



## GOVERNMENT OF TELANGANA ABSTRACT

Adoption of Minimum Standards of Care by Institutions and Service providers providing protective and rehabilitative facilities to victims of commercial sexual exploitation/sex trafficking - Orders – Issued.

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DEPARTMENT FOR WOMEN, CHILDREN, DISABLED & SENIOR CITIZENS (PROG.I)

**G.O.Ms.No.I,**

**Dated: 03-02-2022.**

Read the following:-

1. G.O.Ms.No.16,WD, CW & DW (WP) Dept, Dated:24.04.2010.
2. From the Commissioner, Women Development and Child Welfare Department, Hyderabad, Letter No.2087/Schemes/AHTT/2021, Dated:27.08.2021.
3. From Ms.Sunitha Krishnan, Prajwala, NGO, Letter No.13/CF/Praj/2021, Dated:25.03.2021.

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### **ORDER:**

In the reference Istread above, orders were issued for Adoption of Minimum Standards of Care by Institutions and Service providers providing protective and rehabilitative facilities to victims of commercial sexual exploitation/sex trafficking.

2. In the reference 2nd read above, the Commissioner, Women Development and Child Welfare Department, Hyderabad has proposed new recommendations regarding revision of minimum standards of care for all Homes meant for victims of commercial sexual exploitation and sex trafficking and for women in difficult circumstances.

3. Government after careful examination of the matter, and after due consideration and with a view to ensure holistic care and support for all rescued victims of commercial sexual exploitation/sex trafficking, hereby revise the minimum standards of care as detailed in Annexure and shall be adopted and adhered to by all 'Protective Homes' (victims of sex trafficking/commercial sexual exploitation/Ujjawala Home).

4. Further, any non-adherence, deviation or violation of the mandatory aspects minimum standards of care shall entail cancellation of license/registration/recognition/grant-in-aid as the case may be, apart from other

appropriate action. Regarding the desirable provisions, efforts to be made to fulfil them as far as feasible within limits of the financial constraints.

5. Further, no institution providing such shelter shall be considered for license/registration/recognition or grant-in-aid unless the mandatory aspects of Minimum Standards of Care as prescribed are provided and fully adhered to by the institution/ service provider.

6. The Commissioner, Women Development and Child Welfare Department, Hyderabad shall take necessary action in the matter accordingly.

**(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)**

**D.DIVYA,**  
SPECIAL SECRETARY TO GOVERNMENT.

To  
The Commissioner, Women Development & Child Welfare Department.  
All District Collector and Magistrates, Telangana State.  
All Superintendents of Police (through Commissioner,  
Women Development & Child Welfare).  
All Regional Joint Directors of Women Development & Child Welfare.  
The Founder, Prajwala, NGO, Rangareddy District.  
All Protective Homes in the State (through Commissioner,  
Women Development & Child Welfare).

Copy to:  
The Addl. Director General of Police (Women Safety Wing), Hyderabad.  
The Principal Secretary to Government, Home Department, TS Secretariat.  
All District Legal Service Authorities through Telangana State  
Legal Service Authority.  
The P.S. to Hon'ble Minister for Women and Child Welfare.  
S.F./S.C.

// FORWARDED :: BY ORDER //

**SECTION OFFICER**

**ANNEXURE**  
**MINIMUM STANDARDS OF CARE**  
**In Homes for Victims of Trafficking**

**I. Home Registration and License**

1. Protective Home for victims of sex trafficking/commercial sexual exploitation/Ujjawala Home hereinafter referred to as 'Protective Home' should be licensed under Sec 21 of ITPA, the license has to be renewed every year. The organization managing this home should be a credible registered society or a trust.

**II. Admission**

1. Only victims of commercial sexual exploitation and sex trafficking will be admitted.
2. Victims/Survivors will be admitted only through a court order.
3. The FIR should have Sec 3, 4, 5 of ITPA and Sec 370 of IPC.

Emergency shelter may be provided in One Stop Centre/Sakhi Center with proper Police protection until court orders are obtained.

**III. Location**

1. Protective Home be located in a residential area and should be maintained and integrated in the local scenario.
2. The Protective Home should not have any explicit name board mentioning about the purpose of the home due to security threats and concerns.
3. The location of the home should minimize risk to the residents and should have a favorable ambience (not close to areas of sex work, wine shop and the homes should be far away from auto stands, bus stations, railway stations, road side stalls) with adequate privacy for the residents.
4. The Protective Home should be well connected with all amenities such as water, electricity, sanitation, approach road, etc. Care should be taken to ensure that the physical infra-structure allows no undesirable outside contact.

## **IV. Security**

### **A. External Security**

1. The Protectivehome should have 24 hrs security arrangements.
2. The Protectivehome should have proper boundary walls without appearing custodial in nature.
3. There should be CCTV installed at the Gate.
4. The gates should be constantly locked and only opened for authorized visitors.
5. No trees or large shrubs will be planted close to the wall.

### **B. Internal Security**

1. All inflammatory or hazardous substances such as kerosene, petrol, pesticide, phenol, medicines, acid, bleaching powder, soaps, rat killers, especially sedatives etc should be kept securely, out of the reach of the residents. Stock register of all the consumables which are hazardous substances should be maintained and regular stock taking (monthly) should be monitored.
2. Field security plan should be in place (fire exit marking). There should be regular fire drill.
3. Basements should not be used for residential purposes.
4. For residents who are suffering from psychological disturbances, any task with sharp/hazardous instruments/substances such as knives, screw drivers, ropes, wires, kerosene, petrol, pesticide, phenol, medicines, acid, bleaching powder, soaps, rat killers, especially sedatives etc should be avoided to extent possible and if unavoidable to be done under proper supervision.
5. All doors (bathroom, toilets, kitchen, storage, bedrooms) should have provisions for opening from outside in cases of emergency.
6. No resident should have access to mobile phones and any phone call made should be under supervision for their own safety.

### **V. Visitors**

1. Any visitor for a resident living in Ujjawala Home will be only through the orders of the concerned court. The order will clearly mention date, duration of the visit and the presence of the home authority during the visit.

2. All visitors of the residents will be frisked and screened and the meeting will be held in the presence of the home authority preferably at the office/reception area monitored by CCTV.
3. All identification proofs of the visitor of the resident will be collected and recorded/ documented.
4. Visitors for residents will not be allowed to bring mobile phones/electronic device, food articles, clothes or any other material inside the home.
5. All other visitors on official purpose including donors will be authorized to visit the home only after proper vetting.
6. No visitors/guests will be allowed inside the home after 6 pm except in exceptional cases of surprise inspection of enquiry.
7. A 'visitor register' will be maintained for all visitors.

## **VI. Legal custody and Arrangements for leave from Home**

1. All residents of Ujjawala Home will be under the legal custody of the concerned court and will be released from the Home only on a court order.
2. As long as the resident is living in the home she has to be escorted for any visit outside the home. Special arrangements of security should be made for those at risk of threats from offenders/abusers or have tendency to escape.

## **VII. Confidentiality**

1. The resident should not be exposed to the media and complete confidentiality should be maintained about the facial and other personal identity of the resident. This is valid at all stages from rescue to prosecution and social reintegration and thereafter. All case records especially medical records should be maintained with utmost confidentiality.
2. No information including photographs of a resident will be given to any outsider without the permission of the authorized person and the informed consent of the resident.
3. If any social media posts regarding the work of the Home have to be made, the identities of the residents will be kept confidential and the photographs will be blurred to safeguard the right to privacy of the

residents.

### **VIII. Basic Infrastructure Facilities:**

1. The home should be well ventilated, with adequate space (approximately @50-60 sft per resident, toilets and bathrooms at a proportion of 1:5.).
2. The home should be well ventilated kitchen, a common hall, counseling room, medical room, dining hall, bedrooms, quarantine room, storage facility and staff quarters. No basements should be used for residential purposes.
3. The home should have open space for recreation, washing/drying arrangements which ensure privacy.
4. Each resident should be provided with individual cot/bedding, 2 bed sheets, 1 blanket and pillow cover per every year.
5. Universal care processes should be established which enables the home to provide for the special care needs of HIV positive, Covid positive, differently-abled, pregnant and lactating mothers and severely sick residents without any stigmatization or isolation.

### **IX. Staff recruitment/Training:**

1. Staff should be recruited only after adequate screening about their past record and assessment of their skills and attitude. Special care should be taken to ascertain any indications of past criminal record or association, psychological disorders, addictions (alcohol, tobacco, gutkha, drugs etc.).
2. All staff irrespective of the post should be given induction training on gender sensitivity and adequately sensitized on aspects of impact of violence on women, trafficking, needs of trafficked residents, trauma care, first aid and counseling and should be made individually and jointly accountable for wellbeing and security of the residents.
3. Standardized training module has to be developed with regular updates.
4. The Ujjawala home should have the following human resources for better operations for an average of 50 residents:

**Mandatory:**

1. Project Director (1)
2. Social Worker (2)
3. Clinical Psychologist (1)
4. Clerk cum Accountant (1)
5. Guard (2)
6. Doctor (Part time)
7. Psychiatrist (Part time)

**Desirable:**

- a. Fulltime resident Warden/ Superintendent who should be a postgraduate.
- b. 2 Cooks.
- c. Resident Nurse with BSc Nursing or General Nursing.
- d. (4) care takers with a minimum SSC education.
- e. One Full-time life skill trainer.
- f. A Panel of Medical practitioners (both government and private) should be identified to attend to the medical needs of the residents at any time and appropriate budget should be extended for medical kits, transport and honorarium.
- g. Part-time legal counsel in collaboration with District Legal Services Authority ensure free legal aid services.

**X. Home Management**

1. A committee with minimum 7 residents should be constituted as the Home committee. The committee will also have representation from the staff (not less than cadre of a counselor).
2. Through the home committee, the residents should be directly involved in the day to day management of the home. On democratic lines committees should be chosen from the general body which will support in the management of the home on different aspects.
3. The committee should be reconstituted every 3 months and every resident in the home should be given a chance to be an active Committee member.
4. All process of the committee meetings, staff meetings, general body should be well documented and recorded in the Minutes Register.

## **XI. Induction of the residents**

1. Any new resident on arrival should be given a warm welcome and made to feel at home in the institution.
2. Initial case information should be taken on admission, followed by frisking and handing over all belongings to the Home Manager/ Superintendent.
3. The resident should be given a welcome kit which will consists of two pairs of clothes, night clothes, under-garments, towel, toiletry (toothbrush, tooth paste, soap, sanitary napkins, powder, shampoo, hair oil, comb etc), bed sheets, foot wear.
4. In the first one hour the new resident should be allowed to take bath and refresh herself. A light snack with water should be provided as the initial formalities are completed.
5. Older residents trained, as barefoot counsellors should be given the task of receiving a new resident and introducing her to the other residents. As a part of the reception, a tour of the home should be provided.
6. If the resident is brought during the night, she should be allowed to rest and personal profile and other documentation formalities should be taken only the next day after the resident is feeling rested.
7. All new residents should be kept in the Quarantine Unit of the Home for a minimum period as per the guidelines issued by the MoHFW from time to time. Thereafter, if the Covid test indicates negative results she should be shifted with other residents. (Only during Covid -19 or any such pandemic situations).

## **XII. Orientation & Case Assessment**

1. The preliminary assessment report of the new resident should be recorded on the prescribed format. The profile of the resident should be updated periodically. A photograph of the victim should be taken at the earliest suitable time and updated every quarter.
2. As a part of the personal profile, care must be taken to establish the true identity of the resident such as her real name, whereabouts of family members, community members, relatives, next of kin, address etc at the earliest. Updating can be done in a phased manner and computerized.
3. The resident should be provided all information regarding the procedures, rules and facilities in the home. She should be also



informed about her legal and civic rights, interim victim compensation and the grievance/ redressal mechanism available in the home.

4. A resident of Ujjawala Home & Indian citizen should be informed about all the benefits she is entitled from the government such as immediate relief of Rs.20,000/- and all other rehabilitation package such as livelihood skill, livelihood options, education for her children etc. as per the G.O.Ms.No.28,dt:15-10-2012 and other Government Schemes announced from time to time.
5. The resident should also be informed and counselled about the routine medical tests and examinations she will be asked to undergo and also the tests for which she has to provide informed consent. The resident's consent for HIV test is necessary. The resident should be told why the test is being taken and the importance.
6. Only after the resident is well oriented (may take a minimum of two weeks) an undertaking should be taken by the resident on her choice to rehabilitate/reintegrate.

### **XIII. Recording and Documentation**

1. As soon as the resident is admitted her personal profile should be recorded in the prescribed format. The said profile should be updated regularly. The profile to be recorded only when the resident is mentally prepared for the same. The persons responsible for recording documenting the profile should be trained mainly on communication and documentation. He/She needs to be patient and gender sensitive with the residents and ensure authenticity.
2. All the legal documents should be scanned and maintained also as an efolder.
3. There should be separate files maintained for each resident which should include a profile consisting of personal details, informed consent and referral records with a medical file consisting of medical reports, treatment plan and prescriptions. Confidentiality to be maintained especially in the case of residents being HIV positive.
4. Separate registers should be maintained for attendance, visitors, incoming/outgoing and restoration/ reintregation.
5. The psycho-social counsellor should draw out an individual care plan

in consultation with the resident which should take into consideration the educational background and interests/ talents/skills of the resident (to be recorded in a prescribed format for all residents and kept in the personal profile). Based on the Individual care plan the rehabilitation and exit strategy should be evolved. The Individual Care Plan should be revised every quarter.

#### **XIV. Tracking Systems**

1. Protective Homes should maintain all relevant details on the resident after the rescue process (FIR copy, remand dairy). A complete record of the resident's contact information (names of relatives, address, phone number etc.) should be maintained in the resident's confidential file. Authenticity of the resident's information should be ensured.
2. All data of the victim/survivor should become part of the confidential MIS.
3. A recent/latest passport size photo of the resident should also be kept in the confidential folder which should be updated every three months.
4. Profiles of the close associates to be secured & maintained. All relevant information should be comprehensive and form a part of the initial assessments.

#### **XV. Health and Medical Support**

1. Immediately after a resident is admitted she should be provided medical support (check-up, treatment for immediate ailment etc.) and also kept in mandatory Covid quarantine unit for 14 days (during covid-19/any pandemic situation only). Pediatric support should be given to the accompanied child and a check-up by a gynecologist if the woman is pregnant.
2. After due counselling and with informed consent of the resident all medical tests including blood profiling, HIV, HB, HBSAG, VDRL, pregnancy test etc. should be completed.
3. Medical Tests for HIV/AIDS should be done only after the resident gives her informed consent.
4. The trained nurse should be skilled in de-addiction protocols and should provide appropriate counseling & support for residents with alcohol addiction and mild substance abuse.

5. If the resident is suffering from severe case of addiction, she should be immediately shifted to a professional de-addiction Centre.
6. The home should have facilities for health check-ups by a registered medical practitioner, gynecologist, pediatrician, referral to external medical experts, hospitals and facilities for hospitalization, on need basis.
7. There should be a trained Nurse and trained caretakers to provide appropriate care and support for HIV positive residents for early management of opportunistic symptoms. All staff in the Home must be trained in HIV care and support.
8. Referral networks with mental health professionals (psychologist, psychiatrist, psycho-therapist etc.) and mental health institutions for immediate and timely support for psychologically disturbed residents should be established.
9. Home should have referral network with de-addiction centers for those residents who have a problem of substance abuse/ alcohol addiction.
10. Each home should have a first aid box with basic medicines and instruments such as thermometer and blood pressure device should be maintained. A pharmacy with regular medicines should be maintained and replenished on a regular basis. Medicines should be checked regularly for their expiry date.
11. Home should have arrangement for caretakers who will escort residents during hospitalization and also facilities for transportation of a sick resident.
12. Should maintain proper registration of births and deaths.
13. Should have a corpus fund for health-related emergencies such as special health conditions, funeral rites.
14. Safe drinking water, sufficient number of bathrooms and toilets, fans and proper ventilation, mosquito nets and proper drainage systems should be in place to ensure good health of all residents.
15. Residents should be provided a nutritious diet. Care should be taken to cater to special needs of residents who are HIV positive, lactating mothers as per the diet chart. The menu for the week should be a part of the home committee decisions.

## **XVI. Counselling and Therapeutic Support**

1. There should be female professional counsellors and Peer/barefoot counsellors in the home who will provide immediate trauma care and long-term counselling for the residents.
2. The ambience of the home should be therapeutic in terms of nonjudgmental attitude of the staff, along with avenues for relaxation, recreation and spiritual growth. Activities should be organized for executing responsibilities and to gain confidence and control. Illustrated activities include indoor & outdoor sports, physical exercise, cultural activities, workshops, study material, magazines, music, meditation, yoga, gardening etc.
3. There should be both individual and group counselling for the residents Peer counselling including group therapy sessions should also be conducted every week.
4. Residents showing symptoms of self-harm behavior, psychological disturbance and psychiatric disorders should be immediately referred to professional psychiatrist.

## **XVII. Life Skills**

1. There should be daily classes for residents on life skills such as grooming, socialization, communication, conflict management, stress management through yoga, meditation etc., and leadership. Both formal and informal processes, including mentoring and exposure visits should be used.
2. Innovative and creative tools of teaching life-skills should be used such as art/craft etc. which will restore a sense of well-being and dignity.

## **XVIII. Education**

1. Numeracy and literacy classes should be given to all residents who have no formal education.
2. Residents should be helped to obtain education through Aksharajyothi, Vidya program or any other adult education program and integrated into the Open School.
3. Residents who have basic literacy and have an aptitude for further education should be helped to enroll in NFE programs including open school/university for continuum of educational process.

4. Adolescent Girls in the homes can be enrolled for the diploma courses at “DD Women Technical Training Institute”, Hyderabad where 70% of the seats in each of the diploma course are earmarked for complete orphans, trafficked victims etc. (G.O.Ms.No.14,W.D, CW & DW Department, dt:23-05-2008).
5. Children of residents shall be admitted in admitted in the age appropriate class in Residential Schools, Residential Junior Colleges and Residential Degree Colleges run by the Welfare Departments and Education Department (where upto 3% of the seats are earmarked for orphans/ destitutes – G.O.Ms.No.47, W.D, CW & DW Department, dt:31-08-2010).

Any decision to send the resident from the shelter to any outside place should be taken only after security concerns are satisfactory.

### **XIX. Diet & Nutrition**

1. Home committee should prepare weekly diet chart for the home in consultation with the Superintendent/Warden. Care should be taken to ensure the needs of the residents are incorporated as much as possible.
2. Special diet chart should be prepared for lactating mothers, infants, and pregnant residents, residents with special conditions such as HIV/AIDS, diabetes etc., and sick/bedridden residents.
3. Supplementary Nutrition to be provided from the Anganwadi Center to the High Risk Mothers in Protective Homes.

### **XX. Livelihood Training**

#### **Desirable:**

1. Residents should be admitted to livelihood training within three months after admission to shelter/home.
2. In collaboration with reputed technical training institutes (Mahila Pranganam, SETWIN, ITI, Community Polytechnic, Skill Development Corporation) viable, sustainable and job-oriented trades should be taught to the residents. The residents must be allowed to appear for certificate exams or diploma by Government or reputed certified agencies such as Intermediate Board, State Board for Technical Education for better employability.

3. It should be ensured that all livelihood training should lead to job placement after the stay in the home.
4. All residents should be provided one-week Employability Training.
5. Corporate tie up should be explored for developing livelihood training which increases the employability of the resident.

## **XXI. Livelihood Option/Economic Empowerment**

Economic rehabilitation plan for each resident should be developed both for employment and for self-employment. Formation of SHGs must be encouraged to access micro-credit finance, start placement services for open employment support for starting small businesses etc.

## **XXII. Legal Aid/Victim Witness Assistance**

1. The home should have a part time professional legal advisor (advocate)/panel lawyer from DLSA who should provide legal aid/assistance to the residents.
2. Tie up should be made with enforcement agencies to recover all belongings of the victim from the place of exploitation.
3. Tie up should be made with District Legal Services Authority for free legal aid.
4. The residents should be provided all assistance if she is a witness in a case and if need be additional protection to be given as a part of victim witness protection. Care must be taken to take complete consent of the resident for her to become a witness.
5. The legal advisor should provide the residents preparation for trial (through mock trial or any other role play/ discussion method).
6. Residents from Protective Home should be encouraged to apply for interim compensation from State Legal Services Authority, if they are willing to support the prosecution.

Legal assistance shall be provided unconditionally, that it shall not be conditional upon the victim/survivor's willingness to serve as a witness. Use existing legal aid/assistance structures fully, and in case of non-availability of Govt. legal aid cell, services of an advocate may be used.

### **XXIII. Civic Benefits**

1. Bank accounts should be made for all residents (those who do not have it) other than foreign nationals.
2. A requisition on behalf of the resident in the prescribed format should be submitted to the District Collector through the District Welfare officer, Women Development Child Welfare for allocation of housing, ration card, voters ID, Aadhaar card and other civic benefits entitled as rehabilitation package for the resident. Care should be taken that these benefits reach the resident as per the norms stipulated. It should be further ensured that these benefits do not stigmatize the resident but instead mainstream the benefits with the family/community.

### **XXIV. Restoration and Repatriation**

1. In Protective Home any formalities for restoration/ repatriation process should begin only after the necessary court orders are passed and thereafter the informed consent of the resident should be sought.
2. Restoration/repatriation plan for a resident in Protective Home should be undertaken after a complete home investigation is done. The home investigation should include an assessment of the family (family involvement in trafficking), family and community's willingness to accept the girl and the family's environment.
3. Before a resident is restored/ repatriated a detailed discussion should be held with the resident and the restoration team on the explanation to be given to the family on her absence from her village/slum/ community. The resident's version should be adopted as the final version.
4. Proper record and documentation (photos, undertaking from parent/ guardian) should be maintained for all restoration undertaken.
5. No rescued victim shall be sent back to the family without adequate assessment and without ensuring social acceptance and family support. Department for Women Development & Child Welfare will ensure that repatriation is carried out depending on how safe and nurturing the family environment is for the victim. If and when the victim chooses to return to an abusive family situation, the Department would need to

intervene and repatriate the victim to an institution which can protect and care for the individual.

6. Repatriation process for foreign nationals should begin after concerned court passes necessary 'Repatriation Orders. Home authorities shall work out the details of the repatriation procedures in consultation with the concerned High Commissions and Embassies to facilitate the smooth and efficient repatriation of the victims and their dependent minors.
7. The members of the professional and (preferably) voluntary sector organizations who have had some helping interaction with the victim shall be represented in the process of repatriation.
8. No rescued victim shall be sent back to the family without fully ensuring that the victim will not be re-trafficked.
9. The victim being repatriated should be counselled and prepared to return to the country of origin after providing her with adequate medical and psycho-social care as well as after empowering her through basic life-skills so that she can be reintegrated in mainstream life.
10. Adequate financial assistance should be provided for meeting the needs of rescued victims during travel while restoring/repatriating them to their families or institutions in source areas.
11. Adequate provision for conveyance and stay expenditure for police escort or any other authorized escort during such travel should be made by the Government based on the application made by Home authorities.
12. It should be ensured that the legal formalities should be completed for the residents before being restored or repatriated.

## **XXV. Follow Up**

1. For the first six months after the restoration/repatriation, monthly follow-up should be done. Thereafter the follow up could be done once a quarter for the next three years by the home authorities.
2. Follow up program should ensure the following:



- a. Protection against re-trafficking and against commercial sexual exploitation.
- b. Protection against Stigma and Discrimination.
- c. Protection against any other exploitation.
- d. Optional link with a variety of professional support systems.
- e. Confidentiality
- f. Reorientation.
- g. Restoration/ensuring/ exercising of full citizen ship rights
- h. Livelihood option.
- i. Mental health
- j. Restoration/ensuring/exercising of rights over parental, ancestral and community property and entitlements.
- k. Survivor friendly.

## **XXVI. Social Reintegration**

### **Mandatory:**

1. Those residents whose families do not accept them and for those whose families are not conducive for restoration (for example parent themselves involved in trafficking or a psychopathic husband) special efforts should be made to support the resident to stand on her feet to live in the society independently.
2. It should be ensured that no rescued victim is sent back to the family without ensuring social acceptance and family support in order to prevent re-traumatization, re-trafficking and further commercial sexual exploitation.

### **Desirable:**

1. Collaborations with appropriate government or non-governmental organizations should be made to provide employment services/ entrepreneurship development training, which will include skills, knowledge and resources, marketing skills and micro-credit at the district where the resident is reintegrated.

2. The Home shall conduct outreach / support activities, or shall oversee the delegation of those activities to other organizations or individuals in accordance with the Reintegration Plan. Outreach/ support activities shall be conducted only with the consent of the victims.
3. In trafficking cases where the entry of the victim in the Protective Home is very late (eg. the Home is meant for residents / victims up to the age of 18 and the victim enters at the age of 17) there is a need to extend the protective cover of residential services for a longer period. Some protective cover for the rescued person shall continue even after reintegration through Drop-in Centers, and After-Care Homes.

### **XXVII.Accountability**

Protective Homes or any other privately funded homes run for the purposes of trafficked victims should be directly accountable to the Department of Women Development & Child Welfare. The minimum standards prescribed should be adopted irrespective of whether it is government funded or private funded. All homes should have certification of implementing standards which should be annually reviewed during the renewal of license and grant approval.

### **XXVIII.Monitoring**

1. The District Level Committees constituted vide G.O.Rt.No.264, Dept., for WCD & SC, dt:06-07-2012 should monitor the homes every 3 months. The monitoring and review report should be submitted to the Government through the Commissioner, Women Development Child Welfare.
2. Within the home, there should be staff meeting fortnightly to implement the minimum standards. There should also be monthly meetings with the residents to review minimum standards.
3. Feedback on the minimum standards should be used to improve on the management of the home. Once in a month management meeting should be convened to review the improvement of the standards.
4. Monitoring should be participatory (Survivors, NGO and Govt. Officials) with the aim to strengthen the standards.
5. Half yearly self-audits and external audit by authorized agencies should be done annually apart from ensuring total transparency in matters relating to receipt of funds, expenditure.