



National Commission for Women

Proforma for Evaluation of SAKHI- One Stop Centre

A. (TO BE FILLED BY THE MANAGEMENT/ ADMINISTRATION OF ONE STOP CENTRE)-

1. Details of One Stop Centre:

- Address:
- Email:
- Telephone/ Mobile No.:

2. Date of Operationalization:

3. Location : (Tick which is applicable)

(i) Independent Building []

(ii) Located in another Institution []

- Hospital building/ Premises []
- Swadhar Greh []
- Police Station []

(iii) Whether building is owned By Government []

(iv) Whether building is Rented By Government []

(v) If located in a Building with any other institution/organization, provide the details and terms:

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4. Whether functionalization of OSC has been outsourced (NGO/ Women Organization or any other), if yes please specify the nature and extent of outsourcing:

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5. Particulars of OSC Staffs:

S.No.	Post/ Designation	No. of posts filled	Name of each Incumbent	Male/ female/ Transgen der	Qualifications	Whether Qlfn. as per norms of the Scheme (yes/no)	Hours/ Availability (specify shifts)
1.	Centre Administrator						
2.	Case Worker						
3.	Police Facilitation Officer						
4.	Para Legal Personnel/ Lawyer						
5.	Para Medical Personnel						
6.	Counsellor						
7.	IT Staff						
8.	Multi- purpose Helper						
9.	Guards/ Watchmen						
10.	Any Other						
	Total						

6. Whether OSC and 181 Women Helpline are integrated or not:

7. Whether OSC is in receipt of all complaints of gender related crimes registered by Police:



8. Whether OSC receives cases of violence against women directly or it is only through Police:

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9. Is OSC competent to refer the cases of women in Distress to Swadhar Greh or order of Court/ Magistrate are essential for this purpose:

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10. Details of Induction or other training/ orientation training provided to the OSC staffs.

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11. Whether there are sign boards, Pamphlets and other Publicity Material for awareness among people about One Stop Centre, if yes the details thereof and languages in which it is done.

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12. Details of Programmes conducted by OSC for creating awareness among women in the district.

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13. Details of Accommodation/ Infrastructure:

S.No.	Category		Total Area (Sq. Feet)	Whether total room space available is in accordance with the scheme
1.	Rooms	No of Occupant		
	I			
	II			



	III			
	IV			
	V			
2.	No. of Toilet	Area	<ul style="list-style-type: none"> • Over head-flush [] • Pour flush [] • Running water with over head tank [] • Stored bucket water [] 	
	I			
	II			
3.	Pantry		<ul style="list-style-type: none"> • Running water available [] • Running water not available [] • Storage facility for water [] 	
4.	Administration Office		<ul style="list-style-type: none"> • Is space as per Norm [] 	
5.	Counselor/ Medical Consultant		<ul style="list-style-type: none"> • Is space as per Norm [] 	
6.	Any Other place /accommodation, please specify		Is it within the area specified in the scheme or extra:	

14. Services provided in One Stop Centre

S.No.	Indicators	Drop box/ mark ✓ which is applicable
1.	Integration with 118 Women Helpline	<ul style="list-style-type: none"> • Yes/No • Functional/Non functional • Active 24*7 [] • Active for a stipulated time(specify period)
2.	Emergency Response and Rescue Services	Linkages developed with <ul style="list-style-type: none"> • National Health Mission (NHM) [] • 108 service [] • Police-PCR Van []



3.	Shelter	<ul style="list-style-type: none"> • For a period of 05 days [] • For a period less than 05 days [] • For a period beyond 05 days [] • Maximum 05 Woman at a time [] • Beyond 05 Woman at a time []
4.	Medical assistance	<ul style="list-style-type: none"> • Available 24*7 [] • Available during fixed Hours []
5.	Assistance to women in lodging FIR/ NCR/DIR	
6.	Psycho-social support/ counselling	<ul style="list-style-type: none"> • Counselor is appointed on full time basis [] • Services of counselor is provided part time [] • Only need based counseling is available [] • Counseling is given only at the time of admission []
7.	Legal aid and counseling	<ul style="list-style-type: none"> • Services of advocates made available by DLSA [] • Services of advocate is provided by OSC in <ul style="list-style-type: none"> i. Selected cases [] ii. In all cases []
8.	Video Conferencing Facility	<ul style="list-style-type: none"> • Available [] • Not-available []
9.	Beds	<ul style="list-style-type: none"> • Separate bed for each woman [] • Beds are shared by woman [] • Accommodated on floor [] • Any other specify []
	Condition of beds	<ul style="list-style-type: none"> • Good [] • Bad []
10.	Mattresses	<ul style="list-style-type: none"> • Provided on all beds [] • Provided on floor []
11.	Clothing	<ul style="list-style-type: none"> • Provided with one set of clothing [] • Provided with two set of clothing [] • One set of undergarment is provided [] • Two sets of undergarment are provided []
12.	Basic Kit	<ul style="list-style-type: none"> • Separate kit provided to each woman [] • Common facility to all woman [] • Sanitary pads [] • Tooth brush [] • Tooth paste [] • Soap [] • Shampoo [] • Hair Oil [] • Comb []



		<ul style="list-style-type: none"> • Slippers [] • Sewing kit [] • Diapers, in case of infant []
13.	Food	Menu is planned, if yes <ul style="list-style-type: none"> • Menu meets the nutritional requirements [] • Menu does not meets the nutritional requirements [] • Cook appointed for preparing food [] • Potable clean drinking water available [] • Special diet for ill/Pregnant/nursing women [] • No provision for special diet for ill/ pregnant/ nursing women []
14.	CCTV	<ul style="list-style-type: none"> • Whether CCTV installed [] • Whether CCTV installed at vantage point [] • Whether Monitoring is done round the clock []

15. Case Management and whether Online Mechanism for registration is in place (Yes/ No)

S.No.	Indicators	Remarks
1.	Is admission register maintained	
2.	Is attendance register for movement maintained	
3.	Separate case files for each resident are maintained	
4.	Whether the individual files have detailed case history	
5.	Whether follow-up line in the cases is indicated in each file	

16. Details of Women who were provided help in the last 06 months:

S.No.	Name with current address	Date of admission	Date of Release/ transfer	Married/ Un-married/ Widow	Education Qualification	Reasons of approaching OSC



* Attach additional sheet if required.

17. Further action taken on women who stayed beyond 5 days in OSC:

S.No.	Categories	Number of Women
1.	Transferred to Swadhar Greh	
2.	Re-integrated with Family/ community	
3.	Released without any indication about further stay	
4.	Others (please specify)	



18. Details of Monitoring Committee Meetings(Mark ✓ which is applicable):

S.No.	Level	Details of Meetings	
		Date of Meeting	Observations/ Recommendations made in the meeting
1.	National level		
2.	State level		
3.	District level		

19. Whether Social Audit of One Stop Centre has been done as per the norms of Comptroller & Auditor General of India (Yes/ No). If Yes, details thereof, with a copy of the Social Audit and if No, specify reason thereof:

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20. Grievance Redressal Mechanism:

- Whether there is any complaint box in One Stop Centre: Yes/ No
- Number of complaints received during last One year:
- Person/ authorities against whom complaint was made during last one year- (drop box)

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- Number of complaints on which action was taken by the management
- Number of complaints pending.....



21. Details of visit to OSC by various institutions in the last 06 months.

S.No.	Schools/ University/ Government body/ any other	Date of visit	Purpose of visit

22. TO BE FILLED BY THE INSPECTING TEAM

(A) Assessment/ Overall observation of OSC:

S.no	Parameter	Residents perception	Assessment of the evaluator
1.	General attitude of staff	<ul style="list-style-type: none"> • Cooperative [] • Cooperative at all level [] • Only senior officers are cooperative [] 	
2.	Efficiency level	<ul style="list-style-type: none"> • Efficient at all level [] • Only senior officers are efficient [] 	
3.	Space available	<ul style="list-style-type: none"> • Adequate [] • Crowded [] 	
4.	Quality of beds/ linen	<ul style="list-style-type: none"> • Bad [] • Satisfactory [] • Good [] 	
5.	Toilets/ bathrooms	<ul style="list-style-type: none"> • Adequate [] • Inadequate [] 	
6.	Cleanliness/ hygiene	<ul style="list-style-type: none"> • Hygienic [] • Unhygienic [] 	
7.	Personal toiletries	<ul style="list-style-type: none"> • Available [] • Partially available [] • Not available [] 	



8.	Quality of food	<ul style="list-style-type: none">• Bad []• Satisfactory []• Good []• Meets nutritional standard []• Does not meet nutritional standard []• Innovative menu []• Stereotype menu []	
9.	Provision of Special food	<ul style="list-style-type: none">• Once in a week []• Twice in a week []• Only on festivals []	
10.	Medical facilities	<ul style="list-style-type: none">• Bad []• Satisfactory []• Good []	

(B) Deficiencies Noted (Assessment to be made on above parameters) and Recommendations for betterment of the Centre:

Name and Designation of Inspecting member/ team: