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JESUS AND MARY COLLEGE
UNIVERSITY OF DELHI

SUPPORTING DOCUMENT FOR 7.3.1

Part IV

INSTITUTIONAL DISTINCTIVENESS:
Engagement with the Local Community

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This document contains:

1. **Survey report created by Research and Outreach Cell, Department of Economics**
2. **WSC Report of the Research Project on PG Accommodation 2016-2017**
3. **WSC Report of the field visits to the One Stop Crisis Centers at Sanjay Gandhi Hospital and R.M.L. Hospital 2017-18**
4. **WSC Report of the Safety Audit 2017-18**

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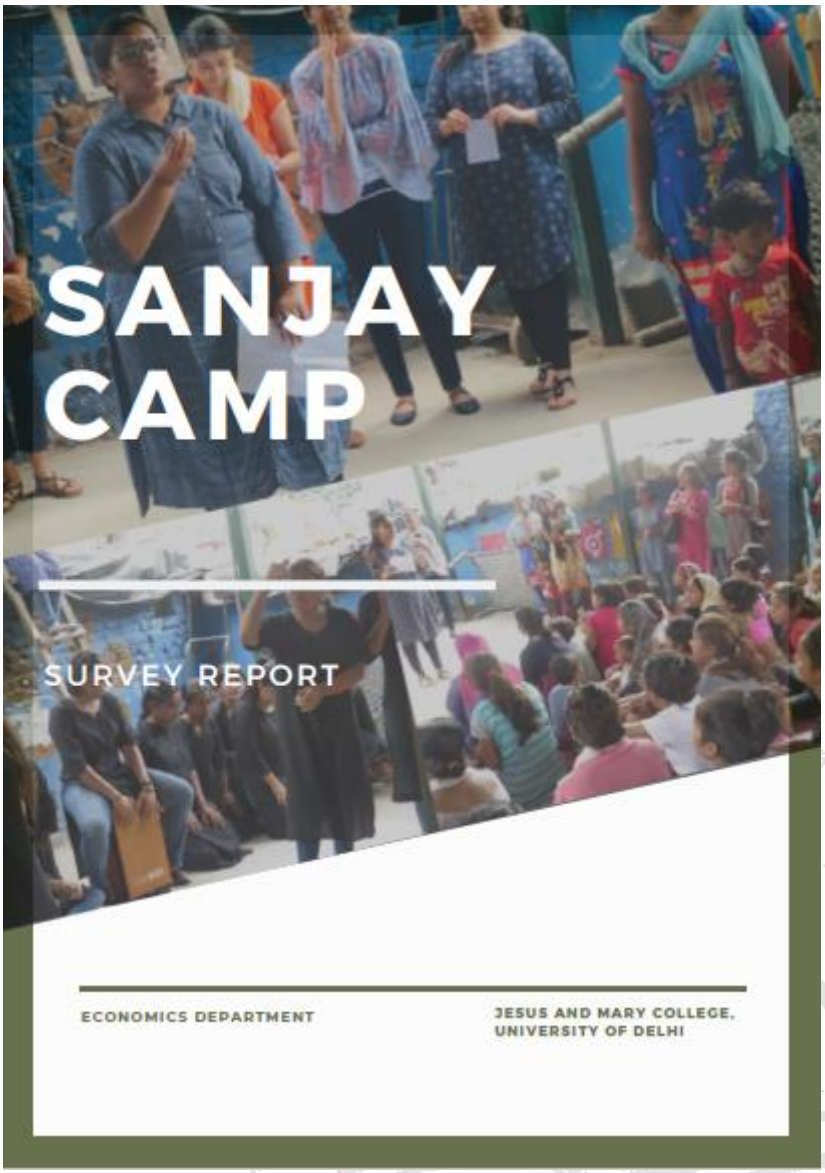
SURVEY REPORT CREATED BY RESEARCH AND OUTREACH CELL, DEPARTMENT OF ECONOMICS 2018-19

Link to the entire report:
https://www.jmc.ac.in/uploads/staticfiles/research/Research%20Cell%20Final%20Report%202020.pdf



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Excerpt from the report stating the objectives of the survey.

CHAPTER 1

OBJECTIVES

The Research & Outreach Cell of was established to fulfill the dual objectives of exposing students to field based research and to sensitize them through outreach programmes. To this end, the cell conducted a multi-faceted survey which aimed at determining various aspects of life of the residents of Sanjay Camp, an urban slum located in Chanakyapuri. The slum is one of the largest in Delhi. Its proximity to the college also facilitated continuous access and outreach to the field.

The team collected data at the household level using the technique of simple random selection. The sample households were chosen on a random basis whereby only the ones whose members were willing to co- operate and share the required data were surveyed by the team. In order to supplement this objective of data collection, the questionnaire prepared by the team aimed at exploring and understanding the socio- economic life of the residents in the project area through variables such as sex composition, age structure, educational status of the slum-dwellers, health, sanitation and medical facilities availed by the residents.

Secondly, it looked at the prevalent infrastructure such as water supply, common toilets, access to healthcare , schools, and transportation. Thirdly the questions were framed with regard to education of the children and to ascertain the time spent on physical activities and household chores. Fourthly, the survey aimed at getting a closer look on the lives of women in particular, for whom, an entire section of the questionnaire has been dedicated. It includes questions related to reproductive health and sanitary conditions of women.

Finally, based on the data analysis the objective was to conduct an outreach programme focusing on those aspects of living which showcased the weakest indicators. Hence the cell conducted a session on menstrual hygiene, awareness regarding contraceptives and legal rights since during the survey, it was observed that many women were unaware about these issues.

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WSC REPORT OF THE RESEARCH PROJECT ON PG ACCOMMODATION 2016-2017

ANALYSIS EMERGING FROM SOME KEY QUESTIONS RAISED DURING THE SURVEY OF PAYING GUEST ACCOMMODATIONS

A. No. of survey collected = 154

B. Number of responses across year of study :

First year = 77
Second year = 45
Third year = 32

C. Background (Was it difficult to convince parents about staying away from home?):

Yes : 120
No : 34

IT IS INDICATIVE FROM THE RESPONSES OF OUTSTATION JMC STUDENTS THAT IT IS NOT ALWAYS EASY TO CONVINCE FAMILY MEMBERS TO LET THEM PURSUE HIGHER STUDIES IN DELHI. DESPITE THE PRESTIGIOUS STATURE OF DELHI UNIVERSITY, MANY PARENTS HESITATED TO IMMEDIATELY AGREE TO THEIR DAUGHTER RELOCATING, GIVEN THE COST OF ACCOMMODATION, THE UNSAFE NATURE OF CITY LIFE FOR WOMEN, etc. IN ALL PROBABILITY MANY WOMEN STUDENTS HAVE BEEN WITHELD FROM MOVING TO DELHI BECAUSE OF THE LACK OF AFFORDABLE ACCOMMODATION WITHIN MOST DELHI UNIVERSITY COLLEGES.

PARENTS WHO UNDERSTOOD THE VALUE OF DELHI UNIVERSITY'S EDUCATION IN THE LONG RUN, AND PARENTS WITH GREATER FINANCIAL RESOURCES ALLOWED THEIR DAUGHTERS TO MOVE TO DELHI MORE EASILY.

D. Higher education facilities in hometown :

Best : 14
Good : 50
Average : 90

SIZEABLE NUMBER OF JMC STUDENTS CAME ALL THE WAY TO DELHI TO STUDY BECAUSE AS A CENTRAL GOVERNMENT-FUNDED UNIVERSITY DELHI UNIVERSITY PROVIDES AN EDUCATION WHICH IS BETTER THAN THAT WHICH IS OFFERED BY AN AVERAGE STATE UNIVERSITY/PRIVATE COLLEGE/DEEMED UNIVERSITY. IN DELHI THE FACILITIES ARE BETTER AS WELL.

E. Number of girls staying in :

Rented Accommodation/Flat : 0

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PG : 154

F. PG Location :

SATYA NIKETAN : 80
ANAND NIKETAN : 30
MOTI BAGH : 14
SUBRATO PARK, ALAKNANDA, NORTH CAMPUS, CR PARK, NOIDA, VIKASPURI, AND SAFDARJANG ENCLAVE : 1 EACH
R.K. PURAM: 10
GREATER KAILASH : 7
OTHERS : 6

G. Cost of staying:

1 seater (Rs 8000 - Rs 15000): 40
2 seater (Rs12000 - Rs20000): 70
3 seater (Rs10000- Rs24000): 44

IT HAS BEEN FOUND IN THE SURVEY THAT IN A NUMBER OF CASES, LANDLORDS ARE MAKING STUDENTS SHARE ROOMS WHICH ARE SMALL, OFTEN LEADING TO CRAMPED LIVING. IT IS TO BE SEEN WHETHER THE MORE EXPENSIVE PGs ARE ACTUALLY MORE SPACIOUS OR NOT.

H. Landlord's Behaviour :

Proper security measures taken : 142
Proper security measures not taken : 12

FROM THE ABOVE STATED DATA IT IS CLEAR THAT IN MOST OF THE PGs CERTAIN SECURITY MEASURES ARE TAKEN. MAJORITY OF RESPONDENTS CLAIMED THAT DUE IMPORTANCE IS GIVEN TO THEIR SECURITY.

HOWEVER, IN SOME CASES, AND WE BELIEVE THESE ARE IMPORTANT RESPONSES TO NOTE, IT IS EVIDENT THAT LANDLORDS/LANDLADIES ARE *NOT* TAKING REQUIRED SECURITY MEASURES. IT IS ALSO POSSIBLE THAT A LARGE NUMBER OF RESPONDENTS FEEL THEIR SECURITY IS NOT AT THREAT BECAUSE THEIR ACCOMMODATION IS LOCATED IN A RELATIVELY GOOD ENVIRONMENT/LOCALITY, AND THEREFORE THEY HAVE NOT RECOGNIZED LAPSES ON THE PART OF THEIR LANDLORD/LANDLADY.

IT IS ALSO POSSIBLE THAT MANY RESPONDENTS FEEL THAT THE MERE PROVISION OF CCTV CAMERAS, A GUARD AND A PG CURFEW ARE ADEQUATE SECURITY MEASURES; OVERLOOKING THE FACT THAT SECURITY MEANS MUCH MORE THAN THAT, SUCH AS ALLOWING A STUDENT TO ENTER THE PG EVEN AFTER THE CURFEW SO THAT SHE IS NOT STRANDED. IN ALL PROBABILITY, THE MAJOR REASON FOR LANDLORDS NOT TAKING EXPECTED SECURITY MEASURES IS THAT THEY ARE CARELESS AND MORE PROFIT-ORIENTED.

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I. Rules and regulations

IMPOSITION OF UNREASONABLE RULES : 24
NO IMPOSITION OF UNREASONABLE RULES : 130

THE ABOVE DATA SHOWS THAT IN MAXIMUM CASES NO UNREASONABLE RULES ARE IMPOSED OVER THE STUDENTS. HOWEVER, THERE ARE ALSO A VISIBLE NUMBER OF RESPONDENTS WHO FEEL THAT UNREASONABLE RULES ARE IMPOSED. FOR E.G.:

RESTRICTED USE OF LIGHTS/CURFEW FOR USE OF LIGHTS;
NO MALE VISITORS BUT STILL HAVING ALL MALE STAFF RUN THE PG;
BAN ON NON-VEG FOOD;
CONTRACT/LUMPSUM PAYMENT WHICH IS NON-NEGOTIABLE; and
CURFEW AFTER 8:00 PM

J. Reactions of landlords in case of an emergency:

Helpful : 120
Unhelpful : 34

MAXIMUM STUDENTS ARE PROVIDED HELP VIA EMOTIONAL SUPPORT, LENDING MONEY OR GIVING EXTRA TIME TO PAY RENT, ETC.

UNHELPFUL BEHAVIOR ON THE PART OF LANDLORDS/LANDLADIES IS EXPRESSED IN SITUATIONS WHERE THE LANDLORD/LANDLADY PANICS AND BEHAVES IN A SELFISH MANNER, AS IN ACTING RUDELY OR EVEN EXPELLING A STUDENT FROM THE PG, ETC.

K. PROVISION FOR FACILITIES

TYPICAL FACILITIES PROVIDED IN PGs : COOLER, AC, FOOD, WIFI

NOTED PROBLEMS IN FACILITIES PROVIDED: HALF COOKED FOOD, UNHYGENIC SANITARY CONDITION, LIMITED PORTABLE WATER, ETC.

L. PUBLIC TRASPORTATION

CONVENIENT: 124
NOT CONVENIENT:30

ACCORDING TO DATA STATED ABOVE, WE FIND THAT FOR A MAJORITY OF STUDENTS PUBLIC TRASPORTATION IS CONVENIENT AND FEASIBLE.

ON THE OTHER HAND, A SMALL BUT SIGNIFICANT NUMBER OF STUDENTS FELT THAT PUBLIC TRASPORTATION IS NOT GOOD. THERE CAN BE SEVERAL REASONS, SUCH AS LESS FREQUENCY OF BUSES, ERRATIC TIMINGS OF BUSES, ROWDY BEHAVIOUR OF PEOPLE BOARDING THE BUS, ARM-TWISTING/FLEECING BY SHARED AUTO SERVICES.

M. LANGUAGE RELATED ISSUE

INCONVENIENCE CAUSED DUE TO UNFAMILIARITY OF LOCAL LANGUAGE: 40
NO INCONVENIENCE: 124

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FROM THE DATA IT IS CLEAR THAT IN MAXIMUM RESPONSES STUDENTS HAVE LITTLE ISSUE WITH RESPECT TO LANGUGE, BUT IN SOME CASES THEY ARE FACING A PROBLEM BECAUSE OF UNFAMILIARTY WITH THE LOCAL LANGUAGE. IN SUCH CAAES, SOME STUDENTS HAVE POINTED OUT INCIDENTS OF BEING CHEATED BY LOCAL INHABITANTS, CLASSMATES MOCKING THEM, ETC.

CONCLUSION :

WE CAN SAFELY SAY THAT THE SURVEY WHICH WE CONDUCTED AS MEMBERS OF WSC, JMC ON PGs HAD MIXED RESPONSES. WE FOUND THAT MAJORITY OF STUDENTS ARE LIVING IN PLACES NEAR COLLEGE THAT PROVIDE CERTAIN FACILITIES AND SECURITY MEASURES. IN ADDITION TO THIS, MANY RESPONDENTS FELT THEIR LANDLORDS/LANDLADIES WERE UNDERSTANDING ENOUGH AND ACT AS PER SITUATION DEMANDS.

BUT A MORE CAUTIOUS READING OF RESPONSES IS REQUIRED. FOR ONE, **THE PG SURVEY TEAM OFTEN FELT THAT RESPONDENTS FILLED THE SURVEY IN HASTE AND UNCRITICIALLY**, WHICH THEN PROVIDED AN INCOMPLETE PICTURE OF THE FUNCTIONING OF PGs. FOR THIS REASON, **THE WSC DECIDED TO DESIST FROM RECOMMENDING ANY PG MENTIONED IN THE SURVEY**.

SECONDLY, WE ALSO CAME ACROSS THE FACT THAT A SIZEABLE NUMBER OF STUDENTS ARE HAVING ISSUES WITH THEIR PG, I.E. REGARDING UNREASONABLE RULES, INADEQUATE SECURITY, POOR FACILITIES, RUDE/UNPREDICTABLE BEHAVIOUR OF THEIR LANDLORD/LANDLADY, ETC.

LAST BUT NOT THE LEAST , WE FEEL PROUD TO SAY THAT WE HAVE TAKEN AN INITIAL STEP TOWARDS LOOKING INTO THESE UNHEARD/UNADDRESSED PROBLEMS FACED BY JMC STUDENTS DEPENDENT ON PGs. WE HOPE TO REPORT AND ADDRESS THESE PROBLEMS TO SOME EXTENT. WE HENCE APPEAL TO ALL JMC STUDENTS TO SPEAK OUT AGAINST TYPICAL PROBLEMS AND HARASSMENT FACED BY OUTSTATION WOMEN STUDENTS, AND TO PUSH FORWARD WITH WORKABLE SOLUTIONS. ONE IMMEDIATE SOLUTION IS REPORTING BAD PGs TO THE WSC MEMBERS AND STAFF ADVISORS. SUCH ACCOMMODATIONS CAN CONSEQUENTLY BE BLACKLISTED BY THE COLLEGE.

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WSC REPORT OF THE FIELD VISITS TO THE ONE STOP CRISIS CENTERS AT SANJAY GANDHI HOSPITAL AND R.M.L. HOSPITAL 2017-2018

One-Stop Rape Crisis Centre at Sanjay Gandhi Hospital, Delhi

On 25th January 2018 a team of students from the Women's Study Centre of Jesus and Mary College had the opportunity to visit the one stop centre located within the Sanjay Gandhi Hospital. Having read up the guideline manual made for such centres by the woman and child ministry, we arrived at the hospital with some expectations. We expected the one stop centre to be a separate, easily identifiable building within the hospital premises, staffed with its own doctors, nurses, counsellors and police. Instead, we were disappointed to find an old and poorly-maintained hospital building, overflowing with patients who had to make do with the corridor floors. With no visible signs or directions to the one stop centre, an obvious question sprung up: how would any victim seeking help or solace at the centre find it in the first place?

It appeared to me that the possible troubles a victim looking to approach the centre might face were not taken into consideration at all. The victim would not only be forced to ask around about the centre, something they would in all probabilities be hesitant to do, but she would also have to walk through a long, crowded corridor, subject to multiple stares.

We were told that the victims are brought by the police upon lodging a complaint, few, if any approached the centre first.

The one stop centre was in actuality only 2 rooms located on the maternity ward- a tiny examination room which was further divided and a counselling room. It did not have its own staff or any stationed police officer or counsellor. We were informed it shares its nurses with the maternity ward as well. The highly overworked nurses admitted that it gets extremely tough to manage both since they are not able to give due attention to the victims who arrive. While they claimed to have got some occasional training, it is unlikely that they are able to act with proper sensitivity and follow proper protocol keeping in mind the time constraints and work load. Also considering that there are no counsellors permanently stationed at the centre, it would mean that a victim would be kept waiting till a counsellor is contacted and finally arrives. Making a victim, who has been subjected to horrendous crimes and has shown much courage in approaching the centre, wait to receive medical and mental help and denying them due attention does not seem fair to me. They nursing staff conveyed the obvious inadequacy of psychological help being provided to the victim and revealed they did not think it significantly helped the victim the way it

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was currently being dispensed. Another problem would be admitting victims even for a night considering the maternity ward is almost always full.

While the nurses were kind enough to take out time and explain the procedures to us, we could not help but be a bit skeptical of the efficiently working system she was trying to convince us of. They claimed that families rarely posed as a problem and were largely accepting of victims, the police were always considerate and the victims always willing to lodge complaints. All this conflicted with the several news reports one views every day. It appeared from their accounts that the existing overburdened staff worked to the best of their capabilities given the constraints of infrastructure and staff. What was needed was clearly more hands-on-deck and definitely more funding. While they had been asked for their suggestions during inspection rounds, no action was taken. When probed further, the nurses also agreed that it would in fact be ideal if such centres existed as separate units as prescribed by the original guidelines of the state. They claimed that this would be better not only for the victim but also for the staff involved. This somewhat revealed that perhaps all was not as efficient as was being portrayed to us and conveyed their dire state as well.

The one stop centres are not only meant as rape shelters but for all sorts of crimes against women. The nurses, however, seemed completely unaware of this fact. They revealed that they only take in victims of sexual abuse. Moreover, given the number of cases of crimes against women by their own families, it came as quite a surprise that they hardly took in victims or sent them to shelters. Most were sent back to live with their families.

We were shown a kit consisting of step-by-step procedures that must be followed by the nurses in order to collect biological samples from the victim as evidence. However, the nurse had trouble even opening the box without help which seems odd considering the centre receives nearly 40 sexual harassment victims a month. There were also multiple steps missing in the kit.

After several attempts at meeting the doctor in charge of the one stop centre and a considerable waiting period, we were finally allowed to meet her. She revealed the entire procedure that is followed by the one stop centre, from stabilising the victim to treating her, providing her legal recourse as well as counselling sessions. She assured us that well-being of the victim comes first and foremost and all necessary steps are undertaken keeping this in mind- the doctors are called to the patient to avoid any delay, the first step is always stabilising the victim in cases of serious injury, the victim is not pressurised instead her will is followed, etc. however, the actual implementation and practice of these procedures remains a doubt in my mind. During her interaction, the doctor narrated to us several grotesque cases of child sexual abuse that have come to the Sanjay Gandhi hospital but also revealed very regressive attitudes and opinions that were not expected of a person in her position. She seemed convinced that a majority of the cases

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that come up to the centre seem to fabricated by young girls or their parents. It was a relief to know that irrespective of her individual opinions, all victims were treated and allowed to approach the police and take legal recourse.

In conclusion, the visit to the one stop centre was clear proof of the discrepancies that exist between policies formulated for women and their actual implementation. We found inadequate infrastructure, overworked staff members, absent counsellors, and doctors with little time and some problematic opinions. However, we also found among them, people who were willing to help the victims of abuse to the best of their capabilities and within the constraints set upon them. We were assured of procedures that seemed to be a part of an efficient system that made the victim the priority. There is therefore a lot that is being done for victims of abuse but there is definitely scope for improvement. There is a clear plea to increase both funding and staffing of such centres and to give them their own space as originally mandated by the government.

One-Stop Rape Crisis Centre at R.M.L. Hospital

As part of the Women's Study Centre report, a team of students led by the two gender Champions of college, Divina Sethi and Shraddha Kumar, visited Ram Manohar Lohia Hospital's One Stop Rape Crisis Centre on the 13th of March, 2018.

Dr. Madhureema, a gynecologist and the Chief Medical Officer was interviewed.

According to the doctor, most women who visit the hospital do so either alone or are accompanied by the police after report of rape is filed at the station. Women prefer to visit the hospital alone because of the stigma attached with issues such as rape.
Before shifting them to the rape crisis cell, consent is taken for a medico legal examination. If the woman refuses to take the exam (again due to the stigma and embarrassment) she can refuse the procedure. The minimum age to give consent is 12 years according to the Ministry of Women and Child Development.

Medical Procedure
After this, the victim is taken to the rape crisis centre where a detailed medical examination is conducted. Qualified gynecologists attend to the victim and consent for collection of samples is taken. All forms of consent are documented. After consent is obtained, the gynecologist proceeds to inquire about the victim's history, whether it was a single or a gang rape, the marks of identification, injuries, etc. Various samples are collected using the sexual assault forensic examination evidence kit. A new kit is used for each patient. This kit consists of a booklet in which the victim's information is entered, and a duplicate is made.
Initially, the victim is stripped of her clothes and her outer garments and inner garments are sealed off separately and taken for examination (e.g. torn clothes). She is then made to stand on

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an open sheet of paper so that she can get rid of the debris (mud, grass, pebbles, etc). After this, swabs are taken from her entire body; this is followed by the collection of samples from the body. These include combing of the pubic hair to look for loose hair, clipping and sealing of some pubic hair for examination, nail clippings and oral cavities swab (to check if oral intercourse happened). Other swabs include rectal, vulval, vaginal and cervical swabs. Blood and urine samples are collected for toxicological analysis to check if she was under the influence during the act. .

All these samples are sealed in a box to ensure that none are tampered with. All sampling is only valid for four days i.e. 96 hours, according to the Ministry of Health and Family Welfare. Out of the two copies of victim information, one is kept for hospital records and the other is given to the police.

The collection and sealing away of samples marks the end of one important procedure. After this, the victim's DNA profiling is and blood sampling for HIV is taken. As part of profile axis, preventive medicines are provided for HIV. All this based on her prior vaccinations. Pregnancy tests are provided to adult females.

She is then checked for active infections, disease of reproductive organs, etc. If required, she is also given a tetanus injection.

Another significant part of the medical exam is the vaginal examination. Initially, the two finger test was conducted and it was determined if the victim was a virgin or not from the elasticity of the vagina (due to regular intercourse) and the rupturing of the hymen. As per the rules, this no longer holds true. The two finger test is conducted, but only to determine vaginal injuries or infections, and no comments are made about her virginity. Per speculum examination is also conducted after taking consent from the victim.

In cases when the age of the victim is unknown or she doesn't have an idea about her age, age investigation is done through dental examination by radiologists.

The victim is later brought in again for follow up.

Psychological and social issues in medical examinations

In most medical examinations of victims of sexual assault, extra sensitivity is required by not only the gynecologists, but also the other staff attending to the victim. Prejudice and stigma associated with a rape victim is prevalent in our country, but medical professionals must not give into such biases in judgment. Gynecologists are intact trained to deal with such cases. They must be able to attend to subtle details like the victim's appearance, expressions and body language. Such non verbal cues also aid in understanding whether the victim was in fact genuinely assaulted or is lying. Cases of malingering victims also exist. For example, when a boy and girl elope against their parents' wishes and are finally caught, the girl is sent to such a centre and forced to file a police report by her parents so they can protect themselves from the "shame she has brought upon the family."

Apart from this, the modules of existing rules (Ministry of Women and Child Development and Ministry of Health and Family Welfare) are constantly updated and are accessible to medical professionals attending to victims. Another very important aspect that is specific to RML is that here, only a gynecologist can attend to a victim of sexual assault. In other hospitals, this rule doesn't apply; any doctor can attend to the victim.

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RML receives about 5 to 6 cases every month, and in rare cases 10.

Counseling

The rape crisis centre has a counseling centre attached to it, with 1 to 2 counselors on call on a daily basis. This counseling is done after the medico legal examination.

The counselors have access to all the information about the victim. According to the counselors that the gender champions spoke to, both the victim and her family are counseled. At a secondary level, it is the counselor's duty to judge if the case is fake or real (e.g. victim ran away from home). One of the counselors narrated an incident about a lady who traumatically revealed her experience of getting raped three to four times. They have to remain sensitive to the victim's condition; many victims are unable to talk about the trains while others just cry. The counselors must remain patient and yet not pry the victim for information. They must ensure that the victim does not internalize the reason for the rape (for example- "I was raped because I was disobedient"). In cases that require mental status examination (MSE), a psychiatrist is consulted.

Many a times, the victim visits the counselor for multiple sessions based on the decisions of the court.

Conclusion of findings

Overall, Ram Manohar Lohia's One Stop Rape Crisis Centre is very effective. A detailed procedure is laid down and implemented. The head gynecologist is aware of the entire procedure and ensures it is carried out smoothly. However, there still remain a few areas where further improvement can be undertaken. Firstly, the signage announcing the presence of a rape crisis centre within the hospital was limited. There were a few printed out signs on A4 paper within the immediate vicinity of the centre, and apart from that there were two large signs proclaiming the presence of the centre in front of the door of the rape crisis centre room itself, which was located at the end of a corridor that apparently did not see much foot traffic. The hospital could certainly do a better job in making the centre more accessible. Secondly, the counselors at the rape crisis centre did not conduct a mental status examination on the rape victims, which should ideally be essential while seeing any patients. The counselors present at the centre also did not take up a proactive role in recommending further therapy to the victim in the case of excessive trauma.

However, barring these few limitations, this hospital's centre gives us hope for the improvement and development of more centres like it.

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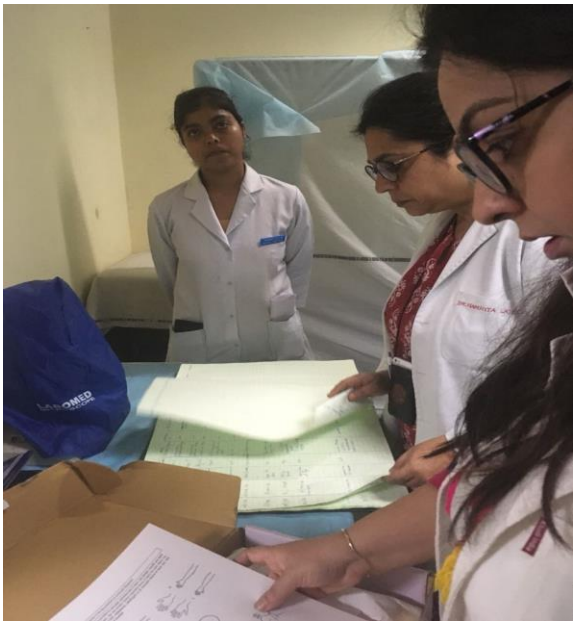
CMO explaining medical and filing procedure



Unclear sign leading to center*

(*Photograph from the report of field visit highlighting an area for improvement at the One Stop Rape Crisis Centre at the RML Hospital)

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REPORT OF SAFETY-AUDIT 2018 CONDUCTED BY WSC, JMC

Introduction: In the year 2017-18, WSC, JMC, conducted a Safety-Audit program to discern the safety of the connecting routes to college used by female students of both JMC and Maitreyi College on an everyday basis. The objective of this safety audit was to observe these routes as gendered spaces and how safe or unsafe were these with regards to women's safety.

Methodology: The Safety-Audit was conducted in two phases. The first walk was conducted on 4th October, 2017, in the morning from 9:00 am to 11:00 am. In this phase 15 students of JMC and WSC members, accompanied by three WSC faculty members, audited the routes from JMC to Satyaniketan and back and from JMC to Bapu Dham. Both these routes are frequented by students to access bus stops or PGs. The students walked either alone or in twos. The second walk was conducted on 13th February, 2018, in the afternoon from 4:00 pm to 5:30 pm. This time seven students accompanied by one faculty member walked alone on the routes to and from Satyaniketan and to and from Bapu Dham.

A detailed questionnaire was provided to the students to guide their observations in these walks. Furthermore, students also pointed out areas that they observed were particularly unsafe on the maps of the routes created by them for the purpose. This data was further analysed during Group Discussions. This report is a summary of those discussions.

Observations and Findings: The following are based on the Group Discussions that took place after each walk and the questionnaire and the maps filled out diligently by participating students.

1). Satyaniketan Route:

(a). The footpath of this route was found to be to narrow, broken or non-existent for long stretches forcing the walkers onto the road with oncoming cars. Where the footpath were in good condition, it was covered by foliage, garbage or construction material. Lack of good footpaths impeded the mobility of the users of this route. Due to mobility issues, this route is particularly unsafe for persons with disability.

(b). The route after crossing the CNG station is deserted. The vacant park on the left and the railway yard on the right are spaces unused by few rendering it unsafe for female users.

(c). There are no public amenities or services available on this route, no ATM, chemist, etc. There is one public toilet, not specifically for female use but for shared use, at the CNG station in terrible condition.

(d). The closest police station is at Satyaniketan and no formal surveillance or policing on the route otherwise.

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(e). As the crowd was mainly male, students felt safer walking in pairs than when they walked alone.

(f). Even though, a formal walk could not conducted after dark, participating students surveyed college students who used this route after dark and confirmed that the street lights are not in working condition making this deserted route all the more unsafe for use after dark.

2). Bapu Dham Route:

(a). The footpath on this route were well-maintained. They did not hinder the mobility of the users.

(b). This route, on account of being a residential area, is frequently used. It is not crowded but being a busy route made the students feel safe.

(c). Most public amenities are available on this route, ATM, chemist etc. The presence of a grocery and vegetable market and a Senior Secondary School adds to the hustle-bustle of this route. This made the students feel safe.

(d). Another factor that led to the students to feel safe was the presence of security guards stationed outside the residential complexes. While there was no visible policing, students felt that this area being a residential area with security guards added to the feeling of security.

(e). There is one public toilet on this route, separate for men and women. It is satisfactorily clean and there is provision for running water and soap. There is a male attendant guarding the premises.

Conclusion: The participating students found the Bapu Dham routs relatively safer compared to the Satyaniketan route. The latter was unanimously deemed unsafe by the students.

Encl.:

1. Questionnaire used by the students.
2. A sample map created by students mapping the unsafe spots in red.

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Questionnaire used by the students.

WOMEN'S STUDY CENTRE

Jesus and Mary College

Checklist for Safety Audit

a. **Name:**
b. **Route audited:**
c. **Time and day of audit:**
d. **Weather:**
e. **Duration:**

Amenities	Survey Question	✓	×	Remarks
Lighting	Are there any streetlights?			
	Are the streetlights working?			
	Are they distributed evenly?			
	Any other observation?			
Conditions of the streets	Are the streets in good condition?			
	Is it possible to walk fast and easily on them?			
	Is it possible for a woman with crutches or on a wheel chair or with any disabilities to move easily on the street?			
	Is its crowded?			
	Any other observation?			

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Entrapment areas and unused land	Are there any vacant lands?			
	Are there any vacant and broken down/unused buildings?			
	What is use of this vacant land?			
	Is this vacant land wel-lit?			
	Do these lead to any threats to women's safety?			
	Any other observation?			
Social usage of space	Are there people on the streets?			
	Are there more men on the streets than women?			
	Are there markets/shops on the street?			
	Do these shops block the footpath/pedestrian space?			
	Are there any liquor shops?			
	Are there any cigarette or paan shops?			
	Are there any chemist shops?			
	Are there any ATMs?			
	Are there any recharge shops?			
	Is there a bus stop nearby?			

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	Is there an auto stand nearby?			
	Any other observation?			
Formal surveillance	Is there any visible policing?			
	Is there any Police Station on this route?			
	What is the closest Police Station?			
Informal surveillance	Can people in the buildings/area see if a woman is being harassed on the street?			
	Do you think that people in the area (residents/neighbours/commuters) will be able to respond to/help a harassed woman?			
Public Toilets	Are there any toilets in good condition? (e.g. are there any broken windows, broken steps at the entrance etc.?)			
	Are there separate services for men and women?			
	Is there a female attendant?			
	Do women have privacy while using the facility?			
	Is there availability of water the toilet?			

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	Can men gain access to women's toilets?			
	Are there any open defecation spots on the route?			
	Do these make you feel uncomfortable?			
	Any other observation?			
Sanitation	Is garbage disposal being done regularly?			
	Does garbage lying on the roads impede women's mobility?			
	Any other observation?			
Any other space observed? School, Hospital?				

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Sample of Safety Mapping done by a student