processing and Analysis**

Data management, processing and analysis included registration of the questionnaires, code construction, coding, data verification and quality control, data processing and finally the analysis to facilitate the required output generation.

**4.7.1 Data Processing:** The data process involved two important steps. The first step was for categories and the second step to allocate individual answers to them. The purpose of coding was done to classify the answers to a question into meaningful categories, so as to bring their essential pattern.

# **CHAPTER FIVE: IMPLEMENTATION STATUS OF THE PROJECT**

## **5.1 Project Target and Implementation Status**

Stories of success have identified the excellent implementation of the Objectives of the Project “Multi-Sectoral Programme on Violence Against Women” of the Ministry of Women and Children Affairs, which is the Administrative Ministry of MSP-VAW, the activities of which have been acclaimed at all levels, including the international media, especially, Germany and NDTV of India, mentioning of the services being provided for female victims of violence in Bangladesh. Redress and prevention of violence against women in Bangladesh have been improved through a coordinated and integrated inter-ministerial approach through MSP-VAW activities throughout the country. Through the years from 2000 onwards, various services and programmes have been organized by the project till 2014, the most important being the recent declaration of the Prime Minister Sheikh Hasina, that any person would receive immediate services from MSP-VAW for any incidence of violence against any woman or child by calling the number “10921” through mobile, telephone, Fax, SMA or E-mail. This Toll-free Help-line number works 24 hours and assists any victim or any person, through services, treatment or legal information, data or guidance for help whenever required. Along with this publicity of the MSP-VAW, the contributions of the OCC have enhanced the consciousness of the people especially when any act of violence occurred.

## **5.2 Changing Scenario**

The project “Multi-Sectoral Programme on Violence Against Women (MSPVAW) “ of Ministry of Women and Children Affairs (MOWCA), has been one of the most important achievements for the women of Bangladesh, developed through joint collaboration of the Government of Bangladesh & Denmark. The opportunities have initiated a tremendous impact on the women of the country, creating an opportunity never before provided for the victim of violence in the country. The Personnel of OCCs at all the medical college hospitals deserve credit for their committed role in treating, nursing, counseling and giving the patients who are the victims of violence without any fault of their own, the opportunity of starting a new life with greater courage.

## **5.3 Implementation Period**

The Implementation period has been a great challenge for the MSP-VAW Project Director and the officials. It has been a great task and a great contribution for them to continue their efforts for the victims who are not responsible for the attacks and tortures they have endured, but have been unjustly made victims through physical torture, mental torment and distress, suffering agony and anguish usually for no fault of theirs. The inhuman pains and persecutions have spoilt many a life, many a family and many an uprising personalities at the time of achieving success in life. Children have also not been spared with rape, torture and physical casualties.

The Project was launched in 2000 in response to Bangladesh’s commitment to Beijing Platform for Action. Pilot phase of action took place from May 2000 to December 2003. The 1<sup>st</sup> phase continued from January 2004 to June 2008. The 2<sup>nd</sup> phase which continued from July 2008 to June 2011 was the actual activity period, where the program introduced a co-ordinated, integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh. Presently, eight OCCs are being run by the MSPVAW of which seven are divisional level medical college hospitals and one district level medical college hospital. The main objective of the OCC is to provide all required services for woman and children victims of violence in one place. The project is being carried out in

collaboration with Ministries of Health & Family Welfare, Home Affairs, Social Welfare, Law, Justice & Parliamentary Affairs, Information, Religious Affairs, Education, Women & Children Affairs.

#### **5.4 Component-wise progress: Major Developments**

Components of the project include: 1. One Stop Crisis Centre (OCC) at seven Medical College Hospitals. 2. National Forensic DNA Profiling Laboratory (NFDPL) in Dhaka Medical College Hospital, 3. Divisional DNA Screening Laboratories in Divisional Medical College Hospitals, 4. National Trauma Counseling Centre (NTCC) at Department of Women Affairs (DWA) 5. Violence Against Women (VAW) Database, 6. VAW Helpline, presently named as National Helpline Centre to address the gender based violence.

The Implementing Units are under the Ministry of Women and Children Affairs while locations of the Project are the 7 (Seven) Divisional Medical College Hospitals at Dhaka, Chittagong, Rajshahi, Khulna, Sylhet, Barisal, Rangpur and District level Hospital at Faridpur. All these Implementing Units have successfully achieved their targets of providing services to the victims of violence through the One-Stop Crisis Centres in the seven MCH and District Hospital. The DNA tests especially of victims with sexual assaults have identified the offenders and the criminals, while National Forensic DNA Profiling Laboratories through test samples which have contributed magnificently in bringing the culprits to justice. Moreover, the MSPVAW activities at Department of Women Affairs Building offered patients with psychosocial treatment, Trauma Counseling, relevant information from Database and most important of all provided assistance, information and services through the National Helpline Centre. VAW cases are collected from national dailies for the Database, which are an important opportunity for researchers, planners and policy makers to receive the correct information at the proper time.

More opportunities are being opened for the victims of violence, among them being the One-Stop Crisis Cell at 60 One-Stop-Crises Cells in 40 Districts and 20 Upazila Health Complexes, to provide information to women and children survivors of violence regarding various services which are provided and refer them to the relevant organizations. The services include health-care, police assistance, legal advice. Psycho-social counseling, rehabilitation activities, reintegration programmes etc.

Violence Against Women (VAW) Division Committees controlled by the Divisional Commissioner's Office, assist privately through activities of eminent local citizens, to identify women victims, assist in their legal cases through lawyers, create publicity campaigns against violence against women and motivate people towards protection of women.

#### **5.5 Treatment of Victims**

VAW victims are given emergency medical services and conservative treatments, which are usually rendered for physically, sexually assaulted and burnt victims in the EMO. After recovery the victims are transferred to OCC for further medical services, psychosocial counseling, legal supports as well as police protection and security. In cases of severe cases patients/victims are referred to specialized doctors and departments. OCC services are provided free to all type of victims. Well trained doctors perform the medical tests and care while the nursing is through the efficient services of well-trained Nurses. DNA tests for sexually assaulted patients and familial identity are of the latest category provided through efficient and specialized medical experts. Scientific Officers and Laboratory Technologist work in the National Forensic DNA Profiling Laboratory (NFDPL) at the Dhaka Medical College Campus. National

Trauma Counseling Centre offers psychosocial Counseling. These Counseling methods preventing family conflicts or even murders, especially when bonds between parents and siblings, between husbands and wives or between siblings transforms intense positive emotional investment into intense negative emotions. Attempts of Teen suicide are caused by children suffering from rejection of parents, low academic performance or loss of friendships. Extra marital sex, love affairs, dowry demands, depression accidents all create violence resulting in the casualty through violence especially on women and children.

#### **5.6 MSP-VAW Development Components: Performance Status of OCC**

The OCC provided treatment, health care, police assistance, DNA test, social services, legal assistance and psychological counseling. Women and Children victims of violence with a history of physical, sexual and burn assaults are referred to the OCCs. The institutional arrangement and multi-professional engagement of the OCC and quality of the services are appreciated by the professionals and stakeholders. It also established a close relationship between the women and children victims of violence and service providers. It mobilized all actors and activists towards violence against women and children. Coordination mechanism among institutions and organizations have also been improved.

#### **5.7 Rehabilitation of Beneficiaries: Socio-economic Activities**

Rehabilitation of Beneficiaries has been through the Shelter and Rehabilitation provisions of the project. Safe Homes, Shelters for the Victims have been provided along with Training on Skill Development, Income Generation Activities (IGA) and even through contributions of earning means as Sewing Machines, Goats etc, through which the women could earn for her own self. Among other socio-economic activities include: 1. improved and consolidated Integrated public services related to Violence Against Women to increase quality, efficiency and sustainability. 2. increased awareness on Violence against Women and related public services in relevant institutions and general public to promote the use of the concerned facilities. 3. developed Institutional capacity of MoWCA to improve and consolidate inter-ministerial coordination and actions in relation to VAW. 4. Investigation of whether project activities are implemented/achieved as targeted and reasons for deviation. 5. Observations on present functional status 6. Examination of whether procurement process was through invitation of tender, evaluation of tender, approval procedures, contract awards etc of packages (goods, works and services) 7. Assessment impact of income activities. 8. Assessment of project activities in increasing skill development and self employment opportunity for women victims, 9, Women's development and sustainability of project activities.

#### **5.8 Public Awareness**

**Publicity of MSPVAW-** Public awareness campaigns have been made through 5 episode of TV serial on Trauma Counseling, Eve Teasing, Social security, Child labour, Child sexual assault, Acid violence, website for information, DNA test, dowry etc. **Public Awareness** continued regarding the MSPVAW, which has now established a total of 60 One- Stop Crisis Cells including 40 in District Sadar Hospitals and 20 in Upazila Health Complexes to provide information to the women and children survivors of violence regarding various services i.e. health care, police assistance, and legal advice.

#### **5.9 Benefit Analysis**

Incidence of deaths through violence was reduced considerably among the VAW victims of the country, through establishing the OCC where services are rendered in one place of the necessary treatment, nursing, counseling for

mental and physical effects after violence. DNA tests especially for rape victims have increased the sense of survival and revival strength, which substantially raised the consciousness of mental restoration strength.

#### **5.10 Impact & Achievement of Objectives of Project**

The Impacts are observed in the programme performance, the treatment and related services rendered, the situation of victims and description of the violence incurred on them, as well as focuses on the detailed account of the performances carried out for the victims are greatly valued. The situation of the victims, the changes in their lives, their struggles through their failures along with their achievements through the benefits provided have been focused through the impact of the project on the society.

#### **5.11 Success of the Project**

Life is not only risky, but also uncertain for women regarding their security both in the society and also in many families, where violence occurs without the knowledge of others. It is heart-rendering to see the activities in the OCC where the survivors of violence are treated and given hopes of survival through better lives. The project has initiated miraculous changes amongst the poor rural population, majority of whom never visited hospitals before. Their belief of protection is greater than challenges of legal action, because they have the fear of being harmed again.

#### **5.12 Problems Encountered & Identified Initially**

It was observed that some of the expensive diagnostic check up such as MRI, NCS, DNA are not usually borne by hospitals so the poor victims are deprived of these treatments. Some of the doctors observation was that smooth functioning OCC services are at times impeded/strained due to social, familial and political pressures and hushing of facts about the victims. Problems at times surfaced when the victims themselves want to get released from OCC before they are stabilized or physically fit to leave the hospital. The major problems associated with OCC managements are its limited space to accommodate the lawyers, counselors, police persons; lack of proper orientation, lack of dissemination of OCC related activities in the mass media and lack of speedy trial for the severe victims.

#### **5.13 Post Implementation Situation & Result of Project**

The doctors have the notion that adequate fund from project should be allocated to provide full-fledged medical and rehabilitative cares to the financially stringed victims. More campaigns have to be arranged in district and Upazila and community levels to disseminate about the services rendered from OCC and rehabilitation centers. More IGA related training and financial supports should be made to the victims so that they are able to recoup themselves from aftermaths of violence and social degradation.

#### **5.14 Contribution to Alleviation of Violence**

The 2<sup>nd</sup> phase which continued from July 2008 to June 2011 has contributed towards alleviation of violence. The program introduced a co-ordinated integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh.

#### **5.15 The Strengths of the MSPVAW:**

The Strengths of the MSPVAW are the stories of success. Doctors are absolutely confident about the standard and promptness of their services rendered from the OCC. They are of the opinion that violence against women have not



reduced in the society but the project activities have enhanced the awareness amongst people and increased the victims courage to seek assistance from the OCC and rehabilitative centers. The victims now have the feelings that they have some shelters and medical, legal supports to fight out the aftermaths of violence against them. The protective situation of the victims, the changes in their lives, their struggles through their failures along with their achievements through the benefits provided have been focused through the impact of the project on the society. Issues are through the project which initiated miraculous changes amongst the poor rural population, majority of whom never visited hospitals before.

Their belief of protection is greater than challenges of legal action, because they have the fear of being harmed again. This was the change --- the mental change towards acceptance of struggle and survival, brought in through the greatest opportunities provided through the OCC for the victim of violence. Women empowerment increased as they now themselves visit OCC in cases of violence knowing their cases will be heard and they can fight back.

# CHAPTER SIX

## FINDINGS AND DISCUSSIONS

### THE PROJECT AREA & VICTIM/BENEFICIARY INFORMATION

#### SECTION ONE

##### 6.1 MSP-VAW ACTIVITY AREA

###### 6.1.1 Description of MSPVAW Programme area

The Multi-Sectoral Programme on Violence Against Women (MSPVAW) working area includes the 7 (Seven) Divisional Medical College Hospitals at Dhaka, Chittagong, Rajshahi, Barisal, Khulna, Sylhet, Rangpur and one District level Medical College Hospital at Faridpur. **Administrative Ministry of MSPVAW** is the Ministry of Women and Children Affairs. The Implementing Units are also under the Ministry of Women and Children Affairs.

###### 6.1.2 Components of the project. These include the following:

1. One - Stop Crisis Centre (OCC) at seven Medical College Hospitals.
2. National Forensic DNA Profiling Laboratory (NFDPL) in Dhaka Medical College Campus, Dhaka,
3. Divisional DNA Screening Laboratories in Divisional Medical College Hospitals,
4. National Trauma Counseling Centre (NTCC),
5. Violence Against Women (VAW) Database,
6. National Helpline Centre to address the gender based violence through information and assistance.

**The OCC services for Victims of Violence.** The following services are provided: 1. treatment, 2. health care, 3. police assistance, 4. DNA tests, 5. social services, 6. legal assistance and 7. psychosocial counseling. Women and Children victims of violence with a history of physical, sexual and burn assaults are referred to the OCCs.

**OCC Professionals involved.** The services at OCC are provided by Doctors, Nurses, Lawyers, Policemen as Law Enforcing Agencies, Scientific Officers for DNA tests, Social Workers for shelter and rehabilitation, Counselors at National Trauma Counseling Centre, and Co-ordinators of the OCC.

#### SECTION TWO

### SOCIO-DEMOGRAPHIC CHARACTERISTICS OF VICTIMS/BENEFICIARIES

###### 6.2.1 The Victims/Beneficiaries of the MSPVAW: areas of residence

The Victims/Beneficiaries of the MSPVAW who have been selected as respondents for the impact evaluation of the project are residents of Dhaka, Chittagong, Rajshahi, Khulna and Barisal.

###### Target Beneficiaries

The Target Beneficiaries include the following as determined by the project::

**The Victims of Violence against Women at all levels of the society.**

## Sample Size of Beneficiaries

Survey was undertaken in the 5 (five) Divisional Medical College Hospitals, and in allocation of respondent the sample size of the beneficiaries from the victims of violence was identified according to the population size of the Divisions and availability of the beneficiary victims in the Divisions, which was taken accordingly as:

1. Dhaka Division: 36 beneficiaries,
2. Chittagong: 26 beneficiaries
3. Rajshahi : 20 beneficiaries
4. Khulna Division: 16 beneficiaries,
5. Barisal: 10 beneficiaries

Total sample size of beneficiaries for the study was 108

### 6.2.2 Age of the Victims/Beneficiaries

It was found that the highest number of victims (65.7%) were from the age group 18 - 30 years, followed by 15.7% from the age group 31 to 40 years, which showed that the respondents of this age group were mostly involved with family activities where related incidences of violence occurred. The 13% victims of the age group 6yrs to 17 years was the younger generation who suffered violence mainly because of their attractions of young age. The Mean Age of VAW Victims was 24.8 years

**Table 1 Age of VAW victims**

|   | <b>Age group</b>          | <b>Number</b> | <b>%</b> | <b>Mean</b> |
|---|---------------------------|---------------|----------|-------------|
| 1 | • >= 5 yrs                | 1             | .9       |             |
| 2 | • 6 yrs – 17 yrs          | 14            | 13.0     |             |
| 3 | • 18 yrs-30 yrs           | 71            | 65.7     |             |
| 4 | • 31 yrs – 40 yrs         | 17            | 15.7     |             |
| 5 | • 41 yrs-50 yrs           | 5             | 4.6      |             |
|   | • Mean age of VAW victims | -             |          | 24.8 yrs.   |

### 6.2.3 Type of families of VAW victims

Among the VAW Victims, the greatest number, 25% were from the poor labour class and the low income earning families while 21.3% were from the Middle Class Families. Only 1.8% were from the Professional families followed by 1.9% from poor families. It was seen that 11.1% victims were from the business families, 7.4% from lower middle class families and 5.6% from service oriented families. The lowest 0.9% respondents were from the well-off families.

**Table 2 Type of families of VAW victims**

|  | <b>Economic strata of family/Family type</b> | <b>Number</b> | <b>%</b> |
|--|--|---------------|----------|
|  | • Poor labour family                         | 27            | 25.0     |
|  | • Poor farmers family                        | 02            | 1.9      |
|  | • Low income earning family                  | 27            | 25.0     |
|  | • Lower middle class family                  | 08            | 7.4      |
|  | • Middle class family                        | 23            | 21.3     |
|  | • Business family                            | 12            | 11.1     |
|  | • Professional family                        | 02            | 1.8      |
|  | • Well off family                            | 01            | .9       |
|  | • Service oriented family                    | 06            | 5.6      |

## 6.2.4 Religion of the Victims/ Beneficiaries

The majority 97.3% Victims/Beneficiaries interviewed, were Muslims, and only 2.7% were Hindus. There were no other victims of any other religions among the respondents. The main reason for such a situation was the fact that as the population of the other religious groups was extremely low in number in Bangladesh, incidents were negligible in their families.

**Table 3 Religion of the VAW victims**

| Religion type | Number | %    |
|---------------|--------|------|
| • Muslim      | 105    | 97.3 |
| • Hindu       | 03     | 2.7  |
| Total         | 108    | 100  |

## 6.2.5 Marital Status of the Victims/ Beneficiaries

Among the VAW Victims, the greatest number, 67.6% were married. This is because incidences of violence occurred mostly in the families. Only 217.8% respondents were unmarried, followed by 9.2% respondents who were divorced.. The lowest 2.7% were the separated females and the widows.

**Table 4 Marital Status of VAW victims**

| Marital status | Number | %    |
|----------------|--------|------|
| • Married      | 73     | 67.6 |
| • Unmarried    | 19     | 17.8 |
| • Divorced     | 10     | 9.2  |
| • Separated    | 03     | 2.7  |
| • Widowed      | 03     | 2.7  |

## 6.2.6 Household size of the Victims/ Beneficiaries

The mean household size was 1.89 for male members and 2.3 for female members, the Mean number of members was 4.19

**Table 5 Household size of the Victims/ Beneficiaries**

| Number of family members | Mean |
|--------------------------|------|
| Male members             | 1.89 |
| Female members           | 2.3  |
| Mean no. of members      | 4.19 |

## 6.2.7 Children of the Victims/ Beneficiaries

Regarding the children of VAW victims, it was informed that for the number of sons, the mean number was 1.01 while the mean number of daughters was 0.66. The Mean number of Children was 1.49

**Table 6 Children of VAW Victims**

| Number of children:  | Mean |
|----------------------|------|
| Number of sons       | 1.01 |
| Number of daughters  | .66  |
| Mean no. of children | 1.49 |

## 6.2.8 Educational qualification of the Victims/ Beneficiaries

The highest number, 52% of the respondents, had studied up to Class 5, which was usual since these low income people had little opportunities to study, while only 1% had studied from Class 6 to Class 10. Of the rest, 6.7% could only sign their names while 3.7% could either read or write. It was observed that 3.7% were totally illiterate never having any opportunities to go schools ever.

**Table 7 Educational Qualification of VAW victims**

| Status of education       | Number | %    |
|---------------------------|--------|------|
| • Illiterate/no schooling | 4      | 3.7  |
| • Can sign only           | 6      | 6.7  |
| • Can read and write      | 4      | 3.7  |
| • >= 5 class passed       | 56     | 52.0 |
| • 6 -10 class passed      | 18     | 1    |
| • SSC passed              | 12     | 12.7 |
| • HSC passed              | 7      | 7.2  |

## **SECTION THREE**

### **6.3 IMPACT ANALYSIS:**

#### **SOCIO- ECONOMIC CHANGES AMONG BENEFICIARIES Socio-economic Profile of VAW victims**

##### **6.3.1 MEMBERSHIP OF NGO**

The Victims participation in NGO activities was important to ascertain in order to accommodate them in income generating activities. But due to conservative attitudes of the mostly uneducated women, the participation of victims was low, due to family traditional motives and cautious movements to avoid future violence and victimization. In most cases it is observed that the married women had to return back to their father's homes which became burden on those families, leading to future discomfort in the lives of the victims. (Annexure two)

##### **6.3.2 VICTIM'S PROFESSIONAL INVOLVEMENT**

There was no Professional involvement of victims before the violence but after the violence the exceptional participation of 26% was due to the training provided to victims by the MSPVAW programme for rehabilitation on their professional abilities, and training on income generating activities, leading to earning and business development. It must be remembered that though the project performs its activities with due sincerity the inability to work or continue income depends on the capability of the victims after the disastrous impacts of violence for which 76% could not take up professions. (Annexure Two)

##### **6.3.3 OCCUPATIONAL CHANGES OF BENEFICIARIES**

###### **Main Occupation before Violence**

Main occupations before Project were Agriculture, home gardening, Producer, Business, Service (garments/private), construction/repairs, labours (agro/non-agro), housework/maid, others.

## Main Occupation after Violence

Among these occupations the highest involvement before the project was in household chores (57.14%) as housework or being maids in others' houses. This was the easiest work, quick to find and did not require much labour. But after violence the work decreased to 42.86%. The second occupation 10.71% was both in Service (garments/private) and employment as labourers (agro/non-agro). Surprisingly the same was found after the project though the percentage was both increased than before to 14.29% after the violence. The exceptional increase was in Business (before Project 3.57% after Project 7.14%) which shows that the exceptional increase was due to the training provided to victims by the MSP-VAW programme for rehabilitation on their professional abilities, and training on income generating activities, leading to business development.. Similar was the situation of Producers which also increased from 7.14% before to 14.29% after the violence.

The decrease in occupation was in Construction/repairs which required hard labour, unable for many victims after violence and health deterioration. Initially it was 7.14%, but decreased to 3.57% due to health reasons. The only area where there was no change was in agricultural production/home gardening, (3.57% before and after) as the victims were accustomed to these professions usually practiced in the areas. Moreover lack of training on occupational issues and income source prevented their change.

**Table 10 Type of main occupation before and after violence**

|                                     | Main occupation | Main occupation |    |       |   |
|-------------------------------------|-----------------|-----------------|----|-------|---|
|                                     |                 | Before          |    | After |   |
|                                     |                 | No.             | %  | No.   | % |
| • Agriculture/h<br>ome<br>gardening | 1               | 3.57            | 1  | 3.57  |   |
| • Producer                          | 2               | 7.14            | 4  | 14.29 |   |
| • Business                          | 1               | 3.57            | 2  | 7.14  |   |
| • Service<br>(garments/pri<br>vate) | 3               | 10.71           | 4  | 14.29 |   |
| • Construction/<br>repairs          | 2               | 7.14            | 1  | 3.57  |   |
| • Labour<br>(agro/non-<br>agro)     | 3               | 10.71           | 4  | 14.29 |   |
| • Housework/m<br>aid                | 16              | 57.14           | 12 | 42.86 |   |
| • Others                            |                 |                 |    |       |   |

## 6.3.4 INCOME RELATED INFORMATION

### 6.3.4.1 Annual Income of Beneficiaries before Violence and at present

The main annual income of Beneficiaries before the violence was Tk. 21300 and after the violence was Tk. 29550 . The exceptional increase was due to the training provided to victims by the MSP-VAW programme for rehabilitation on their professional abilities, and training on income generating activities, leading to business development. (Annexure Two)

## SECTION FOUR

### 6.4 INFORMATION ON FAMILY ISSUES

#### 6.4.1 Information Of Earning Members Of Family (Except Victim)

**Mean Annual Income of Family:** The Mean Annual Income of Family was Taka 19,000 before the incidence of Violence on Victim. The present Annual Income of Family is Taka 35,000

#### 6.4.2 Total Income Of Family

**Mean Annual HH income:** The Mean Annual Household Income is Taka 1,43,460. Of these the highest Mean Annual Household income of, 25% is less than Taka 50,000, and the second is 23.1% from Taka 50,0001 to Taka 10,000. Mean Annual Household Income of 21.3% is Taka 1,50,001 to Taka 2,00,001 and above. The lowest Mean Annual Household income of 9.3% is taka 1,00,001 to 1,50,000.

#### 6.4.3 Total Annual Expenditure Of Family Before & After Incidence

**Mean annual expenditure:** The Mean Annual Expenditure before the incidence of Violence on the Victim was Taka 42,500 on Food which increased to Taka 43, 393 at present. On clothing it was Taka 16,714 before and now it was Taka 20,637, Taka 12,816 was spent on Education and now the expenses were Taka 15483, previously Taka 6694 was spent on House Building and Repairs which increased to Taka 8416 at present and Mean Annual Expenditure before the incidence of Violence on the Victim which was taka 4397 on Recreation, increased presently to Taka 7497. On the other hand the Mean Annual Expenditure of Taka 9731 which was spent on Furniture before decreased to Taka 9034 at present and expenditure of Taka 12335 on Medical Expenses decreased to Taka 12017 at present.

#### 6.4.4 Total Annual Savings Of Family Savings

There were no savings before but now there has been 43.5% in the family presently.

#### Mean annual savings

The Mean Annual Savings have been recorded as Taka 11755 at present .

**Table 12 Income, expenditure and saving of family/household**

|                                     |                       | Before         | At present |      |                 |
|-------------------------------------|-----------------------|----------------|------------|------|-----------------|
|                                     |                       | Mean           | Number     | %    | Mean            |
| <b>Mean annual income of Family</b> |                       | tk.<br>19000.0 | -          | -    | Tk.<br>35000.0  |
| <b>Mean Annual HH income</b>        |                       |                |            |      | Tk.<br>143460.0 |
|                                     | o >=50000             |                | 27         | 25.0 |                 |
|                                     | o 50001-100000        |                | 25         | 23.1 |                 |
|                                     | o 100001-150000       |                | 10         | 9.3  |                 |
|                                     | o 150001-200000       |                | 23         | 21.3 |                 |
|                                     | o 200001 and above    |                | 23         | 21.3 |                 |
| <b>Mean annual expenditure</b>      |                       |                |            |      |                 |
|                                     | o Expense on food     | 42500.0        | -          | -    | 43393           |
|                                     | o Expense on clothing | 16714.         | -          | -    | 20637.          |

|  |   |       |    |      |                |
|--|---|-------|----|------|----------------|
|  | o Expense on furniture                  | 9731  | -  | -    | 9034           |
|  | o Expense on education                  | 12816 | -  | -    | 15483          |
|  | o Expense on medical                    | 12335 | -  | -    | 12017          |
|  | o Expense on house building and repairs | 6694  | -  | -    | 8416           |
|  | o Expense on recreation                 | 4397  | -  | -    | 7497           |
|  | <b>No savings</b>                       |       | 47 | 43.5 |                |
|  | <b>Mean annual savings (n=59)</b>       |       |    |      | tk.<br>11755.0 |

## SECTION FIVE INFORMATION ON VAW VICTIMS

### 6.5.1 TYPES OF VIOLENCE AGAINST VICTIMS

#### Types of assaults/violence exerted to and suffered by the VAW victims

The Types of assaults/violence exerted to VAW victims and suffered by them have been recorded as Physical Violence 71.3%, Sexual Violence 18.5%, and Burn Incidents 7.4%. There were incidents of casualties through Mental Torture but there were cases of Violence through Economic Causes which was 2.7%.

**Table 13** Types of assaults/violence exerted to the VAW victims

|   | Type of violence | Number | %    |
|---|------------------|--------|------|
| 1 | • Physical       | 77     | 71.3 |
| 2 | • Sexual         | 20     | 18.5 |
| 3 | • Burnt          | 8      | 7.4  |
| 4 | • Mental         | -      | -    |
| 5 | • Economic       | 3      | 2.7  |
| 6 | • Others         | -      |      |

#### 6.5.1.2 Method of Attack utilized

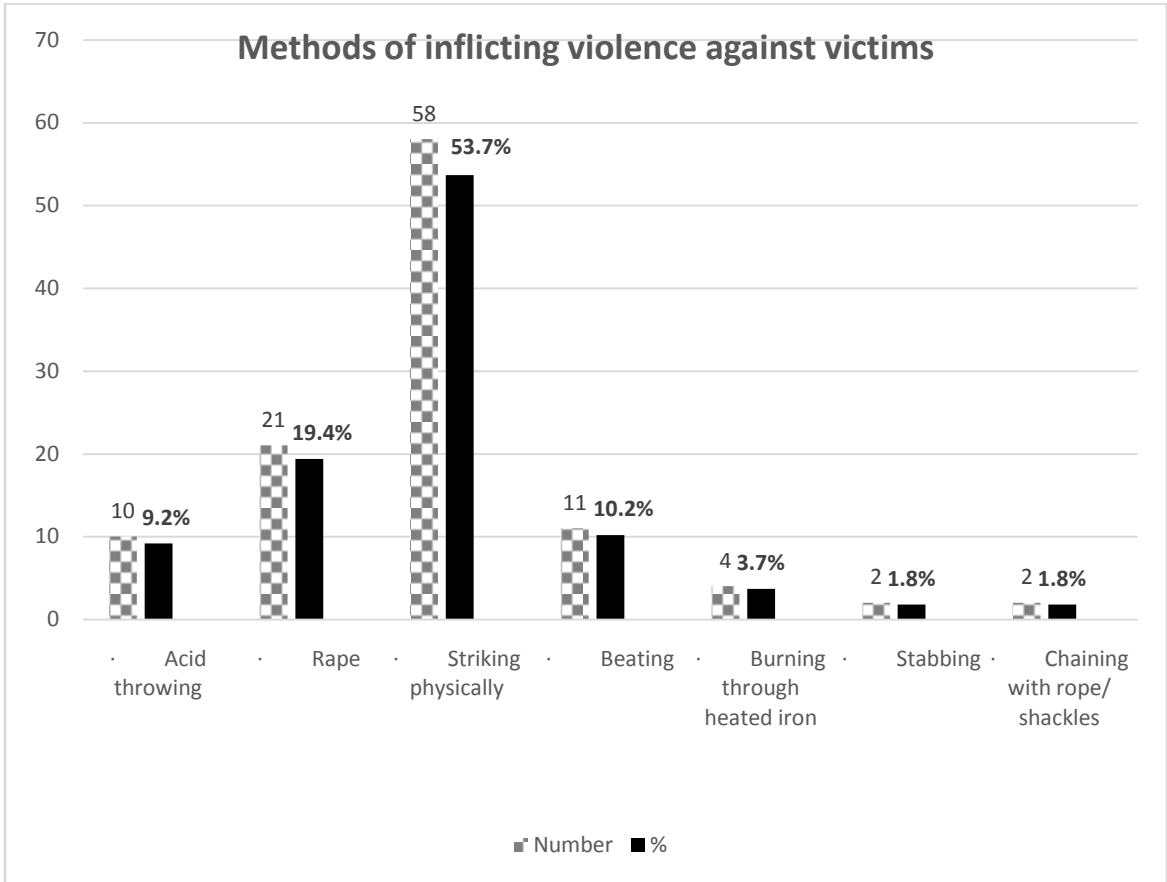
**Methods of inflicting violence against victims:** The Methods of Inflicting Violence on Women and the ways through which they were attacked were as follows: 9.2% through Acid throwing, 19.4% through Rape of the women, 53.7% through Striking Physically on the women, 10.2% by Beating up the Women fiercely, 3.7% by Burning through Heated Iron on the body, 1.8% by Stabbing the women on the body and 1.8% by Chaining the women with rope or shakles (type of binds on body to prevent movement of victim) .

**Table 14** Methods of inflicting violence against victims

|  | Ways of inflicting | Number | %    |
|--|--------------------|--------|------|
|  | • Acid throwing    | 10     | 9.2  |
|  | • Rape             | 21     | 19.4 |



|                                |    |      |
|--------------------------------|----|------|
| • Striking physically          | 58 | 53.7 |
| • Beating                      | 11 | 10.2 |
| • Burning through heated iron  | 4  | 3.7  |
| • Stabbing                     | 2  | 1.8  |
| • Chaining with rope/ shackles | 2  | 1.8  |



**6.5.2 INFORMATION ON VICTIM'S INJURY AND PRESENT PHYSICAL & MENTAL CONDITION**

**6.5.2.1 Method of Undertaking/ Performing the incidence of Violence**

Method of Undertaking/ Performing the incidence of Violence was through the following ways: 1) 74.1% by Beating/slapping on trifling matters 2) 10.2% by Striking head with stick 3) 4.6% by Kicking on abdomen 5) 1.9% by Burning with heated iron 6) 6.5% by Forced dragging/send off to father's residence on any pretext . 6) 2.8% were of Other incidences of violence.

**Table 15 Method of Undertaking/ Performing the incidence of Violence**

|   | <b>Method of Initiation or inflicting violence</b>              | Number | %    |
|---|---|--------|------|
| 1 | • Beating/slapping on trifling matters                          | 80     | 74.1 |
| 2 | • Striking head with stick                                      | 11     | 10.2 |
| 3 | • Kicking on abdomen  | 5      | 4.6  |
| 4 | • Burning with heated iron                                      | 2      | 1.9  |
| 5 | • Forced dragging/send off to father's residence on any pretext | 7      | 6.5  |
| 6 | • Others  | 3      | 2.8  |

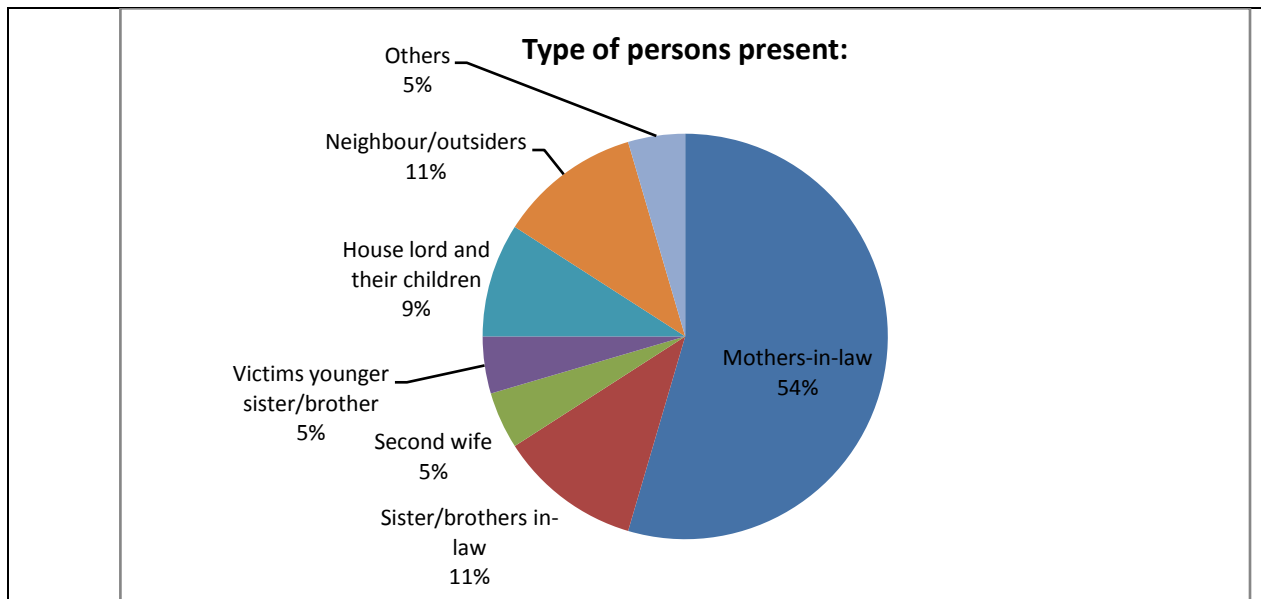
### 6.5.2.2 Presence of Others (any Attendant) during occurrence of Violence

The information regarding presence of persons during the incidents of violence informs that 43% victims mentioned that there were other people present during the incidents of violence on them, while 57% mentioned that there were no persons present at that time.(Annexure Two)

### 6.5.2.3 Identification of Attendant during Violence

**Type of persons present during violence against the victims:** Regarding the people present at the time of violence, 54.55% victims informed the presence of their mothers-in-law during the time of inflicting violence on them, 11.36% mentioned that their sisters-in-laws /brothers-in-law were present, 4.55% informed the presence of the husband's second wife, 4.55% victims said that their younger sister /brother were present. Preferably during maid-servants case House Lord and their children were present. During open violations 11.36% victims mentioned that neighbours /outsiders were present,, while 4.55% informed the presence of others.

| <b>Type of persons present: (n=44)</b> |    |       |
|--|----|-------|
| • Mothers-in-law                       | 24 | 54.55 |
| • Sister/brothers in-law               | 5  | 11.36 |
| • Second wife                          | 2  | 4.55  |
| • Victims younger sister/brother       | 2  | 4.55  |
| • House lord and their children        | 4  | 9.09  |
| • Neighbour/outsiders                  | 5  | 11.36 |
| • Others                               | 2  | 4.55  |



#### 6.5.2.4 The time of Occurrence

Regarding the time of occurrence of violence, 60.19% mentioned that the time of occurrence of violence was in the daytime, 21.30% informed that the time was in the evening, while 18.22% said that the violence was committed on them at night

#### 6.5.2.5 Place of Occurrence

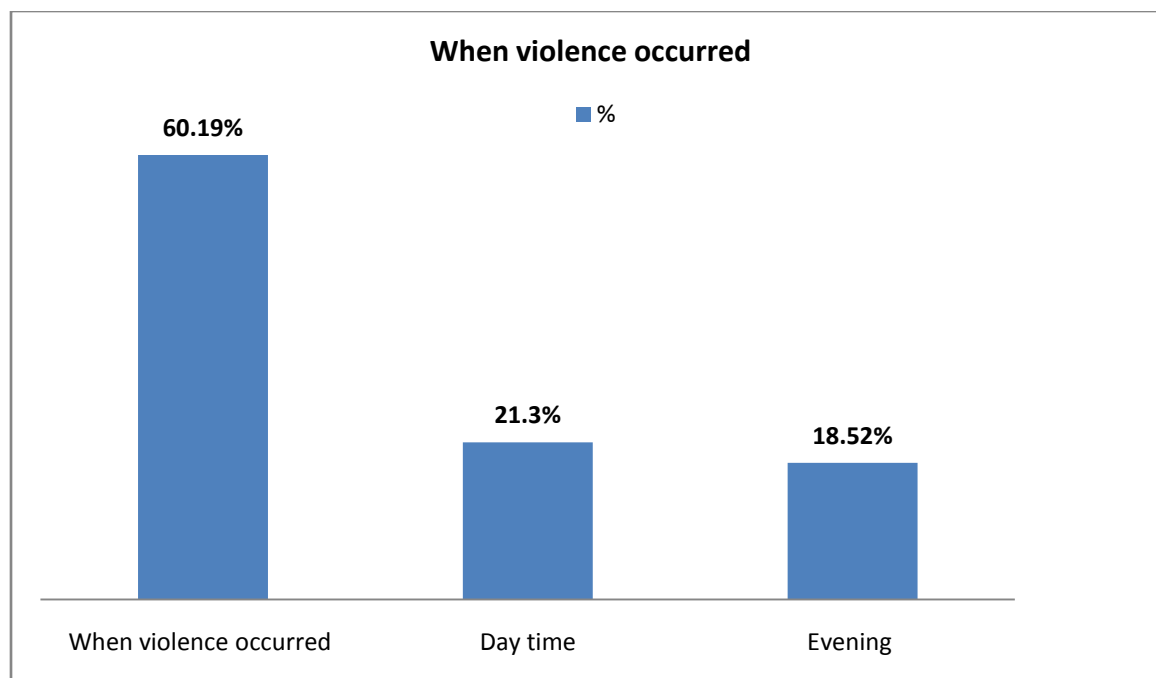
Regarding the place of occurrence, the Victims informed that the incident of violence occurred within the house, while 25% mentioned that the incident took place outside the house/ on the road/ or in the open market place.

#### 6.5.2.6 Identification of the Culprit/Criminal

Regarding the identification of the person regarding who committed the incidence of violence, majority of the victims 72.22% informed that her husband himself had committed the crime. Of the other persons involved, 8.33% mentioned the names of their mothers-in-laws /fathers-in-law, while 4.63% mentioned the names of their sisters-in-laws /brothers-in-law..On the other cases, 8.33% victims mentioned the names of wife of the household owner. The last but the most drastic were the incidents when 10.19% informed that the Gundas or Mastans had committed the crime.

**Table 17 When the violence occurred**

|                               | Number | %     |
|-------------------------------|--------|-------|
| <b>When violence occurred</b> |        |       |
| • Day time                    | 65     | 60.19 |
| • Evening                     | 23     | 21.30 |
| • At night                    | 20     | 18.52 |



**Where the violence occurred and who committed the violence**

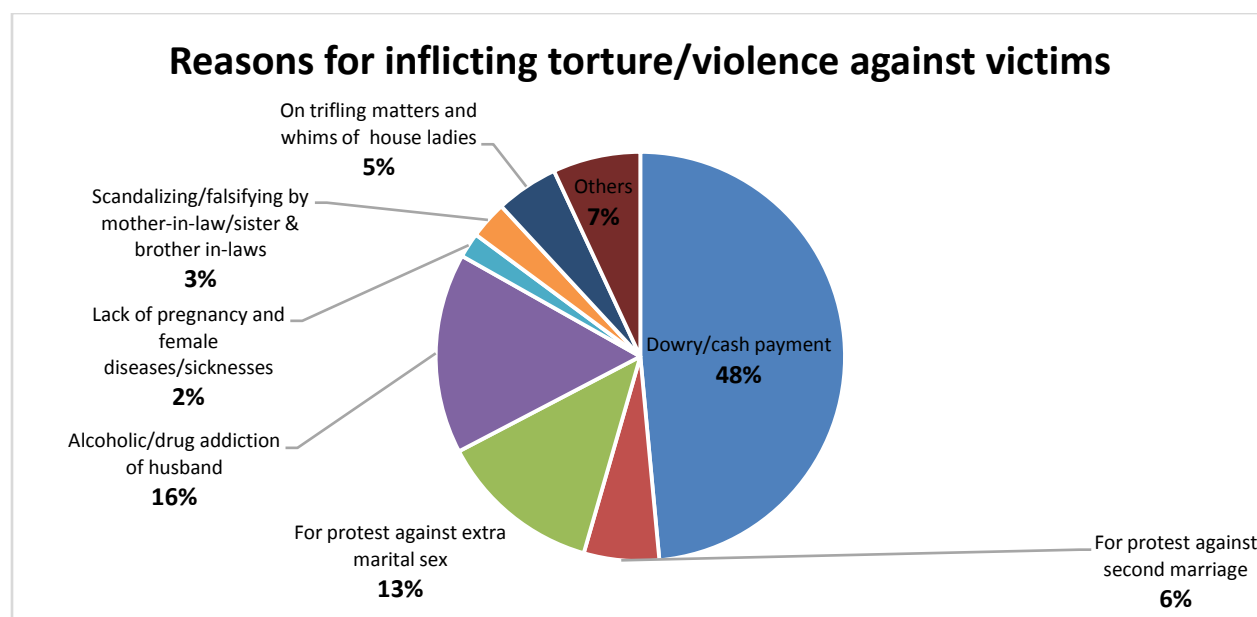
| <b>Where occurred</b>          |  |    |       |
|--------------------------------|--|----|-------|
| • Within the house             |  | 81 | 75.00 |
| • Outside/roads/market places  |  | 27 | 25.00 |
| <b>Who inflicted violence:</b> |  |    |       |
| • Husband himself              |  | 78 | 72.22 |
| • Mother/father in-laws        |  | 9  | 8.33  |
| • Sister/brother in-laws       |  | 5  | 4.63  |
| • Wife of household owners     |  | 9  | 8.33  |
| • Gundas/Mastans               |  | 11 | 10.19 |
| • Others                       |  | 6  | 5.56  |

### 6.5.2.7 Reasons for Inflicting Violence/Torture

The Reasons for inflicting torture/violence against victims were identified by the majority of the victims (45.37%) as demands for Dowry or Cash Payment. The next was mentioned as the physical condition of the husband who was an alcoholic and also a drug addict. 14.81% mentioned that because of that physical imbalance husbands inflicted torture on their wives. 12.04% victims complained of the situation in the family due to protest against extra marital sex, while 5.56% mentioned the situation due to protest against second marriage. 4.63% of the victims mentioned the situation created on trifling matters and whims of house ladies, 2.78% of the victims informed of the scandalizing /falsifying activities against the victim by her mothers-in-law, sisters-in-laws or brothers-in-laws. The last but the worst case was due to lack of pregnancy, and situation of female diseases or sicknesses as mentioned by 1.85% victims, while 6.48% mentioned of other reasons for inflicting violence on women.

**Table 18 Reasons for inflicting torture/violence against victims**

| Reasons for violence  | Number | %     |
|---|--------|-------|
| • Dowry/cash payment  | 49     | 45.37 |
| • For protest against second marriage                               | 6      | 5.56  |
| • For protest against extra marital sex                             | 13     | 12.04 |
| • Alcoholic/drug addiction of husband                               | 16     | 14.81 |
| • Lack of pregnancy and female diseases/sicknesses                  | 2      | 1.85  |
| • Scandalizing/falsifying by mother-in-law/sister & brother in-laws | 3      | 2.78  |
| • On trifling matters and whims of house ladies                     | 5      | 4.63  |
| • Others  | 7      | 6.48  |



### 6.5.2.8 Extent of Physical injury or magnitude of wound Mental Conditions after Violence

#### Extent of Physical injury, state of affairs

The Type of Physical Injury faced by 89.81% victims was mostly fracture and Broken bones. Among the others were Burn injury mentioned by 32.41% victims, Injured sex organs by 19.44%, Battered physical conditions faced by 11.11% and Severe Mental agony by 8.33%.

#### Mental State of Affairs/Mental Conditions after Infliction of Violence

Regarding Mental conditions, majority of the victims 88% complained that they felt very helpless, unhappy and almost dead due to the violence inflicted on them. 4.5% felt they wanted to go for committing suicide, while 7.4% felt that they were filled with hate, protest and revenge against the offenders and criminals.

**Type of services rendered to the victims from OCC**

| Type of Physical Injury                       | Number | %     |
|---|--------|-------|
| • Fracture and Broken bones                   | 97     | 89.81 |
| • Burn injury                                 | 35     | 32.41 |
| • Injured sex organs                          | 21     | 19.44 |
| • Battered physical conditions                | 12     | 11.11 |
|   | 9      | 8.33  |
| Mental conditions                             | Number | %     |
| • Felt very helpless, unhappy and almost dead | 86     | 88.0  |
| • Felt committing suicide                     | 5      | 4.5   |
| • Felt filled with hate/protest/revenge       | 8      | 7.4   |
| • Others                                      |        |       |

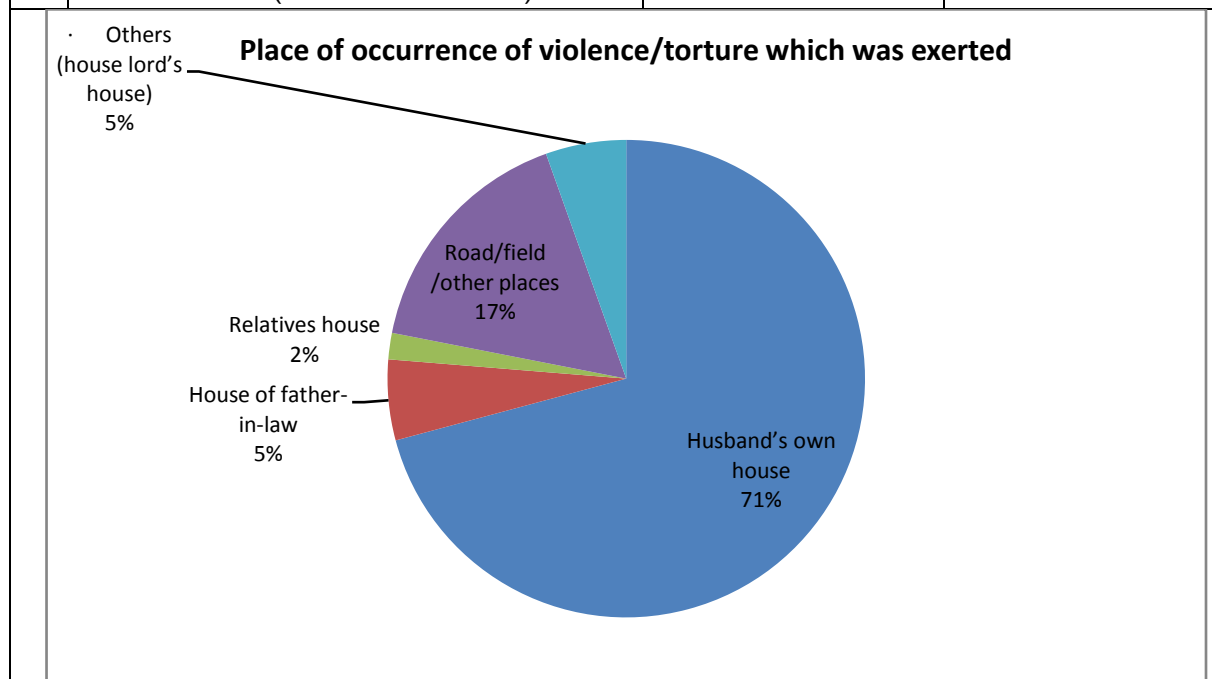
(Multiple responses)

**6.5.2.10 Place of Occurrence**

On the issues of the Place of occurrence, majority of 71.4% of the victims informed that it happened at the Husband's own house , 5.5% informed that it occurred at the House of the father- in-law , 1.8% mentioned the Relatives house, 5.5% said of others places such as the house lord's house. Many of the occurrences happened on the Roads or the fields or in the other open places as mentioned by 16.6%

**Table 20 Place of occurrence of violence/torture which was exerted**

| Place of torture              | Number | %    |
|-------------------------------|--------|------|
| • Husband's own house         | 76     | 71.4 |
| • House of father- in-law     | 6      | 5.5  |
| • Relatives house             | 2      | 1.8  |
| • Road/field /other places    | 18     | 16.6 |
| • Others (house lord's house) | 6      | 5.5  |

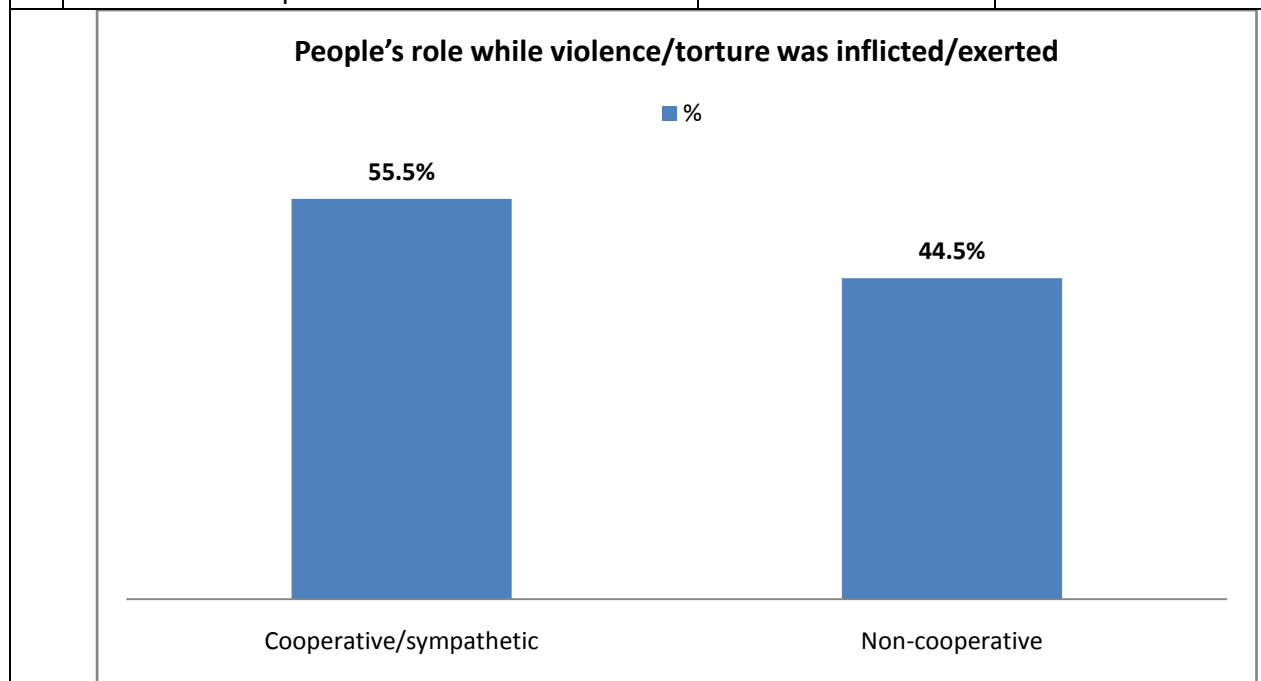


### 6.5.2.11 Role of the people while Violence or torture was inflicted/exerted

Regarding the Role of the people during the occurrence of violence 55.5% informed that there was a Cooperative and sympathetic attitude of the people when violence was inflicted, while 44.5% said that the role of the people was Non-cooperative. This was because people refused to get involved due to the cases which are bound to be taken up, and they feel scared to become witnesses in such cases.

**Table 21 People's role while violence/torture was inflicted/exerted**

| People's role             | Number | %    |
|---------------------------|--------|------|
| • Cooperative/sympathetic | 60     | 55.5 |
| • Non-cooperative         | 48     | 44.5 |



### Type of violence/wound incurred

On the information of the type of violence which occurred, majority 71.3% victims mentioned it was Physical Violence, 18.5% mentioned it was Sexual Assault, 7.4% informed of Burn injuries, 2.7% said the injury was related to Economic reasons.

### Recovery from the violence/wound incurred

55.5% victims mentioned that they were Fairly recovered, while 44.5% informed that the Recovery was very slow

### Means of coming to OCC

The victims (42.59%) informed of the ways of coming to OCC with the help of Thana/Sadar Police or RAB. 16.67% informed with the help of neighbours or sympathetic people, 31.48% mentioned with the help of relatives or colleagues or friends, while 3.70% informed that they came to OCC with the help of women organizations. 5.56% mentioned of the other ways of coming to OCC, which was previously not known to them,

## Number of days stay at OCC

The number of days stay at OCC was 5.5 mean days covering all patients and victims.

**Present physical condition now after the incidence of Violence:** Regarding the Present physical condition now after the incidence of Violence, 89% complained that the condition was very bad with physical weakness, pain in leg, problems of eyesight, and headaches. 4.6% said the physical condition was bad, while 6.5% assured that the physical condition after the violence was now recovering and was fairly good.

## Present mental state after the incidence of Violence

While speaking of the Present mental state after the incidence of Violence, 86.1% victims complained that the situation was very bad. It was taking time to recover after the shock of the incident, never before witnessed by these patients. 1.9% said it was bad while 12.1% assured that they were recovering from the mental shocks slowly.

## Fear of Movement in Society at present due to incidence of Violence

It is natural for Victims to suffer Fear of Movement in Society at present due to incidence of Violence and majority 72.2% mentioned the fact but added it was more in the husband's family, than the society, because it was there that the violence occurred or could occur again. However 27.8 felt less fear to move around having gained self-control of the situation.

## Ways of Protection undertaken due to impact of Violence

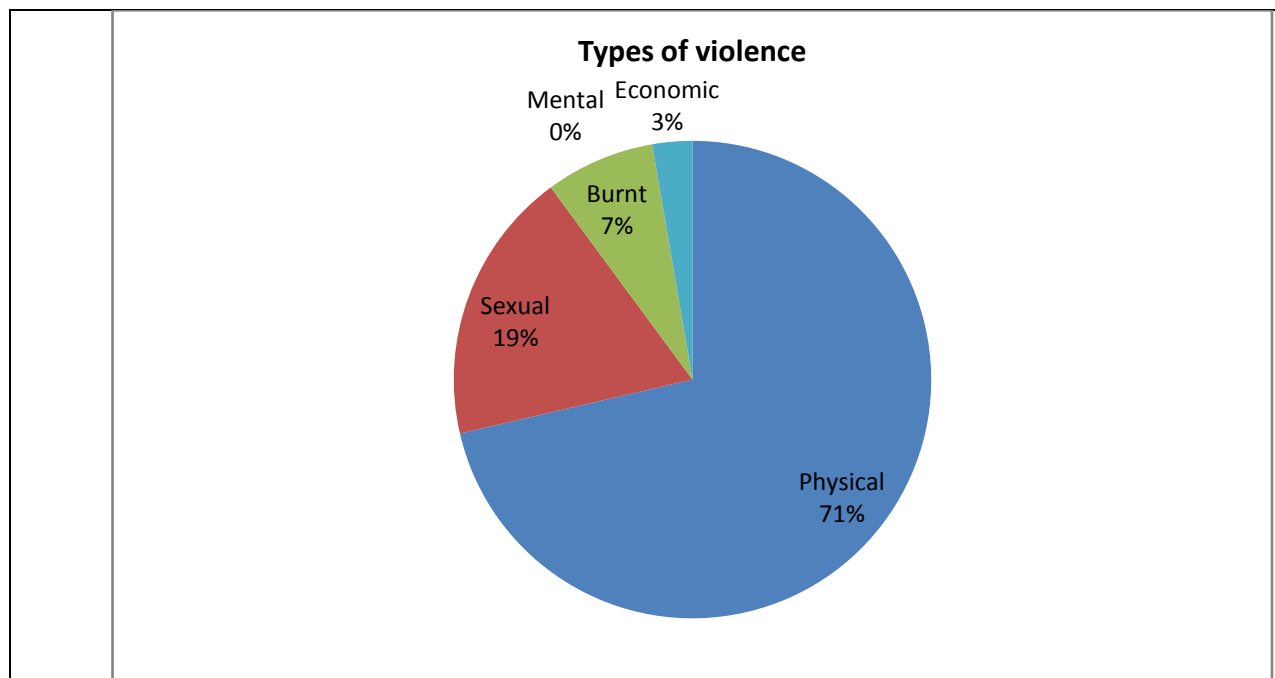
Regarding the Ways of Protection undertaken due to impact of Violence, 51.85% informed of the legal protection provided, 14.81% said that their sons and daughters were the protectors for them, 10.19% focused on their attainment of mental Strength and guts to face future incidents of violence, 7.41% mentioned the situation through assurance and support of their parents.

5.56% Victims mentioned that they did not face any problems as yet while 20.37% were uncertain and mentioned that they did not know what to do for their protection. In these cases the victims feel unsafe, have mental breakdowns and lose moral courage. They have to be guided and given moral strength and assurances of protection to survive and live normal lives after the violence.

**Table 22 Violence incurred, OCC services, present conditions of Victims**

| 1                    | Types of violence | Number | %    |
|----------------------|-------------------|--------|------|
|                      | • Physical        | 77     | 71.3 |
|                      | • Sexual          | 20     | 18.5 |
|                      | • Burnt           | 8      | 7.4  |
|                      | • Mental          | -      | -    |
|                      | • Economic        | 3      | 2.7  |
|                      | • Others          | -      |      |
| (Multiple responses) |                   |        |      |





|    |   |               |       |
|----|---|---------------|-------|
| 2. | <b>Recovery of Victim</b>                                 | Number        | %     |
|    | • Fairly recovered  | 60            | 55.5  |
|    | • Recovery very slow                                      | 48            | 44.5  |
| 3. | <b>How taken to OCC services:</b>                         | Number        | %     |
|    | • With the help of Thana/Sadar Police/RAB                 | 46            | 42.59 |
|    | • With the help of neighbours/sympathetic people          | 18            | 16.67 |
|    | • With the help of relatives/colleague/friends            | 34            | 31.48 |
|    | • With the help of women organization                     | 4             | 3.70  |
|    | • Others  | 6             | 5.56  |
| 4. | <b>Mean number of days had to stay at OCC</b>             | 5.5 mean days | -     |
| 5. | <b>State of health after violence:</b>                    |               |       |
|    | • Very bad (physical weakness, pain in leg/eyes/head )    | 96            | 89.0  |
|    | • Bad   | 5             | 4.6   |
|    | • Fairly good   | 7             | 6.5   |
| 6. | <b>Mental state of health after violence</b>              |               |       |
|    | • Very bad  | 93            | 86.1  |
|    | • Bad   | 02            | 1.9   |
|    | • Fairly good   | 13            | 12.1  |
| 7. | <b>Whether laden with fear to move around freely:</b>     |               |       |
|    | • Yes ( not in society but in husband's family)           | 78            | 72.2  |
|    | • No  | 30            | 27.8  |
| 8. | <b>Victim's ways to protect herself and move around :</b> |               |       |
|    | • Due to legal protection                                 | 56            | 51.85 |
|    | • Sons/children are the protectors                        | 16            | 14.81 |
|    | • Mental strength/guts                                    | 11            | 10.19 |
|    | • Parents assurance and supports                          | 8             | 7.41  |
|    | • No problems faced yet                                   | 6             | 5.56  |
|    | • Uncertain/don't know                                    | 22            | 20.37 |

## SECTION SIX

### 6.6 PRESENT CONDITIONS OF BENEFICIARIES THROUGH MSP-VAW ACTIVITIES AT ONE-STOP CRISIS CENTRE (OCC)

#### 6.6.1 HEALTH SERVICES RENDERED THROUGH OCC FOR VAW VICTIMS

##### 6.6.1.1 Types of Health Support provided at OCC

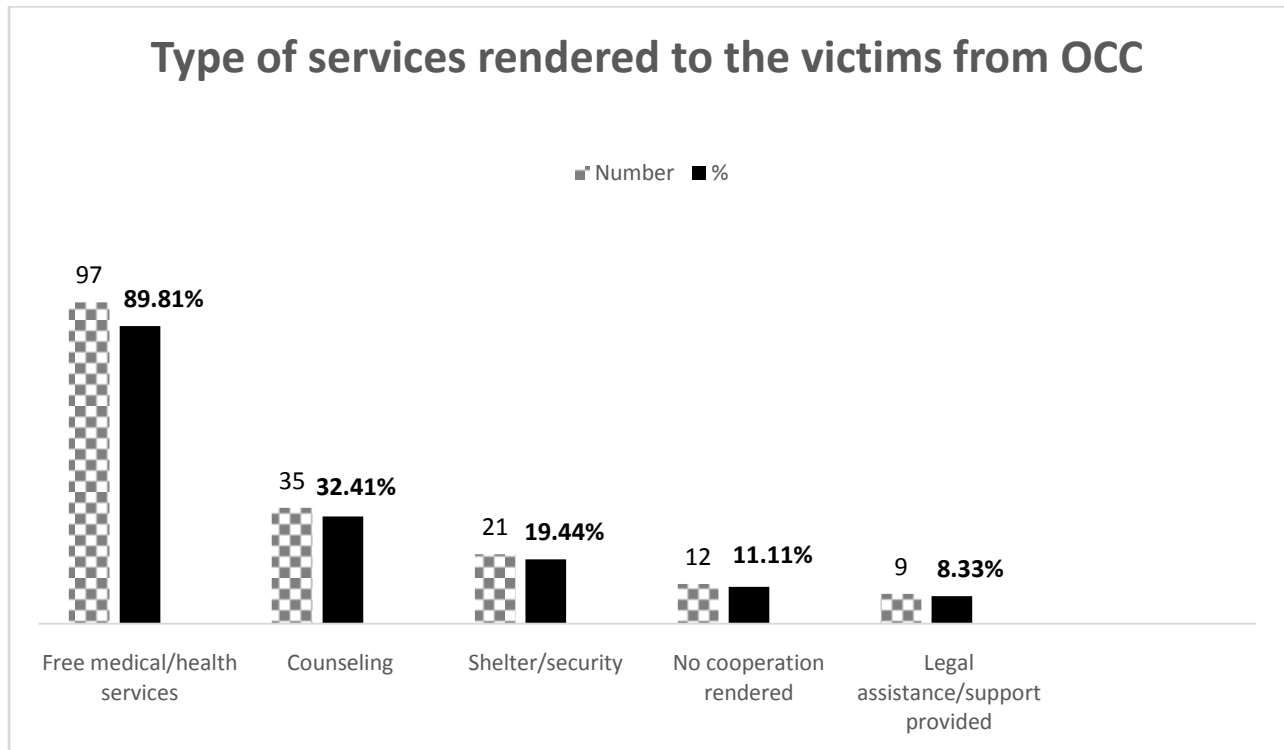
Various types of Health support were provided at the OCC. The majority 89.81% informed of the Free medical/health services, 32.41% mentioned the Counseling provided to them in case of mental and psychological problems, 19.44% informed of the Shelter/security assistance given to them due to their insecurity caused by the violence, and 8.33% mentioned the legal assistances and support provided to help them fight their cases against the wrong-doers.

However, In the negative remarks 11.11% mentioned that No cooperation was rendered

**Table 23 Type of services rendered to the victims from OCC**

| Type of cooperation rendered        | Number | %     |
|-------------------------------------|--------|-------|
| • Free medical/health services      | 97     | 89.81 |
| • Counseling                        | 35     | 32.41 |
| • Shelter/security                  | 21     | 19.44 |
| • No cooperation rendered           | 12     | 11.11 |
| • Legal assistance/support provided | 9      | 8.33  |

(Multiple responses)



### 6.6.1.2 Types of Health Treatment provided at OCC

At the OCC the patients received various types of treatment, of these as mentioned by the majority 75.93% patients Health checkup (UGA,DNA, Blood test etc) were provided. 23.15% mentioned of the Improved diet , which was very essential for the poor patients of the country, who come to the OCC. 11.11% mentioned of Free burn-medication, while 2.78% mentioned of other Health Treatment at the OCC. The Negative response was that No medicine for injuries/burns/fracture was provided as mentioned by 3.70% patients.

**Table 24 Type of health Treatment received from OCC**

| Type of health services                    | Number | %     |
|--|--------|-------|
| • Health checkup (UGA,DNA, Blood test etc) | 82     | 75.93 |
| • Improved diet                            | 25     | 23.15 |
| • Free burn-medication                     | 12     | 11.11 |
| • No medicine for injuries/burns/fracture  | 4      | 3.70  |
| • Others                                   | 3      | 2.78  |

(Multiple responses)

### 6.6.1.3 Satisfaction on the Treatment Services/procedures at OCC

The majority of 85% of patients expressed Satisfaction on the Treatment Services/procedures at OCC

### 6.6.1.4 Reasons for Dis-satisfaction regarding the services provided

Regarding the Reasons for Dis-satisfaction regarding the services provided, 38.89% mentioned the Negligence of doc/nurses, 50% regretted of the Low quality food, 33.33% complained of lack of system of providing free medication, while 16.67 mentioned other issues with which the patients were dis-satisfied with the OCC services.

### 6.6.1.5 Length of Time Treatment Provided at OCC

Information on the Length of Time Treatment was Provided at OCC, shows that it was 5.7 mean days

**Table 25 Treatment Satisfaction, Negligence & duration of services rendered**

|      |   | Number          | %     |
|------|---|-----------------|-------|
| I.   | <b>Satisfaction over health services</b>      |                 |       |
|      | • Satisfied/fairly satisfied                  | 90              | 85.0  |
|      | • Not satisfied                               | 18              | 15.0  |
| II.  | <b>Reasons for dissatisfaction : (n=18)</b>   |                 |       |
|      | • Negligence of doc/nurses                    | 7               | 38.89 |
|      | • Low quality food                            | 9               | 50.00 |
|      | • No free medication                          | 6               | 33.33 |
|      | • Others                                      | 3               | 16.67 |
| III. | <b>Mean days of medical services rendered</b> | 5.7 mean days - | -     |

### 6.6.1.6 People who provided the Treatment to the Victims at OCC

On issues of the People who provided the Treatment to the Victims at OCC, majority 92.59% victims mentioned that the Doctors and Nurses provided medical Treatment, while only 7.41% mentioned that only nurses provided treatment.

**Table 26 Type of medical personnel who provided medical treatment**

| Type of medical personnel | Number | %     |
|---------------------------|--------|-------|
| • Doctor and Nurse        | 100    | 92.59 |
| • Only nurse              | 8      | 7.41  |

**6.6.1.7 State of Recovery of the Victims**

Patients were conscious of their state of Recovery and 50% of the Victims informed that they were Fully recovered while 48.15% said that they were Partially recovered. Only 1.85% mentioned that they were Not at all recovered

**Table 27 Recovery status of victims' health**

| Recovery status of health | Number | %     |
|---------------------------|--------|-------|
| • Fully recovered         | 54     | 50.00 |
| • Partially recovered     | 52     | 48.15 |
| • Not at all recovered    | 2      | 1.85  |

**6.6.1.8 Existing Physical Disabilities (if any)**

Regarding Existing Disabilities 29.63% Victims mentioned of Occasional pains in the lower joint or knee , 68.52% informed of occasional headache and throat pain, while 2.78% assured of no complication at present

**Table 28 Health complication that still persisted**

| Health complication                         | Number | %     |
|---|--------|-------|
| • Occasional pains in the lower joint /knee | 32     | 29.63 |
| • Occasional headache and throat pain       | 74     | 68.52 |
| • No complication at present                | 03     | 2.78  |

(Multiple responses)

**6.6.2 SHELTER AND REHABILITATION SUPPORT TO VAW VICTIMS THROUGH MSP-VAW****6.6.2.1 Shelter and Rehabilitation Support to VAW Victims through MSP-VAW**

56% assured of the Shelter and Rehabilitation Support to VAW Victims through MSP-VAW, while 48% replied in the negative.

**6.6.2.2 Types of assistances provided to VAW victims**

Regarding the types of Assistances provided the 73.21% of the Victims informed of the Counseling provided, 73.21% mentioned of the Shelter/security ensured , 16.07% talked of the Legal assistance provided , while 26.79% mentioned the Financial assistance for self dependency given to them through MSP-VAW. 10.71% talked of the other services provided.

**Table 29 Shelter and rehabilitative supports rendered through project**

| Rehabilitative Supports from project                      | Number | %     |
|---|--------|-------|
| • Yes   | 56     | 52.0  |
| • No  | 42     | 48.0  |
| <b>Type of shelter and rehabilitative supports (n=56)</b> |        |       |
| • Counseling provided                                     | 41     | 73.21 |

|  |  |    |       |
|--|--|----|-------|
|  | • Shelter/security ensured                 | 41 | 73.21 |
|  | • Legal assistance provided                | 9  | 16.07 |
|  | • Financial assistance for self dependency | 15 | 26.79 |
|  | • Others                                   | 6  | 10.71 |

(Multiple responses)

### 6.6.2.3 VAW Victims utilizing Shelter and Rehabilitation Support till the present day

35.7% mentioned of the VAW Victims mentioned of utilizing the Shelter and Rehabilitation Support till the present day

### 6.6.2.4 Satisfaction on the Shelter and Rehabilitation Services at OCC

90% expressed satisfaction or were fairly satisfied on the Shelter and Rehabilitation Services at OCC

### 6.6.2.5 Present OCC services create Wellbeing and Comfort for Victims

Negligible number mentioned that Very few medicines were given

### 6.6.2.6 Comfortable over Types of Shelter & Rehabilitation Support taken by VAW Victims

92.59% expressed that they were Comfortable over Types of Shelter and Rehabilitation Support taken by VAW Victims, while 7.41% were not.

**Table 30 Shelter & Rehabilitative services and Satisfaction of Support**

|   | Number | %     |
|---|--------|-------|
| <b>Whether taking rehabilitative service till now</b>   |        |       |
| • Yes   | 20     | 35.7  |
| • No  | 36     | 64.3  |
| <b>Satisfaction over rehabilitative services (n=20)</b> |        |       |
| • Satisfied/fairly satisfied                            | 18     | 90.0  |
| • Not satisfied   | 02     | 20.0  |
| <b>Reasons for dissatisfaction : (n=2)</b>              |        |       |
| • Very few medicine given                               | 02     | -     |
| <b>Whether comfortable about OCC services (n=56)</b>    |        |       |
| • Yes   | 100    | 92.59 |
| • No  | 8      | 7.41  |

### 6.6.2.7 The Weaknesses of the project

Regarding the Weaknesses of the project 56.5% mentioned that No strict or proper application of laws were conducted at OCC, 14.8% informed that there were No dissemination about OCC services to the public at large through the media or publicity campaigns, 13% complained of No arrangement for rehabilitative center, while 9.9% discussed of other issues including hurried treatment, no good medicine and food, while 5.5% said that they had no idea or did not know of the issues.

**Table 31 Project's weaknesses as observed by VAW victims.**

| Project's weaknesses (n=108)           | Number | %    |
|--|--------|------|
| • No strict/proper application of laws | 61     | 56.5 |

|  |  |    |      |
|--|--|----|------|
|  | • No dissemination about OCC services                | 16 | 14.8 |
|  | • No arrangement for rehabilitative center           | 14 | 13.0 |
|  | • Others (hurried treatment, no good medicine, food, | 11 | 9.9  |
|  | • No idea/do not know/NA                             | 6  | 5.5  |

(Multiple responses)

### 6.6.2.8 Project's Advantages and Benefits provided to society

Majority of 72.22% Victims mentioned that Helpless, poor and illiterate women have become aware about various rehabilitative services provided by MSP-VAW, 31.48% assured that the Legal assistance has enhanced women's confidence and mental strength. Through the MSP-VAW 37.48% Victims said that the Women have become financially self dependent. There were various other observations by 4.63%, while 5.56% expressed that they had No idea being captivated with injuries at the present moment.

**Table 32 Project's benefits accrued to the society**

|  | Project's Benefits to the society (n=108)   | Number | %     |
|--|---|--------|-------|
|  | • Helpless, poor and illiterate women have become aware about various rehabilitative services | 78     | 72.22 |
|  | • Legal assistance has enhanced women's confidence/mental strength                            | 34     | 31.48 |
|  | • Women have become financially self dependent  | 40     | 37.04 |
|  | • Others  | 5      | 4.63  |
|  | • No idea/ NA   | 6      | 5.56  |

(Multiple responses)

### 6.6.2.9 Encouragement for victims through project support

Free medical and other health services were received by the victims at the OCC was mentioned by 90.74% victims Good Counseling was received to assist victims to regain their health and moral strength was mentioned by 51.85% Shelter and security was received when the victims were under threats and this was mentioned by 31.48% victims Legal assistance was received in order to file cases through the lawyers and this was mentioned by 21.30% victims Fair justice was received from OCC, and this was directly mentioned while talking to 10.19% victims Cash and kinds (sewing machine) was received to earn for self dependency and this was assured by 17.59% victims Regarding the other assistances 1.85% victims mentioned the issues in totality. As many were under treatment or were being assisted by family members 5.56% expressed their ignorance of the issues under discussion.

**Table 33 Encouragement & Benefits for VAW victims due to project activities.**

|  | Project's benefits to the victim (n=108) | Number | %     |
|--|--|--------|-------|
|  | • Free medical/health services received  | 98     | 90.74 |
|  | • Good Counseling received               | 56     | 51.85 |

|  |    |       |
|--|----|-------|
| • Shelter/security received                                    | 34 | 31.48 |
| • Legal assistance received                                    | 23 | 21.30 |
| • Fair justice received from OCC                               | 11 | 10.19 |
| • Cash and kinds (sewing machine) received for self dependency | 19 | 17.59 |
| • Others   | 2  | 1.85  |
| • No idea/do not know  | 6  | 5.56  |

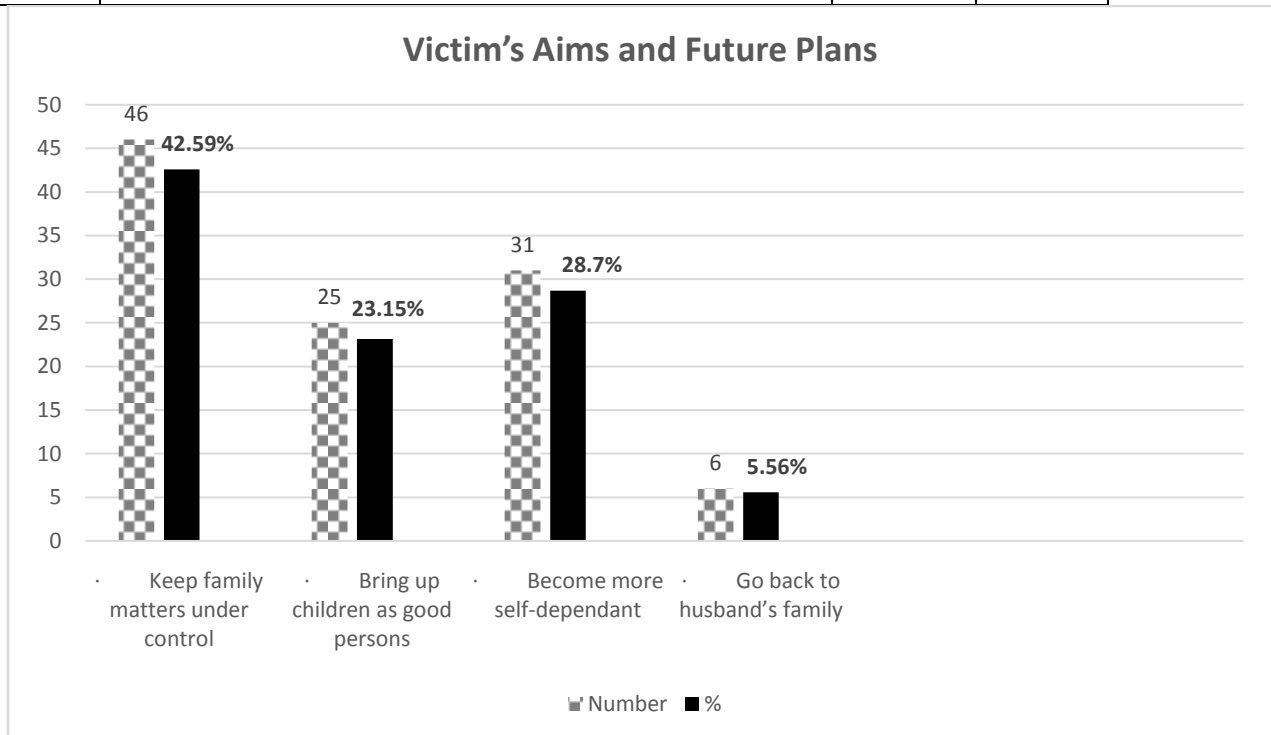
(Multiple responses)

### 6.6.2.10 Aim and future plans of VAW victims

Talking about the Victim's Aims and Future Plans, 42.59% commented on Keep family matters under control, 23.15% promised to Bring up children as good persons, while 28.70% said that they have to Become more self-dependant. Only 5.56% felt they had to go back to husband's family.

**Table 34** Victim's Aims and Future Plans

| Victim's future planning (n=108)    | Number | %     |
|-------------------------------------|--------|-------|
| • Keep family matters under control | 46     | 42.59 |
| • Bring up children as good persons | 25     | 23.15 |
| • Become more self-dependant        | 31     | 28.70 |
| • Go back to husband's family       | 6      | 5.56  |
| •                                   |        |       |



## SECTION SEVEN

### PRESENT STATE OF AFFAIRS OF VICTIMS/BENEFICIARIES WITHIN FAMILY AND SOCIETY

#### 6.7.1 IMPACT OF VICTIM'S VIOLENCE ON FAMILY, RELATIVES AND FRIENDS

##### 6.7.1.1 Parents' Impact & involvement throughout victim's recovery

On the issue of the Parent's involvement in the recovery process of VAW victims, the majority 98.15% of the victims affirmed that parents were involvement throughout the victim's recovery.while only 1.85% replied in the negative.

##### 6.7.1.2 Involvement of Family members throughout victim's recovery

Regarding the involvement of other Family members throughout the Victims' recovery process majority 80.56% victims assured that they were involved, while 19.44% victims denied.

##### 6.7.1.3 Reasons for avoidance of all family members regarding victim's recovery

With regard to those family members who were not involved in the victim's recovery process, the answer of 14.81% victims were that these people stayed at far off places or in other localities, for which they could be involved all the time, while 4.63% commented that the other family members were indifferent or least concerned for the victims.

##### 6.7.1.4 Satisfaction of family members regarding victim's treatment and project activities

With regard to those family members who were involved in the victim's recovery process, the answer of 88.89% victims were that these people were satisfied with the services rendered by the project., while 11.11% replied in the negative.

**Table 35 Parent's/other members' involvement in the recovery process of VAW victim**

|   | Number | %     |
|---|--------|-------|
| <b>Parents involvement in the recovery of victim</b>                    |        |       |
| • Yes   | 106    | 98.15 |
| • No  | 02     | 1.85  |
| <b>Whether other members are involved with the victim</b>               |        |       |
| • Yes   | 87     | 80.56 |
| • No  | 21     | 19.44 |
| <b>If no, reasons for non-involvement of other family members</b>       |        |       |
| • Stay far off places/other locality                                    | 16     | 14.81 |
| • Indifferent/least concerned   | 5      | 4.63  |
| <b>If yes, are they satisfied with the services rendered by project</b> |        |       |
| • Yes   | 96     | 88.89 |
| • No  | 12     | 11.11 |

##### 6.7.1.5 Mental Distress in family due to victim's incidence of violence

Regarding Mental Distress in family due to victim's incidence of violence, majority 91.67% agreed that members of the family were worried and in mental distress, while only 8.33% replied in the negative.



### 6.7.1.6 Impact on family due to victim's incidence of violence

Majority of the 92.59% victims agreed that there was certainly a great Impact on the family due to victim's incidence of violence and the mishap caused, while only 7.41% replied in the negative.

### 6.7.1.7 Family initiative for bringing the culprit to justice

The Parents' roles to ensure legal action against the criminals and Family initiative for bringing the culprit to justice is brought forward by 34.26% victims who informed that the family would go for legal action, 28.70% said that the family might negotiate or ensure justice through family 'shalish', while 25% victims negatively commented that the family could not take any effective role or ensure justice. 20.37% victims informed of family's quietness for fear of mastans or powerful criminals.

### 6.7.1.8 Future Plans of Family for the victim

Regarding Parents' concern about victim's future life, 61.11% wanted them to become confident and financially solvent in maintaining the family. 25.93% victims said that their parents were concerned about their marriage, 17.59% expressed that parents were not yet decided to plan about their children's future. 15.74% victim regretted that there was no hope about their future or other issues.

**Table 36 (a) Effects of violence on parents and victims**

| Effects of violence                               | Number | %     |
|---|--------|-------|
| <b>Whether family is worried about the victim</b> |        |       |
| • Yes   | 99     | 91.67 |
| • No  | 09     | 8.33  |
| <b>Whether mishap has impact on family status</b> |        | 0.00  |
| • Yes   | 100    | 92.59 |
| • No  | 08     | 7.41  |

**Table 36 (b) Parents' roles and Concerns**

| Parents' roles to ensure legal action against the criminals         |    |       |
|---|----|-------|
| • Would go for legal action   | 37 | 34.26 |
| • To negotiate/ensure justice through family 'shalish'              | 31 | 28.70 |
| • Could not take any effective role or ensure justice               | 27 | 25.00 |
| • Others ( for fear of mastan, powerful criminals)                  | 22 | 20.37 |
| <b>Parents' concern about victim's future life:</b>                 |    |       |
| • To become confident/financially solvent in maintaining the family | 66 | 61.11 |
| • Concerned about my marriage                                       | 28 | 25.93 |
| • Not yet decided to plan about future                              | 19 | 17.59 |
| • No hope about my future/others                                    | 17 | 15.74 |

**(Multiple responses are expected)**

## 6.7.2 IMPACT OF VICTIM'S VIOLENCE ON SOCIETY

### 6.7.2.1 Reaction of victim's violence on society

On Community's reaction about victim's violence on society 57.41% commented that Criminals are getting more powerful as there are no reactions on violence from community or society, 21.30% victims said people want justice and strict legal action, 7.41% victims informed that some people advice them to withdraw cases against their husband's family, while 20.37% reflect that they have No idea what is going to happen and are completely hopeless about society 5.56% men some other issues of their safety.

### 6.7.2.2 Rebuke on victim because of being victim of violence

Regarding Whether women faced any denouncement or condemnation for being victims of violence 75.0% replied in the affirmative, while 25.0% replied in the Negative .

### 6.7.2.3 Prevention regarding free movement in society after the violence

Whether violence stands as barrier or as prevention to victim's free mobility in the society, 80.56% victims answered in the affirmative while 19.44% replied in the negative.

**Table 37 Impacts on Society/community due to Victim's Violence**

|       |   | Number | %     |
|-------|---|--------|-------|
| 5.2.1 | <b>Community's reaction about the violence inflicted on victim</b>  |        |       |
|       | <ul style="list-style-type: none"> <li>Criminals getting more powerful as no reaction from community/society</li> </ul> | 62     | 57.41 |
|       | <ul style="list-style-type: none"> <li>People want justice and strict legal action</li> </ul>                           | 23     | 21.30 |
|       | <ul style="list-style-type: none"> <li>Some advice to withdraw case against husband's family</li> </ul>                 | 08     | 7.41  |
|       | <ul style="list-style-type: none"> <li>No idea/hopeless about society</li> </ul>  | 22     | 20.37 |
|       | <ul style="list-style-type: none"> <li>Others</li> </ul>  | 6      | 5.56  |
| 5.2.2 | <b>Whether faced any denouncement /condemnation for being victim of violence</b>  |        |       |
|       | <ul style="list-style-type: none"> <li>Yes</li> </ul>   | 81     | 75.0  |
|       | <ul style="list-style-type: none"> <li>No</li> </ul>  | 27     | 25.0  |
| 5.2.3 | <b>Whether violence stands as barrier to free mobility in the society</b>   |        |       |
|       | <ul style="list-style-type: none"> <li>Yes</li> </ul>   | 87     | 80.56 |
|       | <ul style="list-style-type: none"> <li>No</li> </ul>  | 21     | 19.44 |

### 6.7.2.4 Comments regarding violence against women

Victim's notions about violence against women was mentioned by 75.93% Women who said that they are helpless and moneyless due to which violence is inflicted on them, 12.04% commented that due to Lack of education and awareness women suffer violence, while 8.33% informed that due to Husband's indifference, women suffer violence. 20.37% women mentioned that they had no idea nor do they know why women suffer violence.

### 6.7.2.5 Primary reasons for incidences of violence on women

Regarding Primary reasons for incidences of violence on women, 60.19% victim felt that Lack of protest or concerted efforts to ventilate the wrongs done to them was the cause. 11.11% mentioned that Extra marital sex drive was the reason 39.81% felt the reason for violence was the pressure on Evils of dowry, while 12.04 felt that it was Husband's lack of love and jealousy 5.56% mentioned that there were other reasons for incidences of violence on women.

### 6.7.2.6 Reactions expected in society regarding violence against women

### 6.7.2.7 Urgent precautionary measures necessary for curbing these violent attacks

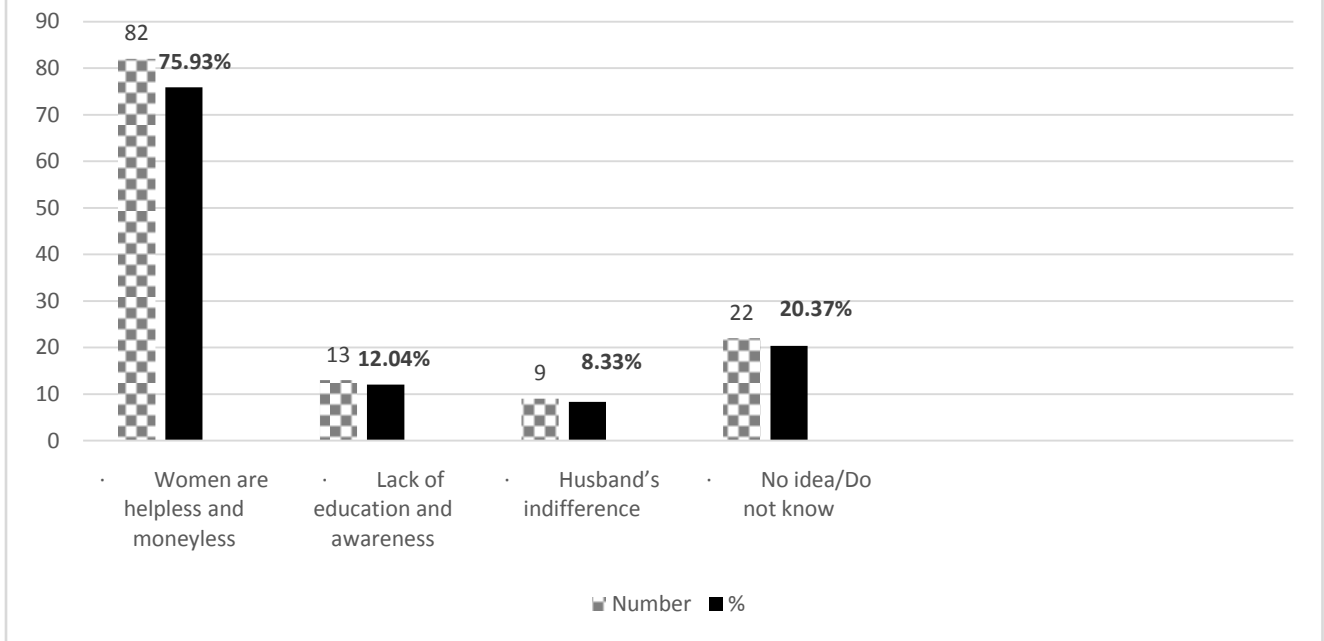
Emergency precautionary measures for curbing violence were identified by the majority 87.04% victims as the Prompt Legal measures to be taken from court . 12.96% victim said that Women should be more vocal. 41.67% publicized that Dowry should be banned from society immediately, while 15.74% commented that Prompt measures should be taken from family "shalish". 25% victims directed all to Educate and train up women to become self dependent, in order to stand by themselves and control violence

**Table 38 Primary reasons for violence and measures to reduce violence**

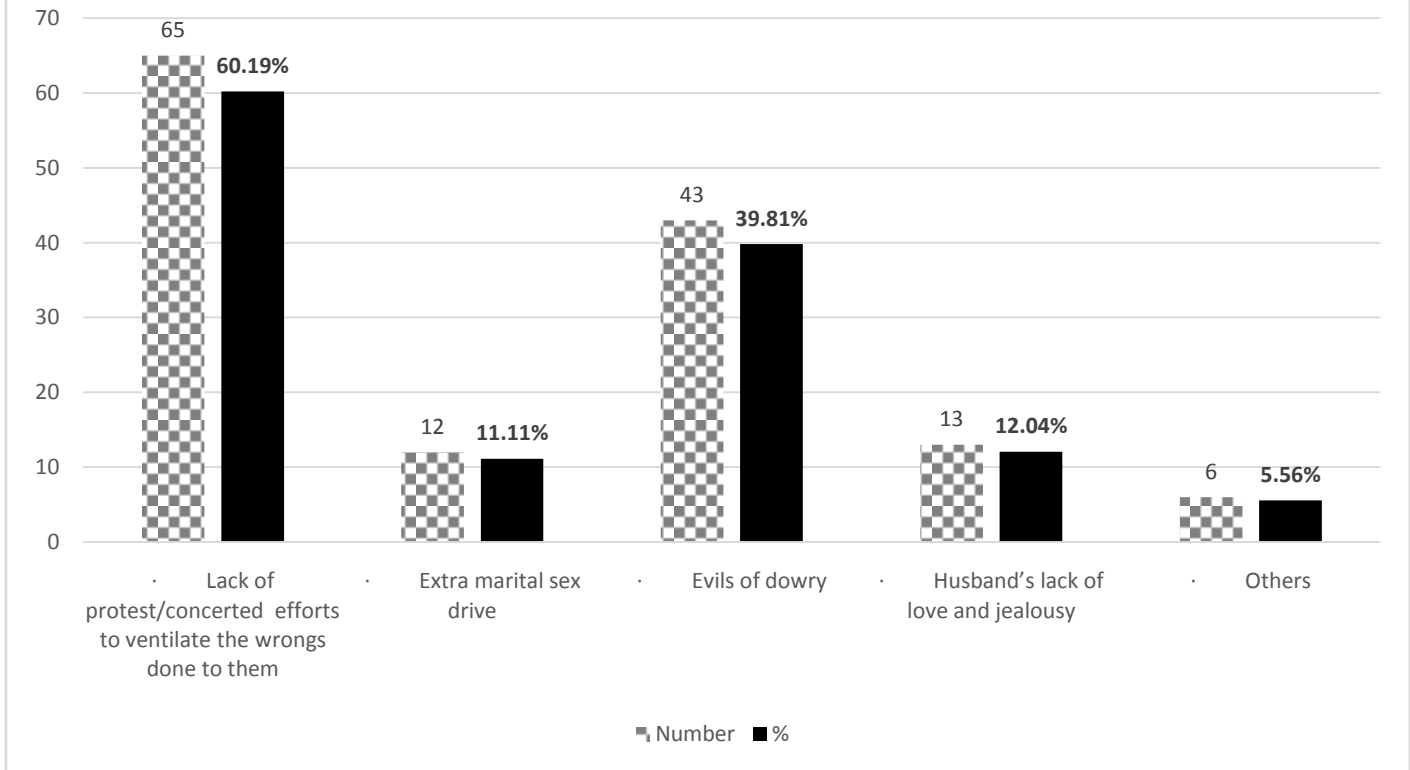
|       |  | Number | %     |
|-------|--|--------|-------|
| 5.2.4 | <b>Victim's notions about violence against women:</b>                    |        |       |
|       | • Women are helpless and moneyless                                       | 82     | 75.93 |
|       | • Lack of education and awareness  | 13     | 12.04 |
|       | • Husband's indifference   | 09     | 8.33  |
|       | • No idea/Do not know  | 22     | 20.37 |
| 5.2.5 | <b>Primary reasons for violence against women in the society:</b>        |        |       |
|       | • Lack of protest/concerted efforts to ventilate the wrongs done to them | 65     | 60.19 |
|       | • Extra marital sex drive  | 12     | 11.11 |
|       | • Evils of dowry   | 43     | 39.81 |
|       | • Husband's lack of love and jealousy                                    | 13     | 12.04 |
|       | • Others   | 06     | 5.56  |
| 5.2.7 | <b>Urgent measures to mitigate/reduce violence against women</b>         |        |       |
|       | • Prompt Legal measures to be taken from court                           | 94     | 87.04 |
|       | • Women should be more vocal   | 14     | 12.96 |
|       | • Dowry should be banned from society immediately                        | 45     | 41.67 |
|       | • Prompt measures to be taken from family shalish                        | 17     | 15.74 |
|       | • Educate and train up women to become self dependent                    | 27     | 25.00 |

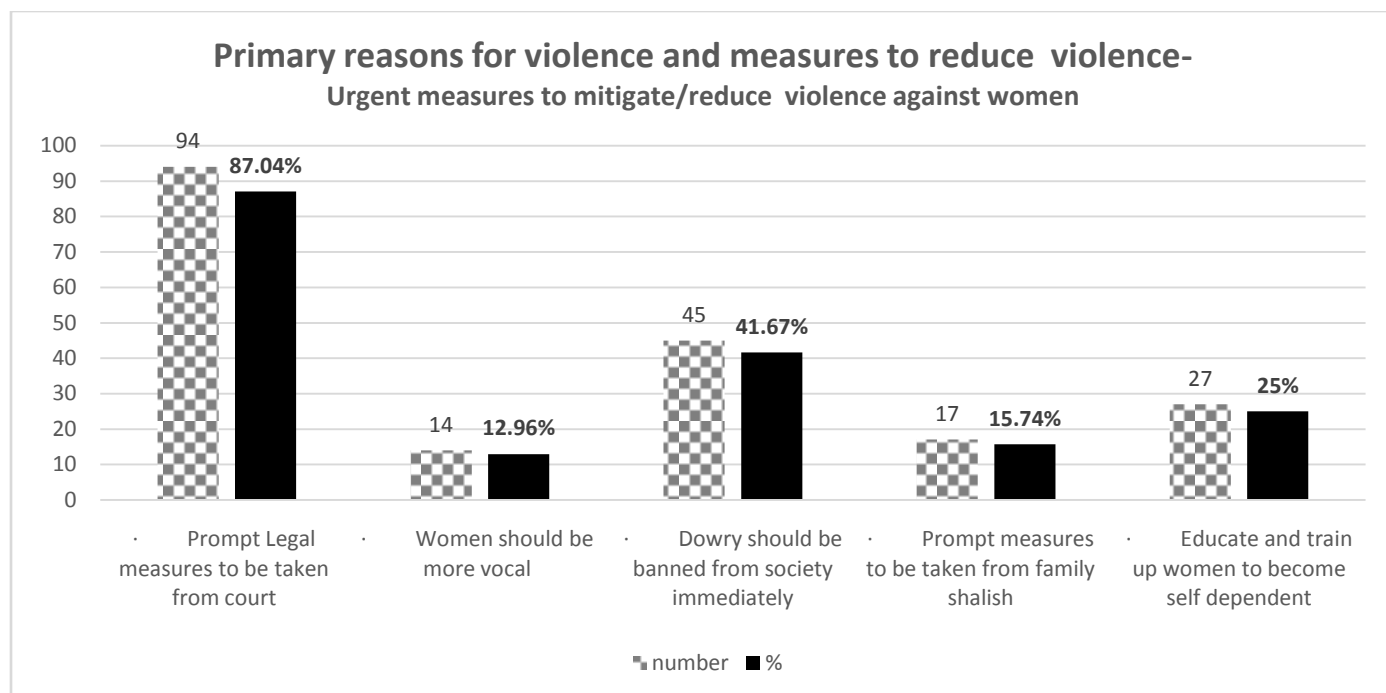
(Multiple responses)

**Primary reasons for violence and measures to reduce violence-  
Victim's notions about violence against women:**



### Primary reasons for violence and measures to reduce violence- Primary reasons for violence against women in the society:





### 6.7.2.8 Preventions and resistances by women against family violence

On the issue of women's protection by themselves from familial violence, 52.78% victims mentioned of Protests by tortured women for punishment against criminal or offenders, 31.48% victims claimed of Counter measures to be taken to defend themselves, while 8.33% talked other issues. 5.56% had no responses

### 6.7.2.9 Protections necessary for women to fight against violence in society

Victims commented that Protection was necessary for women to fight against violence in society and in this regard majority 72.22% victims proclaimed that this could be attained through legal procedures and reforming of family rules. 57.41% victims demanded that Community should make concerted efforts to protest against violence towards women, while 5.56% mentioned that they had no idea of what to do.

### 6.7.2.10 Types of Punishments required for the barbarous attacks on women

On the Notion about type of punishment to be exerted for violence against women 45.37% victims declared that Community should make concerted efforts to protest against violence towards women, 20.37% victims announced that Capital punishment should be given or there should be chopping of hands and legs for the brutal attacks on women. 11.11% demanded Hanging of the criminal or rapist involved, while 29.63% remarked that there should be Severe penalty and fine to be exerted for any violence against women. 7.41% spoke of other issues.

**Table 39 Women's notions about protection from society and familial violence**

| 5.2.8 | How can women protect themselves from familial violence   |    |       |
|-------|---|----|-------|
|       | <ul style="list-style-type: none"> <li>Protest by tortured women for punishment against criminal/offenders</li> </ul> | 57 | 52.78 |
|       | <ul style="list-style-type: none"> <li>Counter measures to be taken to defend themselves</li> </ul>                   | 34 | 31.48 |
|       | <ul style="list-style-type: none"> <li>Others</li> </ul>  | 9  | 8.33  |
|       | <ul style="list-style-type: none"> <li>No response</li> </ul>   | 6  | 5.56  |

|        |   |    |       |
|--------|---|----|-------|
| 5.2.9  | <b>How can women protect themselves within the society</b>  |    |       |
|        | <ul style="list-style-type: none"> <li>Community should make concerted efforts to protest against violence towards women</li> </ul> | 62 | 57.41 |
|        | <ul style="list-style-type: none"> <li>Through legal procedures and reforming of family rules</li> </ul>                            | 78 | 72.22 |
|        | <ul style="list-style-type: none"> <li>No idea/non response</li> </ul>  | 6  | 5.56  |
| 5.2.10 | <b>Notion about punishment to be exerted for violence against women</b>   |    |       |
|        | <ul style="list-style-type: none"> <li>Should be sentenced to life time jail</li> </ul>   | 49 | 45.37 |
|        | <ul style="list-style-type: none"> <li>Capital punishment/chopping of hands and legs</li> </ul>                                     | 22 | 20.37 |
|        | <ul style="list-style-type: none"> <li>Hang up the criminal/rapist</li> </ul>   | 12 | 11.11 |
|        | <ul style="list-style-type: none"> <li>Severe penalty and fine to be exerted for any violence against women</li> </ul>              | 32 | 29.63 |
|        | <ul style="list-style-type: none"> <li>Others</li> </ul>  | 8  | 7.41  |

(Multiple responses)

## Knowledge about existence of laws/legal punishment for violence against women

### 6.7.2.11 Types of laws existing within the country for these acts of violence

Regarding Knowledge about legal punishment prevailing in the country for violence against women 48.15% victims informed of the Death Sentence, jail and fine. 37.96% victims disclosed that there were no strict laws against violence, while 7.41% victims informed of Human rights organization, Thana or RAB for taking necessary actions on offenders, 11.11% victims said that they no idea about the legal punishment

### 6.7.2.12 Types of punishment existing for violence and criminal offence against women

The Demands of the Type of punishments to be legalized for violence against women, 53.70% victim proclaimed that there should punishment of Life-long jail for the criminals, while 41.67% commented on Jail and as well as fine for the culprits, 9.26% victims demanded Death sentence and hang up of criminals. 11.11% victims disclosed that they had no idea.

**Table 40 Knowledge of existence of laws/legal punishment for violence against women**

|        |  |    |       |
|--------|--|----|-------|
| 5.2.11 | <b>Knowledge about legal punishment prevailing in the country for violence against women</b> |    |       |
|        | <ul style="list-style-type: none"> <li>Death sentence, jail and fine</li> </ul>              | 52 | 48.15 |
|        | <ul style="list-style-type: none"> <li>No strict laws against violence</li> </ul>            | 41 | 37.96 |
|        | <ul style="list-style-type: none"> <li>Human rights organization/Thana/RAB</li> </ul>        | 8  | 7.41  |
|        | <ul style="list-style-type: none"> <li>No idea and do not know</li> </ul>                    | 12 | 11.11 |
| 5.2.12 | <b>Type of punishments legalized for violence against women:</b>                             |    |       |
|        | <ul style="list-style-type: none"> <li>Life long jail</li> </ul>                             | 58 | 53.70 |
|        | <ul style="list-style-type: none"> <li>Jail and fine</li> </ul>                              | 45 | 41.67 |
|        | <ul style="list-style-type: none"> <li>Death sentence/hang up criminals.</li> </ul>          | 10 | 9.26  |
|        | <ul style="list-style-type: none"> <li>No idea/ do not know</li> </ul>                       | 12 | 11.11 |

Multiple Response

## Benefits of project & reasons for lack of reduction of violence against women

### 6.7.2.13 Impacts of the project activities for reduction in violence against women and children

Whether project activities have helped reduce violence against women 87% answered in the affirmative

### 6.7.2.14 Reasons for the lack of reduction in violence against women through impacts of project activities

Regarding the Reasons for the lack of reduction in violence against women, 50% victims informed that there was no punishment of the criminals, 48.15% mentioned Lack of security for women as a reason, while 1.85% mentioned that there was no enactment of Laws, which created privileges for the criminals.

**Table 41 Benefits of project & reasons for lack of reduction of violence against women**

|        |  | Number | %     |
|--------|--|--------|-------|
| 5.2.13 | <b>Whether project activities have helped reduce violence against women:</b> |        |       |
|        | • Yes  | 94     | 87    |
|        | • No idea/ do not know   | 14     | 13    |
| 5.2.14 | <b>If no, reasons for not reducing violence against women: (n=14)</b>        |        |       |
|        | • No punishment of the criminals   | 54     | 50    |
|        | • Lack of security for women   | 58     | 48.15 |
|        | • No enactment of Laws   | 02     | 1.85  |

### 6.7.2.15 Issues of Free movement of women in family and society after being attacked through violence

#### Free movement Issues of women in family & society after being attacked through violence

On the issues of Free movement of women in family and society after being attacked through violence, 2.59% of the victims suggested to Maintain careful movement in society, 23.15% victims directed the women to Maintain police & OCC Phone numbers for protection and assistance when needed 28.70% victims requested women to become more self-dependant to avoid financial problems, while 5.56% victims requested women to keep family matters under control.

**Table 42 Issues of Free movement of women after violence**

|  | <b>Victim's Free Movement (n=108)</b>   | Number | %     |
|--|---|--------|-------|
|  | Maintain careful movement in society  | 40     | 42.59 |
|  | Maintain police & OCC Phone numbers for protection and assistance when needed | 25     | 23.15 |
|  | Become more self-dependant to avoid financial problems                        | 31     | 28.70 |
|  | Keep family matters under control   | 12     | 5.56  |



## Steps undertaken and future steps to be taken for curbing violence against women

### 6.7.2.16 Measures undertaken to check and curb violence in society

Victims had mentioned various Measures undertaken for the punishment of the criminals to check and curb violence in society. Of these 36.11% victims mentioned that GD was submitted to the Thana police, 34.26% victims had filed cases against the criminals, while 12.04% had organized Familial shalish or negotiations

### 6.7.2.17 Immediate Measures & Necessary steps required urgently against violence

On the issues of Immediate Measures & Necessary steps required urgently against violence 75.93% victims demanded Prompt Legal actions and proceedings 24.07% victims requested Familial shalish or judgmental actions

### 6.7.2.18 Impact of violence on society

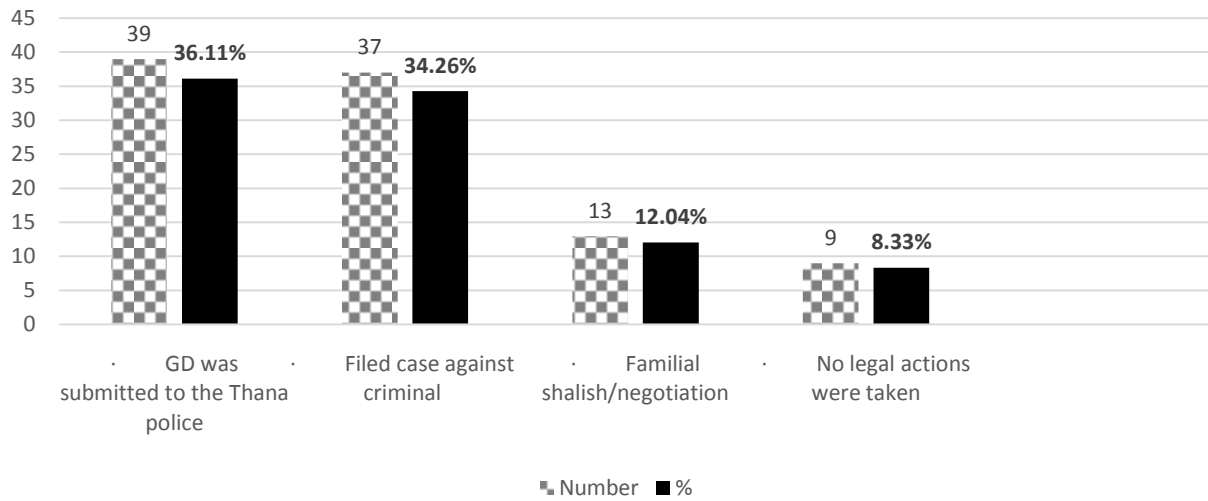
Regretting on the Impact of violence on society, majority 80.6% of the victims disclosed that Everybody was concerned about himself or herself and did not always give importance to the barbarous attack on the victims nor were the victims given importance for their recovery or treatment. 19.4% had no response

**Table 43 Steps undertaken & future steps to be taken for curbing violence against women**

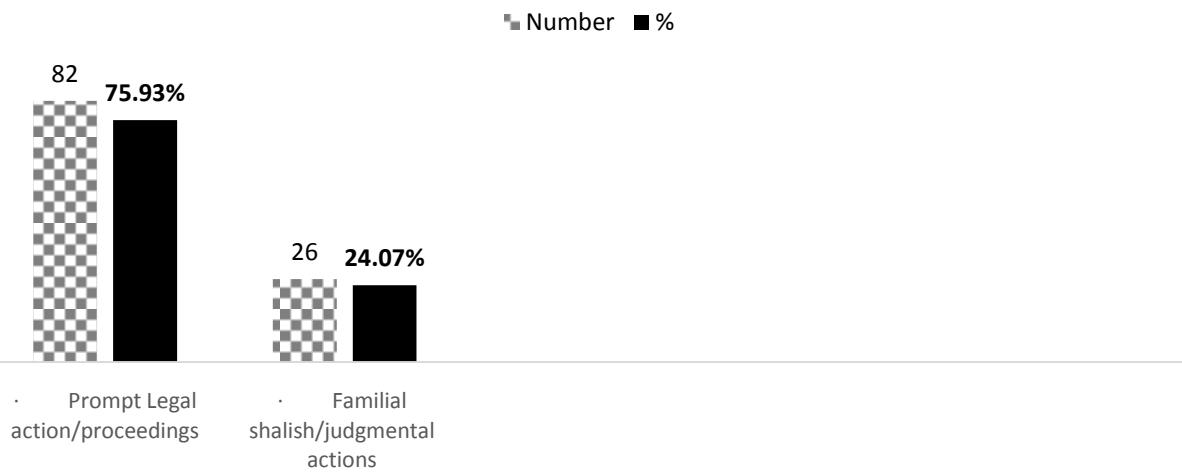
|        |   | Number | %     |
|--------|---|--------|-------|
| 5.2.16 | <b>Steps taken to stop/check violence against women (n=108)</b> |        |       |
|        | • GD was submitted to the Thana police                          | 39     | 36.11 |
|        | • Filed case against criminal                                   | 37     | 34.26 |
|        | • Familial shalish/negotiation                                  | 13     | 12.04 |
|        | • No legal actions were taken                                   | 09     | 8.33  |
| 5.2.17 | <b>Urgent measures to be taken for violence against women:</b>  |        |       |
|        | • Prompt Legal action/proceedings                               | 82     | 75.93 |
|        | • Familial shalish/judgmental actions                           | 26     | 24.07 |
| 5.2.18 | <b>The impacts of violence over the society:</b>                |        |       |
|        | • Everybody is concerned about him/herself                      | 87     | 80.6  |
|        | • No response   | 21     | 19.4  |

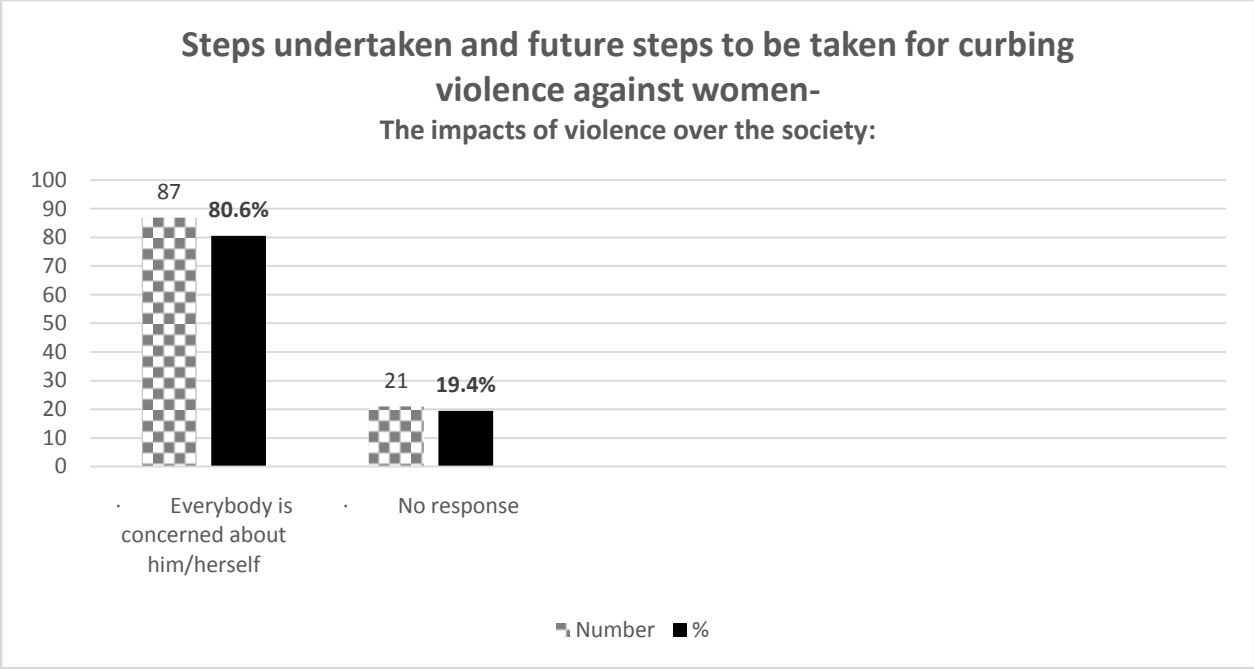
## Steps undertaken and future steps to be taken for curbing violence against women-

Steps taken to stop/check violence against women (n=108)



## Chart Title





**Status of legal actions taken and reasons for deterrence of legal actions**

**6.7.2.19 Immediate Punishment of violence (Legal Action Taken)**

On the issue of Punishment of violence 38.9% victims informed that Legal actions were carried out, while the greater number of 41.1% victims declared that no legal actions were taken

**6.7.2.20 Judgement on incidence of violence(outcome of trial)**

Judgement on incidence of violence as declared by victims, 59.52% informed that criminals were Sentenced to jail 11.90% said that criminals were Tried and Sentenced for life long jail, while 28.57% that the criminals were Tried, sentenced for jail and also fined

**6.7.2.21 Reasons for avoidance or deterrence of judgement on violence against women**

Regarding the important Reasons for avoidance or deterrence of judgement on violence against women, 27.27% victims informed of the Threats on the families and panic about children 's future 9.09% victims commented that Husbands were more powerful than them or their families, they well off and could spend money for themselves to stay out of cases and be convicted as criminals 31.82% regretted that they Lacked finance and influential people to help them in their problems. 12.12% informed that the Ward commissioner had taken the responsibility, while 4.55% lamented the Absence of their husbands due to death, and could get support from anywhere. Of the others 4.55% victims informed that the convicted persons had absconded and the case is in uncertainty, 22.73% victims are keeping quiet for the sake of prestige and normalcy in family life. 15.15% victims declared that the Trial was delayed for due to lack of cooperation from Daroga (police) and the Ward Commissioner 4.55% spoke of other personal issues..

**Table 44 Status of legal actions taken and reasons for deterrence of legal actions**

|   | Number | %         |
|---|--------|-----------|
| <b>Information on whether legal actions were taken for violence</b>               |        |           |
| • Legal actions were carried out  | 42     | 38.9      |
| • No legal actions were taken   | 66     | 41.1      |
| <b>If legal actions were taken up, then what was the outcome of trial: (n=42)</b> |        |           |
| • Sentenced to jail   | 25     | 59.5<br>2 |
| • Tried/Sentenced for life long jail  | 5      | 11.9<br>0 |
| • Tried/sentenced for jail and fine   | 12     | 28.5<br>7 |
| <b>Why legal actions could not be tried against violence: (n=66)</b>              |        |           |
| • Threats/panic about children 's future  | 18     | 27.2<br>7 |
| • Husband more powerful/well off/criminal   | 6      | 9.09      |
| • Lack of finance and influential people to help                                  | 21     | 31.8<br>2 |
| • Ward commissioner had taken the responsibility                                  | 8      | 12.1<br>2 |
| • Absence of husband due to death   | 3      | 4.55      |
| • The convicted has absconded   | 3      | 4.55      |
| • For prestige and normalcy   | 15     | 22.7<br>3 |
| • Trial delayed for due to lack of cooperation from Daroga/ward commissioner      | 10     | 15.1<br>5 |
| • Others.   | 3      | 4.55      |
| (multiple responses)  |        |           |

## **SECTION EIGHT IMPLEMENTATION STATUS OF MSP-VAW ACTIVITIES :**

### **a) WORKING GROUPS AT MEDICAL COLLEGE HOSPITALS**

### **b) ONE-STOP CRISIS CENTRES (OCC) IN 5 DIVISIONAL MEDICAL COLLEGE HOSPITALS**

#### **6.8.1 Working Groups at Medical College Hospitals:**

For smooth functioning through effective cooperation and coordination among the stakeholders there is a Working Group (Steering Committee) with the following members at each Medical College Hospital.

|    |  |     |          |
|----|--|-----|----------|
| 1. | Director/Superintendent  | MCH | Chairman |
| 2. | Head, Department of Surgery                                    | MCH | Member   |
| 3. | Head, Department of Gynecology & Obstetrics                    | MCH | Member   |
| 4. | Head, Department of Radiology                                  | MCH | Member   |
| 5. | Head, Department of Orthopedics                                | MCH | Member   |
| 6. | Head, Burn and Plastic Surgery Unit<br>(*only for DMCH & CMCH) | MCH | Member   |

|     |  |                       |                  |
|-----|--|-----------------------|------------------|
| 7.  | EMO In-Charge, Department of the Emergency       | MCH                   | Member           |
| 8.  | Representative, Department of Forensic Medicine  | Medical College       | Member           |
| 9.  | Representative, Department of Clinical Pathology | Medical College       | Member           |
| 10. | Representative                                   | PIU                   | Member           |
| 11. | Nursing Superintendent                           | MCH                   | Member           |
| 12. | District Women Affairs Officer                   | DWAO                  | Member           |
| 13. | Magistrate (Respective Division)                 | Women Support Program | Member           |
| 14. | Any co-opt officer/relevant member               | As and when required  | Member           |
| 15. | Coordinator, Respective OCC                      | MCH                   | Member Secretary |

### **Responsibilities of Members of Working Groups at Medical College Hospitals**

The Working Group can co-opt any officer/relevant member when necessary. The member of the working Group should not exceed 15 participants. The working group will be formed by the Director/Superintendent of the Hospitals. The terms of reference of the Committee will be as follows:

- 1) To manage and solve operational problems of OCC.
- 2) Meetings will be held quarterly.
- 3) The chairman will ensure that the Working Group meeting documented and approved using the standard format prepared by PIU.
- 4) The Chairperson will call meeting any time if required.
- 5) The desired level and quality of services to be provided at the OCC.
- 6) Frequent review of services provided at the OCC.
- 7) Recommendation with regard to adjustment and improvement of OCC activities.
- 8) Timely deployment of Personnel at OCC.
- 9) Maintenance of facilities, furnishing and equipment.
- 10) Disseminate information to the public about the OCC service.
- 11) Inform and educate important key actors about the OCC.
- 12) Updating the on-going monitoring system.
- 13) Resolution of dispute if arises between staffs of OCC.
- 14) Any other responsibility entrusted by the PIU.

## **6.8.2 IMPACT AND PERFORMANCE OF ACTIVITIES IN ONE-STOP CRISIS CENTRES (OCC)**

### **PROJECT MANAGEMENT ACTIVITIES AT OCC BY CO-ORDINATOR**

Activities at OCC of MSP-VAW office are managed by coordinator (OCC) who is from medical profession. OCC activities are implemented with combined efforts of doctors, nurses, lawyers, polices, counselors, social service providers and forensic departments. The people concerned with the OCC activities are experts and capable of their responsibilities, but all hospitals are not equipped with proper DNA lab facilities, spacious accommodations, adequate project funds to provide needed medication and medical check-ups, foods, counseling services to the victims. So, project has yet to achieve its targeted services towards reducing the sufferings caused through violence against women/victims. However, it has to some extent created awareness amongst the members of victim families and strength amongst some of the women to fight back from violence and torture to lead normal lives and perform their responsibilities and related activities.

The OCC provides treatment, health care, police assistance, DNA test, social services, legal assistance and psychological counseling. Women and Children victims of violence with a history of physical, sexual and burn assaults are referred to the OCCs. The institutional arrangement and multi-professional engagement of the OCC and

quality of the services are appreciated by the professionals and stakeholders. It also established a close relationship between the women and children victims of violence and service providers. It mobilized all actors and activists towards violence against women and children. Coordination mechanism among institutions and organizations have also been improved

## **MEDICAL TREATMENT BY DOCTORS**

**Assessment of medical treatment at OCC:** The VAW victims are given emergency medical services and conservative treatments are usually rendered for physically, sexually assaulted and burnt victims in the EMO. And after recovery the victims are transferred to OCC for further medical services, counseling, legal supports as well as police protection and security. In cases of severe cases patients/victims are referred to specialized doctors and department. Most of the services are provided free to all type of victims. It was observed that some of the expensive diagnostic check-up such as MRI, NCS, DNA are not usually borne by hospitals so the poor victims are deprived of these treatments. Some of the doctors observation was that smooth functioning OCC services are at times impeded/strained due to social, familial and political pressures and hushing of facts about the victims. However, doctors were almost 100% confident about the standard and promptness of their services rendered from the OCC. Problems at times surfaced when the victims themselves want to get released from OCC before they are stabilized or physically fit to leave the hospital.

## **NURSING ACTIVITIES AT OCC BY NURSES**

**Assessment of nursing activities at OCC:** Nurses usually provide all medication and counseling as per doctors prescriptions and advice and refer them to the wards if they feel necessary. They have the notions that efficiency/efficacy of OCC services are almost 90% but sometimes the victims make hurry to leave the OCC due to their concern about children and familial issues as such some of the victims failed to receive the desired services from the OCC. However, they feel that the poor victims are provided medication, treatment of gynecological and sexual diseases, legal supports and necessary counseling as much as needed. Their observation is that the crucial problem with the poor victims is their financial difficulty to file case or take any drastic actions against the aggressive husbands and their families.

## **LEGAL SERVICES BY LAWYERS**

After the victim taken into the OCC, she is treated by the doctor, who sees to her wounds and her physical and mental condition. Later if the patient wants then the lawyer talks to her about the incident and gives her suggestions. It is up to the victim to decide whether she wanted to go legal action or not. Sometimes due to fear of any worse that might happen, many patients don't file cases.

## **PSYCHOSOCIAL COUNSELING PROVIDED BY COUNSELORS OF OCC**

When the patient does not have any place to go or feels scared of going back home for fear of any untoward incident that might take place, the victims are given shelter and sent to shelter homes as security, when she gets well.

## **SKILL DEVELOPMENT, SELF-EMPLOYMENT, SHELTER & REHABILITATION OPPORTUNITIES THROUGH SOCIAL WORKERS**

Victims are provided the counseling, technical training/skill, free medication, specialized food, financial assistance and inputs such as sewing machines to help them to recoup themselves from the aftermath of violence and

frustrations. The services providers have notion that skill dev and self employment have been attained more than 70.0%. But much awareness and confidence amongst the victims could be created through more counseling, emphatic move from society, constructive role of mass media to help them recoup themselves from this social stigma generated through violence. Shelter and Rehabilitation supports for victims are relief to those with lack of life security.

## **SERVICES BY DNA SCREENING LABORATORIES AT OCC**

**Sample Tests through** DNA tests are conducted in case of sexual assault usually. The tests are performed with care to identify the situation of a raped or assaulted girl. DNA test is free for the OCC victims.

## **PROTECTION AND SUPPORT BY LAW ENFORCING AGENCIES (POLICE) AT OCC**

In fact it is the most important instrumental agency of the govt. to provide best security and assurance to the victims through their firm motivation and efforts and empathetic gestures/feelings. The police admin has a notion that the law enforcing agents along with nurses provide 100% security to the victims staying at OCC. And have ensured speedy trial without any bribe and financial exchanges from victims. The major difficulties to case file by police are encountered when the victims family try to hide facts about rape, delay dallying and indecision in reporting the case to the police, and seeking arbitration by local influential etc.

## **SECTION NINE**

### **6.9 ACTIVITIES OF MULTI-SECTORAL PROGRAMME ON VIOLENCE AGAINST WOMEN (MSP-VAW) :**

- a) NATIONAL FORENSIC DNA PROFILING LABORATORY (NFDPL),
- b) NATIONAL TRAUMA COUNSELING CENTRE (NTCC),
- c) VIOLENCE AGAINST WOMEN RESOURCE CENTRE (VRC)
- d) NATIONAL HELP-LINE CENTRE,
- e) VAW DATA-BASE
- f) VIOLENCE AGAINST WOMEN RESOURCE CENTRE (VRC)

#### **NATIONAL FORENSIC DNA PROFILING LABORATORY (NFDPL),**

**Impact of sample tests at NFDPL:** The samples of victims regarding the cases of rape, parentage, murder are taken for tests at the NATIONAL FORENSIC DNA LABORATORY (NFDPL) at Dhaka Medical College Campus

#### **NATIONAL TRAUMA COUNSELING CENTRE (NTCC)**

**Impacts of Psychosocial Support & Trauma Counseling at NTCC:** Counseling on issues which create problems are held at the NATIONAL TRAUMA COUNSELING CENTRE (NTCC), which is situated on the third floor of the Department of Women's Affairs. When serious problems emerge on relationship or psychological reasons, patients are brought to the centre for treatment through Counseling. For example Family Counseling is a type of counseling that involves all members of the family and deals with the negative interpersonal relationship of them.

## **NATIONAL HEPL-LINE CENTRE**

**Support Services of NATIONAL HEPL-LINE CENTRE:** The National Helpline Centre for Violence Against Women and Children has been established in order to help the women and children victim of violence regarding various provisions, services and supports in time of crisis. The Centre is located at the 7<sup>th</sup> floor of the Department of Women's Affairs Building.

## **MSP-VAW DATA-BASE**

**Activities of VAW DATA-BASE:** Multi-Sectoral Programme on Violence Against Women has started to collect VAW database from July 2009. It's one of the important initiatives of the programme to collect data from 24 daily newspapers about VAW as well as prepare report and preserve it.

## **VIOLENCE AGAINST WOMEN RESOURCE CENTRE (VRC)**

**Activities of VRC:** Multi-Sectoral Programme on Violence Against Women has established a total of 60 One-Stop Crisis Cells including 40 in District Sadar Hospitals and 20 in Upazilla Health Complexes. The main objective is to provide information to the women and children survivors of violence regarding various services provided for them such as health care, police assistance, legal advice, psychosocial counseling, rehabilitation, reintegration etc.

## **SECTION TEN ACTIVITIES OF VAW COMMITTEES IN DIVISIONS**

The VAW Committees of the 7 Divisions work under the direction of the District Commissioners. The committee members take up programmes for the prevention of violence against women and children and work on issue of violence on women in the Divisions. The majority are professionals and assist the activities through their professional facilities. They render their contributions through assistance in legal procedures, organizing financial help in cases of household problems for conducting cases, they refer the victims to the OCCs and provide income opportunities where and when required.

## **SECTION ELEVEN FOCUS GROUP DISCUSSIONS (FGD)**

### **PARTICIPATION OF FOCUS GROUP DISCUSSIONS (FGD) IN THE 5 DIVISIONS**

In all the Focus Group Discussions (FGD) the participants included the following according to the directions of the ToR: FGD was conducted on main study issues. For FGD, a checklist was designed by creating category, coding each comment into a particular category. **A total of 5 (five) FGDs (1 in each project Division)** were conducted with the Professionals, Imams, Government Officials, Non-Government officials, UP members, Local Administration people, Public Representatives, Local Elites, Lawyers, Teachers, Religious Leaders and others as mentioned in the ToR with 12 persons per group. **(List of FGD Participants in Annexure 3)**



### **FGD at Project Office, DHAKA**

The FGD at Dhaka was held on 23 April, 2014 at the Meeting Room of National Trauma Counseling Centre of MSP-VAW at Mohila Adhaptar Building , Eskaton, Dhaka, at 11.30 a.m. The programme was conducted by Professor Masuda M. Rashid Chowdhury. She was assisted by IMED official, Mr. Moazzem,. The field enumerators for the project evaluation were all present on the occasion. The programme was attended by Ms Sabina from MSP-VAW, Ms Bilquis Begum, Co-ordinator, OCC Dhaka, Ms.Najma Ara Begum, Councillor, Ms Tahmina Nadira, Lawyer, Dr. Afroza Begum, Gaenaecologist, and Mr. Selim, SI, Police all from OCC, Dhaka. The attending participants were Professionals, Imams, Government Officials, Non–Government officials, Political person, Local Administration person, Public Representatives, Local Elites, Lawyers, Teachers, Religious Leaders

### **FGD at Barisal Medical college, Barisal**

The FGD at Barisal was held on 13 April, 2014 at the Conference Room , Barisal Medical College, at 11.30 a.m. The programme was conducted by Dr. Md. Mujibur Rahman, Co-ordinator, OCC.. He was assisted by IMED official, and the field enumerators for the project evaluation. The Programme was attended by OCC Doctors, Nurses, S.I. Police, and Lawyer.

The attending participants were Professionals, Imams, Government Officials, Non–Government officials, Political person, Local Administration person, Public Representatives, Local Elites, Lawyers, Teachers, Religious Leaders

### **FGD at Khulna Medical College, Khulna.**

The FGD at Khulna was held on 13 April, 2014 at the Conference Room , Khulna Medical College, at 12.30 a.m. The programme was conducted by Dr. Mahbub Alam, Project Co-ordinator,at OCC.. He was assisted by IMED official, and the field enumerators for the project evaluation. The Programme was attended by Victims, their families, OCC Doctors, Nurses, S.I. Police, and Lawyer.

The attending participants were Professionals, Imams, Government Officials, Non–Government officials, Political person, Local Administration person, Public Representatives, Local Elites, Lawyers, Teachers, Imam of Mosque,Religious Leaders, Women representatives and college students.

### **FGD at Rajshahi Medical College, Rajshahi**

The FGD at Rajshahi was held on 13 April, 2014 at the Meeting Room of Rajshahi Medical College, Rajshahi , at 10.30 in the morning The programme was conducted by Dr. Mahbub Ara Chowdhury, Co-ordinator, OCC, Rajshahi. She was assisted by IMED official, The field enumerators for the project evaluation were all present on the occasion. The Programme was attended by Victims, their families, OCC Doctors, Nurses, S.I. Police, and Lawyer.

The attending participants were Professionals, Imams, Government Officials, Non–Government officials, Political person, Local Administration person, Public Representatives, Local Elites, Lawyers, Teachers, Imam of Mosque and Religious Leaders

### **FGD at Chittagong Medical College, Chittagong.**

The FGD at Chittagong was held on 13 April, 2014 at the Conference Room, Chittagong Medical college, at 11.30 a.m. The programme was conducted by Dr. Shiba Prasad Nandy, Co-ordinator, OCC, Chittagong. She was assisted by IMED official present, The field enumerators for the project evaluation were all present on the occasion. The Programme was attended by Victims, their families, OCC Doctors, Nurses, Counselor, S.I. Police, and Lawyer. The attending participants were Professionals, Imams, Government Officials, Non–Government officials, Political person, Local Administration person, Public Representatives, Local Elites, Lawyers, Teachers, Imam of Mosque, Medical students and Religious Leaders.

The programmes began at all the places with the self-introduction of all present. The Co-ordinators welcomed all present and then explained the issues of discussion of the FGD. Main intention was to learn from the people the present scenario of violence against women and children, the impacts on society and family due to the violence, the basic requirements to stop violence and to learn from them of their knowledge of services provided for the victims of violence.

In the Dhaka FGD, Ms Bilquis Begum, Co-ordinator, OCC Dhaka, said that through the joint collaboration of Bangladesh and Denmark, for the protection of women, through the Multi-sectoral programme, at Dhaka, Rajshahi, Chittagong, Sylhet, Khulna, Barisal, Rangpur and Faridpur Medical College Hospitals, the One-Stop Crisis Centre activities were being organized in these centres, for the facilities of treatment of women and children. At present programmes are organized at 40 Districts and 20 Upazillas, and altogether 60 OCC Cell has been established only for the victims.

Among discussions the information to participants were given that the victims could stay for 5 to 7 days at the OCC. But sometimes their stays can be extended according to the degree of violence inflicted on the victim.. While staying in the OCC the victims complete all their legal procedures for filing cases. When the victim first comes to OCC, she is treated first by the attending nurse and then by the doctor present. After investigations, and treatment, the victim is on necessity provided clothes to wear. Counseling is provided and through lawyers and help of the law enforcing agencies as the police the whole incident is written down.

For sexual violence, forensic, radiology and forensic DNA examinations samples are gathered. Through the lawyer, legal advices are provided and cases are filed against the culprit in collaboration and request of the victims. Through the lawyers, the alternate allegations or cases against the victims are conducted to settle the cases with the two parties, if the victim is not eager to carry on the cases against the culprit. In some cases the victim is sent to the Centre or put in Safe Custody, according to the requirement of the victim involved. The activities of OCC have been able to achieve the target set for the treatment and support to the victims. The victims have expressed their satisfaction with the activities of the OCC.

The patients are provided: Clothes, food, shelter, treatment, training, fund / sewing machine, goats for rearing etc. for income generation, shelter, rehabilitation,. They are given computer training, skill development and various sources of income generation. He victims can get all these facilities from any of the OCC and do not have to give money for these assistances.

Only the parents are allowed to visit the victims at the OCC because of security reasons. All the doctors, nurses, lawyers, psychologists, police all behave very affectionately with the victims, in order to revive their mental strength and confidence after such heinous attacks on them.. Comments were that It is not possible to know, without visiting the OCCs, how dedicatedly the victims are provided treatment and care by the attending people. NTCC/DNA provides various assistances to the victims. Among these are: 1. Identification of parents, 2. Motherhood/pregnancy identity, 3. identification of culprits of sexual assault 4. Identification of dead persons etc. all through blood/ DNA test.

It has been acknowledged that the VAW Committees of the Divisions have contributed a great deal with regard to the protection of the women and through their activities much decrease has been noted with regard to violence against women in the country.

The obstacles for proper treatment facilities and hindrances for active participations were identified as the followings:

1.lack of funds 2. Insufficient beds in the OCCs 3. Less councilors in comparison to the patients/victims 4. Lack of transport facilities for keeping contact with the former victims in order to see to their proper fitness 5. Not bringing all the working people of OCCs under government revenue. 6. Lack of manpower.

The weak sides of the programme included the following according to the participants:

1. Insufficient publicity regarding OCC contributions. 2. Victims are kept for insufficient time in OCC. 3.Delay regarding the legal actions against culprits/offenders 5. Lack of regular government monitoring.

The participants suggested many Recommendations for improvement of the OCCs.

## **SECTION TWELVE KEY INFORMANTS' INTERVIEWS (KII)**

### **KEY INFORMANTS' INTERVIEWS (KII) : The Selected Persons or Interview**

Key Informants' Interviews were held and the findings have been gathered / elicited from in-depth discussions with key persons/stakeholders involved in the management of OCC and Rehabilitative centers from where various medical services, counseling, legal supports and services were rendered to the VAW victims.

The key persons interviewed for this study were Dr. Abul Hossain, Project Director of MSP-VAW, Programme Officer, Sabina, officials from Ministries. Key Informants Interviews were held with 75 KII officials of OCC consisting of 10 MBBS doctors, 10 nurses, 10 lawyers, 10 police officers, 10 social workers, 10 counselors, 10 DNA experts and 5 coordinators of the OCC of Dhaka, Chittagong, Rajshahi, Khulna and Barisal. Later Key Informants Interviews (KII) were held with 5 Project KII officials (1 psycho-social expert + 2 experts from National Forensic DNA Profiling Laboratory + 1 Helpline Expert + 1 Database expert).

### **KEY INFORMANTS' INTERVIEW S (KII) OF PROJECT DIRECTOR MSPVAW**

#### **Mr Abul Hossain, Project Director, Multi-Sectoral Programme on Violence Against Women**

The Project Director, while introducing the initiation of MSP-VAW, mentioned that following the Beijing Declaration in 1995 the issues related to violence was given the priority and importance. It was due to the programmes related to address gender-based violence, that the Multi-Sectoral Programme on Violence against Women (MSPVAW) of the Ministry of Women and Children Affairs initiated in 2000. He informed that One-Stop Crisis Centre (OCC) was established for providing all required services to the women and children victim of violence in one place. Objective of OCC was to provide all required services for woman and children victims of violence in one place. OCC provided health care, police assistance, DNA test, social services, legal assistance and psychological counseling. Women and Children victims of violence with a history of physical, sexual and burn assaults were referred to the OCCs. It established a close relationship between the women and children victims of violence and service providers, mobilized all actors and activists towards violence against women and children while at the same time established improved Coordination mechanism among institutions and organizations.

At OCC trainings are provided on gender sanitization, psychosocial issues, burn victim management, DNA training, capacity development of handling victims of violence against women and children etc. Major problems at OCC were Social reintegration of OCC victims. Problems caused were Reintegration of OCC victims into their family, community and society which required multifaceted efforts. Activities which were popular in OCC, and which provided all required services from one place and through multi-professional engagement, along with provisions of security of patients (victims), since the OCC area was restricted to the public. Cameras were not allowed inside the OCC.

Services of DNA Profiling were similar to foreign nations, since the lab was equipped with world class modern technological devices. The medicines were brought from the Government of Bangladesh through respective hospitals. He informed that serious patients were referred to the emergency and casualty ward of respective hospitals. It was mentioned that all the service people at OCC were permanent except lawyer and psychosocial counselor. Regarding the facilities given to them, he commented on the Cross OCC visits for OCC staffs and training.

MSP-VAW did maintain contact of patients who had recovered and left. After discharge from OCC the patients could attend the monthly follow up meeting in OCC for three occasions. OCC patients also maintained liaison with OCC staffs through telephone. Patients were treated with the greatest affection, being victims of violence, revenge and physical assaults. All OCCs organized monthly follow-up meetings for former victims. It facilitated former clients to get support from different professionals of OCC and build up networking with each other.

Regarding the further development of OCCs due to the rush of patients, the advice was that MSP-VAW need a bigger space for OCC services. OCC at Dhaka Medical College Hospital had inadequate space. A large number of women and children victims of violence were usually admitted in Dhaka OCC, but sometimes the OCC were overburden to manage the victims of violence.

Commenting on the future plans, the advise was that Government should establish OCC in every government medical college hospital. After the project activities there had been lesser incidents of violence against women and children in society, Under the MSPVAW institutional arrangement treatment, security and assistance had been established. Victims could now get access to the instant services from OCCs, Helpline, National Trauma Counseling Centre etc. Various categories (rich/middle income/poor) of patients/victims came to receive OCC services, open for all types of victims, majority of whom were poor.

On comparison of OCC activities of Bangladesh with other such activities in other nations, it was informed that presently, 8 OCCs were being run by MSPVAW of which seven were divisional level medical college hospitals and one district level medical college hospital. The main objective of OCC was to provide all required services for woman and children victims of violence in one place. Women and Children victims of violence with a history of physical, sexual and burn assaults were referred to the OCCs. Institutional arrangement and multi-professional engagement of OCCs and quality of services were appreciated by professionals and stakeholders everywhere. It established a close relationship between women and children victims of violence and service providers. It mobilized all actors and activists towards violence against women and children, All types of coordination mechanism among institutions and organizations had been improved.

#### **SABINA, Senior Programme Officer, MSPVAW**

Commenting on the information regarding publicity for MSP-VAW, it was informed about the Brochures, leaflets, quarterly newsletters, and e-newsletters which had been published and distributed among the Government and Non-

government organizations. TV spot was developed and was broadcasted in Bangladesh Television and other private channels. Advertisements on activities were published in national dailies. Besides a website ([www.mspvaw.gov.bd](http://www.mspvaw.gov.bd)) had been developed and updated OCC information were included in the website regularly.

### **KII of Steering Committee Members, MSP-VAW**

The Members commented that Doctors thought that although violence against women had not reduced in society but the project activities had enhanced the awareness amongst people and provided victims courage to seek assistance from OCC and rehabilitative centers. Today, victims have the feelings that they have some shelters and medical, legal supports to fight out the aftermaths of violence against them. Major problems associated OCC managements were its limited space to accommodate lawyers, counselors, police persons and other persons involved. Project provided regular assistance to all victims present, yet complains were given regarding lack of proper orientation, lack of dissemination of OCC related activities in the mass media and lack of speedy trial for severe victims. Doctors felt adequate fund from project should be provided for full-fledged medical and rehabilitative cares to financially stringed victims, more campaigns arrangement in District, Upazila and community levels. More IGA training and financial supports be made to victims so that they could recoup themselves from aftermaths of violence and social degradation.

## **CHAPTER SEVEN**

### **CASE STUDIES**

To identify the actual incidents of the Victims it was necessary to undertake Direct Personal Interview approach which was adopted for collection of personal information regarding the violence incurred. For this Case Studies were taken in order to ascertain and distinguish intimate incidental information. This method was effectively related to the collection of data directly from the beneficiary. The field enumerators/Investigators personally contacted 3 victims from each of the 5 Divisions under study and obtained the desired information required for the study from them. 15 Case Studies have been presented. Data, especially those relating to treatment of victims and psycho-social counseling were collected through physical observation and approaches as far as practical and decent.

Of the 15 Case Studies obtained directly from the Victims, 7 Studies contained incidents of Sexual Assault (Rape), 6 Studies were on Physical Tortures, while 2 were incidents of Burn Injuries. The names of the victims have been changed to avoid recognition of the victims and provide anonymity of the incidents of violence.

The victims were provided treatment and nursing at the OCC. They were given Psychosocial Counseling and the Sexual Assaults had DNA tests conducted. Legal actions were arranged by the Lawyers present, while the Law Enforcing Agencies as the Police provided shelter in case of attack on victims. Some were provided food and clothing, while some were given rehabilitation opportunities. A few took skill development training and utilities for earning a living, when they could not return back to their homes on security reasons or due to problems faced with their husbands.

The Case studies are living examples of the torture inflicted on the helpless women and innocent children, for no fault of their own. Where does civilization or education stand when inspite of the growth of modernization, crimes continue to grow and put humanism to shame?

#### **CASE STUDY - 01**

##### **A HEINOUS STORY OF DAUGHTER RAPED BY FATHER**

Afra Akhter, daughter of Mr Parvez and Asma Akhter was only 8 years old when the tragic incident occurred in her life. She was a student of Class Three and was the eldest of three sisters. Afra was a very lively and a carefree girl having her own ideas of life and also tried to maintain her dignity in the family.

From her early childhood, ever since she started to observe incidences around her, Afra hated her father, especially because he never loved any of them. For simple reasons and matters he used to beat up his daughters. At home when her parents used to quarrel and her father ill-treated and beat up her mother, she along with her sisters used to fight for her mother. But when her father became intolerable they used to hide in the next room and cry with fear. Seeing all these unwanted incidences, Afra lost all her respect and feelings for her father and stopped calling him "Baba". Seeing her, the other sisters also followed her and stopped speaking to their father.

Afra's second sister was a student of Class One, and when her mother took her to school, Afra stayed alone at home, playing by herself or watching the television, along with her youngest sister.

The terrible incident took place on 6<sup>th</sup> September, 2013. As other days, Afra's mother took her second sister to school along with the youngest sister and was away from home for quite some time. Afra was watching a television serial, when her father came to her, put his hand over her mouth so that she could not scream and taking her to the next room, raped her. He then warned Afra that if she disclosed about the incident to anyone he would kill her. Being stunned with the incident, Afra became scared and did not disclose the incident to her mother. Her father guarded her and when her mother returned home Afra sat quietly without speaking to anyone.

From that onwards, Afra's father continued to rape her, though for fear Afra had to keep quiet. Though Afra did not disclose anything to her mother, due to her father's threats, her mother started observing changes in the attitude and behavior of Afra. In this way as days passed by, Afra became quiet day by day.

One day, Afra's father told her mother "You feed milk to the girls, see to their food and well-being and do all other responsibilities towards them. But to-day I will feed milk to the girls." Hearing her husband's loving gesture in his words, Afra's mother was pleased and let him provide the milk for the daughters. But Afra's father mixed sleeping tablets in Afra's milk and gave her to drink it. That night, Afra's mother went to bed early at ten o'clock at night, while her father stayed awake late at night, watching the television. As Afra's parents slept in one room and the three sisters slept in the next room, Afra's mother failed to know the intentions of her husband.

As night deepened, Afra's father went to his daughter's room and raped Afra. The little girl had no idea about these illicit relationships and crimes related to sex. She thought that as her father beat up and assaulted her mother, these activities of her father were similar punishments avenged upon her for any misdeed that she may have committed at home. In this way, Afra continued to be raped day and night.

Not being able to bear the pains and discomforts of being raped, one day Afra requested her mother not to go out of the house leaving her alone at home. On asking for the reason of such a request, Afra commented with a revenging tone "When you go away, that bad man beats me up and assaults me everyday". Listening to Afra's disclosure, Asma Begum became stunned and sat still like a statue without being able to speak a word. From then onwards she gave special attention to her daughter and kept her eyes continuously on her.

That night Asma Begum went to sleep as other nights. But awakening at night for her prayers she found that her husband was not in bed. She thought that he might be in the toilet – and went to search for him there. Failing to find him there or anywhere around, she approached her daughter's bed-room.

She was stunned at what she saw. What was not only impossible but was most unimaginable--- and what was most illegal – and unpardonable – was taking place in her daughter's bed-room. Her daughter was being raped by her father !

She could not believe her eyes, she could not imagine that such a crime could be committed by anyone, especially by a father with his daughter. What she saw --- was the most un-imaginable and sinful activity of a father towards his daughter. What had she seen? Her husband raping her daughter, through physical torture, keeping her daughter's mouth clasped by his hands. Seeing the most heinous criminal offence of a father towards his daughter, she somehow managed to control herself and waited till dawn for taking necessary action against her husband.

Early in the morning, without speaking to anyone, she left the house along with her three daughters. She went to the OCC of Dhaka Medical College Hospital for the necessary treatment of her daughter. She did the DNA test of her daughter to find out whether a father could indulge in such a heinous crime as had occurred in her family life.

Asma along with her Afra took legal protection and the related supports at OCC. They filed rape case against Afra's father. But unfortunately, as criminal offences slip past in many serious criminal cases, Afra's father is still away from prison or not being convicted in criminal cases through the offer of bribes and monetary contributions to the related persons. He is still not convicted as the case is still under judicial enquiry and investigation for the sexual offence committed. They live in a shanty house with support from her maternal grandfather. They eat scanty food now. Life has become miserable and full of hardship.

Afra who calls her father the "naughty man" (Dushtu lok), wants him to be hanged for hurting her and giving her so much pain. She has no idea about sex but has received the sexual assaults which were un-imaginable for a father towards his daughter – a happening which will haunt her forever.

Afra is continuing her studies and wishes the blessings of everyone for her secured life. She asks with tears rolling down her cheeks, "Am I not entitled for a happy life with my parents? Will I never have a father who will love me? What wrong did I do? Why did everything go wrong with me...she sighs !

## **CASE STUDY – 02**

### **WHEN LOVE TRANSFORMS TO PHYSICAL ASSAULT BY HUSBAND**

Shabita Biswas, daughter of Jiten Biswas of Ujirpur Thana of Harta Union of Barisal, belonged to an extremely poor Hindu farmer's family. She had two brothers and three sisters. Her father was a farmer before but could not work now. Her elder brother took lease of a land and did the farming on that land.

Shabita had passed her SSC with great difficulty having extreme financial problems.

In 2002, she was married to Khokon Kumar Arun, who was a small businessman in Harta Union of Nazirpur Upazilla. Shabita had previous relationship with Khokon and after four years she got married to him through family negotiations. After marriage Khokon gradually set aside his business and began to get involved and linked with politics. Gradually, he gave more time to politics than for earning for the family.

After marriage Shabita lived well for about one year. Gradually Khokon started physical torture on her. She came to learn that her husband was very friendly with Moniruzzaman Munir, who was a Member of Parliament and that Khokon had illicit relations with a cousin of Munir. He stayed most of the time with that woman and returning back home he used to beat up his wife Shabita. Gradually Khokon became very rude and violent in nature. He never listened to his parents nor gave any dint to what people said of him when he beat up his father. Once Khokon severely beat up his father and broke two of his front teeth in anger. Gradually through the days, his father died in grief, unable to bear the tortures of his son.

Shabita's mother-in-law used to work in the hospital. Shabita had a son and her mother-in-law lived elsewhere with her grandson. She could not live at home with her son, due to his tortures. Shabita's son's educational expenses used to be borne by her mother-in-law. Previously when Shabita's husband beat her up, her brothers and father used to bring her over to their place and keep her in safety. Seeing her staying in peace at her father's home, her husband



went there to stay there also, with the intention of finally bringing her back to his place. In this way a few years passed by.

Shabita was at her father's house for six months. Seeing the tortures on Shabita, her father gave a part of his land in the name of his grandson. Shabita's husband started demanding that the land given to his son should be sold out and the money given to him in order to buy a motor-cycle. He said he needed the motor-cycle in order to mix with the wealthier people of the area.

After staying six months in her father's house Shabita's son wanted to take her to his grand-mother's house. Listening to her husband and believing what her son said, Shabita took all her belongings and went to Harta bazaar. There was a market in Harta bazaar area and her husband used to live in a room in a two-storied house there. In the evening Shabita came to Harta bazaar and went to his room on the first floor of the market. While he was speaking to her, Shabita did not realize that her husband had closed the door of the room. It was then eight o'clock at night. There her husband first beat her severely with sticks and then attacked her with iron rods. Blood came out and her hands and feet were severely battered with the rods. Then he hit her strongly on her waist with the iron rods. In this way he beat her up till 4 o'clock in the morning. At one point her husband put his hands over her mouth and tried to strangle her through her throat. At this point unable to bear anymore Shabita screamed for help. Hearing her screams the landlord came upstairs to the room. When he tried to enter, Khokon pushed the man aside and ran out of the house.

Shabita fainted and lost her consciousness.

She did not know that some people had in the meantime informed her family of her condition. On regaining consciousness she found her father and brother beside her. They tried to save her by pouring water on head, and giving her saline. Finally she was brought to the emergency ward of the hospital, where she was admitted in a critical condition. Later she was shifted to OCC of Barisal Medical College Hospital. She is now taking treatment at OCC and is regaining very slowly, but she is unable to move with pain. She cannot sit with broken ribs and is found groaning and suffering from severe pain in her head. Shabita feels scared to move in society as her husband stays with political people who are very dangerous. She knows, that any time they can kill her family members.

At OCC the doctors are taking great care of her. The nurses see to her food and medicines and try to treat her with affection. Though the treatment facilities are very good, there are no ways of providing security and shelter in the OCC. There is no system of rehabilitation where Shabita could be kept safe for some time. So Shabita has to return to her parent's house with nowhere else to go. The father being very old cannot come to see her, but her brothers come and see to her treatment. They have spent quite a good amount of money for her treatment and hopes for her early recovery. Shabita and her family want justice and punishment of her husband for the grievous crime committed on her. But Shabita did not get any justice on the heinous crime committed on her. In this society women who are made victims of torture and crime cannot move around freely. The muscle men are around and they can attack anytime. For fear of these muscle men around her husband, the fear remains that they can kill her father or brothers. So Shabita keeps quiet. Where will she get justice?

Shabita stays looking at an unknown future. She has no plans since all her dreams of a happy married life with the man she loved has faded away. Where will she go? what will happen to her life?, she asks. She stares blankly ..... at the unknown future which lies ahead.....

## CASE STUDY-03

### WHEN GREED TRANSFORMS TO PHYSICAL TORTURES BY HUSBAND

Shahnaz Begum, wife of Nuruddin, lives in a house in old Dhaka in Keraniganj with two sons and two daughters. Eldest daughter, Shahida Akhter, was a candidate in the last HSC Examinations from Suhrawaddy College. Among the sons the eldest was a mechanic in an automobile garage, while the youngest son used to work on putting up tubewells. The youngest daughter studied in the second grade in the school nearby. Shahnaz begum was a housemaid at a neighbour's house. The income from the salary of Shahnaz Begum and the earnings of her two sons helped her to manage her family in some way, besides giving money also to her husband Nuruddin for his requirements. The worst part was that Nuruddin did not do any income while on the other hand spoilt the money by having drugs and enjoying with prostitute women. Whenever Nuruddin required money, he came home and tortured Shahnaz Begum. Sometimes when Shahnaz could not give any money, he tortured her physically with sharp weapons.

Since Shahida, the eldest daughter was eight years old, her father Nuruddin looked at her with dirty looks. When the incident was seen with a suspicious mind, Shahnaz spelt out her early life history, with sadness.

About 25 years ago Shahnaz Begum was married to a young man named Jahangir, from whom there were two sons and two daughters. During that time, Shahnaz got some money and bought some gold ornaments, from the sale of land given to her by her father. During that time Nuruddin had good relations with Jahangir, Shahnaz's previous husband. In this connection Nuruddin used to go to their house and learnt of the money and gold ornaments of Shahnaz. Suddenly one day Shahnaz's husband Jahangir died, and Nuruddin took the opportunity of managing Shahnaz's consent and married her.

After marriage there was very good relations between Nuruddin and Shahnaz for quite some time. But gradually Shahnaz came to learn of the wicked activities of Nuruddin, that he had married quite a few times and taking away the wealth of those women he left them and married elsewhere. Every marriage ended after Nuruddin used up all the money of those women through enjoyment. He never kept any information of those women after he left them. In this way Nuruddin had married Shahnaz also for her money. Through the years Nuruddin took away all her money and spent those on his drug addiction and other grievous criminal activities.

After spending all her money as usual as other times he started to torture Shahnaz, who bore all the tortures for the sake of her children. But when she learnt that Nuruddin's intention was now on the lust for her daughter, she could not stay quiet. Shahnaz tried to resist. But Nuruddin stabbed her and cut her mouth with a knife. Moreover he burnt her hands with the hot iron also. In this way she started to bear Nuruddin's offences.

On 25 March 2014, Shahnaz Begum came to Dhaka Medical College Hospital and got admitted in the OCC. She started crying and said "My life has ended in hostility, but I will not let my daughter suffer through that man and spoil her life. Thinking of her daughter's future she requested vengeance and protection from her husband's tortures and inhuman criminal offenses on her.

Dhaka OCC gave her the required treatment of her tortures and wounds, food to eat, legal assistance, counseling on her mental shocks and shelter for safety. Shahnaz Begum and her daughter seeks the punishment of the aggressive ventures and attacks of Nuruddin and requests all for the punishment of Nuruddin for all his criminal attacks and

torture. A case has been started against Nuruddin on Women and Children Repression Act 2000. Still now the case is in court though the accused is absconding.

Shanaz asks "Will my daughter have a happy life.... Only God knows....., she sighs.

## **CASE STUDY-04**

### **SEXUAL ASSAULT ON MINOR GIRL**

Minu Akhter, aged nine years was born in the colony of Siddique Shaheb. She was the eldest of the three girls of Mohammad Abul and was the student of class three. Her Father was very sick but sometimes used to ply the rickshaw, while her mother was a housemaid, working in the houses of others.

On 28 October, 2013, Minu and her playmate Surma was asked by an aunt who was their neighbour to bring her a cup of tea from the nearby tea-stall. When they brought her the tea, Minu was given five taka by the aunt, with which they went to the tea-stall and bought pickles to eat. While returning home, the guard of the next house called the two girls and welcomed them to his room. It was seven o'clock in the evening. When they refused to go to his room, the guard allured them promising to feed them, chocolates and ice-cream. Falling into the trap of greed, Minu and Surma entered his room. Unknown of the sleeping tablets mixed in the juice Minu drank the juice the guard gave her to drink. But since Surma did not take the drink, she was physically molested by the guard. When Surma screamed for help, the guard put his hands on her mouth with force. At one point when Surma could not be kept anymore in the room with her screams, the guard gave her a slap and threw her out of the room. Meanwhile, Minu and Surma's fathers searched for them everywhere without vain. They could not be found anywhere. Round 10 o'clock at night, Surma came home crying and screaming. When everyone asked about Minu, Surma related to them the whole story. In the meanwhile, the guard raped Minu several times and her health deteriorated. On Surma's information, the people went to the guard and asked him to open the gate. But he refused to open the gate. At this point when the people could not enter the house, some of them jumped over the wall and rescued Minu from under the bed. Minu was found in an unconscious state beneath the bed of Babul Miah, the guard.

The people took Minu to the OCC of Chittagong Medical College Hospital. In the OCC all the treatments were properly given included the required DNA test. The OCC had also provided protection and shelter for Minu and her family for some days for fear of being attacked by the guard.

On this occasion a case was filed against the guard under the Women and Children Repression Prevention Act 2000 at Bandar Thana of Chittagong. Though now the criminal guard Babul Miah has been arrested and is in prison, but the case is still pending.

Minu has gone through a trauma, but she fails to understand why elders should behave in this way. She asks "Why can't small girls like me be loved by people..... how can they behave in this way? Can I forget this incident ever in my life? she asks with fear and strain.

## **CASE STUDY NO. 05**

### **SEXUAL TORTURE ON A MALE CHILD BY ELDERLY MALE**

That day was 11 April 2014. Abu Sayeed, a small boy, aged 7, had gone to visit his Nana, maternal grandfather. He was playing around till the evening, when suddenly, a young man named Liton dragged him away by force. Abu Sayeed was taken to maize field, where all his clothes were taken off and he was sexually assaulted. His Buttocks and the opening of the excreta started bleeding profusely. Somehow the child managed to walk and tried to go home slowly. On the way he met his mother and related the happening to her. Abu Sayeed's mother caught Liton red handed and tried to take him to the Thana. In this condition another man came and snatched away Liton from Abu Sayeed's mother, so that no cases could be filed by her. The problem was that Liton was from a well-off family while Abu Sayeed's parents were quite poor. Gradually Abu Sayeed's health deteriorated. He became physically helpless. His mother brought him to the OCC at Rajshahi medical College. There he was treated by the attending doctors. He was also given legal assistance. He is still at the OCC now. His parents did not file any case in the Thana, because the village Member and Matabbor said that they would do justice to him. Abu Sayeed's father's name is Abdul Gafur. He is illiterate but can sign his name.

Abu Sayeed 's village is Paharpur, of Thana Baghmara of Rajshahi District. The accused Liton's father is Habi of Village Dhangaji, Thana Baghmara of Rajshahi District. It may be said that Abu Sayeed's father is very poor and works as a hawker selling trifling things to earn a living. Seeing his son in this condition he was heart-broken, but since the village people gave him confidence he still feels there may be justice done. Do we expect his wish will be fulfilled in this society where the rich dominate the poor? Yet let us wait for that day, when through OCC Abu Sayeed may receive justice on the wrong done to him. Let us wait.....

## **CASE STUDY NO. 06**

### **STABBED IN THE ABDOMEN FOR DOWRY BY HUSBAND**

Laily Begum (19) got married to rickshaw puller five months back. After three months of marriage her husband and his parents tortured her to bring money from her father's home. Laily's father was not capable of giving any money because they lived from hand to mouth. But in the husband's house Laily's father-in-law and mother-in-law threatened her that she would be kicked out from the house if the demand for money was not fulfilled. Later on, Laily returned to her father's home with her husband. Here again Laily was beaten by husband while staying at her parent's home also. Her husband bought a knife few days before the last Eid-ul-Azha and after Eid forced her again for money. Unable to meet his demands, her husband started torturing her and at one point he stabbed in her abdomen and injured her seriously and left.

Her father admitted her to upazila health complex and the duty doctor referred her to the OCC at Khulna Medical College Hospital. A case was filed through OCC police on 03/11/2010. At present the case is under investigation.

## **CASE STUDY - 07**

### **PHYSICAL ASSAULT BY HUSBAND**

Aklima (21) got married to Swapan (25) on 04/08/2010 without their parent's consent. After few days of marriage the accused Swapan demanded Tk. 2 lakhs and jewellery from her parents. As she failed to fulfill the demand on

19/11/2010 Swapan tried to strangle her by rope. Later on, the accused poured savlon on her face. After a great trouble she escaped herself from the grip of the accused and left the house but could not save her because her brother in laws caught her again. Hearing her scream some neighbors informed her mother. Her mother rescued her with the help of petrol police and admitted her to the OCC at Chittagong Medical College Hospital on 21/11/2010. A case was filed in Khulshi Police Station through OCC police. The case is under investigation.

### **CASE STUDY-08**

#### **SEXUAL ASSAULT BY NEIGHBOUR**

Sanjida Khatun (16) had maintained an affairs about 2 years with a neighbor named Md. Shahidul Islam (19). On the day of incidence 07/02/2010 Shahidul requested her to meet him in a place adjacent to her house. At around 8.00 pm when she met Shahidul, he proposed to have physical relation with her. As she refused to let him do, Shahidul has taken her to a banana garden by force and raped her. She tried to cry but he prevented by pressing his hand on her mouth and threatened her. Then she kept silent. She did not share the incidence with her family due to promise of marriage. Later on, because of promise to marriage Shahidul continued his physical relation with her at certain interval. During their physical interaction, Sanjida got pregnant and she shared the information with Shahidul. He prevented her to disclose the incidence and promised to get married. But he delayed in getting married due to various reasons. At one stage he stopped communication with her. Then Sanjida informed her mother about the incidence. Her parents also requested Shahidul to get married her but he ignored. When the neighbors noticed the incidence her mother got admitted into the OCC of Rajshahi Medical College Hospital on 10/10/2010. Then she was pregnant for 8 months. Due to her family problem she was shifted to shelter Home of Department of Women Affairs where she gave birth to a son on 11/11/2010. The accused was arrested and a case has been filed in Shah Makhdum Thana. Now the case is under investigation.

### **CASE STUDY-09**

#### **BURN INJURY ON DOMESTIC HELPER**

Shohagi (10) has been working as maid servant in a house of Mr. Titu and Lima a t Moghbazar of Dhaka City. The housewife beat her on various reasons. She was never allowed to go out of the house. RAB-3 and Police of Ramna Thana, on secret information rescued her on 31/10/2010 and brought her to the emergency ward of Dhaka Medical College Hospital. The duty doctor referred her to OCC. At the time of admission, injuries of physical assault and burn were evident on different parts of her body. During her stay in the OCC she was given treatment for burn under the close supervision of Burn and Plastic Surgery Unit. The Social Welfare Department of Dhaka Medical College Hospital gave clothes to Sohagi. The accused were arrested on 31/10/2010 and a case was filed against them under the Women and Children Repression Prevention Act 2000 at Ramna Model Thana. After recovery from the physical injury she was sent to the Safe Home under the Department of Social Services. Now the case is under investigation.

### **CASE STUDY-10**

#### **PHYSICAL ASSAULT FOR DOWRY**

Five years back, when Zara was 23 years old, she got married to Hafizuddin who was 35 years. She received furniture and other household goods, including jewellery, from her parents at the time of marriage. Hafiz left for Saudi Arabia after four month of their marriage. She was pregnant at the time. Zara's mother-in-law, brothers and sisters -

in-laws tortured her physically and mentally for dowry while Hafizuddin was at Saudi Arabia. As days went by, in the meantime, Zara was blessed with a son. After 2 years Hafizuddin returned to Dhaka for six month's holidays and he also tortured Zara for dowry. At one stage, he sent Zara and her child to her parent's house .Meanwhile Hafizuddin left for Saudi Arabia again. During his stay at Saudi Arabia he did not send anything to Zara and her son. Zara's poor father provided the maintenance cost for them. On 12/10/2013 Hafizuddin came back to Dhaka. Then Zara came back to Hafizuddin's house with her son. On the day of incidence on 01/11/2013 at about 3 pm Hafizuddin and his mother demanded Tk. 2 lakhs from Zara's father. Zara's father was a retired soldier and he was not able to give her money. Due to the inability to give him money Hafizuddin and his mother tortured her severely by the stick .Hearing her screaming neighbours rescued her and informed her father on mobile Then Zara's father took her to the Sher-E-Bangla Medical Collage Hospital and thereafter referred her to the OCC at Dhaka. She received medical treatment, psychosocial counselling and legal help from the OCC at Dhaka. she stayed at the OCC from 02/11/2013 to 09/11/2013.

A Case was filed on 12/11/2013 under the Women and Children Repression prevention Act, 2000 against the accused in Kazirhat Thana. The accused are absconded now and the case is under trial. Zara joined in the follow up meeting held at the OCC on 24/11/2013.

## **CASE STUDY-11**

### **BURN AND PHYSICAL INJURY ON MAIDSERVANT**

Najmun was ten years of age when she was brought to the house of Mr. Titu and Lima at Dhaka to work as a maid servant. While staying there, Najmun used to be beaten up by the wife of Mr Titu.for various reasons. She was never allowed to go out of the house or stay in the verandah in front. While she stayed there for one year she was badly beaten up for simple matters.

On information RAB -3 and Police of Ramna Thana, on secret information rescued her on 31 October, 2012. They brought her to the emergency ward of Dhaka Medical College Hospital. The Duty doctor referred her to the OCC at Dhaka Medical College Hospital. At the time of admission, injuries of physical assault and burn injury were evident on different parts of her body.

During her stay in the OCC she was given treatment for burn under close supervision of the Burn and Plastic Surgery Unit. The Social Welfare Department of Dhaka Medical College Hospital gave clothes to Najmun.

The accused were arrested on 31 October 2012 and a case was filed against them under the Women and Children Repression Prevention Act 2000 at Ramna Model Thana. After recovery from the physical injury she was sent to the Safe Home under the Department of Social Services. The Case is under investigation.

## **CASE STUDY-12**

### **SEXUAL ASSAULT BY A NEIGHBOUR**

Ratna was a young girl of 20 years of age. She belonged to a poor farmer's family and spent her time selling vegetables in Baubazar of Daulatpur Upazilla of Khulna District to maintain the father's family. The accused Dulu alias Mota Babu, aged 32 years, occasionally bought vegetables from Ratna. Once Mota Babu purchased some

vegetables without payment. When she demanded money for her vegetables, he asked her to collect the money from his house.

Ratna was a carefree girl and good relations with all the neighbours. When Ratna went to Mota Babu's house to get the money for the vegetables at 8 o'clock in the morning, he pulled Ratna inside and closed the door of the house.

Then Mota Babu tried to rape her. When she started crying and shouting, he beat her up with sticks. But due her crying and shouting, the neighbours rushed inside the house and rescued her.

Her parents got her admitted to the Khulna Medical College Hospital. She stayed in the OCC from 29 October of 2012 to 3<sup>rd</sup> November 2012. She was given all sorts of support from the OCC. With the help of OCC Police a case was filed against the accused in Daulatpur Thana under the Women and Children Repression Prevention Act 2000. She became well and has started her selling of vegetables. But she is cautious now of going to anyone's house for money anymore.

### **CASE STUDY-13**

#### **PHYSICAL INJURY ON WIFE FOR DEMAND OF MONEY**

Mariam was 30 years of age when she got married to Tanvir who was 35 years of age. Tanvir was a Tractor driver and also a fish trader. After two months of their marriage Mariam brought 15000 Taka from her parents to fulfill the demand of her husband and his family. After some her husband again demanded 5000 taka from her parents. As Mariam's family was very poor. This money could not afforded from anywhere. But this time Mariam denied giving the money demanded.

On the day of the incidence, which was on 30 October 2013, Mariam's husband beat her seriously for the money demanded. Her mother rescued her, hearing the news from neighbours and got her admitted to the OCC at Sher-E-Bangla Medical College Hospital at Barisal on 2<sup>nd</sup> November 2013. She received psychosocial counseling from the OCC. A case was files through OCC police. The case under investigation.

### **CASE STUDY-14**

#### **SEXUAL ASSAULT ON MINOR**

Mahmuda's mother was a Garment worker. Her father had left them five years back. Mahmuda was aged 8 years of age and was a student of class two and stayed in the madrasa hostel. After completion of the examinations she came back home and stayed with her mother.

On 6<sup>th</sup> December 2013, she was playing with her friends at the yard of their home. After they ended their game at about 6 o'clock in the evening, a neighbour named Kalu took her to the side of the pond beside the road and raped her forcefully.

Kalu.threatened to kill her when she started crying because of the heinous crime done to her.

But on return home Mahmuda disclosed all the matters to her mother. Later on her mother took her to the Chittagong Medical College Hospital. After that she was admitted to the OCC of the Chittagong Medical College Hospital.

She received medical treatment, psychosocial counseling and legal help from the OCC. Her forensic and other tests were also conducted. She stayed at the OCC from 6<sup>th</sup> December 2013 to 18<sup>th</sup> December 2013. A Case was filed on 11 December 2013 against the accused in Patia Thana. The accused is absconding and the case is under trial.

## **CASE STUDY-15**

### **PHYSICAL TORTURES ON DOMESTIC HELPER**

Shila was the 7<sup>th</sup> among nine brothers and sisters. She worked as a domestic servant in the house of Nur Banu in Shyamoli in Dhaka. Nur Banu used to torture her physically for simple matters. She did not provide her proper food throughout the day to the domestic servant. Shila could not contact her mother or her relatives. As a means of contact, Shila's mother got Taka 500 every month from a man named Nazim, who was a relative of Shila.

As days went by Shila lived in this torturous way, being beaten for trifling matters and having no proper food to eat.

On 23 September 2013 Cantonment Thana Police rescued Shila from the dustbin with a severe condition. She was admitted to the Neurosurgery ward of Dhaka Medical College Hospital. On 26 September, 2013 she was referred to the OCC of Dhaka Medical College Hospital. A case was filed on 26 September 2013 under Women and Children Repression Prevention Act 2000 against Nur Banu who was arrested on that day. On 28 September 2013 a medical board with eight members was formed for the better treatment of Shila.

Later on another medical board with ten members was also formed on 30 September, 2013 and the treatment was given by the board's direction. Shila stayed at the OCC from 26 September to 6<sup>th</sup> November 2013. Now she is staying with her mother at her village home. The case is under trial now. In the meantime, Ministry of Women and Children Affairs requested the Ministry of Home Affairs on 31, October 2012, to shift the case to Speedy Trial Tribunal.

### **HIGHLIGHTS OF THE CASE STUDIES**

Victims of violence have been given treatment and nursing at the OCCs of the 5 Medical College Hospitals. Though they were assisted in taking legal action against the offenders and criminals and given shelter and rehabilitation opportunities, yet they remain in fear of being attacked or put to shame in society. Many become psychic patients, nervous in all activities performed. It was thus necessary to identify the actual incidents of the Victims which was adopted for collection of personal information regarding the violence incurred. The 15 Case Studies obtained directly from the Victims, were taken in order to ascertain and distinguish intimate incidental information. Of the 15 Case Studies, 7 Studies contained incidents of Sexual Assault (Rape), 6 Studies were on Physical Tortures, while 2 were incidents of Burn Injuries.

Criminal offences are unnatural incidences. The Case studies are living examples of violence and torture inflicted on the helpless women and innocent children, for no fault of their own. In Case Study One, Afra, wanted her father to be hanged for hurting her and giving her so much pain. She had no idea about sex but had received the sexual assaults which were un-imaginable for a father towards his daughter – a happening which will haunt her forever. Fathers are the guardians of their daughters but the unimaginable occurrences of sexual assault on daughters create fear and sufferings both in the families and also the societies. Yet the culprit still remains absconding. The sexual assault on minor girl Minu Akhter aged eight, by the house guard speaks of unnatural behavioral pattern of the man in Case



Study Four. Where a guard is appointed to protect the people of the house, he himself commits a crime. In Case Study Five, sexual Torture on a male child by elderly male person shows the abnormal attitude of the person on a child. These may be psychic patients but society should be on guard for the protection of the younger generation, though these criminals are often protected through financial assistances or political pressures. Case Study Eight and Twelve informs of sexual assaults by neighbours, and Case Study Fourteen mentions the story of rape on minor girl by neighbor while playing beside the pond. All these incidences are instant behavioral activities from which both adults and children have to be protected and kept on guard.

Case Studies two, three, six, seven, ten and thirteen inform of physical torture by husband on his wife mostly regarding dowry or financial issues. These are incidences where the women have to be careful in their dealings within the family. These are occurrences which are normal especially in most Bangladeshi families, but have to be controlled through consciousness raising and empowerment of women. The victims were provided treatment and nursing at the OCC. They were given Psychosocial Counseling, Legal actions were arranged by the Lawyers present, while the Law Enforcing Agencies as the Police provided shelter in case of further attack on victims. Some were provided food and clothing, while some were given rehabilitation opportunities. A few took skill development training and utilities for earning a living, when they could not return back to their homes on security reasons or due to problems faced with their husbands.

The third issue of violence provides the incidences of burn inflicted on maid servants in the houses by employers, usually the house-wives. These are tragic incidences inflicted on the poor maids as tortures for work undone or heavy domestic responsibilities. It is a shame that we have not yet learnt the attitudes of proper treatment to the under-privileged even with our affluences and education.

## CHAPTER EIGHT

### 8.0 CONCLUSION & RECOMMENDATIONS

#### 8.1 CONCLUSION

##### **PROJECT INFORMATION:**

The Multi-Sectoral Programme on Violence Against Women (MSP-VAW) of Ministry of Women and Children Affairs (MOWCA) is implemented jointly by Government of Bangladesh & Denmark. The project was carried out in collaboration with Ministries of Health & Family Welfare, Home Affairs, Social Welfare, Law, Justice & Parliamentary Affairs, Information, Religious Affairs, Education, Women & Children Affairs. Launched in 2000 in response to Bangladesh's commitment to Beijing Platform for Action, the Pilot phase of action took place from May 2000 to December 2003. The 1<sup>st</sup> phase of the project continued from January 2004 to June 2008. The present Impact study is of the 2<sup>nd</sup> phase which continued from July 2008 to June 2011. The program introduced a co-ordinated integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh. The project has been one of the most important achievements for the women of Bangladesh, since the opportunities have initiated a tremendous impact on the female population of the country, creating an opportunity never before provided for the female victims of violence in the country. In fact it is assumedly the only one of its kind in the SAARC region.

The project "MSP-VAW (2<sup>nd</sup> phase)" was an attempt to uplift both the mental and also physical conditions of the victims of violence in Bangladesh, never before provided in this vast form by the government in collaboration with Danida through its "Bangladesh – Denmark Partnership" strategy. This attempt is not only a support for the rehabilitation of the victims of violence but also for their families most of whom are not of the high income groups. For the violated women, who are the victims of violence, despite their extremely perilous socio-economic position, it has been demonstrated that given the opportunity for survival and rehabilitation, in the above categories, they respond successfully to well focused socio-economic well-being and are able to cope with the new endurance and survival responsibilities. Along with mental and physical upliftment after their victimization, socio-economic development of victims is another of the important activities under the project, which has been linked in collaboration with eight Ministries for activity support. The project has offered a new scenario of services and it is assumed that with the coming years, greater performance will be provided for the women in distress – the victims of violence.

**Target Beneficiaries** are the "Victims of Violence Against Women at all levels of the society".

For the survey, the number of beneficiaries selected for interview had been decided on the availability of the victims of violence who are mostly untraceable due to social problems and constraints faced regarding identification. These victims maintain a low profile of not being recognized as victims of violence due to social repression and subjugation including undesirable impacts of people of locality on their victimization, which creates a matter of shame and degradation both for the victims and also for their families.

##### **MSPVAW PERFORMANCE (August 2001 to April 2014)**

MSPVAW Informs that from August 2001 to April 2014 the total female victims provided treatment at the OCCs of the 7 Divisional Medical College Hospitals including Faridpur District Hospital was 19,286. Of these 14,214 has suffered from Physical Assault, 14214 from Sexual Assault and 317 from Burn Injuries.

#### 8.2 IMPACT ANALYSIS: OBSERVATIONS OF THE VICTIMS

**Type of violence/wound incurred as treated in OCC;** majority 71.3% victims mentioned it was Physical, 18.5% mentioned it was Sexual Assault, 7.4% informed of Burn injuries, 2.7% said injury was related to Economic reasons.

**Satisfaction on the Treatment Services/procedures at OCC:** The majority of 85% of patients expressed Satisfaction on the Treatment Services/procedures at OCC

**Time for which Treatment was Provided at OCC:** Information on the Length of Time for which Treatment was Provided at OCC, shows that it was 5.7 mean days

**People who provided the Treatment to the Victims at OCC:** majority 92.59% victims mentioned that the Doctors and Nurses provided medical Treatment, while only 7.41% mentioned that only nurses provided treatment.

**The Type of Physical Injury:** Wounds faced by 89.81% victims was mostly fracture and Broken bones. Among the others were Burn injury on body and face, mentioned by 32.41% victims, Injured sex organs and related wound and damage by 19.44% victims, Battered physical conditions faced by 11.11% and Severe Mental agony by 8.33%.

**Mental conditions:** majority of the victims 88% complained that they felt very helpless, unhappy and almost dead due to the violence inflicted on them, 4.5% felt they wanted to go for committing suicide, while 7.4% felt that they were filled with hate, protest and revenge against the offenders and criminals.

**Recovery from the violence/wound incurred:** 55.5% victims mentioned that they were Fairly recovered, while 44.5% informed that the Recovery was very slow

**Means of coming to OCC:** The victims (42.59%) informed of the ways of coming to OCC with the help of Thana/Sadar Police/RAB. 16.67% informed with the help of neighbours/sympathetic people, 31.48% mentioned With the help of relatives or colleagues or friends, while 3.70% informed that they came to OCC with the help of women organization . 5.56% mentioned of the others ways of coming to OCC, which was previously not known to them,

**Present physical condition now after the incidence of Violence:** 89% complained that the condition was very bad with physical weakness, pain in leg, problems of eyesight, and headaches. 4.6% said the physical condition was bad, while 6.5% assured that the physical condition after the violence was now recovering and was fairly good.

**Fear of Movement in Society at present due to incidence of Violence:** It is natural for Victims to suffer Fear of Movement in Society at present due to incidence of Violence and majority 72.2% mentioned the fact but added it was more in the husband's family, than the society, because it was there that the violence occurred or could occur again. However 27.8 felt less fear to move around having gained self-control of the situation.

**Ways of Protection undertaken due to impact of Violence:** 51.85% informed of the legal protection provided, 14.81% said that their sons and daughters were the protectors for them, 10.19% focused on their attainment of mental Strength and guts to face future incidents of violence, 7.41% mentioned the situation through assurance and support of their parents. 5.56% Victims mentioned that they did not face any problems as yet while 20.37% were uncertain and mentioned that they did not know what to do for their protection.

**Types of Health Services provided at OCC:** The majority 89.81% informed of the Free medical/health services, 32.41% mentioned the Counseling provided to them in case of mental and psychological problems, 19.44% informed of the Shelter/security assistance given to them due to their insecurity caused by the violence, and 8.33% mentioned the legal assistances and support provided to help them fight their cases against the wrong-doers.

**Types of Health Treatment provided at OCC:** At the OCC the patients received various types of treatment, of these as mentioned by the majority 75.93% patients Health checkup (UGA,DNA, Blood test etc) were provided. 23.15% mentioned of the Improved diet , which was very essential for the poor patients of the country, who come to the OCC. 11.11% mentioned of Free burn-medication, while 2.78% mentioned of other Health Treatment at the OCC

**Satisfaction on the Treatment Services/procedures at OCC:** The majority of 85% of patients expressed Satisfaction on the Treatment Services/procedures at OCC.

**Types of assistances provided to VAW victims:** Regarding the types of Assistances provided the 73.21% of the Victims informed of the Counseling provided, 73.21% mentioned of the Shelter/security ensured , 16.07% talked of the Legal assistance provided , while 26.79% mentioned the Financial assistance for self dependency given to them through MSP-VAW. 10.71% talked of the other services provided.

**Shelter and Rehabilitation Support :** 35.7% **VAW Victims** mentioned of utilizing the Shelter and Rehabilitation Support till the present day

**Free movement Issues of women in family & society:** Majority of the victims suggested to Maintain careful movement in society, 23.15% victims directed the women to Maintain police & OCC Phone numbers for protection and assistance when needed 28.70% victims requested women to become more self-dependant to avoid financial problems, while 5.56% victims requested women to keep family matters under control.

**Family initiative for bringing the culprit to justice:** 34.26% victims informed that the family would go for legal action, 28.70% said that the family might negotiate or ensure justice through family 'shalish', while 25% victims negatively commented that the family could not take any effective role or ensure justice. 20.37% victims informed of family's quietness for fear of mastans or powerful criminals.

**Future Plans of Family for the victim:** 61.11% wanted them to become confident and financially solvent in maintaining the family. 25.93% victims said that their parents were concerned about their marriage, 17.59% expressed that parents were not yet decided to plan about their children's future. 15.74% victim regretted that there was no hope about their future or other issues.

**Primary reasons for incidences of violence on** 60.19% victim felt that Lack of protest or concerted efforts to ventilate the wrongs done to them was the cause. 11.11% mentioned that Extra marital sex drive was the reason 39.81% felt the reason for violence was the pressure on Evils of dowry, while 12.04 felt that it was Husband's lack of love for wife and jealousy.

**Reactions expected in society regarding violence against women and Urgent precautionary measures necessary:** Emergency precautionary measures for curbing violence were identified by the majority 87.04% victims as the Prompt Legal measures to be taken from court . 12.96% victim said that Women should be more vocal. 41.67% publicized that Dowry should be banned from society immediately, while 15.74% commented that Prompt measures should be taken from family "shalish". 25% victims directed all to Educate and train up women to become self dependent, in order to stand by themselves and control violence.

**Internal strengths and opportunities for sustainability of the projects:** The oppressed women are to some extent benefited due to multi sectoral efforts/concerted efforts of different ministries and much could have been observed if adequate funds could be made available/allocated to sustain the supervisory and technical supports to the OCC and rehabilitative centers. The importance of OCC services should be made more acceptable to the religious leaders, Hujurs, teachers, members, chairmen, FWVs and health service providers. Much of the successes of OCC will be attained if law enforcing forces and lawyers are more dedicated and honest about providing fair justice and support to the victims otherwise all efforts to provide services from OCC will be fruitless.

## **SOCIO- ECONOMIC CHANGES AMONG BENEFICIARIES**

**Income Earning:** The main annual income of Beneficiaries had increased after the violence and this was due to the training provided to victims by MSP-VAW programme for rehabilitation on professional abilities, and training on income generating activities, leading to business development.

**Social Integration:** Victims found it hard to adjust themselves in society because of the reactions on them due to violence. However, the assistances of the family members helped the majority to slowly make their way into social activities though the task was difficult and extremely sensitive.

**Professional involvement :** There was no Professional involvement of victims before the violence but after the violence the exceptional participation of 26% was due to the training provided to victims by the MSPVAW programme for rehabilitation on their professional abilities, and training on income generating activities, leading to earning and

business development. It must be remembered that though the project performs its activities with due sincerity the inability to work or continue income depends on the capability of the victims after the disastrous impacts of violence for which 76% could not take up professions..

**Conservative Attitudes:** Due to conservative attitudes of the mostly uneducated women, the participation of victims was low, due to family traditional motives and cautious movements to avoid future violence and victimization. In most cases it is observed that the married women had to return back to their father's homes which became burden on those families, leading to future discomfort in the lives of the victims.

**Occupational development :** The socio-economic changes among the beneficiaries included their occupational development and income earning opportunities. Annual income increase of the beneficiaries through the impacts of the project, their increased expenditure with the change in their life-styles, the growth of earning members and finally their increased savings have been provided.

### **8.3: STRENGTHS, WEAKNESSES, LESSONS LEARNT**

#### **8.3.1 STRENGTHS**

**The Strengths of OCC :** Doctors were 100% confident about the standard and promptness of their services rendered from the OCC. They were of the opinion that violence against women although not reduced in the society but through project activities have enhanced the awareness amongst people and victims courage to seek assistance from the OCC and rehabilitative centers. Victims now have feelings that they have some shelters and medical, legal supports to fight out the aftermaths of violence against them.

**The Strengths of The MSP-VAW Project** were the initiatives undertaken in full concentration, contribution and the ability of the MSP-VAW personnel and the OCC related officials in completing a gigantic task never before accomplished by the government in co-operation with foreign donors in this part of the country. Not only did these female victims find a better living opportunity, but also visualize the future in a practical and attainable procedure.

1. The Project had helped provide medical treatment to the victims of violence
2. Their skill development training had provided economic solvency
3. The project had assisted in developing the victims as Earning Members of the Families
4. The project had trained victims to earn through various professions
5. The Beneficiaries had earned courage to venture into various income activities
6. The Beneficiaries had learnt to save and plan their future
7. The economic solvency had improved their living styles
8. The Standard of living of the Beneficiaries had increased
9. Better treatment helped cure diseases
10. Better disease treatment decreased death rate
11. Security system developed
12. Security of the beneficiaries increased with shelter facilities

#### **Encouragement for victims through project support:**

Free medical and other health services were received at OCC by 90.74% victims

Good Counseling was received to assist victims to regain their health and moral strength by 51.85%

Shelter and security was received when the victims were under threats by 31.48% victims

Legal assistance received to file cases through the lawyers was mentioned by 21.30% victims

Fair justice received from OCC, was directly mentioned by 10.19% victims

Cash and kinds (sewing machine) was received to earn for self dependency by 17.59% victims

Other assistances mentioned by 1.85% victims.

### 8.3.2 WEAKNESSES

Weaknesses and bottlenecks that hovered over the project activities are lack of inter-ministerial coordination, less motivation of law enforcing members/agencies, lack of promptness and cooperation from local influential in matters related to women violence or at times their interferences with the OCC activities. Inadequate funding is also a crucial impediment towards smooth functioning of medical, legal and financial supports towards victims. Among other weaknesses were the following:

- 1) Due to delay in physical work starting, actual period available for implementation, project activities was delayed.
- 2) Due to lack of fund many places could not be brought under the project as desired.
- 3) Lack of beds in the OCC creates problems for victims when they suffer violence.
- 4) Some professionals did not have permanent jobs.

To attain sustainability and effective functioning of project activities, weaknesses need to be mitigated and minimized.

**Reasons for Dis-satisfaction regarding the services provided:** Regarding the Reasons for Dis-satisfaction regarding the services provided, 38.89% mentioned the Negligence of doc/nurses, 50% regretted of the Low quality food, 33.33% complained of lack of system of providing free medication, while 16.67 mentioned other issues with which the patients were dis-satisfied with the OCC services.

**Weaknesses in OCC:** It was observed that some of the expensive diagnostic check up such as MRI, NCS, DNA are not usually borne by hospitals so the poor victims are deprived of these treatments. Some of the doctors observation was that smooth functioning OCC services are at times impeded/strained due to social, familial and political pressures and hushing of facts about the victims. Problems at times surfaced when the victims themselves want to get released from OCC before they are stabilized or physically fit to leave the hospital. The major problems associated with OCC managements are its limited space to accommodate the lawyers, counselors, police persons; lack of proper orientation, lack of dissemination of OCC related activities in the mass media and lack of speedy trial for the severe victims.

**Regarding the Weaknesses of the project:** 56.5% mentioned that No strict/proper application of laws were conducted at OCC, 14.8% informed that there were No dissemination about OCC services to the public at large through the media or publicity campaigns, 13% complained of No arrangement for rehabilitative center, while 9.9% discussed of Other issues including hurried treatment, no good medicine and food, while 5.5% said that they had no idea or did not know of the issues.

**Reasons for lack of reduction in violence against women through impacts of project activities:** Regarding the Reasons, 50% victims informed that there was no punishment of criminals, 48.15% mentioned Lack of security for women, while 1.85% mentioned that there was no enactment of Laws, which created priviledges for the criminals.

#### **Reasons for avoidance or deterrence of judgement on violence against women**

Regarding the important Reasons for avoidance or deterrence of judgement on violence against women, 27.27% victims informed of the Threats on the families and panic about children 's future9.09% victims commented that Husbands were more powerful than them or their families, they well off and could spend money for themselves to stay out of cases and be convicted as criminals 31.82% regretted that they Lacked finance and influential people to help them in their problems. 12.12% informed that the Ward commissioner had taken the responsibility, while 4.55% lamented the Absence of their husbands due to death, and could get support from anywhere. Of the others 4.55% victims informed that the convicted persons had absconded and the case is in uncertainty, 22.73% victims are keeping quiet for the sake of prestige and normalcy in family life.15.15% victims declared that the Trial was delayed for due to lack of cooperation from Daroga (police) and the Ward Commissioner4.55% spoke of other personal issues.

### **8.3.3 LESSONS LEARNED FROM THIS PROJECT.**

**The Report is on issues through which the project has initiated miraculous changes** amongst the poor rural population, majority of whom never visited hospitals before. Their belief of protection is greater than challenges of legal action, because they have the fear of being harmed again. This was the change --- the mental change towards acceptance of struggle and survival, brought in through the greatest opportunities provided through the OCC for the victim of violence. Women empowerment increased as they now themselves visit OCC in cases of violence knowing their cases will be heard and they can fight back.

**Satisfaction on the Shelter and Rehabilitation Services at OCC:** 90% expressed satisfaction or were fairly satisfied on the Shelter and Rehabilitation Services at OCC

### **8.3.4 ACHIEVEMENT OF OBJECTIVES OF THE PROJECT:**

The MSP-VAW project has been successfully implemented in Bangladesh. In fact it is assumedly the only one of its kind in the SAARC region. The programmes have benefitted hundreds of victims of violence successfully for all these years from the year 2000. The government should emphasize its development and publicity

**Project's Advantages and Benefits provided to society :** Majority of 72.22% Victims mentioned that Helpless, poor and illiterate women have become aware about various rehabilitative services provided by MSP-VAW, 31.48% assured that the Legal assistance has enhanced women's confidence and mental strength. Through the MSP-VAW 37.48% Victims said that the Women have become financially self dependent .

## **8.4 RECOMMENDATIONS**

The Recommendations were derived from the following:

1. Suggestions of the Victims through the questionnaires,
2. Opinions of the participants of the Focus Group Discussions,
3. Propositions and ideas of the selected personnel of Key Information Interviews
4. The MSP-VAW personnel offering services at the OCC.
5. Recommendations of Steering Committee Members

### **Recommendations from Victims**

1. The modernization and further development of OCC was an immediate requirement.
2. The training programmes for OCC Officials must be properly planned with increased duration and latest information. Technology-based training should be provided to offer the best of services.
3. OCC Management must be strengthened, made accountable and made to maintain all records of activities. Sufficient manpower should be recruited to effectively implement all the programmes of the Project.
4. Income Generating Activities for Victims must be developed with proper planning through future projects,
5. Income opportunities must be planned for the beneficiaries, especially for those who are unable to move properly in society.
6. Violence protection issues must be strengthened to protect the women especially the working class
7. Proper maintenance of infrastructure by relevant people to avoid sudden attacks in unprotected areas.
8. Compensation money for victims must be collected from the attackers for continued treatment of badly affected victims.
9. Employment opportunities in new occupations for livelihood must be activated for victims to make them live a settled life and forget the memories of the attacks on them.
- 10 The project officials must evaluate the progress of the beneficiaries,.

## **Recommendations from KIIs**

1. Proper publicity of facilities for VAW victims of Bangladesh in the Divisional Medical College Hospitals, through the media, especially the television
2. Activation of Consciousness raising among the general people regarding treatment of victims of violence,
3. Enactment of Laws related to punishment of culprits of violence
4. Activation by the Government for special measures to identify and bring to justice the criminals involved in violence
5. Consciousness raising among people for social security and values of life.
6. Exemplary punishment should be given to criminals involved in violence against women.
7. More Shelter Homes should be built for the security of the victims.
8. Helpline of MSP-VAW must be publicized to provide facilities and inform of incidents of violence
9. School syllabus should contain information of measures of protection against violence and also of the facilities provided by MSP-VAW
10. Establishment of OCC Cell Centres at all Upazillas and Unions for the benefit of the rural people.
11. Government should provide special facilities for the women to protect them against violence. These can be in the infra-structure development, security strengthening through law enforcing agencies and information of measures to be taken when attacked outside homes.
12. Monitoring of incidents of violence for the protection of the citizens by the Government.
13. Organizing of discussion programmes at schools, colleges and madrasas should be held on these issues of protection against violence in order to sensitize the students and prepare the protective measures for their security.
14. Early dismissal of Cases pending at OCC regarding violence on women
15. Increase of Government financial allotments for betterment of the OCC services.
16. Provisions for permanent positions at work for the people who offer services in the OCCs.
17. Publicity through TV serials shown on ways of being victimized to provide information regarding protection by women.
18. Publicity of Protective measures for women against violence.
19. Protection of the women against violence through Vigilant Team movement on the streets.

## **Recommendations from FGD Interviews:**

1. Contribution from the general people should be encouraged for the cost of the free treatment and rehabilitation services provided for the OCC patients.
2. Contribution of People through their Zakat money for the treatment of the victims.
3. Establishment of OCC Centres in every District, Upazila and Unions, because it is difficult for the victims (females) to come to the Divisional cities from far off areas for treatment, security requirements and legal actions and procedures against culprits and perpetrators. If victims take time to reach the OCCs the issues of evidence and proof are often destroyed.
4. Legal actions must be properly implemented so that the case verdicts do not go against victims through ill motives.



5. DNA helps the women victims to identify the crime committed. This should be publicized for the sake of correct treatment and proper legal actions against the culprits.
6. Increase of Safe Homes for victims, and shelters for victims should be built to protect the women of disadvantaged and poor families.
7. Increase of Help-lines, organizing of rallies against crimes and arrangement of television programmes on issues of protection against violence for women and children is extremely necessary.
8. Television programmes on the services provided and advertisement of the OCCs should be focused to provide victims the proper care and also to sensitize people regarding the violence inflicted upon women in various ways, both within the family and also outside in the open surroundings.
9. School syllabus should have information of MSPVAW and services provided for the victims of violence
10. NGOs should be linked with the OCC to provide services to the people whenever and wherever required
11. District Violence against Women and Children Protection Cell should be strengthened to take necessary action on victims, provide proper treatment to victims and raise conscious among the people for their protection.
12. The Imams commented that the MSPVAW activities should be publicized at the Friday Jumma Khudba (Sermons) through the initiatives of the Islamic Foundation activities to inform the citizens of the services provided to victims at OCC and other MSPVAW treatment facilities.
13. Books should be written on the violence caused on women, the ways of taking protection and about the treatment services provided for recovery of victims.

### **Recommendations from OCC personnel:**

1. The doctors mentioned that adequate fund from project should be allocated to provide full-fledged medical and rehabilitative cares to the financially stringed victims.
2. MSPVAW must have the authority to recruit OCC Management personnel directly from the project. At present these professionals are sent on lien from the related Ministries.
3. More campaigns have to be arranged in district and Upazila and community levels to disseminate about the services rendered from OCC and rehabilitation centers.
4. More IGA related training and financial supports should be made to the victims so that they are able to recoup themselves from aftermaths of violence and social degradation..

### **Recommendations of Steering Committee Members**

1. Boycott of people who have committed violence on Women and Children both in the families and in society
2. They should not be allowed to enter places of worship or religious locations.
3. Provide strict application of laws for control and protection of violence against women.
4. Social control and protective system to be grown through Teachings on ethical and moral issues
5. Mass Awareness Campaigns of MSPVAW contributions through OCC
6. Sensitization Training of Project and OCC officials and professionals
7. Activating of Referral System
8. Increased allocation of funds for greater treatment facilities.
9. Regular six- monthly check-ups of victims of violence, who were treated at the OCC
10. Doctors felt that adequate fund should be allocated for the project to provide full-fledged medical and rehabilitative cares to the financially stringed victims. Coordinators suggested appropriate and greater

campaigns at district, Upazila and community levels to disseminate proper information about the services rendered from OCC and rehabilitation centers. Social Workers requested for more IGA related training and financial supports for the victims so that they are able to recoup themselves from aftermaths of violence and social degradation.

11. Allotment of greater space for the construction of a larger, modern and more sophisticated One-Stop Crisis Centre at Dhaka, the capital city, with more beds and treatment facilities for victims.
12. Greater working space for professionals as the legal experts, police officials, social workers and psycho-social counselors to perform their duties at ease.
13. DNA test should be publicized for taking action against the rape or physical assault crime committed, since DNA tests help the women victims to identify the crime committed. Publicity through the media and other sources is necessary for the sake of correct treatment of the victims and proper legal actions against the culprits.
14. Exemplary punishment should be given to the offenders / criminals in case of violence against women
15. Women should know the laws enacted for punishment of criminals involved with violence against women.
16. Girls should move decently and not instigate offenders towards violence against them.
17. Security measures should be strengthened on roads, police vigilant teams should guard at night, Thana police teams should keep constant watch & Law enforcing agencies should be honest in dealings for service to people.
18. Protective measures should be highlighted in the media for self security.

## ANNEXURE ONE:

### Terms of Reference (ToR) for Local Consultant for evaluation of "Multi-Sectoral Programme on Violence against Women (2<sup>nd</sup> Phase)"

|    |                                   |   |  |
|----|-----------------------------------|---|--|
| 1. | Name of Project                   | : | Multi-Sectoral Programme on Violence Against Women (2 <sup>nd</sup> Phase)   |
| 2. | Administrative Ministry/ Division | : | Ministry of Women and Children Affairs   |
| 3. | Implementing Units                | : | Ministry of Women and Children Affairs   |
| 4. | Location of Project               | : | Dhaka, Rajshahi, Chittagong, Sylhet, Barisal, Khulna, Rangpur Medical College Hospitals at Divisional Headquarters & Faridpur Medical College Hospital |

#### 5. Implementation Period:

|          | Date of Commence | Date of Completion |
|----------|------------------|--------------------|
| Original | 01. 07. 2008     | 31.12. 2010        |
| Latest   | 01. 07. 2008     | 30. 06. 2011       |
| Actual   | 01. 07. 2008     | 30. 06. 2011       |

#### 6. Estimated Project Cost (in lakh Taka):

| Estimated Cost (in Lakh Taka) | Original    | Latest Revised |
|-------------------------------|-------------|----------------|
| a) Total                      | Tk. 1674.63 | Tk. 1845.84    |
| b) GoB                        | Tk. 369.78  | Tk. 245.99     |
| c) Project Aid                | Tk. 1308.85 | Tk. 1599.85    |

#### 07. Background:

The Multi-Sectoral Programme on Violence Against Women of the Ministry of Women and Children Affairs (MoWCA) was being implemented jointly by the Government of Bangladesh and Denmark. The project was carried out in collaboration with the Ministries of Health and Family Welfare, Home Affairs, Social Welfare, Law, Justice and Parliamentary Affairs, Information and Education. The Project was launched in 2000 in response to the Bangladesh's commitment to Beijing Platform for Action. The pilot phase of the action took place from May 2000 to December 2003. The 1<sup>st</sup> phase of the project continued from January 2004 to June 2008 and the 2<sup>nd</sup> phase continued from July 2008 to June 2011. The programme had introduced a co-ordinated integrated inter-ministerial approach to redress and prevent violence against women in Bangladesh.

The major activities of the programme included seven one-stop crisis centres (OCCs) in the Medical College Hospitals at Division headquarters, one in Faridpur Medical College Hospital, National Forensic DNA profiling lab at the DMC and divisional DNA screening Lab at Rajshahi, Sylhet, Chittagong, Barisal, Khulna, Rangpur and Faridpur Medical College Hospital, National Trauma counseling centre, one Violence against Women (VAW) helpline, VAW data base and public awareness activities. The project was a continuation of the 1<sup>st</sup> phase. The project had been using new and experimental approaches in setting with VAW. The multi-faceted management structure with the involvement of eight ministries has been a very new mechanism. Each of the eight ministries had its own role in the project. The one-stop crisis centre and one DNA laboratory have been new and experimental approaches and had been introduced first time in Bangladesh by the project.

The OCCs in Dhaka, Rajshahi, Chittagong, Sylhet, Barisal and Khulna have been in operation during 1<sup>st</sup> phase and 2<sup>nd</sup> phase. Two new OCCs have been established in Rangpur and Faridpur Medical College Hospital. It was assumed that availability of OCC services in own locality would increase the reporting of the VAW cases and consequently raise awareness. DNA is a new technology introduced to our country and usage and demand for the DNA test has shown drastic rise in this phase. The lab

services reduced the cost of DNA test significantly by fixing DNA test fee to a nominal amount compared to its actual cost and the fee of other neighbouring countries and avoiding traveling cost abroad. The lab has also earned revenue for the government from its activities. Since DNA is a new technology and expensive machineries that are used need close supervision and monitoring by experts to keep up an international standard. To provide mental health support to the VAW victims a national trauma counseling centre has been established in this phase. Moreover, violence against women is a complicated problem which needs a change of social customs, culture and taboos. Time is a big factor to bring about gradual change into society. Public awareness campaigning went hand in hand with the services of the project to promote social and gender change and reduce VAW in the country.

## **08. Project Objectives**

Objective: Redress and prevention of violence against women in Bangladesh would be improved through a coordinated and integrated inter-ministerial approach.

### **Immediate Objectives:**

- Integrated public services related to VAW would be improved and consolidated to increase quality, efficiency and sustainability.
- Awareness on VAW and related public services will be increased in relevant institutions and general public to promote the use of the concerned facilities.
- Institutional capacity of the MOWCA will be developed to improve and consolidate inter-ministerial coordination and actions in relation to VAW.

### **Project Components**

- One Stop Crisis Centre (OCC) at seven Medical Hospitals.
- Construction of one National Forensic DNA Profiling Laboratory (NFDPL) in DMC
- Five Divisional DNA Screening Laboratories in 5 divisional medical hospitals
- National Trauma Counseling Centre (NTCC) along with Association for Community Development of Rajshahi, Sylhet Jubo Academy and Aparajeyo-Bangladesh of Chittagong to provide counseling services to OCCs.
- VAW helpline to address the gender based violence.
- VAW database and strengthening of VAW committees.
- 3 Study Tours to India, Cambodia, Vietnam, Thailand, Phillippine and Malaysia by officials of MOWCA, partner ministry, hospital doctors
- 148 training, workshop and seminars on capacity development, strengthening the VAW activities, Counseling, DNA, Gender sensitization for concerned professionals and stakeholders of national, division, district and Upazilla level where 11143 participants attended those training courses.
- Public awareness campaign through five episode of TV serial on Trauma Counseling, Eve Teasing, Social security, Child labour, Child sexual assault, Acid violence, website for information, DNA test, dowry etc.

## **09. Objectives of the Current Assignment:**

- To investigate whether the project activities are implemented/achieved as targeted and reasons for any deviation and bottlenecks.
- To observe and comment on the present functional status of major activities in the areas selected for survey.
- To examine whether the procurement process ( invitation of tender, evaluation of tender, approval procedures, contract awards etc) of the packages ( goods, works and services) under this project was done following PPR '08. The consultant will be required to analyze these procurement related functions based on predetermined indicators.
- To assess the impact as well as the performance of the project activities with respect to:

- I Medical treatment, legal support, DNA test, psycho-social counseling, shelter and rehabilitation support from OCCs for VAW victims.
- ii. Lesser incidence of violence against women and children
- iii. General awareness on violence against women through TV and mass medias..
- iv. Speedy trial on the basis of DNA tests.
- v. Awareness of professionals, Imams, Government and Non-Government officials, about uses of DNA, OCC and NTCC services etc.
- To assess impact of project activities in increasing skill development and self employment opportunity for women of VAW victims, women's participation in development and sustainability of the project through OCC services.
- To review weaknesses and bottlenecks that are impeding the performances of project through SWOT analysis as well as internal strengths and opportunities that would lead to more sustainability of the project activities.
- To suggest recommendations for more holistic and well-coordinated activities amongst various ministries, GO & NGO interactions and help OCCs more affordable and accessible to VAW victims and overall sustainability of the project in future

## 10 Scope of Services

The consultant shall prepare the study design and plan field works considering the following components of the project. Sampling of the evaluation study should be made on the basis of coverage of work and area mentioned below:

| Coverage of Work:   | Area Coverage  |
|---|--|
| I. Implementation status of VAW activities in all the five Divisional Medical Hospitals,  | 5 Divisional Medical hospitals and beneficiaries associated with OCC services. |
| II. Interviewing the CAW victims and non-victims impressions about the VAW related activities.  |  |
| III. Conducting in-depth discussion and consultative meetings with SPS Advisor, NDP, PD of LGSU.  |  |
| IV. FGD meetings with professionals, Imams, govt. and non-govt. officials, UP members, local administration, public representatives, local elites, teachers, religious leaders, etc. about various uses of DNA, OCC and NTCC services etc |  |

## 11. Responsibilities of The Consultant:

|       |  |
|-------|--|
| (i)   | Consultant will prepare Inception Report and Data Collection Instruments (DCIs)  |
| (ii)  | Consultant will have to train field staff to be recruited for data collection  |
| (iii) | Consultant will have to meet the project authorities and shall make field visits, if and when necessary.   |
| (iv)  | Consultant will have to bear the expense for preparation of data entry format in SPSS, data entry works, verification, processing and analysis etc |
| (v)   | Consultant may have to carry out multivariate and economic/financial analysis, if needed.  |

|      |   |
|------|---|
| (vi) | Consultant will present papers and evaluation report in the workshop and finalize report in the light of recommendations of the seminar/workshop. |
|------|---|

## 12. Methodology

The data collection method for this study could be both qualitative and quantitative. Whatever may be the data collection techniques, research agency must describe how far these methods are coherent to answer each of the study objectives. The methodology should be a sound one mentioning target population to be interviewed to meet the objectives of the study. It is also necessary for determining sample size mentioning precision level and level of significance used. Since the purpose of the study is to evaluate the program impacts and achievement on the beneficiaries, it is desirable that an appropriate evaluation design should be used. The design must cover the changes occurred due to interventions of the project activities.

## 13. List of Reports, Schedule of deliveries, and Period of Performance:

- I. Consultants will monitor in-depth and the report will be prepared in an integrated way.
  - II. Following are the primary identified outputs, which could be redesigned and extended in consultation with the procured entity on the basis of the needs of study to achieve its overall objectives/goals:
    - (a) Inception Report;
    - (b) Draft Report
    - (c) Draft Final Report (for Workshop);
    - (d) Final Report.
  - III. One copy of Inception report should be submitted for approval within Fifteen (15) days after signing of contract agreement. The report will include the work plan along with detailed task, specific manpower allocation and details of surveys and data collection needed, actions taken and progress on these activities. All the required cost will be borne by the consultant.
  - IV. The consultants shall prepare the draft study design and questionnaires of study and obtain approval of IMED before collection of data from the field level. A field testing should be conducted before finalization of the questionnaires.
  - V. Data, Personnel, Facilities and Local services to be provided by the client
- Only project related following documents will be provided by the client, if available;
- i) Project document; (DPP)
  - ii) Project completion report;
  - iii) Project Evaluation Report etc.

## ANNEXURE TWO

### TABLES OF THE STUDY

**Table 8 Membership in any NGO and Type of NGO involved**

|  | Whether membership | Number |
|--|--------------------|--------|
|  | ○ Yes              | 3      |
|  | ○ No               | 105    |

**Table 9 Victim's Professional involvement before and after violence**

|  | Involvement in occupation (n=28) | After/present |      |
|--|----------------------------------|---------------|------|
|  |                                  | Number        | %    |
|  | ○ Yes                            | 28            | 26.0 |
|  | ○ No                             | 80            | 76.0 |
|  | ○                                |               |      |

**Table 11 Annual Income of Beneficiaries before Violence and at present**

| Annual income                | Before      | At present  |
|------------------------------|-------------|-------------|
| Mean annual income of victim | Tk. 21300.0 | Tk. 29550.0 |

**Table 16 Presence of Attendants and Type of persons present during violence against the victims**

| Presence of persons | Number | %    |
|---------------------|--------|------|
| • Yes               | 44     | 43.0 |
| • No                | 54     | 57.0 |

## ANNEXURE THREE

### Questionnaire for

#### IMPACT EVALUATION STUDY OF THE PROJECT “MULTI-SECTORAL PROGRAMME ON VIOLENCE AGAINST WOMEN (MSP-VAW) 2<sup>ND</sup> PHASE”

### A) QUESTIONNAIRE ON BENEFICIARIES

প্রকল্পটির বর্তমান অবস্থা পর্যালোচনার জন্য সরকার কিছু তথ্য সংগ্রহের উদ্যোগ গ্রহণ করেছে। তথ্যগুলি শুধুমাত্র গবেষণার কাজে ব্যবহারের জন্য নেওয়া হবে। সরকারের এই কার্যক্রম সম্পন্নে সহায়তা প্রদানের লক্ষ্যে কাঙ্খিত তথ্যাদি সরবরাহের জন্য অনুরোধ জানানো হল।

### INTERVIEW OF VICTIMS/BENEFICIARIES

(ভুক্তভোগীদের / আক্রান্তদের সাক্ষাৎকার)

#### সেকশন ১ঃ উত্তরদাতার পরিচিতি

১.১ নামঃ -----

১.২ পিতা/স্বামীর নামঃ -----

১.৩ ঠিকানাঃ ইউনিয়ন-----উপজেলা-----জেলা-----বিভাগ-----

১.৪ বয়সঃ ----- বছর

১.৫ উত্তরদাতার পারিবারিক ধরণঃ  গরীব শ্রমিক পরিবার =১      গরীব চাষী পরিবার =২  
 নিম্নবিত্ত পরিবার =৩      নিম্ন মধ্যবিত্ত পরিবার =৪  
 মধ্যবিত্ত পরিবার =৫      ব্যবসায়ী পরিবার =৬  
 পেশাজীবী পরিবার =৭      অবস্থাপূর্ণ পরিবার =৮  
 চাকুরীজীবী পরিবার=৯      অন্যান্য (উল্লেখ করেন) =১০

১.৬ ধর্মঃ  মুসলিম = ১,      হিন্দু = ২,      বৌদ্ধ=৩,      খ্রিস্টান=৪      অন্যান্য=৫

১.৭ বৈবাহিক অবস্থাঃ  বিবাহিত=১,      অবিবাহিত=২,      বিপত্নীক=৩,      তলাকপ্রাপ্ত=৪,  
পৃথক=৫,      বিধবা=৬      অন্যান্য=৭

|         |        |       |
|---------|--------|-------|
| পুরুষ = | মহিলা= | মোট = |
|---------|--------|-------|



১.৮ পরিবারের সদস্য সংখ্যা :

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

১.৯ সন্তানের সংখ্যা (যদি থাকে):

|        |         |       |
|--------|---------|-------|
| ছেলে = | মেয়ে = | মোট = |
|        |         |       |

১.১০ শিক্ষাগত যোগ্যতা:

|   |   |  |
|---|---|--|
| ১ | নিরক্ষর                                     |  |
| ২ | কেবল মাত্র নাম সই করতে পারে                 |  |
| ৩ | লিখতে ও পড়তে পারে                          |  |
| ৪ | বিদ্যালয়ে সর্বোচ্চ পাশ(কোন শ্রেণী পর্যন্ত) |  |
| ৫ | মাধ্যমিক পাশ                                |  |
| ৬ | কলেজ ও তদুর্ধ                               |  |
| ৭ | অন্যান্য                                    |  |

১.১০ আপনি কি কোন এনজিও'র সদস্য

হ্যাঁ=১, না =২

১.১১ আপনার এনজিও এর নাম কি

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১.১২ আপনি কি কোন পেশার সাথে জড়িত?

হ্যাঁ=১, না =২

১.১৩ যদি হ্যাঁ হয় আপনার পেশা কি?

| আক্রমণ/সহিংসতার আগে |        | আক্রমণ/সহিংসতার পরে |        |
|---------------------|--------|---------------------|--------|
| পেশা                |        | পেশা                |        |
| প্রধান              | সহযোগী | প্রধান              | সহযোগী |
|                     |        |                     |        |

১= কৃষি, ২= প্রস্তুতকারক (ক্ষুদ্র ও কুটির, তাঁত, বেত ও বাঁশ) ৩= ব্যবসা, ৪ = চাকুরী (সরকারী, বেসরকারী),

৫= নির্মাণ/মেরামত, ৬= শ্রমিক (কৃষি ও অকৃষি) ৭= অবসরপ্রাপ্ত, ৮= ছাত্র, ৯= গৃহকর্ম, ১০= বেকার,

১১= অকৃষি, ১২= অন্যান্য (উল্লেখ করেন)

১.১৫ উত্তরদাতার বাৎসরিক আয়:

|                                 |                                 |
|---------------------------------|---------------------------------|
| আক্রমণ/সহিংসতার আগে বাৎসরিক মোট | আক্রমণ/সহিংসতার পরে বাৎসরিক মোট |
|---------------------------------|---------------------------------|

|     |     |
|-----|-----|
| আয় | আয় |
|     |     |

## সেকশন ২: পারিবারিক তথ্য (Family Issues)

২.১ আপনার পরিবারের উপার্জনশীল সদস্যের  
(উত্তরদাতা বাদে) সংখ্যা কত?

|                       |         |
|-----------------------|---------|
| আক্রমণ/সহিংসতা পূর্বে | বর্তমান |
|                       |         |

২.২ আপনার পরিবারের উপার্জনশীল সদস্যের মোট আয়

২.৩ আপনার পরিবারের বছরের খাত ওয়ারী ব্যয় কত?

| ক্রমিক নং | পরিবারের খাতওয়ারী ব্যয় | আক্রমণ/সহিংসতা পূর্বে | বর্তমান |
|-----------|--------------------------|-----------------------|---------|
| ১         | খাদ্য                    |                       |         |
| ২         | বস্ত্র                   |                       |         |
| ৩         | আসবাবপত্র                |                       |         |
| ৪         | শিক্ষা                   |                       |         |
| ৫         | চিকিৎসা                  |                       |         |
| ৬         | ঘর তৈরি ও মেরামত         |                       |         |
| ৭         | অন্যান্য                 |                       |         |

২.৪ আপনার পরিবারের বার্ষিক সঞ্চয় কত টাকা?

## সেকশন ৩: ভুক্তভোগীর আক্রমণ/সহিংসতা সংক্রান্ত তথ্য

৩.১. ভুক্তভোগীর আক্রমণ/সহিংসতা সংঘটিত হওয়ার ধরন।

৩.১.১ কোন ধরনের আক্রমণের স্বীকার আপনি হয়েছিলেন ?

১= শারীরিক (physical), ২= যৌন (sexual) ৩= পোড়া আঘাত (burn), ৪= মানসিক (mental) ৫= আর্থিক (economic), ৬ = অন্যান্য (others mention)

৩.১.২ কিভাবে আক্রমণ করেছিল?

১= এসিড নিক্ষেপ ২= ধর্ষণ ৩= শারীরিক আঘাত ৪= বিষক্রিয়া ৫= প্রহার ৬= নোহার ছেঁকা  
৭ = চুরিকাঘাত ৮= শিকলে বাঁধা ৯= অন্যান্য (উল্লেখ করেন)

## ৩.২. ভুক্তভোগীর আঘাত সংক্রান্ত তথ্য এবং বর্তমান অবস্থার সাক্ষাৎকার

- ৩.২.১ কীভাবে আক্রমণ সম্পন্ন হয়েছিল?
- ৩.২.২ আক্রমণের সময় সাথে কি কেউ ছিল? হ্যাঁ  না
- ৩.২.৩ হ্যাঁ থাকলে কে ছিল?
- ৩.২.৪ আপনার উপর আক্রমণ/সহিংসতা কখন ঘটেছিল?
- ৩.২.৫ আপনি কি জানেন কে এই আক্রমণ করেছিল? হ্যাঁ  না
- ৩.২.৬ যদি জানেন তাহলে কে ছিল?
- ৩.২.৭ কী কারণে এই আক্রমণ হয়েছিল?
- ৩.২.৮ শারীরিকভাবে কতটুকু আক্রান্ত হয়েছিলেন?
- ৩.২.৯ আক্রমণের ফলে আপনার মানসিক অবস্থা কেমন হয়েছিল?
- ৩.২.১০ আক্রমণের ঘটনাস্থল কোথায় ছিল?
- ৩.২.১১ আক্রমণের সময় মানুষের ভূমিকা কি ছিল? সহযোগীতা করেছে  সহযোগীতা করেনি
- ৩.২.১৩ আপনি কি আঘাত হতে আরোগ্য লাভ করেছেন?
- ৩.২.১৪ আপনি কিভাবে OCC তে এসেছিলেন?
- ৩.২.১৫ কত দিন OCC তে অবস্থান করেছিলেন?
- ৩.২.১৬ আক্রমণের পরে বর্তমানে আপনার শারীরিক অবস্থা কেমন?
- ৩.২.১৭ আক্রমণের পরে বর্তমানে আপনার মানসিক অবস্থা কেমন?
- ৩.২.১৮ আক্রমণের কারণে আপনি কি এখন সমাজে চলাফেরা করতে ভয় পান?
- ৩.২.১৯ কী ভাবে নিজেকে রক্ষা করে এখন চলাফেরা করেন?

## সেকশন ৪: প্রকল্পের মাধ্যমে ভুক্তভোগীর স্বাস্থ্যসেবা এবং পুনঃবাসন সংক্রান্ত তথ্য

### ৪.১। OCC এর মাধ্যমে আক্রান্তদের স্বাস্থ্যসেবা সংক্রান্ত তথ্য।

- ৪.১.১ আপনাকে কী ধরনের সহযোগীতা প্রদান করা হয়েছিল?
- ৪.১.২ আপনাকে কী ধরনের স্বাস্থ্যসেবা প্রদান করা হয়েছিল?
- ৪.১.৩ স্বাস্থ্যসেবা পদ্ধতি নিয়ে আপনি কি সন্তুষ্ট?
- ৪.১.৪ যদি না হন, তবে কেন? (অসন্তুষ্টির কারণ সমূহ)
- ৪.১.৫ কতদিন পর্যন্ত চিকিৎসা প্রদান করা হয়েছিল?
- ৪.১.৬ কারা আপনার চিকিৎসা করেছিল?
- ৪.১.৭ আপনি কি সম্পূর্ণরূপে আরোগ্য লাভ করেছেন?
- ৪.১.৮ শারীরিক কোন অসুবিধা আপনার আছে কিনা এখন?

### ৪.২ প্রকল্পের মাধ্যমে আক্রান্ত/ভুক্তভোগীদের আশ্রয় ও পুনঃবাসন সংক্রান্ত তথ্য।

- ৪.২.১ প্রকল্প আপনাকে আশ্রয় ও পুনঃবাসন সহায়তা প্রদান করেছিল কি না?
- ৪.২.২ কী ধরনের সহায়তা আপনাকে প্রদান করা হয়েছিল?
- ৪.২.৩ আপনি কি আজ অবধি আশ্রয় ও পুনঃবাসন সহায়তা গ্রহণ করে চলেছেন?
- ৪.২.৪ আপনি এই প্রকল্পের কার্যক্রম নিয়ে সন্তুষ্ট?
- ৪.২.৫ বর্তমান প্রেক্ষাপটে OCC সেবা দ্বারা আপনি কি আরাম বোধ করছেন?
- ৪.২.৬ আপনি OCC তে কি ধরনের আশ্রয় ও পুনঃবাসন সহায়তা গ্রহণ করেছেন?
- ৪.২.৭ প্রকল্পের দুর্বলতা সমূহ কী কী?
- ৪.২.৮ প্রকল্পের কার্যক্রমের ফলে সমাজের কি ধরনের উপকার হয়েছে?
- ৪.২.৯ প্রকল্পে জড়িত থাকায় আপনার কি ধরনের উপকার হয়েছে?
- ৪.২.১০ আপনার ভবিষ্যৎ চিন্তা অথবা পরিকল্পনা কী?

## সেকশন ৫: ভুক্তভোগীর বর্তমান অবস্থার সাক্ষাৎকার

### ৫.১ আক্রান্তকারীদের পরিবার, পরিকর ও আত্মীয়দের ওপর প্রভাব সম্পর্কিত তথ্য।

- ৫.১.১ আপনার আরোগ্য লাভের প্রক্রিয়ার সাথে আপনার পিতামাতা জড়িত কিনা?  
৫.১.২ পরিবারের অন্যান্য সদস্যরাও আপনার সাথে আছে কিনা?  
৫.১.৩ যদি না হয়, তবে কেন না?  
৫.১.৪ যদি হ্যাঁ হয়, তবে তারা কী প্রকল্পের সেবা নিয়ে সমৃষ্ট?  
৫.১.৫ আপনার পরিবার কী আপনাকে নিয়ে উদ্ভিগ্ন?  
৫.১.৬ আপনার পরিবারের ওপর ঐ দুর্ঘটনা কোন প্রভাব ফেলছে কি না?  
৫.১.৭ আপরাধীদের বিচারের মুখোমুখি করানোর জন্য তাদের ভূমিকা কী?  
৫.১.৮ আপনাকে নিয়ে তাদের ভবিষ্যৎ পরিকল্পনা কী?

### ৫.২ সমাজের ওপর প্রভাব সংক্রান্ত তথ্য

- ৫.২.১ আপনার ওপর আক্রমণের ফলে সমাজের প্রতিক্রিয়া কী?  
৫.২.২ ঐ আক্রমণের ফলে আপনি কোন তিরস্কারের সম্মুখীন হয়েছেন কি না?  
৫.২.৩ ঐ আক্রমণের পরে সমাজে আপনার নিরাপদ ভাবে চলাচলের জন্য বাধা কিনা?  
৫.২.৪ মহিলাদের ওপর আক্রমণ সম্পর্কে আপনার মতামত সমূহ কি কি?  
৫.২.৫ মহিলাদের ওপর আক্রমণের প্রাথমিক কারণ সমূহ কি কি?  
৫.২.৬ ঐ আক্রমণ বিষয়ে সমাজের প্রতিক্রিয়া কেমন হওয়া উচিত?  
৫.২.৭ ঐ আক্রমণ হতে পরিত্রানের জন্য কি কি ব্যবস্থা নেওয়া জরুরি?  
৫.২.৮ পরিবারের আক্রমণ হতে মহিলারা তাদেরকে কি ভাবে প্রতিরোধ করতে পারে?  
৫.২.৯ সমাজে মহিলারা নিজেদেরকে আক্রমণ হতে কি ভাবে রক্ষা করতে পারে?

৫.২.১০ মহিলাদের ওপরে হামলার জন্য কোন ধরনের শাস্তি দেওয়া যেতে পারে বলে মনে করেন?

৫.২.১১ দেশে আক্রমণের বিরুদ্ধে কী ধরনের আইন আছে আপনার জানা মতে?

৫.২.১২ মহিলাদের ওপর আক্রমণের জন্য কি কি শাস্তির বিধান আছে?

৫.২.১৩ আপনি কি মনে করেন ঐ প্রকল্পের কার্যক্রম মহিলা ও শিশুদের ওপর আক্রমণ হ্রাস করতে সহায়ক? হ্যাঁ  না

৫.২.১৪ যদি না হয়, তাহলে এর কারণ কি?

৫.২.১৫ আক্রমণের পর একজন মহিলা সমাজে/পরিবারে মুক্তভাবে চলাচল করতে পারে কিনা?

৫.২.১৬ আক্রমণ প্রতিরোধে কি কি পদক্ষেপ নেওয়া হয়েছে?

৫.২.১৭ আক্রমণের বিরুদ্ধে কী ধরনের ব্যবস্থা নেওয়া জরুরি/ প্রয়োজনীয়?

৫.২.১৮ সমাজের ওপর ঐ আক্রমণের প্রভাব কি?

৫.২.১৯ আপনার আক্রমণের কোনে বিচার হয়েছিল কি? হয়েছিল  হয়নি

৫.২.২০ বিচার হলে কি রায় হয়েছিল?

৫.২.২১ বিচার না হলে কেন হয়নি?