

STANDARD OPERATING PROCEDURE ONE STOP CENTRES



सत्यमेव जयते

Government of India
Ministry of Women and Child Development



Smt. Annpurna Devi

Hon'ble Minister, Ministry of Women & Child Development

India today is on the cusp of a historic transformation - a New Bharat where Nari Shakti is not just empowered but is powering the nation's progress. From policy to progress, from welfare to workforce - "Sabka Saath, Sabka Vikas, Sabka Vishwas, Sabka Prayas" is being realised through empowered women leading change at every level.

The One Stop Centre (OSC) is playing a pivotal role in providing integrated support and assistance to women affected by violence and those in distress, both in private and public spaces. The OSC offers under one roof the integrated services such as medical aid, legal assistance and advice, temporary shelter, police facilitation and psycho-social counselling.

Our government under the leadership of Hon'ble Prime Minister Sh. Narendra Modi is continuously working towards the safety, security and development of women and One Stop Centres is one of the examples. During the last 11 years One Stop Centres have been established as an institution of woman's journey from crisis to confidence, linking survivors to welfare schemes, legal rights, and livelihoods. They reflect the Modi Government's firm resolve to protect and empower every woman assisting her in navigating challenges, asserting her rights, and rebuilding her life with dignity.

To provide a comprehensive framework for the operation and management of One Stop Centre and to ensure survivor centric approach, the Ministry has developed a Standard Operating Procedure (SoP). This SoP will also help to standardise the services and promote accountability, coordination, and professionalism at every level.

As we roll out this Standard Operating Procedure, I urge all stakeholders—States, Union Territories, District Administrations, and field-level service providers—to adopt and implement it with full sincerity and sensitivity. Your role is vital in translating this vision into action on the ground.

Together, let us create a Bharat where every woman feels safe, supported, and empowered.

Jai Hind.

Minister of State Message



Smt. Savitri Thakur

Hon'ble Minister of State, Ministry of Women and Child Development

As India progresses towards the vision of Viksit Bharat @2047, it is imperative that this growth is rooted in equality, inclusion, and justice. Women's empowerment lies at the core of this national vision, not just as a moral imperative but as a strategic enabler of sustainable development. A society that ensures the safety, dignity, and rights of its women builds a stronger foundation for progress for all.

The One Stop Centres (OSCs), established under Mission Shakti, are a critical step in this direction. These Centres provide a comprehensive, integrated support system to women affected by violence—bringing together medical assistance, legal aid, police facilitation, psychosocial counselling, and temporary shelter under one roof. The OSCs embody the government's unwavering commitment to stand with every woman in her moment of need, ensuring that support is available, accessible, and sensitive.

To further strengthen the reach and responsiveness of these Centres, the Ministry has developed a comprehensive Standard Operating Procedure (SoP). This document establishes a uniform, structured protocol for all stakeholders involved from Centre administrators and counsellors to police personnel, medical professionals, legal aid providers, and shelter homes. It reinforces the principles of confidentiality, non-discrimination, and survivor-centric care, and asserts that no woman shall be denied services due to lack of documentation or hesitation in disclosing her identity. By ensuring standardisation, strengthening inter-agency coordination, and reinforcing accountability, these guidelines enhance the operational efficiency and institutional integrity of the OSCs nationwide.

Our document is linked with India's commitment to the United Nations Sustainable Development Goals, particularly SDG 5 (Achieve Gender Equality and Empower All Women and Girls). By addressing violence against women, expanding access to justice, and creating integrated service mechanisms, this initiative contributes meaningfully to the elimination of gender-based discrimination and violence.

I commend the efforts of all those working at the grassroots staff of OSC, social workers, legal and medical professionals, police personnel, and community partners—whose tireless service gives real meaning to these policies. I urge all stakeholders to adopt and implement the SoP with compassion, commitment, and integrity.

Together, let us reaffirm our collective resolve to build a nation where every woman lives free from fear, supported in adversity, and empowered to shape her own future.

Secretary Message



Sh. Anil Malik

Secretary, Ministry of Women and Child Development

Government of India has been emphasizing upon its commitment to women-led development in the transformation of India into a developed country by 2047. The Ministry of Women & Child Development has championed this concept of Nari Shakti at the core of nation building. It has introduced various institutional and policy framework to create genuine impact towards empowerment of Indian women.

One Stop Centres (OSCs) are central to this vision. As accessible frontline institutions, OSCs provide immediate coordinated and survivor-centric support to women facing violence. From legal aid and medical care to psychosocial counselling and temporary shelter, these centres serve as vital touch points within the broader ecosystem of women's safety and security.

Recognising the importance of quality & consistency of service delivery, the Ministry is pleased to present a Standard Operating Procedure (SOP) for One Stop Centres. This SOP provides a unified framework - detailing procedures, roles, and coordination mechanisms—to ensure that survivor's dignity, her privacy and timely support remain at the heart of every intervention. It also emphasises capacity building, inter-agency collaboration, and continuous learning for OSC personnel, keeping in mind the evolving forms of gender-based violence in both physical and digital spaces.

Women face new and varied challenges. From domestic violence and cyber harassment to trafficking and workplace abuse, these challenges are complex, diverse and often interlinked. This SOP serves both as a roadmap and a commitment—to ensure that every woman in need receives care that is professional, sensitive and just.

The Ministry extends its sincere gratitude to all stakeholders who contributed to this SOP and looks forward to continued partnerships in ensuring that OSCs remain a strong pillar of support for women across the nation.

Table of Content

- I. Introduction to One Stop Centres
 - A. Purpose and objectives of One Stop Centres
 - B. Guiding Principles for responding to women in distress
 - C. Scope of the Standard Operating Procedures
- II. Institutional Framework and Governance
- III. Infrastructure and facilities
 - A. Location and accessibility
 - B. Safe and secure premises
 - C. Private counselling rooms
 - D. Temporary shelter facilities
 - E. Child-friendly spaces
 - F. OSC vehicles
 - G. Signage and IEC materials
- IV. Staffing
 - A. Basic Qualification
 - B. Roles and Responsibilities
 - C. Qualities of OSC Staff
- V. Training and Capacity Building
 - A. Conduct of trainings
 - B. Essential trainings for OSC staff
 - 1. Induction Training
 - 2. Introduction to One Stop Centre
 - 3. Principles for Functioning of OSC
 - 4. Legal Framework
 - 5. Providing Care to Vulnerable Groups Facing Violence
 - 6. Psycho-social Support and Counselling
 - 7. Self-care and Dealing with Burnout
 - 8. Training on Communication Skills
 - 9. Specific trainings for OSC staff based on their roles and responsibilities
 - C. Role of District Collectors/Magistrate
 - D. Role of District Nodal Officer
 - E. Joint Inspection
 - F. Publicity and Awareness
- VI. Survivor-Centred Service Delivery
 - A. What is a survivor centred approach
 - B. Guiding principles of survivor centred approach

- VII. Case Management
 - A. What is Case Management
 - B. Steps in Case Management
 - C. Details of Case Management
 - 1. Introduction and engagement
 - 2. Case assessment
 - 3. Case action plan
 - 4. Implementing the Case Action Plan
 - 5. Case Follow-up
 - 6. Case closure
 - D. Other Provisions for Case Management
 - E. Coordination and Referral Mechanisms
- VIII. Monitoring, Supervision and Reporting on the Quality of Service Provision at OSCs
 - A. Monitoring Mechanism for the OSC Scheme
 - B. Monitoring and Supervision of Service Quality
 - 1. Case File Audits
 - 2. Mentoring and Supervision of OSC Staff
 - 3. Assessment of OSC Staff
 - 4. Survivor Feedback Surveys
 - C. Reporting
- IX. Community Engagement and Prevention Efforts
 - A. Outreach Strategy Development
 - B. Types of Community Engagement and Outreach Activities
 - C. Data Collection and Documentation
 - D. Post Event follow-up
- X. Self Care for OSC Staff
- XI. Crisis Management and Emergency Procedure
 - A. Initial Response and Triage (Golden Hour Response)
 - B. Detailed Assessment and Case Management
 - C. Collaboration with Law Enforcement and Protection Mechanisms
 - D. Shelter and Rehabilitation Services
 - E. Case Documentation and Reporting
 - F. Post-Crisis Follow-Up and Monitoring
 - G. Roles and Responsibilities
- XII. FAQs – One Stop Centre (OSC) SOP
- XIII. Mission Shakti Dashboard for OSC
- XIV. Annexures
 - A. CONSENT FORM
 - B. Inspection form

List of abbreviations

| Abbreviation | Full Form |
|---------------------|--|
| ADM | Additional District Magistrate |
| AHTU | Anti Human Trafficking Unit |
| ASHA | Accredited Social Health Activist |
| ASP | Additional Superintendent of Police |
| BNS | Bhartiya Nagrik Suraksha Sanhita |
| BNSS | Bharatiya Nagarik Suraksha Sanhita |
| BSW | Bachelor of Social Work |
| CA | Centre Administrator |
| CBO | CommunityBased Organization |
| CO | Circle Officer |
| CSO | Civil Society Organization |
| CWC | Child Welfare Committee |
| DC | Deputy Commissioner |
| DCP | Deputy Commissioner of Police |
| DM | District Magistrate |
| DLSA | District Legal Services Authority |
| DNO | District Nodal Officer |
| DPO | District Programme Officer / District Protection Officer |
| DCPU | District Child Protection Unit |
| DIR | Domestic Incident Report |
| DSP | Deputy Superintendent of Police |
| DV | Domestic Violence |
| DWCD | Department of Women and Child Development |
| FIR | First Information Report |
| FTSC | Fast Track Special Court |
| ID | Identification / Identification Number |

| Abbreviation | Full Form |
|---------------------|--|
| IDI | InDepth Interview |
| IEC | Information, Education and Communication |
| IPC | Indian Penal Code |
| ITI | Industrial Training Institute |
| MC | Management Committee |
| MH | Mental Health |
| MIS | Management Information System |
| MoU | Memorandum of Understanding |
| MHP | Mental Health Professional |
| MSW | Master of Social Work |
| MWCD | Ministry of Women and Child Development |
| OSC | One Stop Centre |
| PLV | Para Legal Volunteer |
| POCSO / POCSO Act | Protection of Children from Sexual Offences / Act |
| POSH | Prevention of Sexual Harassment |
| PRI | Panchayati Raj Institution |
| PWD | Persons with Disabilities |
| SGBV | Sexual and GenderBased Violence |
| SLSA | State Legal Services Authority |
| SNO | State Nodal Officer |
| SOP | Standard Operating Procedure |
| SPNIWCD | Savitribai Phule National Institute of Women and Child Development |
| SSW | Standardized Needs Assessment Worksheet |
| SW | Social Welfare |
| UID | Unique Identification |
| VAW | Violence Against Women |
| WHD | Women Help Desk |
| WHL | Women Helpline |
| Mahila Thana | Women's Police Station (Mahila = Woman, Thana = Police Station) |



Introduction to One Stop Centres



STANDARD OPERATING PROCEDURES FOR ONE STOP CENTRES

I. Introduction to One Stop Centres

A. Purpose and objectives of OSCs

OSCs are established to:

- i. Provide integrated support and assistance to women in distress (both in private and public spaces) and women in distress, under one roof
- ii. Facilitate immediate emergency and non-emergency access to a range of services including medical, legal, psychosocial and counselling support under one roof to address all forms of violence

The **services provided** at OSCs include emergency rescue and response, medical assistance, police assistance, legal aid, psychosocial support and counselling, and short term shelter.

OSCs may also be equipped to provide forward linkages to institutionalized/ empanelled psycho-social/ legal counsellors for assisting survivors facing mental harassment or any other form of distress. They should connect survivors to government schemes / initiatives (economic and social) on a need basis through the State/ District level hubs for their development and empowerment. OSCs will maintain a list of all statutory authorities under applicable legislations to facilitate referrals/connect survivors on a need basis. They will also act as a link for Shakti Sadans for providing legal aid and psychosocial counselling to residents of the homes through a common pool of professionals.

OSCs are also the focal point at the district level for coordination and convergence with other initiatives under the Nirbhaya Fund such as Women Helplines, Anti Human Trafficking Units (AHTUs), Women Help Desks (WHDs), Mahila Thana, Special Fast Track Courts (FTSCs), District Legal Service Authority (DLSA) etc.

2. Guiding Principles for responding to women in distress

Violence against women is any act of violence that is directed at an individual based on their gender or sex. It is a form of discrimination that adversely affects individuals and communities, often rooted in social inequalities. It includes physical, sexual, psychological and economic harm and can occur in both public and private spaces.

Response for distressed women should be guided by survivor centred approaches that are aimed at creating a supportive and enabling environment where survivors' rights and choices are respected, their safety is ensured, and they are treated with respect and dignity.

A survivor centred approach is based on the following guiding principles:

- Safety: The safety and security of survivors and their children are of primary importance. OSC staff should create secure environments and implement procedures that protect survivors from further harm and ensure their wellbeing, both physical and psychological.
- Confidentiality: Survivors have the right to choose with whom they will or will not share their story/experience, and anyone with access to information about a survivor must not share that information without the explicit permission and informed consent of the survivor. This is critical to build trust and ensure that survivors feel safe disclosing their experiences. However, there are certain limits to confidentiality that are outlined in Chapter -VI "Survivor-Centred Service Delivery" of the SoP.
- Respect: All actions should be guided by respect for the rights, choices, and dignity of survivors. Their individual experiences and needs must be met with compassion and empathy, respecting their autonomy and choices at every stage. OSC staff should be non-judgmental of survivors' choices and uphold their right to choose, including when they decide to decline support services.
- Non-discrimination: Survivors should receive fair and equal treatment regardless of their age, caste, class, disability, sexual orientation, gender identity, religion, ethnicity, or any other characteristic; free from any bias or pre-judice

OSC staff should follow these guiding principles while responding to women in distress. Most importantly, survivors should not be denied access to services if they choose not to disclose information. To ensure survivorcentred care, OSC staff should reiterate to the survivor that they are not at fault for the violence they experience. Further details around operationalizing these principles are captured in Chapter VII- "Case management" of the SoP.

OSC is a component of Mission Shakti which is notified under Aadhar Act 7A. However, as the OSC is dealing with women in distress, so no services should be denied or delayed solely on the non disclosure of the identity and Aadhar.

B. Scope of the Standard Operating Procedure

These Standard Operating Procedures (SoP) provide a comprehensive framework for the operation and management of OneStop Centres (OSCs) in India, ensuring a coordinated and survivor-centric response to women in distress. The objectives of the SoP are to:

- i. Establish clear, consistent, and comprehensive guidelines to standardize operational processes and ensure uniformity in service delivery across all OSCs in the country
- ii. Define roles and responsibilities of diverse stakeholders, including OSC staff, health professionals, police officials, lawyers / legal aid authorities, and other service providers
- iii. Mainstream survivor-centered practices, prioritising the rights, safety and dignity of survivors
- iv. Strengthen coordination and communication among stakeholders involved in delivering support services to survivors of violence
- v. Establish procedures for timely and efficient responses to survivors' needs, including immediate medical, legal, and psychosocial support
- vi. Outline systems for comprehensive case management (including crisis management and emergency), documentation and data management
- vii. Standardize training and capacity building programmes aimed at enhancing the skills and knowledge of OSC personnel and other service providers
- viii. Establish accountability mechanisms for regular monitoring, reporting, and evaluation of OSC operations



Institutional Framework & Governance

C. Institutional Framework and Governance

1. National level

The Ministry of Women and Child Development (MWCD) is the nodal ministry responsible for policy formulation, budgetary regulation, overall administration and monitoring of OSCs at the national level. The Mission Shakti Scheme Implementation Guidelines (2022) and this SoP provide the overarching framework for the establishment and operation of OSCs in India. Policy review of schemes including revision/addition may be undertaken from time to time.

2. State level/UT level

At the State/UT level, the Department of Women and Child Development/Social Welfare will be responsible for overall direction and implementation of the scheme. A Management Committee (MC), that reports to the Director, DWCD, is established per OSC that is responsible for the day to day operation of OSCs.¹ in addition for regular review a committee headed by Administrative Secretary.

3. District level

At the district level, the scheme is implemented by a committee led by the District Magistrate/Collector and supported by Women and Child Development officers.

The MC will comprise of following members from the district where the OSC is located:

- District Magistrate/Commissioner (Chairperson of the Committee). DM/DC can designate other members.
- Superintendent of Police
- Secretary, District Legal Service Authority
- Chairperson of District Bar Council
- Chief Medical Officer
- District Programme Officer (DPO)/Protection Officer (PO)
- District Panchayat Officer
- Members of the Civil Society (3 members out of which at least 2 be women)
- Project officer ITDA/ITDP in district with ITDA/ITDP area. Any other member co-opted by the Chairperson

Functions of the MC include:

- Appraise the performance of the OSC
- Receive the financial accounts provided by the IA
- Review and appraise the performance of OSC.
- Review the physical and financial progress of the OSC on a quarterly basis
- Report on the functioning of the OSC to the State Government through submission of monthly progress report (MPR) and quarterly physical and financial reports. The Utilisation Certificate and quarterly SoE will be submitted on bi annual basis to the State/UT.

Members are drawn from relevant departments, mirroring the State Committee. Meeting quarterly, the committee prepares Annual Action Plans for the district, block, and village/ward levels and ensures grants are linked to satisfactory performance. A joint inspection along with a fixed inspection schedule may be implemented along with the ADM rank or senior officer may be nominated as the incharge of OSC(s). The District Collector or District Magistrate acts as the primary authority at the district level, ensuring the smooth functioning of OSCs. They facilitate interdepartmental coordination and address challenges related to implementation and service delivery.

4. Convergence with other departments

The roles/responsibilities of key stakeholders in facilitating smooth functioning and ensuring effective service delivery at OSCs are as follows:

| S. No. | Stakeholder | Role |
|--------|--|--|
| 1 | Ministry/Department of Health and Family Welfare | <ul style="list-style-type: none"> ● Formulation and updation (as required) of guidelines and procedures on medico legal care for survivors of sexual violence ● Regular sensitization and capacity building of medical staff (doctors, nurses, paramedics and other hospital staff) to ensure survivor centred response to cases of violence, in accordance with established procedures and guidelines ● Capacity building of relevant medical professionals to ensure proper collection of evidence in cases of sexual violence ● Compile and make available (at health facilities) directories of doctors/hospitals/ clinics (public & private) operational within the State/UT, with addresses and phone numbers of incharge/nodal doctors per hospital, and details of available ambulances (both public and private) |

| S. No. | Stakeholder | Role |
|--------|---|---|
| 2 | Department of Home/Police | <ul style="list-style-type: none"> ● Designate police officers for OSCs to facilitate required support, including for prompt and proper filing of FIRs ● Facilitate regular sensitization and capacity building of police officials handling cases related to women. ● Regular inspection of Superintendent of police and monthly visit of nominated DSP/ASP rank officers and SHO of Mahila Thana. |
| 3 | State and District Legal Services Authority | <ul style="list-style-type: none"> ● Prepare a list of dedicated lawyers as well as paralegal volunteers (district wise) ready to provide legal aid to survivors approaching OSCs ● Support in ensuring expeditious disposal of cases ● Support in facilitating access to compensation for survivors of violence ● State may be advised to enter into an MoU with the SLSA to avail legal counselling services from the DLSA at the district level. |
| 4 | Social workers | <ul style="list-style-type: none"> ● Provide immediate crisis intervention services to stabilize survivors and help them navigate the emergency/crisis situations ● Provide emotional and psychological support to help survivors process trauma, access the desired support and regain their confidence |

| S. No. | Stakeholder | Role |
|--------|---------------|--|
| | | <ul style="list-style-type: none"> ● Assist survivors in creating longterm recovery plans, including access to education/vocational training, employment opportunities, and re-integration into society |
| 5 | Shelter homes | <ul style="list-style-type: none"> ● For survivors requiring extended shelter/housing, OSCs should coordinate with government run or non-governmental shelter homes and facilities |



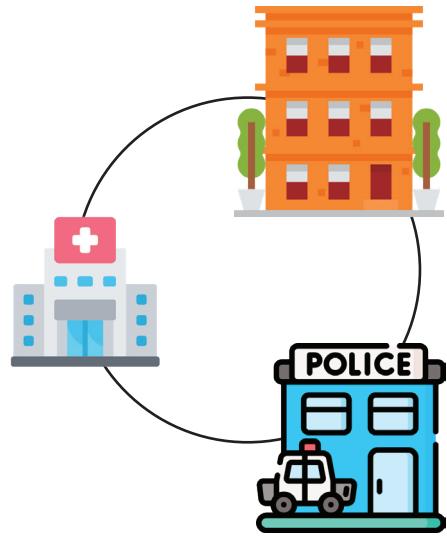
Infrastructure & facilities



D. Infrastructure and facilities

1. Location and accessibility

OSCs should be located within the district hospital/medical facility. If it is not possible to locate them within the hospital, they may be located in a government/semi government building within a radius of 2 kms from the district hospital. If it is not possible to locate the OSC in an existing government/semi government accommodation, the OSC could be constructed on adequate land either within the hospital / medical facility or within a 2 km radius of the hospital/medical facility.



While OSCs currently provide temporary shelter for a maximum of 5 days, a longer stay may be required in specific cases where relocation to Shakti Sadan is not feasible. In such cases, Centre Administrators have the discretion to extend the stay up to 10 days on a case by case basis. For any further extension beyond 10 days, the District Nodal Officer (DNO)/District Program Officer (DPO) is authorized to allow an additional stay of up to 10 more days, ensuring victims have continuous access to essential services as required. However, efforts should be made to transfer the beneficiary to the nearest Shakti Sadan or some other institution, if required. Moreover, the extension may be taken up on case to case basis.

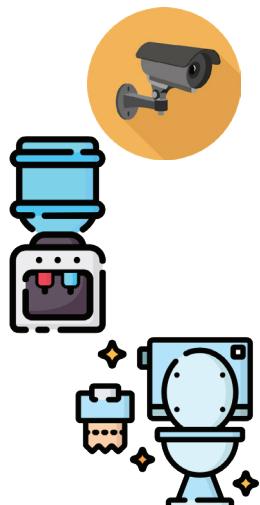
OSCs should be open all days of the week, offering services 24x7. The premises must be easily accessible by public transport, and must be barrierfree, featuring ramps with handrails, wide doorways, non-slip flooring, grab rails and elevators where required, to accommodate the needs of survivors with disabilities (including disability friendly transport options). The Centre Administrator will be responsible for ensuring the upkeep and maintenance of facilities intended for persons with disabilities.

2. Safe and secure premises with necessary infrastructure

OSCs must ensure 24x7 security through CCTV surveillance, controlled entry systems, and security guard/night guard to provide a safe environment for survivors and staff.

The premises should have a dedicated space (in the hospital / government or semigovernment building) and include:

- Clean waiting areas and common spaces (with adequate benches)
- Access to safe drinking water
- Clean toilets (that are accessible for survivors with disabilities)
- Corridors designed for comfort, safety, and accessibility, with adequate lighting, ventilation



- Emergency provisions such as fire safety measures and clearly marked accessible exits

The Centre Administrator will be responsible for ensuring the availability of the above mentioned facilities at the OSC.

3. Private counseling rooms

OSCs must have dedicated private counseling rooms, with both audio and visual privacy, to provide survivors with a confidential and safe space for emotional, psychological, and legal consultations.



The counselling rooms should be equipped with comfortable seating and appropriate communication aids, including devices for survivors with hearing or visual impairments, as well as access to trained personnel for sign language interpretation where needed.

The Centre Administrator will be responsible for ensuring the availability of the above mentioned facilities at the OSC.

4. Temporary shelter facilities

OSCs should have a minimum of five beds to provide temporary shelter facilities to distressed women and their children, where required (girls of all ages, and boys till the age of 12 years) for up to five days. On case to case basis, temporary shelter may be extended to 20 days. If any additional bed is required in an OSC due to higher occupancy, it may be provided through the existing administrative fund of the OSC, subject to the availability of space.



These shelters must include basic amenities such as clean linen, hygiene kits (comprising soap, tooth brush, tooth paste, shampoo, comb, hair oil, sanitary pads, sewing kit and diapers in case of infants etc), and accessible restrooms designed for survivors with disabilities.

The Centre Administrator will be responsible for ensuring the availability of the above mentioned facilities at the OSC.

5. Child-friendly spaces

OSCs should include child-friendly spaces to accommodate children accompanying survivors. These spaces should be safe, engaging for children (equipped with toys / books / basic amenities) to ensure their comfort and security. Separate spaces for breastfeeding or infant care should also be considered.

By incorporating child-friendly spaces, OSCs can better address holistic needs of survivors and their children, fostering a more supportive and conducive environment during their recovery process.



6. OSC Vehicle

To enhance the accessibility, outreach, and visibility of One Stop Centres (OSCs), the Ministry has approved the provision of dedicated vehicles for OSCs. These vehicles are intended to support critical functions such as rescue operations, factchecks, reintegration with families, and transportation for legal, medical, and police assistance. The vehicle is to carry address details of the OSC and contact information of Centre Administrators for public awareness. States/UTs are directed to utilize funds under the recurring head for immediate implementation. Further, to ensure consistency and visibility across States/UTs, the Ministry has standardised the vehicle branding design, advising the inclusion of logos for OSC, Women Helpline (WHL181), Child Helpline (CHL1098), and Beti Bachao Beti Padhao (BBBP). A model design layout for branding has also been provided to all States/UTs for necessary action.



7. Signages and Information Education Communication (IEC) relevant for survivors and service providers

Signages: All OSCs must display standardized signage boards, pamphlets and standees at key places/locations, including entrance of OSCs, women helpline control room, office of district magistrate, hospitals, subdivisional office, subblock offices, public spaces such as bus stops, train stations, markets, hospitals or police stations, state and district level events, fairs and exhibitions. The text on the signages should be in accordance with the template issued by MWCD, and should include services offered, days and time of operation, and contact number of the OSC. The size of the display board should be a minimum of 6 feet x 4 feet, and the signage at the entrance should be a minimum of 7 feet x 4 feet.

As per the directives, these signages and display boards should be made available in accessible formats, viz. braille, pictorial formats, and multiple languages.

Further, the standardized branding on the dedicated vehicles for the OSC has been issued by the Ministry. Given that different States and Union Territories have hired various types of vehicles, the States/UTs are advised to incorporate branding elements of OSC, Women Helpline (WHL) 181, Child Helpline (CHL) 1098, and the Beti Bachao Beti Padhao (BBBP) initiative.

The Centre Administrator will be responsible for ensuring the availability of the above mentioned facilities at the OSC.

IEC: Information Education Communication materials on distressed women should be available at all OSCs and displayed in prominent locations (lobby, waiting areas, consultation rooms), in multiple languages and formats (braille, pictorial formats etc.). Pamphlets on violence against women laws, policies and guidelines; as well as referral directories should also be available for survivors as well as service providers.

Apart from display boards, OSCs should also consider using audio visual / TV screen displaying awareness raising information on violence against women.

When working with persons with disabilities at OSCs, it's crucial to understand the nature and extent of their disability and make necessary adjustments to accommodate their needs. Instead of making any assumptions about a survivor's disability, the OSC staff should respectfully ask the survivor about necessary measures that may be required to provide support. Responding to survivors with disabilities may require additional time and patience to allow space for them to express themselves comfortably.

There shall be no assumption that a person with a disability cannot provide a history of events, especially in cases of sexual violence. The OSC case worker,

Centre Administrator and psycho social counsellor shall be mindful that care givers/guardians of persons with disabilities can also be perpetrators of abuse and it is the responsibility of the OSC staff to ensure the survivor's narratives are not influenced or controlled by them.

In case of speech, hearing, or cognitive disabilities, the OSC shall arrange for interpreters or special educators with the help of the district Officers. The OSC case worker or psycho social counsellor or Centre Administrator shall be present during interactions with interpreters to ensure accurate communication.



STATE
LOGO



MISSION SHAKTI ONE STOP CENTRE (OSC)

ADDRESS:

DISTRICT:

STATE:

CONTACT NO.:

ONE STOP CENTRE provides integrated support & assistance under one roof 24x7 to women in distress.

Services

MEDICAL AID | LEGAL AID | TEMPORARY SHELTER | POLICE ASSISTANCE | PSYCHOSOCIAL COUNSELLING



STATE
LOGO



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ONE STOP CENTRE

(OSC)

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Services

**MEDICAL AID | LEGAL AID | TEMPORARY SHELTER
POLICE ASSISTANCE | PSYCHOSOCIAL COUNSELLING**



Human Resources



II. Staffing

In order to ensure effective functioning of OSCs, all OSCs must be equipped with the following staff:

- i. Centre Administrator (01)
- ii. Case Workers (2)
- iii. Psycho- Social Counsellor (01)
- iv. Para- Medical staff (01)
- v. Para Legal Officer/Lawyer (01)
- vi. IT staff (01)
- vii. Multi-purpose helper (03)
- viii. Security/Night Guard (Round the clock in shifts) (03)



A. Basic qualifications

The basic qualifications of the OSC staff are provided in the table below:

| S. No | Position | Basic Qualifications |
|-------|-----------------------|---|
| 1 | Centre Adminis-trator | <p>The Centre Administrator should be a woman, a resident of the local community (so that local human resource and expertise is utilised for effective functioning of the centre) and possess the following basic qualifications:</p> <ul style="list-style-type: none">· A Master's degree in law/ Social work/ Sociology/ Social Science/ Psychology· Minimum five years of experience of working on women related relevant domains in an administrative setup with a Government or Non-Government project/ programme· Preferably atleast one year of experience of coun-selling experience |

| S. No | Position | Basic Qualifications |
|-------|-------------------------------|--|
| 2 | Case Workers (2) | <p>The Case worker should be a woman, a resident of the local community (so that local human resource and expertise is utilised for effective functioning of the centre) and possess the following basic qualifications:</p> <ul style="list-style-type: none"> · A Bachelor's degree in law/ social work/ sociology/ social science/ psychology · Minimum three years of experience of working on women related relevant domains in a Government or Non-Government project/programme <p>CA may assign any other work related to OSC to any of the staff from time to time.</p> |
| 3 | Para Legal Officer/Lawyer (1) | <p>In the absence of Legal Advisors provided by District Legal Services Authority, legal counselling service could be outsourced to any person with the following qualifications:</p> <ul style="list-style-type: none"> · A degree in Law/with legal training or knowledge of laws · Minimum of three years of experience of working in a Government or Non- Government women related project/programme at the district level, or · A practicing Lawyer with at least two years of experience of litigation in any court of law <p>CA may assign any other work related to OSC to any of the staff from time to time.</p> |
| 4 | Para Medical Officer (1) | <p>In the absence of a regular Para Medical Personnel provided by District Health Authorities, medical assistance service could be outsourced to any woman with the following qualifications:</p> <ul style="list-style-type: none"> · Professional degree / diploma in paramedics with a background in the health sector · Minimum three years of experience of working with a Government or Non-Government health project/ programme at the district level |

| S. No | Position | Basic Qualifications |
|-------|--|--|
| | | CA may assign any other work related to OSC to any of the staff from time to time. |
| 5 | Psycho- Social Counsellor (1) | <p>The Counselor should be a woman and possess the following qualifications:</p> <ul style="list-style-type: none"> · Degree / Diploma in psychology / psychiatry / neurosciences with a background in the health sector · Preferably minimum three years of experience of working with a Government or Non-Government health project/ programme at the district level <p>CA may assign any other work related to OSC to any of the staff from time to time.</p> |
| 6 | IT Staff/ Office Assistant with knowledge of Computers (1) | <p>IT Staff ,preferably a woman should possess the following qualifications :</p> <ul style="list-style-type: none"> · Bachelors degree with a diploma in computers/ IT · Minimum three years of experience in data management, process documentation and webbased reporting formats and video conferencing at the State or district level with Government or Non-Governmental/ ITbased organizations <p>CA may assign any other work related to OSC to any of the staff from time to time.</p> |
| 7 | Multi- Purpose Worker (1) | <p>Multi- Purpose worker preferably a woman can be any person who is literate with knowledge / experience of working in the relevant domain. (Preference will be given to an individual with a High School degree)</p> <p>CA may assign any other work related to OSC to any of the staff from time to time.</p> |

| S. No | Position | Basic Qualifications |
|-------|-----------------------------------|--|
| 8 | Security Guard/ Night Guard(3) | <p>Services of a Security Guard can be outsourced to any person with the following qualifications:</p> <ul style="list-style-type: none"> · Minimum two years of experience of working as a security guard in a government or reputed organization at the district/ state level. (Preference will be given to a retired military / paramilitary personnel) <p>CA may assign any other work related to OSC to any of the staff from time to time.</p> |

Provision of Flexibility in Staffing Structure

In recognition of operational realities and feedback from States/UTs, the Ministry of Women and Child Development permits flexibility in staffing at One Stop Centres (OSCs), within the prescribed ceiling of ₹2.35 lakh per OSC per month for management costs and a staff cap of 13 personnel per OSC.

States/UTs may revise the staffing composition (excluding the post of Centre Administrator) based on local needs and feasibility, subject to the approval of the Administrative Secretary.

This flexibility aims to improve efficiency and service delivery at the grassroots level.

Key considerations include:

- Hospital-based OSCs: Where OSCs are co-located within hospital premises, services such as medical aid, security, and housekeeping may already be provided by the hospital. In such cases, separate recruitment of Para-Medical Personnel, Security Guards, or Multi-Purpose Staff may not be mandatory.
- Local police arrangements: In OSCs where local police departments provide 24x7 security, there may be no requirement for dedicated OSC security staff.
- Legal support by DLSA: In OSCs, where District Legal Services Authorities (DLSA) extend legal assistance, recruiting Para-Legal Personnel/Lawyers may not be required.
- Staff substitution flexibility: States/UTs may consider replacing posts such as Para-Medical Personnel, Para-Legal Personnel/Lawyer, Multi-purpose Staff, or Security Guards with additional Case Workers, Psycho-social Counsellors, or Drivers, based on contextual needs, while remaining within the overall staff and cost ceilings.
- States/UTs may be required to justify such changes and reflect them on the OSC portal after obtaining due administrative approval.

B. Roles and Responsibilities

The roles and responsibilities of OSC staff are outlined below:

| S. No | Position | Primary responsibilities | Secondary responsibilities |
|-------|----------------------|---|--|
| 1 | Centre Administrator | <p>The Primary responsibilities of the Centre Administrator are:</p> <ul style="list-style-type: none"> · Hold overall charge of the OSC · Act as the first point of contact for a survivor accessing OSC services · Oversee and monitor functioning of OSC staff and provide guidance and support wherever needed · Facilitate capacity building of staff. · Map and coordinate with key stakeholders (hospital, police station, legal aid, advanced mental health support, livelihoods) to develop referral linkages · Ensure confidentiality and data protection by safe handling of personal data and sensitive information including case files and history of survivors · Initiate outreach and awareness programs to create awareness on services available at the OSC · Review the monthly/quarterly reports for submission to Management Committee | <p>The Centre Administrator will interact with every survivor accessing the OSC and will also have the following responsibilities:</p> <ul style="list-style-type: none"> · Supervision of each case · Consolidate a list of agencies/individuals providing/willing to provide legal/medical/psychosocial counselling services at the OSC · Coordinate with CSOs/NGOS/CBOs working on preventing and addressing violence against women including Gender Cells, Women's Study Centres at Universities to seek technical inputs for training and capacity building of OSC staff · Review and approve the case action plan prepared by the case worker. · Lead the outreach activities along with other staff of OSCs. · Coordinate with police and other institutions. |

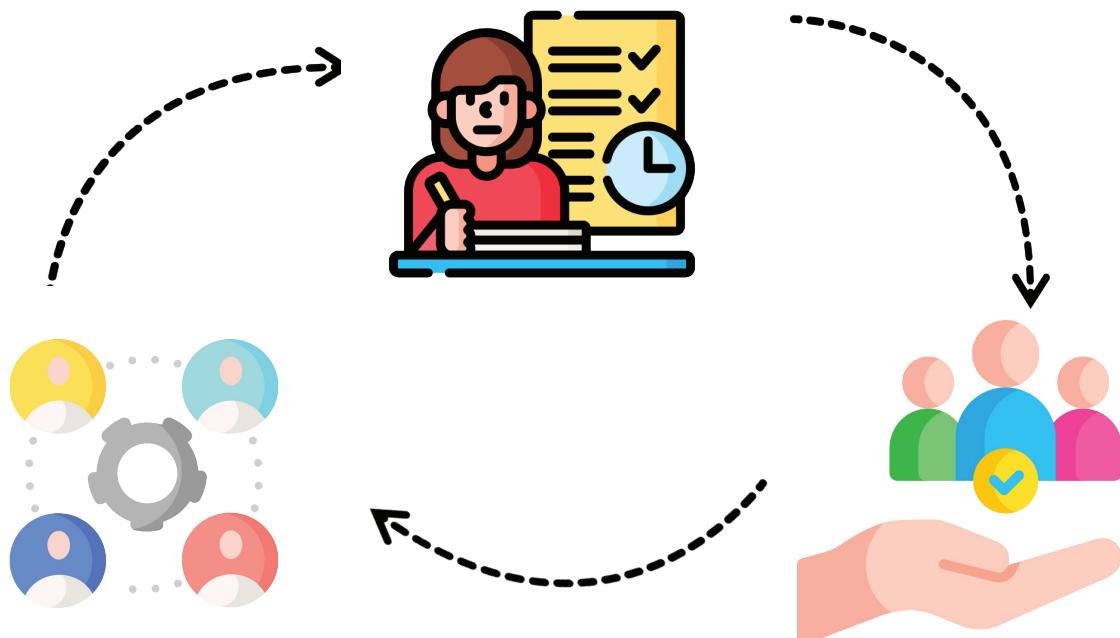
| S. No | Position | Primary responsibilities | Secondary responsibilities |
|--------------|-----------------|--|--|
| 2 | Case workers | <p>Case workers will have the following responsibilities:</p> <ul style="list-style-type: none"> • Documentation of case history of survivor • Seek consent and fill out all case management forms • Assess needs of survivor (immediate safety needs, medical needs, psychosocial needs) and gather basic information • Inform survivor about available services (health, mental health, justice, safety) • Develop case action plan and work with survivor to identify interventions to address their needs • Connect survivor to relevant services and support in accessing services in collaboration with the Centre Administrator • Support survivor in preparing a safety plan to ensure their safety and security • Followup with survivor to assess status of survivor's situation • Ensure case closure in a safe and supportive environment | <p>Case worker will support the Centre Administrator in:</p> <ul style="list-style-type: none"> • Coordinating with relevant services for survivors • Undertaking outreach activities • She will seek support of the Centre Administrator for review of the case action plan. |

| S. No | Position | Primary responsibilities | Secondary responsibilities |
|-------|----------------------------|--|--|
| 3 | Para Legal officer/ Lawyer | <p>Para Legal officer will:</p> <ul style="list-style-type: none"> · Orient the survivor about their legal rights · Support/guide the survivor to initiate legal proceedings against the abuse/violence suffered, if they would like to · Coordinate with the Public Prosecutor or the SLSA/DLSA Lawyers, to support the survivor even after the case has been filed in court as well as to ensure the case is followed up to its logical conclusion · Simplify legal procedures for the survivor · Facilitate speedy and hassle free police and court proceedings through the use of video conferencing facilities for recording the statement of the survivor | <p>Para legal officer will assist the centre administrator and case worker for:</p> <ul style="list-style-type: none"> · Understanding the legal nuances involved during case assessment · Coordinating with the police and other institutions under the law |
| 4 | Para Medical Officer | <p>Para medical officer will:</p> <ul style="list-style-type: none"> · Provide first aid and immediate lifesaving medical assistance to the survivor until they reach the hospital. · Accompany the survivor to the hospital. (In cases of survivors of sexual violence, she will ensure strict compliance to procedures developed by MoHFW for provision of medicolegal care and conduct of forensic examination and other tests by doctors). · Help in drafting medical case history of the survivor. | <p>Para medical officer will assist the centre administrator for</p> <ul style="list-style-type: none"> · Conduct of outreach and awareness programs in the community · Coordinating with health professionals and other stakeholders at the hospital. |

| S. No | Position | Primary responsibilities | Secondary responsibilities |
|-------|--|--|---|
| 5 | Psycho-Social Counsellor | <p>Psychosocial counsellor will:</p> <ul style="list-style-type: none"> · Provide psycho- social support and counselling to the survivor · Assess the survivor's mental health, by conducting psychometric tests · Support survivor in accessing services based on their needs. | <p>Psycho social counsellor will also provide support for:</p> <ul style="list-style-type: none"> · Drafting the case history of the survivor (to case worker). · Conducting outreach and awareness programs in the community (to centre administrator) |
| 6 | IT Staff/ Office Assistant with computer knowledge | <p>IT staff will:</p> <ul style="list-style-type: none"> · Register the case in the Mission Shakti OSC dashboard. · Keep record of CCTV footage and help in arranging video conferencing facility at OSC. · Draft the monthly/quarterly report based on the MIS, web based data collection (The report will be approved by the centre administrator for submission to the Management Committee) | <ul style="list-style-type: none"> · IT staff will support Centre Administrator and Case worker to follow strict procedures to maintain privacy with regard to data generated and ensure that name and other details of the survivor remain confidential. |
| 7 | Multipurpose Helper | <p>Multipurpose worker will:</p> <ul style="list-style-type: none"> · Maintain hygiene and sanitation at OSC · Maintain visitor register, provide information on legal aid/ police/ medical assistance sheet to survivors · Offer water to visitors · Ensure cleanliness of the temporary shelter rooms (weekly change of bedsheets, pillow covers) and toilets, disposal of garbage | <p>The Multipurpose worker will also:</p> <ul style="list-style-type: none"> · Undertake any other ancillary work as requested by the centre administrator · Inform the centre administrator in case of shortage of supplies |

| S. No | Position | Primary responsibilities | Secondary responsibilities |
|-------|--------------------------------|--|--|
| | | <ul style="list-style-type: none"> Provide basic kit (containing soap, comb, shampoo, sanitary pad, toothbrush, toothpaste, diapers - in case of infants) and sewing kit to survivors availing the temporary shelter facility at the OSC | |
| 8 | Security Guard/ Night Guard | <p>The Security Guard/ Night Guard would be responsible for:</p> <ul style="list-style-type: none"> Overall security of OSC Safety of all capital assets, furniture and equipment at OSC Monitoring access to the OSC premises and ensure only authorized personnel and visitors enter the premises | The Security Guard will also ensure compliance with safety procedures and procedures within the OSC. |

* District administration may assign any other work related to OSC to any of the staff



C. Qualities of OSC staff

The relationship between OSC staff and survivors determines if services provided have been effective in enabling the survivor to recover and feel empowered. Research has shown that certain qualities like warmth, respect, soft spoken, empathy and acceptance are important for developing a relationship of trust. While qualities are often considered innate, they can be developed over time.

The relationship between OSC staff and survivors determines if services provided have been effective in enabling the survivor to recover and feel empowered. Research has shown that certain qualities like warmth, respect, soft spoken, empathy and acceptance are important for developing a relationship of trust. While qualities are often considered innate, they can be developed over time with mentoring and practice. Given below are some qualities that staff at OSCs should be able to demonstrate:

Warmth: Staff should demonstrate qualities of kindness, being accepting and non-judgmental. Warmth can create a climate of safety and trust and encourage survivors to open up. Warmth can be expressed through appropriate facial expressions, giving one's full attention to the survivor, and using a calm, kind tone of voice.

Empathy: 'Being empathic' or 'having empathy' is best described as being able to imagine oneself in another person's situation, including imagining their world views, assumptions and beliefs. OSC staff can demonstrate empathy by listening attentively to survivors, making every effort to comprehend their experiences from their viewpoint and validating their feelings.

Respect: Respect means 'positive regard'. Respect is also closely linked to acceptance, and being nonjudgmental of the survivor and being able to understand and highlight the survivors' strengths. Blaming, reacting defensively, and attempting to pressurise survivors indicate a lack of respect.

Selfawareness: OSC staff are individuals whose beliefs and values are impacted by culture, religion, gender, sexual orientation, socioeconomic status and family and personal history. Staff need to be aware of how their beliefs and values may bias them towards a survivor. It is therefore important that staff reflect on their own discriminatory beliefs and norms and examine how these could influence their response to survivors so that their responses are not biased.



One Stop Centres provide integrated support and assistance to all women affected by violence and in distress, irrespective of caste, religion, etc both in private and public spaces under one roof

5



Training & Capacity Building

VI. Training and capacity building

Staff at OSCs are mandated to undergo comprehensive training to ensure they provide survivor centred care and are equipped to handle the needs of survivors with compassion, skill and respect. Staff training should be designed so as to equip staff with the practical and emotional aspects of assisting survivors.

1. Conduct of trainings

- **In person trainings:** The Savitribai Phule National Institute of Women And Child Development has been designated as the Nodal agency for organizing training programmes for OSC staff. Savitribai Phule National Institute of Women And Child Development has been given the task of training Master trainers from all States and equipping them with necessary skills to further train other OSC functionaries.

The States/UTs may also request Savitribai Phule National Institute of Women And Child Development to provide induction training to all personnel involved in the functioning of OSC in their respective State/UTs. Towards fulfilling this objective, the State will coordinate with various line departments to ensure that individuals from various departments providing services at OSC (Police, para legal worker, para medical worker) can be sensitized and trained for responding to survivors of violence.

- **Online trainings:** Self paced online trainings which are under consideration may be conducted that OSC staff can undertake for updation of knowledge and skills on a range of issues in connection with violence and provision of survivor centred care.
- **Learning and Development module :** A Learning and Development module for the continuous capacity building of OSC staff may be developed, with training materials made available in digital, audio, or video formats, in collaboration with Savitribai Phule National Institute of Women And Child Development or other relevant agencies.

2. Essential training for OSC staff

2. 1.1 Induction training

Induction training should be designed to familiarize staff with policies, procedures, and the specific role of each staff in the OSC. Training should also include the key principles for providing care to survivors. Training may be conducted through various modes such as online sessions, offline modules, or inperson workshops, depending on feasibility and context.

The broad aim of the training should be to provide support to survivors while adhering to ethical standards. Key issues that can form a part of the induction training include:

2.1.1 Introduction to the One Stop Centre

- **Mission and Vision of the OSC:** The purpose for establishing OSCs, approach of the centre in supporting survivors, and the values that guide the work of the OSC.
- **Structure and Key Roles of OSC staff:** Organizational hierarchy, roles and responsibilities of staff, team work and coordination between staff members
- **Services provided at the OSC:** Overview of the services provided by the OSC- Emergency response and rescue services, medical assistance, police support for lodging FIR/DIR, psycho social support and counselling, legal aid and temporary shelter
- **Code of Conduct:** Expectations regarding staff behaviour, ethical standards, and OSCs commitment to maintaining a safe and respectful environment.

2.1.2 Principles for functioning of OSC

- **Survivor centred care:** Principles of survivorcentred care - empowerment, choice, respect, and avoiding retraumatization
- **Confidentiality and data protection:** Training on maintaining confidentiality and the conditions under which information can or must be shared, respecting survivors' rights and autonomy. Training should also include data security measures, viz. handling sensitive data and personal information with care.
- **Mandatory Reporting:** Clear guidelines on the need for mandatory reporting in cases of sexual abuse particularly child sexual abuse and how to handle situations when a survivor does not consent to share information
- **Cultural Sensitivity:** Training on sensitivity to local cultural norms and practices and how they might impact the way survivors experience and respond to violence, should form a critical part of the induction training

2.1.3. Legal framework

- **Understanding legal rights:** Training should include a component on laws to deal with violence against women and harmful practices, including reporting requirements and the rights of survivors under these laws.
- **Referral systems:** Training should enable staff to develop an understanding of referral pathways for medical, legal, psycho- social support.
- **Creating Safety Plans:** Training on helping survivors create personalized safety plans, including shelter options, legal assistance, and strategies for avoiding further harm

2.1.4. Providing care to vulnerable groups facing violence

- **Children:** Specific training on recognizing signs of violence in children and offering age-appropriate support
- **Persons with disabilities:** Training on how survivors with disabilities may experience and express violence differently and how to offer appropriate support

2.1.5. Psychosocial support and Counselling

- **Basic Counselling Skills:** Training should include key components of counselling to provide survivors with emotional support
- **Referral to Specialists:** Staff should be trained on recognizing when to refer survivors to advanced mental health support

2.1.6. Selfcare and dealing with burnout

- **Dealing with compassion fatigue:** Staff should be trained to recognize the signs of burnout and be trained on strategies for selfcare and emotional resilience to deal with vicarious trauma and compassion fatigue.

2.2. Training on Communication skills

OSC staff should also be trained on effective communication strategies, including patient listening, managing difficult conversations with survivors, and on engaging with survivors who have faced severe trauma.

2.3. Specific trainings for OSC staff based on their roles and responsibilities

In addition to the induction training, staff in the OSC need to be trained on different aspects based on their roles and responsibilities.

- **Collaboration with external agencies:** Centre administrators need to be oriented and trained on working with law enforcement agencies and on ensuring that survivors are not revictimised in the criminal justice process. Centre Administrators should also be trained on coordination with CSOs, shelter homes and other services that a survivor might require
 - **Case Management:** Centre administrators and case workers need to be trained on core aspects of case management. This training would include- engaging with a survivor, assessment of survivors needs, developing a case action plan, implementing a case action plan, follow up and case closure
 - **Counselling and Psychosocial support:** Counsellors need to be trained on psychosocial first aid, advanced counselling skills and on dealing with depression, anxiety, self-harm and suicidal ideations. Their training should also include working with and counselling perpetrators.
- 2 **Professional development programmes:** Regular professional development programmes should be organised for OSC staff to provide updates on amendments to laws, best practices and innovations in their area of work.

3. Role of District Collectors/ Magistrates

The District Collector/District Magistrate will be responsible to ensure that induction training is provided to all personnel involved in the functioning of OSCs. Towards fulfilling this objective, the District Collector/District Magistrate will coordinate with its various line departments so that individuals from other departments providing services at OSCs can be sensitized and trained in responding to survivors of violence. District Collector/District Magistrate will have the liberty to involve CSOs, civil society groups, community based groups, institutions or resource persons for imparting training. Additionally, Gender Cells, Women's Studies Centres in Universities could also be involved for training and capacity building. District Magistrates/Collectors and Superintendents of Police/DCPs should inspect the OSCs in their jurisdiction at least once every quarter.

Role of District Nodal Officer:

The District Nodal Officer plays a crucial role in ensuring effective implementation and monitoring of the One Stop Centres (OSCs). They are responsible for overseeing compliance with prescribed signage and IEC standards, ensuring that appropriate materials are placed prominently at the OSC entrance and other key locations. The Nodal Officer must ensure that the information displayed is accurate, clear, and accessible to the general public. Furthermore, they are tasked with monitoring awareness efforts, coordinating with relevant departments, and facilitating continuous improvement in visibility and service delivery.

Joint Inspections:

To strengthen accountability and ensure consistent monitoring, a fixed inspection schedule is to be implemented. One Additional District Magistrate (ADM) rank or senior officer may be nominated as the incharge of OSC(s) and must conduct inspections at least once a month, accompanied by the Area DSP/ASP/CO and the incharge of Mahila Thana. Additionally, District Magistrates/Collectors and Superintendents of Police/DCPs should inspect the OSCs in their jurisdiction at least once every quarter. These joint inspections aim to assess the functionality, service delivery, infrastructure, and adherence to visibility norms. The inspection form has been annexed.

Publicity and Awareness:

Enhancing public awareness about the services offered by OSCs and the Women Helpline is critical for ensuring accessibility and utilization. To address ongoing gaps in visibility, States/UTs may use standardized signage boards, pamphlets, and standees at strategic public locations such as hospitals, bus stops, markets, police stations, and administrative offices. These materials should be prominently displayed and maintained regularly. States/UTs must ensure compliance with visibility procedures and encourage participation in public events, fairs, and exhibitions to maximize outreach and inform citizens of available support services.





**Survivor-Centred
Service Delivery**

I. Survivor centred service delivery

A key guiding principle for providing care to distressed women is using a survivor centered approach which ensures that survivors of violence are supported in ways that promote their well-being, autonomy, and longterm recovery, and minimize further harm and retraumatization.

1. What is a survivor centered approach?

A survivor centered approach aims to create a safe and supportive environment in which survivors rights are respected and survivors are treated with dignity and respect. A survivor centered approach recognizes that every survivor

- Has equal right to care and support
- Is different and unique
- Will react differently to their experience of violence
- Has different strengths, capacities, resources, coping mechanisms and needs
- Has the right, (appropriate to their age and circumstances) to decide who should know about what has happened and what should happen next
- Should be believed and be treated with respect, kindness and empathy

Using a survivor centred approach means that OSC staff engage in the following:

- **Validate the survivor's experience:**

A survivor centred approach highlights the importance of demonstrating positive regard for survivors and communicating to them that service providers believe and do not judge them, their experience or their decisions about what to do

- **Empower the survivor:**

A survivor centred approach puts the individual at the centre of the helping process and aims to empower them. An experience of violence may take away a person's control over their body and mind - interactions of the OSC staff with a survivor should aim to restore their sense of control by making sure they are the decision makers throughout the process.

- **Emphasize the survivor's strengths:**

A survivor centred approach recognizes that survivors have different ways of coping and problem-solving. It involves an understanding of the survivors strengths and building upon them to facilitate recovery. This strengths based approach recognizes that survivors have existing ways of coping and builds on their inherent resilience.

- **Value the survivor service provider relationship:**

A survivor centred approach emphasizes that a service provider's relationship with the survivor has the potential to be a source of support and empathy and is a starting point for healing. Service providers must view all interactions with the survivor as opportunities to build trust.

2. Guiding principles of a survivor centered approach

As mentioned in the introductory chapter, OSCs should adhere to the following guiding principles for providing survivor centered care and support

- Safety: Survivors should feel safe in accessing services at the OSC without fear of retaliation or further harm**

This refers to both physical safety and security and to a sense of psychological and emotional safety. The safety and security of the survivor, her children, other family members, and those assisting her, should be a key priority for all service providers at the OSC. Women and girls who disclose an incident of violence or a history of abuse are often at high risk of further violence from the perpetrator, or the perpetrators family due to patriarchal notions of honour. Intimate partner violence and conflict related sexual violence may present complex safety risks for the survivor and those around her. OSC service providers should undertake a risk analysis and provide support upholding the principle of ‘doing no harm’.

- Non-Discrimination: OSC services are inclusive and accessible to everyone, free from bias or prejudice**

Non- discrimination means that all survivors have the right to the best possible assistance and should receive care, support, and services without discrimination based on gender, age, religion, caste, disability, sexual orientation, gender identity or any other status. Every survivor should be treated with dignity and respect, regardless of their background. Staff should be equipped with knowledge, skills and attitudes on inclusive programming.

- Respect and self- determination: OSC service providers should respect the choices, rights and dignity of survivors in all aspects of service provision**

Respect and self- determination means that survivors should have control over the decisions regarding their own lives. This includes the freedom to make choices about the kind of services they receive, whether or not to report the violence, and how to proceed with their healing journey. If the dignity, wishes and rights of a survivor are not respected, it can increase their feeling of helplessness, self- blame and reduce the effectiveness of interventions.

This also means that services should be provided in a way that is culturally relevant and sensitive to the survivor’s background, beliefs, and traditions.

- Confidentiality: All interactions and information shared by the survivor must be handled with strict confidentiality to build trust**

Confidentiality refers to a survivor’s right to choose with whom they will or will not share any information about the incident of violence. It means that anyone who has access to information about a survivor must not share any information without the explicit permission and informed consent of the survivor. Confidentiality promotes and supports safety, trust and empowerment. Breaching confidentiality can put the survivor and others at risk of further harm.

Survivors should be explained the limits to confidentiality, in situations where mandatory reporting is necessary as per the existing laws. For e.g. in cases of sexual assault, service providers are mandated to inform police about the incident (Section 19 of Protection of Children from Sexual Offences (POCSO) Act and Section 397 of Bhartiya Nagrik Suraksha Sanhita (BNNS) direct service providers to mandatorily inform police if a survivor of sexual violence reports to them).

Survivor centered care also entails provision of comprehensive support to a survivor. This means that OSC staff should adopt a holistic approach to care and service providers should address the physical, emotional, legal, and social needs of the survivor. This may include medical care, mental health support, legal assistance, and access to shelter, food, or economic resources. Emotional, physical, and psychological healing may take time, and care providers should offer continuous support through the survivor's recovery journey.



Case Management

II. Case Management

a. What is Case Management?

Case management is a collaborative process that engages a range of service providers to meet a survivor's immediate needs and support longterm recovery. Effective case management ensures informed consent and confidentiality, respects the survivor's wishes, and provides inclusive services and support without discrimination. Case management is responsive to the unique needs of each survivor. It is important that survivors are provided with comprehensive information so they can make informed choices, including choices about using multisectoral response services (health, psychosocial, legal, security) and the possible consequences of accessing those services. Case management also involves conducting safety assessments and safety planning and identifying strengths and assets the survivor has to cope with the consequences of their experiences and support the survivor in using those.

2. Steps in Case Management

Case management services will be provided by the Case Worker, under the guidance of the Centre Administrator. The case worker will seek the support of the Psycho-social Counsellor for assessing the mental health of the survivor and providing initial mental health support. Case workers will seek support of other staff like paramedical staff, paralegal officers during referrals. The key steps in case management are as follows:

| S. No | Steps | Tasks | OSC staff incharge | Documents required |
|--------|---------------------------|---|--------------------------------------|--|
| Step 1 | Introduction & engagement | <ul style="list-style-type: none">• Greet and comfort the survivor.• Build trust & rapport.• Assess immediate safety• Explain confidentiality and its limits• Obtain permission (informed consent) to engage the person in services | Center Administrator and Case Worker | <p>Registration Form</p> <ul style="list-style-type: none">• Consent Form• Any case referred from other institutions / organizations may be registered on the dashboard• Survivor visits the offices, the registration to be completed.• For cases coming through “Book Appointment at OSC”, the OSC may contact the survivor & register their cases. |

| | | | | |
|--------|----------------------|--|---|--|
| Step 2 | Assessment | <ul style="list-style-type: none"> • Understand the survivor's situation, problems and identify immediate needs. • Provide immediate emotional support. • Give information. • Determine whether the survivor wants further case management services. | <p>The case worker would conduct the basic assessment and document the case history of the survivor. The psycho-social counsellor will assess the mental health of the survivor using psycho metric tests.</p> | <ul style="list-style-type: none"> · Case assessment form · Services to be provided to the survivor may be identified and provided |
| Step 3 | Case action planning | <ul style="list-style-type: none"> · Develop a case plan based on assessment with the survivor · Obtain consent for making referrals · Document the plan | <p>The case action plan would be prepared by the case worker with the assistance of the counsellor, para medical and para legal staff, under the guidance of the Center Administrator. The case action plan would be tailored to suit the needs of the survivors.</p> | |

| | | | | |
|--------|------------------------------------|--|--|---|
| Step 4 | Implementation of case action plan | <ul style="list-style-type: none"> · Assist and advocate for survivors to obtain quality services · Provide direct support (if relevant) · Lead case coordination | <p>The Case worker would ensure that the case action plan is implemented along with the involvement of all other stakeholders. This will involve coordination with referral services and facilitating linkages of survivors and services they require.</p> | <ul style="list-style-type: none"> • Inter Departmental referral form • Module for the online transfer of cases and related details from OSC to Shakti Sadan will be developed shortly. |
| Step 5 | Case followup | <ul style="list-style-type: none"> · Follow up on the case and monitor progress. · Reassess safety and other key needs. · Implement a revised action plan (if needed) | <p>Case follow up will be conducted by the Case Worker who will assess if the survivor needs further assistance after their initial needs have been met. The Case worker will continuously monitor progress, reassess safety, and identify evolving needs.</p> | <ul style="list-style-type: none"> • Case Follow-Up • Depending on emergency and non-emergency cases, follow up for cases is to be done. |
| Step 6 | Case closure | <ul style="list-style-type: none"> · Assess and plan for case closure. | <p>The case worker along with the consensus of the centre administrator and counsellor would be responsible for closing the case.</p> | <ul style="list-style-type: none"> • Online procedure. |

Case management ensures that a survivor receives crisis and longer term psychosocial support. The case management process is not linear and, in emergencies, it is often difficult to complete all case management steps. Case workers should prioritise survivors' immediate needs and choices, including their safety and security, and access to health care and psychosocial support.

3. Details of Case Management

The steps of case management have been detailed below:

3.1 Introduction and Engagement:

OSC staff must make the survivor feel safe and calm and give them information about the services offered at the OSC. Staff must seek consent from the survivor to work with them.

3.1.1: Greeting and comforting the survivor:

OSC staff are required to:

- Ensure the physical space is safe, private and the survivor feels safe to speak and share their story
- Greet the survivor as a stranger is greeted based on local culture
- Avoid having a desk or table between you. Ask the survivor if they are comfortable.
- Introduce yourself and explain who you are in simple terms. Ask the person if they are comfortable sharing their name.

3.1.2: Engaging the survivor in services:

OSC staff are required to:

- Determine if the survivor wants to receive case management services
- Obtain informed consent from the survivor in the consent form (Sample consent form included in the Annexure)

What is Informed Consent?

Informed consent is the voluntary agreement by an individual. It is intended to protect the rights of the survivor and ensure that they are fully aware of the limitations, risks and benefits of receiving services. Getting informed consent is an ethical obligation, and it is a survivor's right that must be protected. In case management, getting informed consent is also an important part of building trust with a survivor. It is a way to promote the person's self-determination and start restoring their power and control.

When to get informed consent?

Conversations with a survivor about informed consent are ongoing throughout the case management process. Informed consent should be obtained in the following cases:

- Before beginning the assessment, that is, before listening to a survivor's story, gathering or documenting any information about the survivor's case.
- Before making case referrals. Any time information is shared with other service providers who can help the survivor meet their needs, permission must be sought.
- Before any action is taken by the case worker on behalf of the survivor. For example, carrying out advocacy or case coordination.
- However all the above procedures may be adopted as per the situation and vary time to time on the basis of gravity of case.

When is informed consent not required?

- Where a survivor requires urgent medical attention and life saving help
- Where there are concerns about the immediate physical safety of survivors or their children or in case there is a concern that a survivor may harm themselves
- Where there are mandatory reporting laws that obligate service providers to report to police For e.g. in cases of sexual assault, service providers are mandated to inform police about the incident (Section 19 of Protection of Children from Sexual Offences (POCSO) Act and Section 397 of Bhartiya Nagrik Suraksha Sanhita (BNNS) direct service providers to mandatorily inform police if a survivor of sexual violence reports to them). In case a survivor objects to mandatory reporting, listen to why they are objecting and document informed refusal.

Note: It may be noted that no services can be denied on the basis of noncompliance of any of the above points.

After obtaining the informed consent of the survivor, a Unique ID shall be generated along with a Case Registration ID. If the survivor has previously availed services from the same or another OSC, a new Case Registration ID will be created under the existing Unique ID.

This will ensures accurate case tracking, facilitates referrals and coordination between OSCs, prevents duplication, and helps share case history to avoid retraumatization of the survivor.

3.2. Case Assessment:

Case assessment is defined as the act of gathering information about a survivor and using it with the survivor to make decisions about the survivor's care with consent. The steps that OSC staff need to undertake for case assessment are as follows:

3.2.1 Facilitate survivor's disclosure:

To support survivors and make them feel at ease, case workers should:

- Invite the survivor to share their story with openended questions, listening carefully and observing their body language for signs of discomfort.
- Check in regularly to ensure they feel comfortable continuing, and if they express discomfort, stop immediately.
- Offer encouragement and empathy through verbal and non-verbal communication, responding to their disclosure with compassion and validation.
- Ask only necessary clarifying questions after they have shared their story, focusing on their needs and wellbeing.
- Respond to the survivor's disclosure with compassion, validation and reassurance.

Responding to survivors's disclosure:

- Validate and empower the survivor by saying, "You are very brave for sharing your story"
- Continue to build trust by saying, "I believe you."
- Express empathy by saying, "I am sorry this happened to you," or "I am so sorry you are going through this."
- Provide reassurance that what happened was not their fault by saying "You are not to blame" or "What happened was not your fault."

3.2.2 Assessment of Needs:

- Assess the nature of the violence, including any physical harm or penetration, to determine the need for urgent medical care.
- Assess the nature of the violence, including any physical harm or penetration, to determine the need for urgent medical care.
- Conduct a detailed assessment covering physical safety, medical needs, legal support, psychosocial support and shelter requirements.
- Evaluate safety needs by identifying risks, existing safety strategies, and support systems, and discuss options like temporary shelter if needed.
- To assess health needs determine the nature, timing, and impact of the incident, providing information on medical treatment, and facilitating referrals for timesensitive care.
- Assess psychosocial needs by observing emotional and behavioral changes, offering reassurance, and normalizing feelings of distress.
- Inform survivors of their legal rights and guide them through options for justice if they choose to pursue it.
- Practical needs like shelter, food, and transport should also be addressed to ensure their overall well-being.

3.2.4. Suicide risk assessment and support

Suicide risk assessment is critical for survivors of violence.

- Case workers should involve a psychosocial counselor to evaluate suicidal ideations, assessing current or past thoughts, risk levels, and safety needs while providing emotional support.
- A safety agreement should be developed to help the survivor identify warning signs, coping strategies, and a trusted "safety person." If the survivor cannot identify these, they should be referred to advanced mental health services.
- The safety agreement, which serves as a crisis reminder, should be documented and shared with the survivor for their reference.

3.3 Case Action Planning

In this step, the case worker and the survivor will plan how to meet the needs of the survivor, solve problems and make decisions about what will happen next. The key steps include:

- Summarize your understanding of the survivor's key needs.
- Give information about what services and supports are available and what can be expected from them.
- Plan together how to meet needs, set personal goals and make decisions about next steps.
- Obtain informed consent for referrals to other services. Use the consent form included in the Annexures
- Discuss how the survivor will access other actors and whether accompaniment is needed.
- If urgent concerns arise regarding the safety or health of the survivor during the course of assessment and action planning (e.g. they are suicidal, decline life saving health services) and the case worker requires further support, the same should be discussed with the centre administrator.
- Develop a case action plan—a simple written plan specifying what action needs to be taken, by whom and when.
- Identify a time and place for a follow up meeting

3.4 Implementing the Case Action Plan

Implementing the case action plan entails helping the survivor implement the plan and making sure they receive the care, support and assistance they need. Case workers must:

- Make referrals (for health care, to police, for legal advice, to other services based on need)
- Support survivors to access services (accompanying the survivor to services).
- Advocate on behalf of survivors if they need and want this help to access quality care
- Coordinate services (police, health, legal aid, advanced mental health support, longterm shelter) as required
- Providing direct services, e.g., emotional and practical support, providing education to families, etc. The OSC may connect with DLSA for legal assistance.

3.5. Case Follow-up

Following up on cases is an important part of helping survivors with their needs. During case follow-up, the case worker must:

- Monitor the case.
- Make sure the survivor is safe and getting the help they need, and identify and overcome barriers or problems.
- Reassess safety and identify new risks and possible risk mitigation strategies

Follow-Up Guidelines

Follow-up may continue for up to a maximum of 3 months which may be extended or decreased depending on the nature and gravity of the case. Follow-ups may be conducted through phone calls, home visits, or coordination with relevant service providers.

A. Emergency Cases:

- First follow-up: Within 24 hours of survivor visit or referral or providing services.
- Second follow-up: Within 3 days of the first.
- Third follow-up: After one week.
- Subsequent follow-ups: Weekly, then monthly as the case stabilizes.

B. NonEmergency & Follow-up Cases:

- First follow-up: Within 3 days of providing support or information.
- Subsequent follow-ups: Conducted weekly, and then monthly, depending on case progression.

The frequency and duration of follow-ups should be guided by the urgency and nature of the case, as well as the assessment by the Centre Administrator. While timelines below are indicative, actual follow-up schedules may vary based on the gravity of the case.

3.6. Case Closure

The length of time a case may be open will vary depending on the survivor's needs and the context of each case. A case can be closed when:

- The survivor's needs are met and/or their support systems are functioning:
 - Follow-up with the survivor and discuss their situation.
 - Review the final action plan and the status of each goal together.
 - Explain that it is time to close the case, but reassure the survivor that they can always return if they encounter new issues again.
- When the survivor wants to close the case: Sometimes survivors may feel that they do not want to continue even if they haven't had all their needs met. The goal should be to respect the survivor's wishes, and the case is closed at their request.
- When the survivor leaves the area or is relocated to another place.
- When the case worker has not been able to reach the survivor for a minimum of 30 days after intimation to district nodal officers, the case may be closed.
- In cases that the survivor is not responding, Centre Administrator with the approval of DPOs may close the case.

Once it is determined that the case should be closed, the case worker should:

- Document when the case is closed and the specific reasons for doing so- Use the case closure document
 - Review the case with the Centre Administrator and obtain approval to close it.
 - Review the survivor's file and make sure the file is complete.
 - Administer a client feedback survey.

Case Closure

A case may be considered closed under the following circumstances:

- The survivor informs the OSC to close the case
- The survivor has received all required services from the OSC and does not need further support.
- The case has been referred to another institution/agency, and all necessary services and support have been provided.
- The survivor has not responded to follow-up efforts.
 - In such cases, after 30 days of follow-up, and with the approval of the District Nodal Officer (DNO), the case may be closed.
- The survivor has provided informed consent for closure of the case.
- Others, depending on the Center Administrator.

All closures must be properly documented, and the survivor's case file should include justification for closure and details of services provided.

Case Reopening

- A case may be reopened within one year under the same Registration ID and Unique ID, in situations such as:
 - Recurrence of violence or abuse.
 - The survivor requests the OSC to reopen the case.
- If a case is to be reopened after one year, it shall be treated as a new case and registered with a new Registration ID, while retaining the same Unique ID to maintain continuity of the survivor's case history.
- If the survivor reports a new or different case (e.g., a different form of violence), even within one year, a separate case shall be registered with a new Registration ID, under the same Unique ID.

Other Provisions for Case Management

1. Home Visits: Home visits may be conducted by the OSC team as directed by the Centre Administrator (CA) in specific situations where it becomes necessary to ensure the safety and well-being of the survivor. These visits are meant to maintain contact, assess risk, and ensure appropriate followup in sensitive cases.

Home visits may be conducted in the following scenarios:

- When the survivor is unable to visit the OSC.
- In cases requiring rescue interventions.
- In emergency or severe situations requiring immediate support.
- For followup purposes to assess wellbeing and risk.
- When there is no response or contact from the survivor.
- In any other situation deemed necessary by the CA.

It may be noted that home visits must be conducted with utmost confidentiality, planned timing, survivor safety measures, and preparedness to ensure the survivor's protection and privacy.

2. Telephonic counselling: In case survivors who are referred from Women Helpline or other institutions and are unable to visit the OSC due to emergencies, mobility, or safety concerns, telephonic counselling may be provided by psycho-social counsellor and legal counsellor. The cases that are to be taken up under tele counselling is to be decided by the CA.

I. Coordination and Referral Mechanisms

OSCs should ensure that referral systems are in place to connect survivors to appropriate, quality, multisectoral services in a timely, safe and confidential manner. Referral linkages should be developed to connect survivors to services such as health, police and legal aid, child welfare services, shelter homes and advanced mental health care. Referral systems must prioritize survivor safety and confidentiality, and respect survivors' choices in accessing services.

Steps for making referrals:

The Centre Administrator, with the case worker's support, must establish a functional referral system. For this they need to:

- The nodal ADM should review these cases from time to time bases.
- Map all service providers (health, police, legal, psycho-social, livelihoods). The referral pathway should be regularly updated, and coordination support from the District Collector/Magistrate may be sought as needed.
- Network with organizational heads to designate focal points, and sensitizing these focal points on survivorcentered care and ethical data sharing.
- Collaborate with local CSOs to build their capacity for trauma-informed care.
- Obtain the survivor's informed consent before sharing their information with referral services.
- Contact the relevant service provider, and accompany them as needed. Where possible, brief the service provider directly to avoid the survivor having to repeat their story.
- Advocate for compassionate care, protective measures, and respect for the survivor's decisions and rights.

Where (to and from) can referrals be made

· **Health services**

- o District Hospital
- o Community Health Centres
- o Primary Health Centres/Sub Centers, etc

· **Police**

- o Jurisdictional Police Station
- o Mahila Thanna
- o AHTU
- o Crimes against Women Cells

· **Legal Aid**

- o District Legal Services Authority

· **Long term Shelter**

- o Shakti Sadan or any other similar intitutions.

· **Child Welfare Services**

- o Child Welfare Committee constituted under Juvenile Justice Act
- o DCPU etc

Every One Stop Centre should create a referral directory of available support services in their District.

However the referral are indicative, OSC may also take the decision on the basis of local/State specific procedures.

Points to remember

- The case worker should **never coerce a survivor** for accessing services
- The case worker should be aware that a survivor has **the right to refuse referrals.**
This should not have any impact on working with the survivor.

Case Sharing for coordination between OSCs

No service/ support shall be denied to any survivor in any OSC. Case sharing between OSCs-within or outside the state-may be undertaken only with the informed consent of the survivor and based on the specific circumstances of the case. This includes sharing relevant case details and service history to ensure effective coordination and continuity of care and support.

The concerned District Nodal Officer (DNO) and State Nodal Officer (SNO) must be informed when such case sharing occurs. Each OSC involved will register the case separately, using different registration numbers but maintaining the same Unique ID to track the survivor's service history and prevent duplication. In cases where there is a language barrier, OSCs may seek support from other OSCs for translation assistance or arrange for a local translator to ensure effective communication and survivor support.



Monitoring, Supervision & Reporting on the Quality of Service Provision at OSCs

III. Monitoring, Supervision and Reporting on the Quality of Service Provision at OSCs

This chapter discusses the following sections:

Section 1: Monitoring mechanism for the OSC scheme

Section 2: Monitoring and Supervision of Service Quality

Section 3: Reporting

SECTION 1: MONITORING MECHANISM FOR THE OSC SCHEME

- At the State/UT level, the implementation of the scheme will be monitored by a committee chaired by the Chief Secretary supported by the Department of Women and Child Development or Social Welfare. The committee will include members from relevant departments such as Health, Legal, Home Affairs, and others as deemed appropriate by the State, following the structure of the National Committee. The Secretary, WCD, may act as the convenor. The committee is expected to meet at least twice a year to review project progress, formulate the State Annual Action Plan, and ensure that further grants are released based on satisfactory performance. In addition for regular review, a committee headed by Administrative Secretary and Director for all associated Departments and others as may deemed fit.
- At the district level, the scheme is implemented by a committee led by the District Magistrate/Collector and supported by Women and Child Development officers. Members are drawn from relevant departments, mirroring the State Committee. Meeting quarterly, the committee prepares Annual Action Plans for the district, block, and village/ward levels and ensures grants are linked to satisfactory performance. A joint inspection along with a fixed inspection schedule may be implemented along with the ADM rank or senior officer may be nominated as the incharge of OSC(s). Surprise inspections may also be conducted from time to time.
- It is the responsibility of DM/DC to ensure that no staff of OSC can be diverted to any other place or institutions.

SECTION 2: MONITORING AND SUPERVISION OF SERVICE QUALITY

Monitoring the quality of care and case management services is an ethical obligation. OSCs are required to monitor the quality of case management services in four ways:

1.1 Case file audits,

- 1 Mentoring and supervision of OSC staff
- 1 Assessment of OSC staff
- 1 Client feedback surveys

1.1 CASE FILE AUDITS

- Reviewing case files on a regular basis helps track whether case information and follow ups are being used and filled out appropriately and how services are being provided. While reviewing case files, the Centre Administrator should ensure that their remarks are clearly indicated on the selected file, and all such files should be reviewed by the District Nodal Officer.
- Centre Administrators may set up a schedule in which they randomly select a set number of files to review from each case-worker, or review two files per case-worker per week, making note of any particular challenges a case-worker is having with paperwork or a common challenge that emerges among files across the team. Findings from case file reviews can be discussed in individual or group supervision sessions (without compromising on the confidentiality of individual cases).

1.2 MENTORING AND SUPERVISION OF OSC STAFF

Centre Administrators are required to regularly mentor and supervise OSC staff practice and provide the support needed to ensure quality care. Centre Administrators should also be on hand for consultation in emergency situations.

Mentoring and supervision can be provided through oneonone support, through on the job observation and coaching and in regular team meetings. Centre Administrators must ensure that the individual mentoring and supervision is:

- *Regular and consistent:* This means meet with each staff member individually, atleast once a week at a set time so that the staff member and the Centre Administrator can prepare for the session.
- *Safe:* Centre Administrators should ensure that supervision meetings feel like a safe space for staff—where they can make mistakes and not be judged, and where they can receive constructive feedback.
- *An opportunity to “model” good practice with clients:* Centre Administrators should model good case management practices during supervision sessions. When communicating with staff during supervision, Centre Administrators should follow similar communication practices that are promoted for working with survivors. Centre Administrators should seek to empower the staff member by asking her/him to problem and solve instead of immediately providing solutions.

In OSCs with a high monthly caseload, if not possible for Centre Administrators and staff members to discuss every ongoing case during an individual supervision session. Priority must be given to highrisk and complicated cases.

Supervision of OSC Centre Administrators:

- Administrative Secretary, Director, State Nodal Officers and other State officials must visit the OSCs on a periodic basis to observe and conduct supervisory meetings with the Centre Administrators. Prior to each visit, the performance indicators for the relevant OSC available on the OSC dashboard must be reviewed and analyzed.

1.3 ASSESSMENT OF OSC STAFF

- All OSC staff are required to annually undertake a selfassessment on three aspects: attitudes, knowledge and skills, that are essential for providing survivorcentred care and case management services. The assessment will be self administered online using the tools listed below. The scores obtained by each staff member will be recorded and used by the supervisors for each staff member for evaluating staff readiness in performing their respective roles, and in identifying areas in which the staff member requires further coaching or mentoring support. The scores will be accessible only for the individual staff member and their supervisor.
- Tools for Assessment:
 - The **Survivor Centred Attitude Scale** is a tool for supervisors to evaluate attitudes among staff providing direct support to survivors. It includes statements to assess a staff member's personal values and beliefs.
 - The **Survivor Centred Case Management Knowledge Assessment** can help supervisors assess the degree to which a staff member has the minimum knowledge necessary for carrying out case management services with survivors.
 - The **Survivor Centred Case Management Quality Checklist** with staff members as part of their ongoing supervision. The checklist can also be used by staff members to selfassess their work after each meeting with a survivor to assess their own application of knowledge and skills during case management. The ultimate purpose of the checklist is as a learning tool to motivate staff members to improve their capacities to respond to the needs of survivors.

1.4 CLIENT FEEDBACK SURVEYS

- Client feedback surveys are a key way for OSCs to know how survivors experienced their service. At case closure, if the OSC staff and the client agree that their needs/goals have been met, or the client has communicated to the staff that they would no longer like to receive services, the OSC staff can ask them if they would be willing to complete a survey that asks them questions about their satisfaction with the services they have received.

- The client feedback should be self administered in a web-based format and done anonymously- in which the person does not have to provide their name, just the name of the case-worker with whom they worked. For clients who cannot read or write, another staff member (other than the case worker who worked with them) can carry out the survey verbally.

SECTION 2: REPORTING

All the data to be updated on the portal of Mission Shakti dashboard, the MIS report will help to supervise and monitor the functioning of respective OSCs

Data Verification and Quality Control

- Data Verification: CA is responsible for any data that is uploaded on OSC portal.
- Spot Checks: Periodic spot checks by state/district officials to ensure data authenticity.
- Capacity Building: Regular training on data collection and reporting for OSC staff.

Data Confidentiality and Security

- Client information to be anonymized in reports to protect privacy.
- Only authorized personnel should access data and reports.



Community Engagement & Prevention Efforts

IV. Community Engagement and Prevention Efforts

This chapter provides guidance for conducting community engagement and outreach activities effectively to raise awareness about violence against women, available services, and rights, while fostering community partnerships for enhanced protection and prevention. The state/district may involve the Mukhya Nyaya Sakhi and Nyaya Sakhis of Nari Adalats in these activities, if operational.

11.1 Outreach Strategy Development:

- Develop an annual outreach calendar with a mix of awareness drives, workshops, campaigns, and interactive sessions; keep track of key national and international days to plan outreach activities related to addressing violence.
- Ensure diverse strategies, including door to door visits, group meetings, and mass campaigns.
- Form a dedicated outreach team with a trained OSC Outreach Coordinator leading the activities; include community volunteers, local leaders, and peer educators wherever possible.

11.2 Types of Community Engagement and Outreach Activities

- Awareness campaigns: Street plays, rallies, public meetings, focusing on violence against women, gender equality, and rights.
- Group education sessions: Conduct group discussions with women's collectives, youth clubs, and men's groups on violence prevention and response.
- School and college engagement: Conduct workshops on safety, importance of consent, healthy relationships, and the POCSO Act.
- Outreach to disability institutions and support groups: Conduct information dissemination and awareness generation sessions in local disability institutions and support groups to establish a regular linkage.
- Stakeholder collaboration events: Joint activities with Panchayat leaders, health workers, ASHA workers, Anganwadi workers, police, DLSA.
- Collaboration with local leaders and influencers: Work closely with Panchayati Raj Institutions (PRIs) for sustained outreach efforts. Engage local leaders, teachers, and local celebrities to amplify messaging.
- Counseling and Legal Clinics: Organize mobile OSC units or community based legal aid and counseling sessions to actively reach out to remote areas.
- Referral Drives and Service Promotion: Distribute IEC (Information, Education, and Communication) materials in local languages. Share information on OSC services through posters, pamphlets, and local media channels.

11.3 Data collection and documentation

- Maintain a register capturing: Date, location, and type of activity; number of participants and demographic details; key observations and community feedback.

11.4 Post Event follow-up

- Conduct debriefing sessions with the OSC team to assess the activity's effectiveness.
- Identify cases needing follow-up support and referrals.
- Update all post event and reports on OSC portal of Mission Shakti dashboard.

Funds may be utilized from the SANKALPHEW component, and resources under HEW may be leveraged for community engagement activities.

10



Self Care for OSC Staff

V. Self- Care for OSC staff

The impact of consistently supporting survivors of violence can have a significant impact on the emotional, mental, and physical wellbeing of OSC staff. It is crucial that staff adopt selfcare practices to prevent burn out and deal with compassion fatigue.

Staff should be encouraged to:

- **Practice emotional awareness:** By monitoring their feelings and reactions to the work, such as irritability or sadness. This can help identify when additional support is needed.
- **Practice physical self- care:** Staff should be encouraged to engage in regular physical activities to distress themselves and promote overall health.
- **Access relaxation techniques:** Staff should be encouraged to access relaxation techniques like meditation, or breathing exercises as part of their daily routine or to engage in creative activities like art, journaling or music, to help manage stress and stay grounded.
- **Build Resilience:** Staff should be trained and equipped with skills to build resilience, such as mindfulness practices, grounding techniques, and stress management strategies.
- **Set clear boundaries:** Staff should be trained to understand the importance of setting emotional and professional boundaries with clients and their own personal lives. This is vital to prevent over-identifying with clients' experiences and to maintain mental health

In addition to the above, regular sessions, where staff can debrief, discuss cases, and process emotions in a safe environment, should be organized. The Centre administrator can take a lead in organizing these sessions.





Crisis Management & Emergency Procedure

VI. Crisis Management and Emergency Procedures

This SOP provides indicative suggestions for OSCs in India to respond effectively to crisis and critical cases, including life-threatening situations and crimes such as trafficking, in a manner that ensures the safety, dignity, and rights of survivors. However, matter maybe taken up with local officers and as per local situations.

What constitutes a crisis or an emergency and what are critical cases:

Crisis cases include:

- Life-threatening physical injuries
- Attempted suicide
- Severe physical or psychological trauma

Critical Cases Include:

- Human trafficking and bonded labor
- Severe domestic violence requiring immediate intervention
- Sexual violence and rape
- Child abuse and forced marriages
- Or any other case observed or identified by the CA.

Response Procedure for Crisis and Critical Cases

A. Initial Response and Triage (Golden Hour Response)

1. Immediate Safety and Security:

- Ensure the survivor is in a safe and secure space within the OSC premises.
- Remove the perpetrator (if present) from the vicinity with the help of law enforcement.
- Inform senior administrations and police officer about the matter.
- Inform District Medical Officer/CMO/in charge

2. Medical Assistance:

- Call an ambulance or coordinate with the nearest hospital for emergency medical care.
- Provide first aid if a medical professional is available at the OSC.

3. Legal Protection and Police Reporting:

- Inform the survivor about the option to file a First Information Report (FIR).
- If the survivor consents, immediately notify the local police station for necessary legal intervention.
- Inform Secretary, DLSA.

- For trafficking cases, alert the Anti Human Trafficking Unit (AHTU).
4. Confidentiality:
- Ensure that personal details of the survivor are not disclosed without consent.
 - Maintain a restricted access case file for critical cases.

B. Detailed Assessment and Case Management

1. Link the survivor to the Case-Worker:
 - Designate a trained case-worker to handle the case.
 - Maintain survivorcentric, non-judgmental communication.
2. Risk Assessment:
 - Conduct a preliminary risk assessment using a standard risk assessment tool to evaluate immediate threats and support needs.
3. Trauma-Informed Counseling:
 - Provide trauma-informed psychological first aid and counseling
 - If necessary, refer to a mental health professional for specialized care

C. Collaboration with Law Enforcement and Protection Mechanisms

1. Police Coordination:
 - Establish a direct liaison with the District Protection Officer (in instances of Domestic Violence, if the survivor consents) and local police
 - Share critical information for urgent intervention while ensuring confidentiality
2. Coordination with the AntiHuman Trafficking Unit (AHTU) (for Trafficking Cases):
 - Notify the AHTU immediately
 - Assist in preliminary survivor protection
 - Or any other as per requirement.
3. Legal Support:
 - Provide access to a legal aid lawyer to inform the survivor of their rights
 - Assist in the filing of FIRs and recording survivor statements under Section 183 of BNSS (if required)

D. Shelter and Rehabilitation Services

1. Emergency Shelter:

- Provide temporary shelter at the OSC
 - Ensure privacy, safety, and hygiene in the shelter facility
2. Long-term Rehabilitation Support:
 - Coordinate with government-authorized shelter homes for long-term stay (e.g., Shakti Sadan or any other similar institutes)
 - Facilitate livelihood support and skill-building programs for economic empowerment
 3. If a minor is involved:
 - Notify the Child Welfare Committee (CWC) immediately
 - Ensure placement in a safe child care institution if required

E. Case Documentation and Reporting

1. 1. Case File Management: Maintain a secure physical and digital case file with:
 - Incident details
 - Medical reports
 - Counseling notes
 - Police reports and FIR copies
 - Followup actions taken
2. 2. Mandatory Reporting (for Severe and Statutory Cases):
 - Cases of sexual violence, child abuse, and trafficking must be reported to the police as mandated by POCSO Act, 2012 and BNSS

3. F. PostCrisis Follow-Up and Monitoring

1. Follow-Up Counseling:
 - Provide regular followup counseling sessions
 - Track emotional recovery and mental wellbeing
2. Legal Case Follow-Up:
 - Assist in court proceedings and provide legal updates to the survivor
3. Reintegration Support:
 - Develop a reintegration plan with the consent of the survivor
 - Provide linkage support for enabling access to education, employment, and social reintegration

Roles and Responsibilities:

- Centre Administrator:
 - Lead the crisis response, ensure proper documentation, and liaise with authorities

- Case Worker:
 - Provide direct support, coordinate services, and maintain case records
- Psychosocial Counselor:
 - Provide trauma-informed care and emotional support
- Para legal staff:
 - Facilitate legal support and representation
- Para medical staff:
 - Ensure immediate medical care and referrals

Capacity Building and Preparedness

- State Departments must conduct regular training for OSC staff on trauma-informed care, first aid, and legal frameworks
- State Departments must conduct mock drills and simulations for handling life threatening cases and trafficking
- OSC Centre Administrators must conduct coordination meetings with local police and protection officers for preparedness
- The funds for organizing, training programme may be used from the budget under vocational training head for SANKALP HEW.



FAQs – One Stop Centre (OSC) SOP

FAQs – One Stop Centre (OSC) SOP

1. What is the purpose of the One Stop Centre (OSC)?

OSC provides integrated support and assistance to women affected by violence under one roof, including medical aid, legal aid, police assistance, psychosocial counselling, and temporary shelter.

2. Who can access services at the OSC?

Any woman affected by violence, irrespective of age, caste, religion, or marital status, including girls below 18 years.

3. Are the services at OSC free of cost?

Yes, all services provided at OSC are free of cost for the survivors.

4. What kind of violence does OSC address?

OSC addresses all forms of violence against women – physical, sexual, emotional, psychological, and economic, both in public and private spaces.

5. How can a woman reach the OSC?

Survivors can reach OSC directly, through Women Helpline (181), police, hospital, NGOs, or other referral systems. Survivors may also book their appointments at OSCs through the “Book my Appointment” Feature.

6. What are the operating hours of an OSC?

OSC operates 24x7, providing roundtheclock services to survivors of violence.

7. What is the role of the District Administration?

The District Administration ensures effective implementation, coordination with line departments, and regular monitoring of OSC.

8. Are there any shelter facilities available?

Yes, OSC provides shortterm shelter for up to 20 days with basic facilities for women and their children (girls of any age and boys up to 12 years).

9. Can OSC help in filing police complaints or legal aid?

Yes, OSC facilitates FIR registration, legal counselling, and linkage with District Legal Services Authority (DLSA).

10. Is tele-counselling available at the One Stop Centre (OSC)?

Yes, OSCs offer tele-counselling services for survivors who are unable to visit the centre physically or for any other circumstances. Trained counsellors provide psychological support through phone or digital platforms, ensuring timely and accessible care.

11. Are a survivor's details and case information kept confidential?

All personal and caserelated information of survivors is handled with strict confidentiality. Staff are trained to ensure privacy and protect the dignity and identity of survivors at every stage.



Mission Shakti Dashboard for OSC

Mission Shakti Dashboard for OSC

The Mission Shakti Dashboard is a centralized digital platform developed to monitor and manage the functioning of One Stop Centres (OSCs) across the country. It captures data related to services provided to women affected by violence, infrastructure details of OSCs, staff information, and financial reporting. From April 2025 onwards, no manual data entry will be allowed, and only data entered into the dashboard will be used for various national and state level portals such as the Prayas Portal, DISHA Portal, DBT Portal, and the WCD Dashboard.

OSC level

At the OSC level, each centre is responsible for registering case details on the dashboard within three days of receiving the case. They must also enter detailed information about the centre's infrastructure, staff members, and the exact latitude and longitude of the OSC location. Individuals seeking support can also book appointments online through the dashboard and visit the centre accordingly.

District level

At the district level, the District Nodal Officer (DNO) is responsible for verifying the infrastructure details entered by the OSCs in their district and ensuring that all OSCs are regularly and accurately updating their data. The DNO plays a key role in monitoring the overall functioning and compliance of OSCs under their district.

State level

At the state level, the State Nodal Officer (SNO) monitors the performance and dashboard usage of all OSCs in the state. States are also responsible for uploading reports related to OSC construction, Utilization Certificates (UCs), and Statements of Expenditure (SoEs).

National level

At the national level, the Ministry of Women and Child Development oversees and monitors all OSCs through the dashboard. The Ministry uses this data to evaluate the implementation and progress of schemes under Mission Shakti, and the information is integrated into other government portals for centralized monitoring and reporting.

In case of any technical issues while using the dashboard, OSCs and district/state officials can reach out to the NIC technical support team for assistance. The effective use of the Mission Shakti Dashboard is essential for maintaining transparency, ensuring timely service delivery, and strengthening the support system for women in need.

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Annexures

Annexure**CONSENT FORM**

I, _____, resident of _____, district _____ State _____ give my voluntary and informed consent to receive support and services from the One Stop Centre (OSC).

I understand that these services may include (as required and applicable):

- Emergency response and rescue services
- Medical assistance and referrals
- Police facilitation and legal aid
- Psychosocial counselling
- Temporary shelter
- Support in filing FIRs and accessing protection
- Referral to other service providers or institutions for rehabilitation support
- Any other services

I understand that:

1. My participation in OSC services is entirely voluntary.
2. The information I provide will be treated with strict confidentiality, except where disclosure is required by law or necessary to ensure my safety.
3. I may withdraw my consent or discontinue services at any time without any negative consequences.
4. All services provided are meant to support my safety, wellbeing, and empowerment.

Declaration:

I have read or have had this form read and explained to me in a language I understand. I have been given the opportunity to ask questions, and my questions have been answered to my satisfaction.

Place

Date:

Signature/Thumbprint of client
(or parent/guardian if client is under 18)

Inspection form

I. Inspection Format for Standard monitoring:

i. Infrastructure

| Facility/Service | Addl. Condition | Yes/No | Report/Remarks |
|--|--------------------------------|--|-----------------------|
| Rooms | Number of rooms | | |
| Beds (minimum 5 beds) | One for each resident | | |
| Sheets & Blankets | At least one for each resident | | |
| Ramps | | | |
| Kit/Hygiene kit (tooth-paste, toothbrush, etc) | | | |
| Wardrobes | | | |
| Electrical Appliances | Fans, lights, TVs, | <ul style="list-style-type: none"> • Fans - • Lights - | |
| Internet connectivity | | | |
| Lightings/Sunlight | | | |
| Kitchen | | | |
| CCTV cameras | Functional/nonfunctional | Functional - Non-functional - | |
| Bathrooms | | | |
| Hygiene and Cleanliness | | | |
| Ventilation | | | |

| Facility/Service | Addl. Condition | Yes/No | Report/Remarks |
|---|------------------------|--------------------------------|-----------------------|
| Curtains and/or tinted windows | | Curtains – Tinted windows - | |
| Electricity backup | | | |
| Water tank | | | |
| Clothes kit/Wardrobe | | | |
| Water purifier/RO/ Drinking water facility | | | |
| FirstAid Kit | | | |
| Sanitary kit/Vending machine | | | |
| Fire Extinguishers | | | |
| Board with important contacts | | | |
| Outdoor space | | | |
| Secure storage | | | |
| Proper waste management & disposal | | | |
| Glasses and plates | | | |
| Any recreational support (Books/TVs, radio) | | | |

| Facilities | | Remarks | |
|--|-----|----------------|--|
| Has the OSC hired a dedicated vehicle? | Y/N | | |
| Reasons for not hiring vehicle | | | |
| 1) Not aware of the provision | | | |

| Facilities | | Remarks | |
|-------------------------------|--|----------------|--|
| 2) Funds pending | | | |
| 3) Procurement in process | | | |
| Estimated date of procurement | | | |

1. Is the standardized name board of the OSC available?
2. Is the standardized name board of the OSC prominently visible from the road?
3. Are there proper sign/signage in the way to the OSC?
4. Whether the OSC is easily accessible from the road?
5. Distance from the nearest police station
6. Distance from the nearest hospital:
7. Overall condition of the infrastructure:

ii. Case management

1. Does the OSC maintain a case register?
2. Does the organization maintain an attendance register for the staff?

iii. Basic Amenities

1. Is there specific menu of food for the survivors? If yes, whether the menu is being followed?
2. Whether survivors were provided with clothing and toiletries?

iv. Trainings

| Sl. NO | OSC Staff designation | Last online training attended/topics covered | Last offline training attended/topics covered | Remarks (Any specific training needs) |
|---------------|------------------------------|---|--|--|
| 1. | | | | |
| 2. | | | | |

v. Overall performance

1. Quality of the OSC infrastructure:
2. Quality of the staff in the OSC and their behaviour towards the survivors:

vi. Challenges

| Challenges | | Remarks |
|--|--|----------------|
| What are some of the challenges faced by the OSC affecting service delivery? | | |
| Are there any recommendations to improve/streamline operation of OSC? | | |

सरखी वन स्टोप सेंटर



