

ANNEXURE

MINIMUM STANDARDS OF CARE In Homes for Victims of Trafficking

Introduction

Anti trafficking measures comprises of prevention, protection and prosecution. It has been seen throughout the country that protection measures is the most important link to effective prevention and successful prosecution. But it is matter of serious concern that protection measures in the form of shelters have not fulfilled their objectives and poor rehabilitation measures have ended up in re-trafficking of victims.

With the aim to improve the conditions of shelter homes minimum standards of care is introduced. These standards for shelters for victims of commercial sexual exploitation / survivors of sex trafficking are those non-negotiable care components that should be integrated in any home managed either by the government or the civil society to ensure facilities for rehabilitation is in place as a matter of right of the victim. These standards will ensure that the safety, dignity and the well being of each victim are provided for.

The minimum standards of care will be reviewed every two years for relevance and changed according to the contemporary information available about care and protection of victims of trafficking.

The guiding principles of these standards are:

Rights Based : All standards will ensure that the basic human rights of the victim is upheld and respected. Additionally the following rights will be a integral part of each care process:

- Right to dignity
- Right non to be re-traumatized and re-victimized
- Right to informed choices and confidentiality
- Right to self-determination and participation

Individualized and Comprehensive : The care components should be inclusive and be able to address the needs of each individual through a continuum of care opportunities for all life domains of survivors.

Equitable : The program should ensure that all services are accessible to all victims. The services are designed in a manner that facilitates people who may be

facing more vulnerability or impact to have an equal access to services.

Gender sensitive : The program should be child friendly and focused on the psychological recovery of the victim. The programs will recognize the gender based vulnerabilities and risks, will be developmentally appropriate and ensure that the recovery of the victim is paramount.

Accountable : All the programs will be accountable and will be subject to mandatory external standardized care process audits.

STANDARDS OF CARE

Standard I : Location

1. Any home/shelter meant for victims of commercial sexual exploitation should be located in a residential area and should be maintained and integrated in the local scenario. The name board of the home should not reveal either the purpose or the kind of benefit it provides. The home meant for 50 residents should not be less than 5500 sq. ft, which includes, different types of spaces required.
2. The location of the home should minimize risk to the residents and should have a favorable ambience (not close to a red light area, wine shop, slums or shanties and the homes should be far away from auto stands, bus stations, railway stations, road side stalls) with adequate privacy for the residents.
3. The home/shelter should be well connected with other 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.

Standard II : Security

1. The home should have 24 hrs security arrangements. Without appearing custodial in nature the home should ensure adequate security to the residents. The security persons should be free of any addictions and they need to be trained.
2. All inflammatory or hazardous substances such as kerosene, petrol, pesticide, phenol, medicines, acid, bleaching power, soaps, rat killers, especially sedatives etc., should be kept securely, out of the residents. Field security plan should be in place (fire exit marketing). There should be a regular fire drill. Basements should not be used for residential purposes. Stock register of all the above mentioned hazardous substances should be maintained and regular stock taking (monthly) should be monitored.

3. For residents who are suffering from psychological disturbances any task with sharp/hazardous instruments/substances such as knives,, screw drivers, ropes and wires should be avoided to extent possible and if unavoidable to be done under proper supervision.
4. All doors (bathroom, toilets, kitchen, storage, bedrooms) should have provision for opening from outside in cases of emergency.
5. No visitors for residents should be allowed in the home without requisite vetting and permission. The home should have a visitors policy which should include arrangements to screen and interact with visitors away from residential area within the campus. The best interest of the resident should be the guiding principle. All visits should be documented in a well maintained visitors book that will record all details such name, designation, organization/institution, address etc Proper check of staff at entry and exit should be done and CCTV cameras may be installed in visitor's room.
6. No resident should have access to mobile phones and any phone call made should be under supervision.

Standard III : Legal Custody and Arrangements for Leave from home

1. Legal custody of residents must be under the supervision of the Child Welfare Committee (if minors) or the Service providing Organization or any other competent authority dealing with the issues of women and/or children of the area as the case maybe.
2. A social worker must accompany the residents (who are at risk to coercion and exploitation) whenever she leaves the place of safety. The home should have protocol for different circumstances when the resident may leave the home unaccompanied by staff. Such protocol should be evolved by a risk assessment and risk reduction information.

Standard IV : Confidentiality

1. The resident should not be exposed to the medial 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 about a resident will be given to any outsider without the permission of the authorized person and the informed consent of the resident.

Standard V : 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 have well ventilated kitchen, a common hall, counseling room, medical room, dining hall, bedrooms, quarantine room, storage facility and staff quarters and no basements should be used for residential purposes.
3. The home should have open space for recreation, washing/drying arrangements which ensures privacy.
4. The residents of the home should have access to public facilities such as garden, playground and recreational facility etc.
5. Each resident should be provided with individual cot, bedding, 2 bed sheets, 1 blanket and pillow, mosquito nets per year.
6. Universal care processes should be established which enables the home to provide for the special care needs of HIV positives, disabled, pregnant and lactating mothers and severely sick residents without any stigmatization or isolation.

Standard VI : 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 and adequately sensitized on aspects of trafficking, needs of trafficked residents, trauma care, first aid and counseling.
3. Standardized training module has to be developed with regular updates.
4. One head of the home with a postgraduate degree, Two Trained counselors one with MSW and other with MA psychology with special training on trauma care should be recruited on a fulltime basis, and where one counselor is to be a resident and other may be a non-resident for better functioning. The home may also choose to use primary level peer counselors who are present in the home all the time and supported by secondary level professional counselors as mentioned above.

5. The home should have the following human resources for better operations for a average of 50 residents with.
 - a. 1 fulltime resident Warden/Superintendent who should be at least a graduate.
 - b. 2 resident Cooks
 - c. 4 caretakers with a minimum SSC education
 - d. 1 Accountant cum Documentation personnel
 - e. 2 Security personnel with a reading and writing skills
 - f. Part time life skill trainer
 - g. A Panel of Medical practitioners (both government and private) should be identified to attend to the needs of the residents at any time of requirement and appropriate budget should be extended for medical kits, transport and honorarium.
 - h. For legal assistance it should be converged with existing free legal aid service. If such services are not easily available a budget may be provide for legal support and assistance till such a time mainstream services can be accessed.

Standard VII : Home Management

1. The residents should be directly involved in the day to day management of the home. All residents should be part of the general body in running 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.
2. 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.
3. All process of the committee meetings, staff meetings, general body should be well documented.

Standard VIII : Induction of the residents :

1. As soon as a resident enters a home she should be received with a welcome kit which will consists of two pairs of cloths, towel, toiletry (tooth brush, tooth paste, soap, sanitary napkins, powder, shampoo sached, hair oil, comb etc)
2. In the first on hour the new resident should be allowed to take bath and fresh in

up. A light snack with water should be provided as the initial formalities are completed.

3. Older residents trained, as barefoot counselors 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 given.
4. 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.
5. Develop and establish moral support with the newcomer.

Standard IX : Induction and Orientation

1. The preliminary assessment report of the new resident should be recorded on the prescribed format. The profile of the resident will be updated periodically. A photograph of the victim should be taken at the earliest suitable time.
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. 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. A grievance/ redress mechanism should be created.
4. The resident should be informed about all the benefits she is entitled from the government such as immediate relief of Rs. 10,000/- and all other rehabilitation package such as livelihood skill, livelihood options, education for her children etc as per the GOMS No. 1 dated 3-01-2003.
5. The resident should also be informed and counseled 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.

Standard X : Recording and Documentation

1. As soon as the resident is admitted her personal profile should be recorded in a specified format (annexed). 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 with the residents and ensure authenticity.

2. 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 well maintained especially in the case of residents being HIV positive.
3. Separate registers should be maintained for attendance, visitors, incoming/outgoing and restoration/reintegration.
4. There should be a victim care plan which should take into consideration the educational background and interests/talents/skills of the victim (to be recorded in a prescribed format for all residents and kept in the personal profile). Individual care plans should be made based on this and appropriate training to be imparted taking into consideration the emerging areas of human resource requirements. This care plan should be updated from time to time for each resident even after repatriation and follow up.

Standard XI : Tracking Systems

1. 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. A recent/latest passport size photo of the resident should also be kept in the confidential folder. Profiles of the close associates to be secured & maintained. All relevant information should be comprehensive and form a part of the initial assessments.

Standard XII : Health and Medical Support

1. Immediately after a resident is admitted she should be provide immediate medical support (check up, treatment for immediate ailment etc). Pediatric support should be given for children accompanied and a check up by a

gynecologist if the women is pregnant.

2. Medical Tests for HIV/AIDS should be done only after the resident gives her informed consent.
3. Each 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 an as-needed basis.
4. Home should have 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.
5. Home should have referral networks with mental health professionals (psychologist, psychiatrist, psycho-therapist etc) and mental health institutions for immediate and timely support for psychologically disturbed residents.
6. Home should have referral network with de-addiction centers for those residents who have a problem of substance abuse/alcohol addiction.
7. Each home should have a first aid box with basic medicines and equipments such as thermometer and updated medical record of each resident. It should be replenished on a regular basis and medicines should be checked regularly for their expiry date.
8. Home should have arrangement for caretakers who will escort residents during hospitalization and also facilities for transportation of a sick resident.
9. Home should maintain proper registration of births and deaths.
10. Home should have a corpus fund for health related emergencies such as special health conditions, funeral rites.
11. At each Home, 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 the health of all residents.
12. 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.

Standard XIII : Counseling and Therapeutic Support

1. There should be both professional and peer counselors-preferably female in a home who would provide immediate trauma care and long term counseling for

the residents.

2. The ambience of the home should be therapeutic in terms of non-judgmental attitude of the staff, along with avenues for relaxation, recreation and spiritual growth and activities 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 counseling for the residents. Peer counseling including group discussions should also be promoted.
4. Residents showing symptoms of psychiatric disorders should be immediately referred to professional psychiatrist.

Standard XIV : Life Skills

1. There should be daily classes for residents on life skills such as grooming, socialization, communication, conflict management, stress management 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.

Standard IV : Education

1. Residents who have no formal education should be helped to obtain education through Akshara Jyothi, Vidya program or any other adult education program.
2. 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.
3. Take all measure to mainstream minor residents in normal schools on priority basis.
4. Children of residents should be admitted to either residential hostels or in schools. If in private schools, join through sponsorship preferably from Government. If in Government School the Government should take care of all the expenses for education.

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

Standard XVI : 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.

Standard XVII : Livelihood Training

1. Residents should be admitted to livelihood training within two months after admission to shelter/home.
2. In collaboration with reputed technical training institutes (Mahila Pranganam, SETWIN, ITI, Community Polytechnic) 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 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. Corporate tie up should be explored for developing livelihood training which increases the employability of the resident.

Standard XVIII : Livelihood Option/Economic Empowerment

Economic Rehabilitation Plan for each resident should be developed Formation of SHG must be encouraged to access micro-credit finance, start placement services for open employment, support for starting small businesses etc.

Standard XIX : Legal Aid / Assistance

1. The home should have a part time professional legal advisor (reputed advocate) who could provide legal aid/assistance to the residents.
2. Tie up should be made with enforcement agencies to recover all properties of the victim from the place of exploitation.
3. The residents should be provide all assistance if she is a witness in a case and if need be additional protection as a part of victim witness protection. Care must be taken to take complete consent of the resident for her to become a witness.

4. The legal advisor should provide the residents preparation for trial (through mock trial or any other role play/discussion method).

Legal assistance shall be provided unconditionally, that is 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.

Standard XX : Civic Benefits

1. A requisition on behalf of the resident in the prescribed format should be submitted to the District Collector through the Project Director, Women Development Child Welfare for allocation of housing, ration card, voters ID and other civic benefits entitled as rehabilitation package for the resident. Care should be taken that these benefits reach the resident within a stipulated period of 6 months after being rescued. It should be further ensured that these benefits do not stigmatize the resident but instead mainstream the benefits with the family/community. It should also provide benefits for the second generation taking care to see that it reaches the male child also.

Standard XXI : Restoration and Repatriation

1. Any formalities for the restoration/repatriation process should begin only after getting the informed consent of the resident.
2. Restoration/repatriation plan for a resident should be undertaken only after a complete home investigation (format enclosed) is done. The home investigation should include an assessment of the family (are they involved 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 what explanation should 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. State 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 state would need to intervene and repatriate the victim to an institution which can protect and care for the individual. Repatriation will be done after the stay in a shelter.

6. States shall work out the details of the repatriation procedures and structure and mainstream them in order 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 shall not be re-trafficked.
9. The victim being repatriated should be counseled and prepared to return to the country 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 main steam life.
10. Adequate financial assistance should be provided for meeting the needs of rescued victims during travel while repatriating them to their families or institutions in source areas,
11. Adequate provision for dearness allowance for police escort or any other authorized escort during such travel should be made by the government.
12. It should be ensured that the legal formalities should be completed for the residents before being restored or repatriated.

Standard XXII : Follow Up

1. For the first six months after the restoration is done monthly follow-up should be done. Thereafter the follow up could be done once a quarter for the next one year.

Follow up program should ensure the following :

- Protection against re-trafficking and against commercial sexual exploitation
- Protection against Stigma and Discrimination.
- Protection against any other exploitation.
- Optional link with a variety of professional support systems.

- Confidentiality
 - Reorientation.
 - Restoration/ensuring/exercising of full citizenship rights.
 - Livelihood option.
 - mental health
 - Restoration/ensuring/exercising of rights over parental ancestral and community property and entitlements.
 - Survivor friendly.
2. Monthly follow-up should be provided for the first six-months and thereafter whenever required, to ensure that the victim receives adequate support and does not get re-trafficked. Adequate follow-up of the victim supervised by the Child Welfare Committee or any other competent authority dealing with women / children along with the close cooperation of other recognized organizations should be mandatory for a period of three years after the victim has been repatriated.

XXIII : Social Reintegration

1. Those residents whose families do not accept them and for those whose families are not conducive space for restoration (for example parent's involved in trafficking) special efforts should be made to support the resident to stand on their feet and slowly in a phased manner supported 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 to the victim in order to prevent re-trafficking and further commercial sexual exploitation.
3. 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.
4. 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.

5. In trafficking cases where the entry of the victim in the Rescue Home is very late (e.g. 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.

Standard XXIV : Accountability

1. All 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 home should have certification of implementing standards.

Standard XXV : Monitoring

1. The convener of the Anti Trafficking District Co-ordination Committee (Assisted by the Empowered Committee including NGO, Government & Civil Society) Who is also the Project Director, Women Development Children Welfare with the support of other members should monitor the homes every two months. The monitoring and review report should be submitted to the Secretary, Women Development Child Welfare through the Director, 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 on the improvement of 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 social audit should be done annually apart from ensuring total transparency in matters relating to receipt of funds, expenditure.

//Forwarded :: by Order //

SECTION OFFICER