1784/पाँच-3-2026

प्रेषक,

**महानिदेशक,**
परिवार कल्याण,
उत्तर प्रदेश, लखनऊ।

सेवा में,

**प्रमुख सचिव,**
चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
उत्तर प्रदेश शासन।

पत्र सं0:प0क0/10–जे0डी0/1047/2026–27/9963 दिनांक:27/10/2026

**विषयः** मा0 उच्च न्यायालय, इलाहाबाद में योजित पी०आई०एल० संख्या– 2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnancies बनाम उ०प्र० राज्य व अन्य में मा० न्यायालय द्वारा पारित आदेश दिनांक 02.09.2026 के अनुपालन विषयक।

**महोदया,**

कृपया उपर्युक्त विषयक प्रकरण के सम्बन्ध में अवगत कराना है कि मा0 उच्च न्यायालय, इलाहाबाद में योजित पी०आई०एल० संख्या– 2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnancies बनाम उ०प्र० राज्य व अन्य में मा० न्यायालय द्वारा दिनांक 02.09.2026 को आदेश पारित किया गया है, जिसके अनुपालन हेतु आवश्यक कार्यवाही अपेक्षित है।

(2) मा० न्यायालय द्वारा पारित आदेश के कार्यकारी अंश निम्नवत हैः–

"4. A common portal described as 'SHe-Box' is proposed to be launched. During the course of hearing, it has also been assured that an appropriate Web Application would also be developed; besides the reporting channels already provided, all registered medical practitioners, paramedicals, pharmacists, as also nursing staff and other stakeholders such as care-taker of *Balika Grih*, *Nari Niketan*, *Anganwadi Karyakatri*, Marriage Registrars as well as all non-govermental bodies and organizations (engaged in similar functions), District Probationary Officers, etc., would be roped in to share information on 'SHe-Box'.

5. Some timelines have already been provided. On the suggestion of the Court, it has also been assured that adequate modification would also be made to provide for appropriate timelines for responses to be offered at each stage by individual stakeholders both for the matter to be reported and also after the matter is reported on 'SHe-Box'. In the event of failure to give desired response in a time-bound manner, electronic messages, etc., may be auto-generated to the next higher officer.

6. Learned Additional Advocate General would contend that the women Beat Constable under the '*Mission Shakti Kendra*', would be best suited to be the first responder. We also feel that in the case of any reporting of occurrence of unwanted or undesirable pregnancy or strong suspicion of the same, such Beat Constable may be enabled to be the first responder along with another stakeholder, such as, *Anganvadi Karyakatri*, *Asha* worker etc. or even a school teacher etc., who must be known to the victim from before and who may, therefore, be in touch with the victim, from before, such that vital time is not lost in confidence building measures, before the hard timelines of Medical Termination of Pregnancy Act, 1971 expire. Without making any concrete suggestion in that regard, at present, we leave it to the discretion of the State Government to device robust and adequate mechanism for such measures.

7. To the extent, the policy as drafted may not be contrary to the law, and further to the extent of its own, the State Government wants to reform its measures to ensure that the law is fully complied, we may only observe that the policy of the State Government may be enforced during pendency of this litigation. All further proceedings may only lead to refinement of the policy measures. Those may be continued to be made as and when need arises.

श्रीमती अर्चना
27.10.26

8. List again on 07.10.2026 at 2.00 p.m.

9. On that date, further inputs may be presented by the State as to the necessary steps taken towards compliance of the observations made above.

10. Sri Amit Kumar Ghosh, Additional Chief Secretary, Medical Health, Family Welfare and Medical Education, may also appear through video WPIL No. 2751 of 2025 2 conferencing, on the next date.

11. For further assistance to the Court, we appoint Ms. Subhash Rathi (A/S 1368/2012) and Ms. Vijeta Singh (A/V 1502/2017) *amicus curiae.* Let copies of the orders passed in this case be made available to the learned Amicus Curiae by the Registered (Compliance) within a period of one week from today."

(3) उल्लेखनीय है कि प्रश्नगत वाद में मा० उच्च न्यायालय द्वारा अगली सुनवाई हेतु दिनांक 29.10.2026 नियत की गयी है। अतः मा० उच्च न्यायालय के उक्त आदेश दिनांक 02.09.2026 के अनुपालन के क्रम में Final SOP का ड्राफ्ट तैयार कर इस पत्र के साथ संलग्न कर आवश्यक कार्यवाही हेतु शासन को प्रेषित किया जा रहा है।

(4) अतः शासन से अनुरोध है कि कृपया संलग्न Final SOP ड्राफ्ट का अवलोकन करते हुए आवश्यक स्वीकृति/निर्देश प्रदान करने का कष्ट करें।

**संलग्नक**–यथोक्त

भवदीया,

29.10.2026

(डॉ० रंजना खरे)
महानिदेशक,

पत्र सं०:प०क०/10–जे०डी०/1047/2026–27/ तद्दिनांक।

**प्रतिलिपिःनिम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषितः–**

1. अपर मुख्य सचिव, महिला कल्याण तथा बाल विकास एवं पुष्टाहार विभाग, उ०प्र० शासन।
2. विशेष सचिव, उ०प्र० शासन(चिकित्सा अनुभाग–9)।

(डॉ० खालिद रिजवान अहमद)
निदेशक(प०क०)

# GOVERNMENT OF UTTAR PRADESH

# SAMARTH-Uttar Pradesh

**(Uttar Pradesh Sexual Abuse Survivor Medical Care/Lawful termination of pregnancy, Assistance, Rehabilitation, Treatment and Help)**

# Standard Operating Procedure

# (For All stakeholders)

# 2026

# ENSURING DIGNITY, CHOICE, PROTECTION AND JUSTICE

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# ABBREVIATIONS

| ABBREVIATIONS | MEANING |
|---|---|
| ADM | Additional District Magistrate |
| ASP | Additional Superintendent Of Police |
| ALS | Advanced Life Support |
| BMW | Biomedical Waste |
| BNS | Bharatiya Nyay Sanhita, 2023 |
| BNSS | Bharatiya Nagarik Suraksha Sanhita, 2023 |
| BSA | Bharatiya Sakshya Adhiniyam, 2023 |
| CARA | Central Adoption Resource Authority |
| CCI | Child Care Institution |
| CHL | Child Helpline |
| CHU | Child Home Unit |
| CMO | Chief Medical Officer |
| CP | Commissioner Of Police |
| CSO | Civil Society Organization |
| CWC | Child Welfare Committee |
| CWPO | Child Welfare Police Officer |
| DCP | Deputy Commissioner Of Police |
| DCPU | District Child Protection Unit |
| DCTS | Digital Case Tracking System |
| DDEO | District Disability Empowerment Officer |
| DIMC | District Implementation Monitoring Committee |
| DLSA | District Legal Services Authority |
| DM | District Magistrate |
| DMHU | District Mental Health Unit |
| DNA | Deoxyribonucleic Acid |
| DPO | District Probation Officer |
| DWCD | Department Of Women And Child Development |
| ECP / EC PILL | Emergency Contraceptive Pills |
| ERSS | Emergency Response Support System |
| FIR | First Information Report |
| FSL | Forensic Science Laboratory |
| HEW | Hub For Empowerment Of Women |
| HoD | Head Of Department |
| ICP | Individual Care Plan |
| IO | Investigating Officer |
| IRP | Individual Rehabilitation Plan |
| JJ ACT | The Juvenile Justice (Care And Protection Of Children) Act, 2015 |
| KGMU | King George's Medical University |
| MaNTrA | Maa Navjaat Tracking App |
| MLC | Medico-Legal Case |

| | |
|---|---|
| MO | Medical Officer |
| MoHFW | Ministry Of Health And Family Welfare |
| MTP | Medical Termination Of Pregnancy |
| MWCD | Ministry Of Women And Child Development |
| NGO | Non-Governmental Organization |
| OSC | One Stop Centre |
| PLV | Para Legal Volunteer |
| PMS | Principal Medical Superintendent |
| PoC | Product Of Conception |
| POCSO ACT | The Protection Of Children From Sexual Offence Act, 2012 |
| PPE | Personnel Protective Equipment |
| RMLMSI | Ram Manohar Lohiya Medical Science Institute |
| RMP | Registered Medical Practitioner |
| SAA | Specialized Adoption Agency |
| SAEC | Sexual Assault Evidence Collection Kit |
| SAFE KIT | Sexual Assault Forensic Evidence Kit |
| SAMARTH | Sexual Abuse Survivor Medical Care/Lawful Termination Of Pregnancy, Assistance, Rehabilitation, Treatment And Help |
| SARA | State Adoption Resource Agency |
| SAS | Sexual Assault Survivors |
| SDM | Sub-Divisional Magistrate |
| SGPGI | Sanjay Gandhi Post Graduate Institute |
| SHE UNIT | Survivor Healthcare Emergency Response Unit |
| SHO | Station House Officer |
| SJPU | Special Juvenile Police Unit |
| SOP | Standard Operating Procedure |
| SP | Superintendent Of Police |
| SSP | Senior Superintendent Of Police |
| UPT | Urine Pregnancy Test |
| USG | Ultrasonography |
| VAW | Violence Against Woman |
| WCSO | Women And Child Security Organization |
| WHL | Women Helpline |
| WPL | Women Power Line |
| WW | Women Welfare |

# INTRODUCTION AND BACKGROUND

**PREAMBLE:** Articles 14, 15, 21, 39(f) and other relevant provisions of the Constitution of India guarantee the right to life, dignity, privacy, bodily integrity, reproductive autonomy, health, equality and access to justice for all;

Delays have been observed in medical examination, pregnancy assessment, constitution of Medical Boards, inter-departmental coordination and rehabilitation support have repeatedly resulted in the denial of timely reproductive healthcare to survivors of sexual offenses.

The Medical Termination of Pregnancy Act, 1971 (as amended in 2021) seeks to ensure timely, safe, dignified and lawful access to medical termination of pregnancy by expanding the gestational limits for specified categories of women, strengthening safeguards for reproductive autonomy and confidentiality, facilitating access to quality reproductive healthcare, and providing for the constitution of Medical Boards to consider eligible cases beyond the prescribed gestational limits in accordance with law;

The said Acts along with the Juvenile Justice (Care and Protection of Children) Act, 2015, the Rights of Persons with Disabilities Act, 2016, and the Mental Healthcare Act, 2017 provide statutory protection to survivors of sexual offences;

Survivors of rape, sexual assault, incest, trafficking and offences under the Protection of Children from Sexual Offences Act, 2012 (POCSO Act) require immediate and coordinated medical, legal, psychological, protective and rehabilitative assistance;

The Hon'ble Courts have been directing from time to time to implement the statutory and precedential laws for the benefit of the vulnerable, especially the victims of rape in a survivor-centric, trauma-informed, time-bound, coordinated and accountable manner;

It is the declared policy of the Government of Uttar Pradesh that it will stand for gender equality & will do everything possible to ensure safety and welfare of women, children & other vulnerable persons;

Therefore, the Government of Uttar Pradesh hereby adopts this Policy Framework for ensuring timely access to prevention of unwanted pregnancy or lawful medical termination of pregnancy services, medico-legal care, child protection, legal aid, counseling, rehabilitation and adoption-related services, wherever applicable, through a survivor-centric convergence model;

This survivor-centric convergence model strives to establish empathetic, inclusive, trauma-informed, time-bound mechanism for coordinated action by all concerned authorities, departments, institutions and other authorized stakeholders.

# SHORT TITLE, EXTENT AND COMMENCEMENT

1. **SHORT TITLE:** This Policy shall be called **SAMARTH-Uttar Pradesh (Uttar Pradesh Sexual Abuse Survivor Medical Care/Lawful termination of pregnancy, Assistance, Rehabilitation, Treatment and Help)**
2. **EXTENT:** It extends to the entire State of Uttar Pradesh.
3. **APPLICABILITY:** This Policy shall apply to all cases where a woman, minor girl or transgender person capable of becoming pregnant, as a result of sexual offences or otherwise require timely access to medical prevention of unwanted pregnancy or lawful medical termination of pregnancy, or continuation of pregnancy, reproductive health care, protection, counseling, legal aid, rehabilitation and child protection support, which includes:
   i. Adult and/or minor survivors of rape, gang rape, incest, sexual exploitation and any form of sexual offense.
   ii. Survivors of immoral trafficking, commercial sexual exploitation, forced sexual activity or abuse.
   iii. Women/minors with disabilities as defined under the Rights of Persons with Disabilities Act, 2016
   iv. Women/minors with mental illness, including intellectual disability.
   v. Adult/minor transgender persons capable of becoming pregnant.
   vi. Change of marital status during the ongoing pregnancy (widowhood, divorce, abandonment or desertion),
   vii. Pregnancies involving substantial fetal abnormalities, where there is a substantial risk that, if the child were born, it would suffer from serious physical or mental abnormalities.
   viii. Women, Minors and Transgenders who are unmarried, deserted, abandoned or otherwise vulnerable and facing an unwanted pregnancy.
   ix. Women or Minors and Transgenders who are pregnant in humanitarian settings, disaster or emergency situations as may be declared by the Government.

# DEFINITIONS

1. **Child Welfare Committee (CWC)**: Statutory body constituted under the Juvenile Justice (Care and Protection of Children) Act, 2015 for children in need of care and protection.

2. **Children Born Out of Sexual Assault:** A child delivered from a pregnancy resulting from sexual offense.

3. **Convergence Mechanism:** The coordinated functioning of all concerned departments within their mandate and jurisdiction under this policy.

4. **Guardian**: A person having the care of the minor or person with mental illness or intellectual disability, as applicable, and who is legally competent to give written and informed consent on her behalf.

5. **Informed Written and informed consent:** Voluntary and informed agreement given by a person for a medical procedure or intervention after receiving adequate information on its purpose, benefits, risks, alternatives, and consequences, in accordance with applicable laws.

6. **Lawful Medical Termination of Pregnancy**: The lawful termination of a pregnancy by a medical officer/registered medical practitioner in accordance with the provisions of the MTP Act, Rules and applicable medical protocols.

7. **Mentally Ill Survivor:** A survivor suffering from mental illness as defined under the Mental Healthcare Act, 2017.

8. **Medical Board**: Board constituted under Section 3(2C) and Section 3(2D) of the Medical Termination of Pregnancy Act, 1971, as amended in 2021.

9. **Medical Prevention:** Preventive Medical Care means immediate and follow-up medical interventions aimed at preventing unintended pregnancy and reducing the physical and psychological consequences of sexual assault.

10. **Minor Girl:** A female individual who has not attained the age of 18 years.

11. **MTP Nodal Officer:** An officer designated by the Chief Medical Officer at the district level as the **District Nodal Officer (MTP)**, and an officer nominated by the Director General, Family Welfare, not below the rank of **Joint Director**, as the **State Nodal Officer (MTP)**, for ensuring coordination, monitoring and facilitation of all sexual offences/rape-related MTP service under this Policy.

12. **One Stop Centre (OSC)**: OSC established under Mission Shakti scheme of Department of Women & Child Development provides integrated support and assistance under one roof 24*7 to women in distress with medical aid, legal aid, temporary shelter, police assistance and psycho-social counseling services.

13. **Person with Disability:** Person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his/her full and effective participation in society equally with others as defined under section 2(s) of the Rights of Persons with Disabilities Act, 2016.

14. **Re-victimization / Secondary Victimization:** Re-victimization or secondary victimization means any act, omission, delay, questioning, disclosure, insensitive conduct or lack of coordination by any authority, institution, service provider or individual which causes further trauma, distress, stigma, fear or harm to the survivor after the incident of sexual offences.

15. **SHE Unit:** The designated Sexual Offences Survivors Health Care Emergency Response Unit functioning as the District Single Window Coordination Hub for medical care.

16. **Sexual Violence:** Any sexual activity or act that happens without written and informed consent while survivor being unconscious, asleep, in refusal, intoxicated, pressured, manipulated, tricked, scared, vulnerable or a minor and may or may not leave physical injuries.

17. **Survivor:** Any woman, minor girl or transgender person capable of becoming pregnant who has experienced, or is alleged to have experienced, any sexual offence punishable under the Bharatiya Nyaya Sanhita, 2023, the Protection of Children from Sexual Offences (POCSO) Act, 2012, or any other applicable law, and who is pregnant or may get pregnant as a consequence of such offence.

18. **Support Person**: A person assigned by the Child Welfare Committee, in accordance with Rule 4(7) of the Protection of Children from Sexual Offences Rules, 2020, to render assistance to the child through the process of investigation and trial, or any other person assisting the child in the pre-trial or trial process in respect of an offence under the Protection of Children from Sexual Offences Act, 2012

19. **Zero FIR:** An FIR registered at any police station, irrespective of territorial jurisdiction, and transferred to the jurisdictional police station for investigation.

# PURPOSE, OBJECTIVES & POLICY PILLARS

A. **PURPOSE OF THE POLICY:** Sexual violence constitutes one of gravest violations of rights, dignity, bodily integrity and autonomy of women and children, often resulting in severe physical, psychological, social and reproductive consequences. Survivors of sexual offense require immediate access to integrated medical care, forensic examination, psychosocial support, legal aid, rehabilitation services and where applicable, safe and timely access to medical prevention or medical termination of pregnancy. This Policy is intended to provide for exact doable measures to be adopted by all concerned stakeholder agencies to take care of the survivor and protect her rights by strengthening the inter-departmental convergence mechanism to ensure timely and survivor-centric action to prevent any delay in termination of pregnancy, especially the survivors of sexual offense. Alternatively, where unwanted pregnancy results in child birth, the State will provide for all necessary care, protection, rehabilitation and welfare measures to the Child and the Survivor.

B. **OBJECTIVES:** The Policy Framework aims to:
   1. **Ensure timely access** to medical prevention or lawful Medical Termination of Pregnancy (MTP).
   2. **Establish effective coordination, inter-departmental convergence, monitoring and accountability mechanisms** to ensure timely, accessible and quality service delivery across the State, with a unified mechanism for immediate exchange of information and strict adherence to time-bound response among all concerned authorities.

3. **Provide integrated protection, legal, psychosocial and rehabilitation support** through a coordinated multi-departmental response mechanism.
4. **Safeguard the dignity, autonomy, privacy and best interests of survivors**, ensuring informed decision-making and survivor-centric care.
5. **Strengthen access to justice** through timely reporting, investigation, forensic support, legal aid and victim compensation.
6. **Promote comprehensive rehabilitation and social reintegration** through education, mental health support, livelihood assistance and welfare linkages, etc.
7. **To ensure proper collection and preservation of medico-legal evidence** without delaying emergency care, medical examination or necessary treatment.
8. **To facilitate adoption-related processes** in the best interest of the child born out of sexual offences, where the survivor voluntarily chooses not to retain the child, in accordance with applicable law.

C. POLICY PILLARS

1. **Pillar I** – To ensure Prevention of delay in lawful MTP **(Every hour counts).**
2. **Pillar II** – To ensure Protection, Privacy and Safety.
3. **Pillar III** – To ensure Mental Health and Psychosocial Support.
4. **Pillar IV** – To ensure Child Protection
5. **Pillar V** – To ensure Rehabilitation and Reintegration
6. **Pillar VI** – To ensure Data Protection and Confidentiality
7. **Pillar VII** – To ensure Access to Justice
8. **Pillar VIII** – To ensure Institutional Accountability

# GUIDING PRINCIPLES

All authorities and service providers shall adhere, and act as provided under the following guiding principles:

1. **Save Life and Ensure Immediate Safety:** The survivor's life, health and safety shall be the foremost priority. Emergency medical care shall not be delayed on account of FIR registration, documentation, jurisdictional issues or absence of an accompanying person.
2. **Rights-Based, Dignified and Survivor-Centric Approach:** All actions shall protect the survivor's dignity, equality, privacy, bodily integrity, reproductive autonomy, informed choice, health, protection and access to justice. The system shall adapt to the survivor's age, mental and physical condition, disability, safety concerns and specific needs.
3. **Cultural Sensitivity and Age-Appropriate Communication:** All interventions, including counseling, advisory services, and general communication, shall be executed with cultural sensitivity and in an age-appropriate and gender-sensitive manner. Such interactions must remain non-judgmental and devoid of any behavior determined by caste, class, community, or religion. Information must be conveyed in an accessible format, accounting for the survivor's age, maturity, social background, disability, mental health status, and inherent vulnerabilities, ensuring the complete absence of bias or prejudice.

4. **Non-Discrimination:** No survivor shall be denied services or provided inferior services on the grounds of age, caste, religion, disability, marital status, economic condition, place of residence, mental and physical health condition, pregnancy status, cultural background or any other status.
5. **Prevention of Re-victimization:** All interaction with the survivor shall be respectful, sensitive and non-judgmental. Repeated questioning, victim-blaming, unnecessary medical examination, coercion, stigma and disclosure of sensitive information shall be avoided it is applicable to all agencies working with such survivors.
6. **Privacy and Confidentiality:** The identity, address, medical information, pregnancy status, statements and records of the survivor shall remain confidential and shall be accessible only to authorized persons on a need-to-know basis.
7. **Informed Written and informed consent and Lawful Choice:** No written and informed consent other than the survivor's informed written and informed consent shall be required (except in special conditions as specified by law).
8. The survivor shall be informed, in a language and manner understandable to her, about the options relating to lawful MTP, continuation of pregnancy, associated risks, legal remedies, delivery, childcare, surrender, adoption, counseling, compensation, and rehabilitation services.
9. **No Wrong Door Policy with Warm Hand-off as needed:** The Incidence may be reported by anyone/ survivor herself seeking help from the police, a hospital, a helpline, a OSC or tehsil etc. The authority first being notified/informed of the offense shall initiate immediate action and coordinate necessary services by activating the Inter-Departmental Referral Process, ensuring that the survivor is provided with timely information, care, support and referrals based on her individual needs and informed written and informed consent so that she not require to approach multiple departments separately.
10. **Disability-Inclusive and Mental Health Sensitive Response:** In incidents involving survivors with disability, mental illness, intellectual disability or persons of unsound mind, accessible communication, reasonable accommodation, lawful written and informed consent procedure and support of qualified professionals shall be ensured.
11. **Child-Sensitive and Best Interest Principle:** In cases involving a child/minor survivor, the best interest of the child shall be the primary goal. Immediately access to CWC, Support Person linkage, counseling, shelter, protection, legal aid, medical care and rehabilitation shall be ensured as per legal provisions.
12. **Accountability of the Perpetrator:** The perpetrator shall be held accountable while ensuring fairness in justice responses strictly in accordance with Law. Essential services need to support and facilitate the participation of survivors in the justice process and promote her to act or exert her influence while ensuring that the burden or onus of seeking justice is not placed on her but the State.

# EXISTING POLICY, SOPs, GUIDELINES, HON'BLE COURT's DIRECTIONS AND LEGAL FRAMEWORK

The implementation of this Policy framework shall be read harmoniously with the applicable provisions of the following Acts, Rules, Regulations, Guidelines, SOPs, Compensation Schemes, Government orders and various Judgments, Directions and Observations pronounced by the Hon'ble Courts and other amendments enacted by Government from time to time:

1. **Central Legislations**
   - I. The Immoral Traffic (Prevention) Act, 1956
   - II. The Medical Termination of Pregnancy Act, 1971 (as amended in 2021).
   - III. The Legal Services Authorities Act, 1987.
   - IV. The Right of Children to Free and Compulsory Education Act, 2009
   - V. The Protection of Children from Sexual Offences Act, 2012 (as amended in 2019).
   - VI. The Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021).
   - VII. The Rights of Persons with Disabilities Act, 2016.
   - VIII. The Mental Healthcare Act, 2017.
   - IX. The Bharatiya Nyaya Sanhita, 2023.
   - X. The Bharatiya Nagarik Suraksha Sanhita, 2023.
   - XI. The Bharatiya Sakshya Adhiniyam, 2023.
   - XII. Other applicable central legislation relating to medical care, protection of children, privacy, evidence, compensation and rehabilitation.

2. **Rules, Regulations, Schemes**
   - I. The Medical Termination of Pregnancy Rules, 2003 (as amended from time to time).
   - II. The Medical Termination of Pregnancy Regulations, 2003.
   - III. The Uttar Pradesh Right of Children to Free and Compulsory Education Rules, 2011.
   - IV. The Protection of Children from Sexual Offences Rules, 2013 (as amended in 2020).
   - V. Uttar Pradesh Victim Compensation Scheme, 2014.
   - VI. Uttar Pradesh Rani Laxmibai Mahila Evam Bal Samman Kosh, 2015.
   - VII. The Juvenile Justice (Care and Protection of Children) Model Rules 2016 (as amended in 2022).
   - VIII. The Rights of Persons with Disabilities Rules, 2017.
   - IX. Guidelines for Forensic Medical Examination in Sexual Assault cases 2018, Ministry of Home Affairs, Government of India.
   - X. The Adoption Regulations, 2022, issued by the Central Adoption Resource Authority.
   - XI. Other applicable rules, regulations and schemes relating to medical care, protection of children, privacy, evidence, compensation and rehabilitation.

## 3. Government Orders, Guidelines/SOPs

I. Government order issued by Mission Director, National Rural Health Mission, Uttar Pradesh, vide Letter No. SPMU/MA.Swa./Su.Garbh.Se./104/2013-14/1400-75 dated 02.07.2013 regarding the implementation of safe abortion services under the Medical Termination of Pregnancy Act, 1971.

II. Guidelines and Protocols: Medico-Legal Care for Survivors/Victims of Sexual Violence issued by the Ministry of Health and Family Welfare (MoHFW), Government of India, 2014.

III. Government Order issued by Director General, Family Welfare, Uttar Pradesh, vide Letter No. Pa.Ka./10-j.d./2016/5065-93, dated 19.05.2016 regarding the strengthening of Safe Abortion Services in the district.

IV. Government Order issued by Mission Director, National Health Mission, Uttar Pradesh, vide Letter No. NHM/FP-CAC/104/2021-22/6475-3 dated 10.01.2022 regarding the amendments in the Medical Termination of Pregnancy Act, 1971.

V. Mission Vatsalya Guidelines, Ministry of Women and Child Development, Government of India, 2022

VI. Mission Shakti Guidelines, Ministry of Women and Child Development, Government of India, 2022

VII. Government Order issued by Principal Secretary, Medical Education Department, UP, vide GO issued through E-Office File No.71-1001(099)/412/2021-1, dated 10.08.2022 regarding the constitution of a Permanent Medical Board at the State level for the medical termination of pregnancies exceeding 20 weeks of gestation.

VIII. Comprehensive Abortion Care - Operational Guidelines issued by the Ministry of Health and Family Welfare, Government of India, April, 2023

IX. Government Order issued by Principal Secretary, Medical, Health & Family Welfare Department, UP, vide GO issued through E-Office File No.5 -9099/5/2024-9, dated 08.04.2024 regarding Medical Termination of Pregnancy.

X. Government Order issued by Principal Secretary, Medical, Health & Family Welfare Department, UP vide GO No. 72/2025/1632/Five-9-2025, dated 26 August, 2025 regarding guidelines for MTP of Sexual Offense Survivor (SOS)s.

XI. Government Order issued by Additional Chief Secretary, Medical, Health and Family Welfare Department, UP, vide GO No.1220/Five-9-2026, dated 16.07.2026 regarding the constitution of district level Medical Board for the medical termination of pregnancies exceeding 24 weeks of gestation.

4. **Directions, Judgments and Observations of the Hon'ble Courts:** This Policy shall be read in the light of the relevant directions, observations and orders passed by the Hon'ble competent courts on the subject of medical termination of pregnancy.

I. The Hon'ble Supreme Court of India, in Suchita Srivastava & Anr. v. Chandigarh Administration, dated 28.09.2009.

II. The Hon'ble Supreme Court of India, in Nipun Saxena v. Union of India, dated 11.12.2018 (W.P. (C) No. 565 of 2012).

III. The Hon'ble Supreme Court of India in _X' v. Principal Secretary, Health and Family Welfare Department, Government of N.C.T. of Delhi and another, dated 29.09.2022 (reported in (2023) 9 SCC 433).

IV. The Hon'ble Supreme Court of India in Bachpan Bachao Andolan v. Union of India, dated 18.08.2023.

V. The Hon'ble High Court of Judicature at Allahabad in "A" through her Father "F" v. State of U.P. and Others, dated 06.11.2015

VI. The Hon'ble High Court of Judicature at Allahabad in Snehlata Singh v. State of Uttar Pradesh, in PIL No.14588 of 2009, dated 09.03.2018

VII. The Hon'ble High Court of Judicature at Allahabad in Baru Singh & Another v. State of U.P. & Others, Matters under Article 227 No. 8129 of 2023 dated 19.12.2023.

VIII. The Hon'ble High Court of Judicature at Allahabad in AB (D) v. State of U.P. and Another, Writ–C No. 28317 of 2025, Order dated 02.09.2025

IX. The Hon'ble High Court of Judicature at Allahabad in Re: Framing of Guidelines for Sensitizing All Concerned in Cases of Termination of Pregnancies, PIL No. 2751 of 2025, dated 23.10.2025

X. Any other relevant order, direction, judgment, PIL proceeding or observation issued by the Hon'ble Supreme Court of India, the Hon'ble High Court of Judicature at Allahabad or any other competent court relating to the subject matter of this Policy.

# STAKEHOLDER DEPARTMENTS

The following departments shall be responsible for the implementation of the Policy:

- Department of Medical, Health and Family Welfare.
- Department of Home.
- Department of Medical Education.
- Department of Women and Child Development.
- Department of Law.
- Department of Empowerment of Persons with Disabilities.
- Department of Social Welfare.
- Department of Rural Development.
- Department of Urban Development.
- Department of Backward Class Welfare.
- Department of Minority Welfare.
- District Administration.
- District Legal Services Authorities.
- Any other department, for the welfare and rehabilitation of the survivor and child born out of SOS, based on the need assessment.

**Note:-**

- *The provisions of this Policy shall apply irrespective of the survivor's age, marital status, place of residence, disability, mental health condition, social or economic status, or the police jurisdiction in which the offence was committed.*
- *In the event of any inconsistency in the policy framework, the applicable statutory provisions and directions of the competent courts shall prevail.*
- *All concerned departments and district authorities shall act in compliance with the directions issued by the Hon'ble Courts in the implementation of this Policy.*

# CHAPTER I

# SURVIVOR-CENTRIC CONVERGENCE MODEL

## 1.1. STATE LEVEL OVERSIGHT COMMITTEE

a) **Chairperson: ACS/Principal Secretary, Medical Health and Family Welfare/Medical Education.**

b) **Members**

i. ACS/Principal Secretary, Home
ii. ACS/Principal Secretary, Law
iii. ACS/Principal Secretary, Women and Child Development.
iv. ACS/Principal Secretary, Rural Development.
v. ACS/Principal Secretary, Social Welfare.
vi. ACS/Principal Secretary, Department of Empowerment of Persons with Disabilities.
vii. ACS/Principal Secretary Department of Urban development.
viii. Member Secretary, Uttar Pradesh State Legal Services Authority (UPSLSA)
ix. Additional Director General of Police, WCSO/1090
x. Secretary Medical Health and Family welfare/Mission Director, National Health Mission, UP- Member Secretary
xi. Director General, Medical Education, UP
xii. Director General, Family Welfare, UP
xiii. Member Secretary, State Commission for Protection of Child Rights
xiv. Member Secretary, Uttar Pradesh State Commission for Women
xv. Director, Women Welfare
xvi. Director, Prosecution.
xvii. State Nodal Officer (MTP), Family Welfare
xviii. Any other officer nominated by the Chairperson.
xix. Any other expert nominated by the Chairperson.

c) **Meetings:** The Committee shall meet quarterly or as and when required.

d) **Functions:** The State Level Oversight Committee shall be responsible for:

i. Overall supervision, coordination and monitoring of the Policy.
ii. Ensuring inter-departmental convergence and effective implementation of the Policy.
iii. Reviewing of Action Taken Reports (ATRs) submitted by District Implementation & Monitoring Committees (DIMCs).
iv. Provide for a Real-time digital case tracking system.
v. Resolve bottlenecks, if any.
vi. Facilitate training, sensitization programmes and capacity building.
vii. Ensure institutional accountability.
viii. Orientation/Sensitization/Awareness of POCSO and MTP act among general public and stakeholders.

1.2. **DISTRICT IMPLEMENTATION & MONITORING COMMITTEE (DIMC):** Every District Magistrate shall establish a —District Implementation & Monitoring Committee", hereinafter referred to as the —DIMC".

a) **Chairperson:** District Magistrate.

b) **Vice Chairperson:** *ADM (L&O)*

c) **Members:**

i. Senior Superintendent of Police/Superintendent of Police/an officer not below the rank of Deputy Commissioner of Police nominated by the Commissioner of Police
ii. Chief Medical Officer - Member Secretary
iii. Secretary, District Legal Services Authority.
iv. Chief Medical Superintendent (District Women Hospital / District Hospital)
v. Nominee of VC/Dean of the Government Medical College, where applicable.
vi. District Government Counsel (Criminal).
vii. Special Public Prosecutor (SPP)/ Joint Director, Prosecution
viii. District Nodal Officer (MTP), Family Welfare
ix. Nodal Officer of SHE Unit.
x. District Probation Officer will work co MEMBER SECRETARY.
xi. District Social Welfare Officer.
xii. District Disability Empowerment Officer.
xiii. Chairperson/Member, Child Welfare Committee.
xiv. Any other officer nominated by the Chairperson.
xv. Any other expert nominated by the Chairperson.

d) **Meetings:** The Committee shall meet monthly or as and when required.

e) **Functions:** DIMC shall be responsible for:

i. Overall supervision, control and monitoring of the effective implementation of this Policy at the district level.
ii. DIMC will provide necessary facilitation and coordination among all the concerned departments by establishing an effective inter-departmental response mechanism for timely actions.
iii. Monitor & support the SHE Unit performance and the real-time digital case tracking system for timely action and follow-ups.
iv. Ensure that the survivor receives timely access to prevention of unwanted pregnancy or lawful MTP services as provided under law.
v. Ensure that survivors and the child born out of sexual assault and otherwise receive all the necessary health care, medico-legal and legal aid services.
vi. Ensure that Medical Boards are functional at all times.
vii. Ensure that a pool of counsellors/psychiatrists is formed from amongst the available human resources in the district.
viii. Ensure regular orientation and sensitisation and awareness programmes for (POCSO act 2012, MTP act 1971 and others concerned Acts and Guidelines cadre specific) Medical Officers, Police personnel, CWC members, Support Persons,

Counselors, and other officers, staff concerned and general public regarding the applicable laws, guidelines, directions and behavioral code through WCD and DLSA.

ix. Ensure holistic rehabilitation and reintegration of the survivors and the children born out of sexual offence as per their individual need assessment by actively engaging all concerned stakeholder departments.

x. Identify and resolve institutional bottlenecks or procedural delays in a time-bound manner.

xi. Establish accountability framework at the district and ensure the same judiciously.

***Note:***

- *The Additional District Magistrate (Law and Order) as Vice-Chairperson of DIMC shall be responsible for administrative coordination, monitoring and timely intervention for emergency cases. He/she shall assist the District Magistrate in reviewing the functioning of the SHE Unit, coordinating with district-level nodal officers of all concerned departments, and ensuring timely action in cases covered under this Policy.*
- *The Police Commissioner/Senior Superintendent of Police/Superintendent of Police shall nominate an officer not below the rank of ASP as the District Nodal Police Officer for timely and effective action under this Policy.*
- *Any act of omission, dereliction or delay of duty, failure to update records, non-referral, non-compliance of protocol by any concerned officer shall be reviewed and appropriate corrective action must be taken as per law.*
- *All concerned departments and district authorities shall act in compliance with the directions issued by the Hon'ble Courts in the implementation of this Policy.*

# CHAPTER II:

# CONSTITUTION OF 'SHE UNIT'AND EXTENSION OF OSC, ROAD TO VILLAGE VIA MISSION SHAKTI KENDRA

2.1. **The 'SHE Unit' shall act as the Single Window for Coordination of Medical care: Hub** to be made functional in every District Women Hospital/DCH/Medical College Hospital to ensure timely access to prevention of unwanted pregnancy or lawful MTP services for all SAS's along with timely medico-legal, health care, counseling, referral and follow-up support, to prevent any procedural or inter-departmental delay in coordination with all concerned stakeholder departments.

2.2. **CONSTITUTION, FUNCTIONS AND RESPONSIBILITIES:** SHE Unit to be established at a conspicuous and easily accessible location within the District Women Hospital/DCH/Medical College Hospital.

a) Officer In-charge & composition of SHE unit committee: A CMS/ Female Gynecologist and in the absence of the Female Gynecologist, a senior female Medical Officer/Doctor nominated by CMO will be in-charge of the unit. SHE Unit will be operated by a committee including nodal person of police department, ACMO (POCSO/MTP) & WCD which will coordinate in smooth functioning of SHE unit.
b) The DIMC shall ensure the availability of adequate human resources, infrastructure, equipment, and administrative support for effective functioning.
c) It will function as the nodal unit at the district for coordination, monitoring, implementation, follow-up and documentation of all sexual offense cases falling under the purview of this framework to ensure timely access to prevention of unwanted pregnancy or lawful MTP and follow up health care.
d) It will ensure timely referral of survivors to the CWC and DCPU (for child survivors) and other stakeholder departments for assignment of a Support Person, victim compensation assistance, and linkage with welfare and social protection schemes for holistic rehabilitation based on need assessment.
e) Follow-up shall include post-pregnancy care and recovery, and mental health and psycho-social support.
f) Counselors available in all the districts shall be included in roaster and allotment of SAS cases for effective counseling with proper documentation. Initiate case should be continuing with the same counselor for such cases.
g) SHE Unit shall maintain an updated official repository of all concerned stakeholders for speedy contact/communication.
h) A WhatsApp group will be formed including SHE unit along with and doctors of all DWH/DCH and CHCs in-charges providing SAS medico-legal services to make the services hassle- free for such cases.

i) The monthly status reports shall be placed before the DIMC for review, corrective action and further directions through CMO.
j) The SHE unit will ensure that all applicable guidelines, SOPs, Government Orders, departmental directions, medical protocols and legal instructions relating to lawful MTP and medico-legal care of Sexual Assault Survivors are complied with within time.
k) Maintain all prescribed registers, medical records, medico-legal reports and documentation, ensure confidentiality, privacy and dignity of the survivor, and ensure secure preservation and transmission of forensic evidence to the concerned authorities.

## 2.3. MANDATORY REGISTRATION AND DOCUMENTATION (THE DIGITAL CASE TRACKING SYSTEM):

a) The Department of Medical, Health and Family Welfare will report on the existing portal available and maintain a real-time digital case tracking system with role-based access for all authorized stakeholders i.e. MaNTrA for providing services of lawful MTPs and MedLEaPR for cases being brought for Medico-legal examination in case of SAS. As well as a portal existing namely mission Shakti portal/OSC window by WCD for such cases even to self-register and follow up on anonyms base.

b) All Sexual offense cases shall be mandatorily registered in the system, and the SHE Unit must ensure real-time data entry and record updating. The system shall track every stage from FIR registration to rehabilitation including medico-legal examination, referrals, submission of reports and redressal.
c) The digital case tracking system shall function as an integrated real-time platform for case management, monitoring, coordination, and tracking of all cases, enabling the SHE Unit to coordinate timely referrals through inter-departmental referral response mechanisms while generating alerts, notifications, and reminders to ensure timely action, service delivery, follow-up, escalation of pending cases, and case closure in accordance with prescribed timelines.
d) All concerned stakeholders shall update the data and report in the digital case tracking system.
e) ERSS (Dial 112), with the Police Department, shall be the Nodal Agency for further strengthening and integrating all existing digital tracking systems across the State.

**Note:** *The SHE Unit* ***shall not only be treated as*** *a unit to perform Medical Termination of Pregnancy (MTP) services or Medico-Legal Case (MLC) examination and procedures. The SHE Unit shall function as a coordinating and facilitative unit to ensure timely access to all required health services. It shall coordinate with the designated Community Health Centre (CHC), District Hospital, Medical College, or any other notified health facility for medical examination, medico-legal procedures, MTP services (where legally permissible), forensic evidence collection, treatment, counseling, and other related healthcare services. The SHE*

*Unit shall ensure prompt referral, effective inter-facility coordination, continuity of care, timely service delivery, and appropriate follow-up in accordance with the applicable laws, rules, and Government guidelines.*

**2.4. Expansion of One Stop Centre beyond district headquarters** - One Stop Center may be expanded in future as per norms/guidelines of Government of India. It is not limited upto district level but reaches to Tahsil, Blocks and villages through different channels such as Child Helpline – 1098, Police helpline – 112, Mahila Helpline – 181 and NGO's, PRI's etc. Also through Mission Shakti Portal/OSC window it can be accessed by anyone also provides anonymity.

**2.5. Establishment of MISSION SHAKTI KENDRA at police station level-** with effect from 20.09.2025 in every police station. Mission Shakti Kendra has been established involving 13500 police employees to help and counsel female victims.

*a)* Establishment of police beat system below police station level to reach up to villages:

- The Mahila Beat System is an important initiative of Uttar Pradesh Police for ensuring women's safety and effective resolution of issues concerning women. Its objective is to improve police outreach to women and maintain continuous communication with them so that they can share their concerns without fear or hesitation.
- Under this system, every police station jurisdiction has been divided into smaller beat areas. A total of **8,694 Mahila Beats** have been constituted, and **19,045 women police officers** have been deployed.
- The primary responsibility of a Mahila Beat Officer is to maintain regular contact with women, girls, and families in her assigned area, conduct home visits and community interactions, listen to their concerns, and provide appropriate legal advice and assistance whenever required. They also create awareness about women's rights, laws, and government welfare schemes through active participation in VHSNC with Aanganwadi, Asha, ANM.

# CHAPTER III

# SYNERGIC TIME BOUND RESPONSE MECHANISM

**3.1. EMERGENCY RESPONSE – (within 24 hour of offence reported)**

Priority shall be accorded in ensuring immediate action to protect the survivor's life, health & safety and provide emergency medical care without demanding any unnecessary procedural formalities.

**3.1.1. REPORTING CHANNELS:** Information /Reporting of sexual offense incidence or call for help can come to/through any of the following channels:

A. **Police Department-**
- Mahila police beat at village level in coordination with VHSNC
- Police Station
- ERSS (112)
- Women Power Line (1090)
- Mission Shakti Portal/OSC window
- CCTNS (Crime and criminal tracking network and systems)

B. **Women and child development Department**
- Child Helpline (1098)
- Women Helpline (181)
- CWC
- DCPU
- One Stop Centre and through Mission Shakti Portal/OSC window
- Anganwadi Karyakatri
- Balika Grih, Nari Niketan
- District Probation Officers

C. **Health Department**
- Government or private hospital/Register Medical Practitioners
- Paramedical, Pharmacist, Nursing staff
- Ambulance Service (108/102)
- Through ASHAs

D. **Others**
- District Administration
- Non-Governmental Organization
- Educational institution
- Self-reporting by the survivor, parents, guardians or anyone (formal or informal channel).
- Marriage registrar/Unconventional marriage beauros like marriage in Arya samaj Mandir, Samoohik Vivah sammellan, community get-togethers or regional Parichay Sammelans etc.

**Note:**

A. As per POCSO act 2012 Chapter V Procedure for reporting cases sect 19: Duty to Report Offences.
   - **Mandatory Duty**: Any person who has knowledge or a reasonable suspicion that a sexual offense against a child has happened or will happen must report it.
   - **Where to Report**: The report goes to the local police or the Special Juvenile Police Unit (SJPU).
   - **Includes the Child**: The phrase "any person" includes the child victim.
   - **Protection for Informants**: People who report in good faith face no civil or criminal liability.

B. **Incentivizing-** incentivize the good samaritan for reporting of such case, in the form of appreciation certificate /felicitate on public forums/functions etc.

### 3.1.2 FIRST RESPONDER:

A. Police is the first and immediate responder for all sexual offense cases either reported directly or if any communication received from hospital or any other concerned authorities.

B. But, where survivors of sexual offense reach any other service providers like Hospital, CWC, OSC or Shelter Home, Helplines etc, then such authorities receiving the Survivor shall immediately notify the police as per law.

**Note:- Proposed Response & Escalation Mechanism-**

- In the case of any reporting of occurrence of unwanted or undesirable pregnancy or strong suspicion of the same, Mahila beat constable may be enabled to be the first responder along with another stakeholder, such as Anganwadi Karyakatri, ASHA worker etc, or even a school teacher etc., who must be known to the victim from before and who may, therefore, be in touch with the victim, from before, such that vital time is not lost in confidence building measures, before the hard timelines of Medical Termination of Pregnancy Act, 1971 expired.

- **Mahila Beat Constable as First Responder**: The Mahila Beat Constable of the Police Department shall be the first and immediate responder in all cases of sexual offences. Where a victim approaches through an One Stop Centre (OSC), /Online Portal/Web Application or any other designated reporting channel, the concerned OSC Centre Administrator shall act as an immediate responder. The response by the Mahila Beat Constable or OSC Centre Administrator, as the case may be, shall be initiated immediately and, in any case, within 12 hours of receipt of the report/information.

- **Escalation after 12 Hours:** In case the designated first responder fails to provide the required response or take the necessary action within 12 hours of receipt of the report/information, an automatic electronic alert/message/call shall be generated/escalated to the next higher designated officer for necessary intervention and appropriate action.

- **Further Escalation after 24 Hours:** In the event that the required response/action is still not provided within 24 hours of receipt of the report/information, the matter shall be automatically escalated to the next higher officer/competent authority, so as to ensure that necessary action is taken in a time-bound manner and that no case remains unattended.

### 3.1.3 THE PRIORITY in every case shall be:

A. Stabilizing the survivor.
B. Saving life.
C. Ensuring safety and privacy.
D. Providing emergency medical and psychological care.
E. Activating the integrated inter-departmental reporting and response mechanism.

### 3.1.4 ROLE & RESPONSIBILITIES OF DEPARTMENTS/STAKEHOLDERS

**A- POLICE DEPARTMENT:** The Police Department shall undertake the following actions immediately upon receiving information:

I. Ensure the immediate safety and privacy of the survivor.
II. The Police shall compulsorily register an FIR or Zero FIR, as applicable, in all cognizable offences relating to sexual offenses, in accordance with applicable law, without unnecessary delay.
III. In case of sexual offences against children/minors:
a) Mandatory reporting under Sections 19 and 21 of the POCSO Act, 2012, and prompt FIR registration shall be ensured without delay.
b) If no parent/ guardian is available with a minor survivor to register the complaint, the designated CWPO of the police station or CWC or any person who has the knowledge of the crime will play the role of the complainant.
IV. The FIR shall preferably be registered by a woman police officer. In the absence of a woman police officer, the FIR may be registered by a male police officer in the presence of any other woman police personnel or a woman representative nominated by the competent authority, in accordance with law, as applicable, while ensuring the dignity, privacy and comfort of the survivor.
V. In case of a child survivor, the local Police/SJPU/ CWPO shall immediately inform the parent/guardian or the person in whom the child reposes trust and confidence and, where the child is in need of care and protection, shall, without unnecessary delay and within 24 hours of registration of the FIR, produce the child before the CWC along with a copy of the FIR and written reasons indicating whether the child is in need of care and protection, in accordance with Section 19(6) of the POCSO Act, 2012 read with Rule 4(4) of the POCSO Rules, 2020.
VI. Accordingly, the CWC shall pass appropriate orders in the child's best interest as per law.
VII. Without any delay, Police must facilitate and arrange an ambulance or advanced life support as required for reaching the hospital.
VIII. The survivor shall be escorted by woman police personnel.
IX. Every Hospital and Doctor is bound to provide free first aid or medical treatment to SAS victim/survivor and also bound to intimate the Police of the same.
X. Where the survivor (adult or child) requires immediate emergency medical care, such medical care shall not be delayed for the purpose of registration of the FIR or completion of any other procedural formality.
XI. If any Government or private hospital refuses to provide free medical care to the survivor, the same shall be reported to the DM for appropriate legal action against the hospital as provided under law.

XII. The Police must ensure that the survivor is taken to the authorized health facility for conducting medico-legal examination within 24 hours (without any delay) of being notified of the offence.

XIII. The police must further secure and preserve the scene of occurrence.

XIV. The police must provide security to the survivor or family, if required.

XV. The concerned Station House Officer shall record in the General Diary maintained at the police station all steps taken by the police authorities in this regard.

XVI. The Police shall notify the SHE Unit immediately to activate coordinated prevention of unwanted pregnancy or lawful MTP, healthcare response mechanism for further action.

XVII. Where any authority does not cooperate or fails to act in accordance with this Protocol, the matter shall be immediately escalated to the competent higher authority for timely intervention and corrective action.

XVIII. If the CMO, or the Chairman of the CWC or any other concerned authority/officers, fails to attend to the survivor or to take the necessary action, such refusal or omission shall also be recorded in the General Diary maintained at the concerned police station. The concerned Station House Officer shall, upon making such an entry, immediately transmit a copy thereof to the DCP/SSP/SP and the DM, who shall take immediate corrective action and record the same in writing within 24 hours of receipt of such information.

XIX. In cases where the survivor is a minor and unmarried, the concerned Station House Officer shall immediately inform the DCP/SSP/SP, as the case may be, who shall ensure that the survivor is produced before all concerned authorities in accordance with the requirements of the MTP Act, 1971, and the POCSO Act, 2012. The concerned Station House Officer shall also record in the General Diary maintained at the police station all steps taken by the police authorities in this regard.

**B- MEDICAL, HEALTH AND FAMILY WELFARE DEPARTMENT:** The Health Department shall undertake the following actions immediately upon receiving information:

I. Dispatch an Ambulance/ALS vehicle as per the medical needs of the survivor. Free Ambulance Service can also be used

II. Provide immediate emergency medical care without waiting for FIR or police requisition or any other formalities.

III. Ensure first aid and emergency medical treatment to stabilize the survivor.

IV. Timely refer of serious cases to higher-level hospitals without delay and arrange necessary transportation.

V. No hospital shall refuse treatment on the grounds that the offence has occurred outside its jurisdiction or lack of identity documents.

VI. Free medical care shall be ensured for all survivors of sexual offense in Government and private hospitals. If any Government or private hospital refuses to provide free treatment to the survivor, the matter shall be reported to the District Magistrate for appropriate legal action as provided under law.

VII. Where the survivor of a sexual offense approaches a health facility directly, the concerned health official shall immediately notify the Police as required under law.

VIII. The designated Medical Officer/Registered medical practitioner plays a dual role in

responding to survivors of sexual offense, namely:

- Firstly, to provide the required medical treatment and psychological support.
- Secondly, to assist survivors in their medico-legal proceedings by collecting evidence and ensuring proper documentation.

IX. The MO/RMP shall conduct Medico-legal examination only with informed written and informed consent.

X. For medical examination of the survivor (adult), written and informed consent of the survivor herself will be necessary and the same shall be recorded in detail.

XI. If the adult survivor continues/persists in refusing in spite of counseling, then examination must be deferred or abandoned accordingly. But the same shall be reported to the Police.

XII. In Case of the child survivor, according to Sec 27(2) POCSO Act, the examination can only be conducted by a female MO/RMP in Hospital run by Government or a Local authority and in absence of such a practitioner, by any other RMP (Sec 183 of BNSS) with the written and informed consent of Victim's parent/guardians. The presence of a parent or a person in whom the child reposes trust and confidence shall be ensured, wherever available.

XIII. Thus, in cases of a child survivors, concerned Medical Officer/RMP must:

**a)** Inform CWC

**b)** Obtain written and informed consent of the survivor's parent or guardian for the medico legal examination as applicable (As per existing Rules and regulation). The same shall be recorded in detail.

Note- For medico-legal examination, a person/Survivor/women/Girl below 18 years of age shall be considered a minor for the purposes of consent and other applicable legal procedures.

**c)** The written and informed consent for medical examination of such child survivors who are in need of care and protection by the State, shall be given by CWC.

**d)** Parents or guardians or survivors, in case of minor, have the legal right to refuse the medico-legal examination or evidence collection, though emergency medical treatment for health and safety must still be provided.

**e)** In such cases of refusal, the police or medical official should inform the local CWC or a legal support counselor to counsel the family regarding the importance of the examination, but coercion is strictly prohibited.

**f)** Still, if a parent or guardian or survivor in case of Minor, refuses the examination, the registered medical practitioner must record the same in detail.

**g)** In all such situations where the informed refusal to medico-legal examination of the survivor is recorded, the signature of an independent witness should also be obtained, and intimation should be given to police without any delay. And then such examinations may be deferred or should be abandoned as per law.

**h)** If a child, after fully understanding the nature and consequences of the procedure with which she has to cooperate, refuses to cooperate with the examination or is resisting it in-spite of written and informed consent from her parent or guardian and the efforts of the RMP, the examination may be deferred or should be abandoned.

i) In such situations where the child, after fully understanding the nature and consequences of the examination desires to get examined in-spite of the informed refusal to examination from the parent or guardian, the matter should be reported to CWC and examination can only be conducted upon an order from the CWC and after obtaining written and informed consent from the person nominated by the CWC, specifying the capacity of such person to give written and informed consent. It must be ensured that child survivors are comfortable before commencing the examination.

j) In case of a child who is a destitute/orphan, necessary support and counseling shall be provided through the CWC member or Support Person nominated or MO and/or CWPO, as applicable.

k) In all cases involving a child survivor, the medical examination shall be conducted in a child-friendly, sensitive and legally compliant manner, in accordance with the applicable provisions of the POCSO Act, the Juvenile Justice Act, relevant Rules, medical protocols and directions issued by the competent authority.

XIV. The survivor (adult or minor), the parent/guardian/person in whom the survivor reposes trust, has the right to refuse either medico-legal examination or collection of evidence or both. But such refusal shall not affect the survivor's right to receive medical treatment.

a) However, if the adult survivor does not wish to lodge an FIR or to be involved in the police investigation, MO/RMP is bound to provide medical treatment to the survivor.

b) Informed Refusal will be clearly documented in all such cases. No decision shall be imposed against her/her-guardian's wish in accordance with applicable law.

c) However, in all such cases, the examining MO/RMP or Hospital must inform the Police about the sexual offence.

Note- In Annexure-2, Point No. 11, —Proof of Age" has been rectified and shall be read as follows:

**Determination of Age under the POCSO Act**

In all cases under POCSO Act, where the age of the survivor is material, the following documents/procedure shall be relied upon (Section-34, POCSO Act read along with Section 94 of Juvenile Justice (Care and Protection of Children) Act, 2015):

- A date of birth certificate from the school, or matriculation or equivalent certificate from the concerned examination Board, if available; and in the absence thereof,
- Birth certificate given by a corporation or a municipal authority or a Panchayat, etc.,
- And only in the absence of the above, age shall be determined by an ossification test or any other medically proven and improved age determination test.

XV. Provide detailed counseling regarding health consequences and available treatment options.

XVI. Provide emergency contraception, wherever medically indicated and legally permissible, if the survivor presents within 72 hours of the sexual offense.

XVII. The medical officer will then proceed to conduct a pregnancy test as per pre-defined clinical protocol, wherever clinically indicated.

XVIII. If pregnancy is confirmed, assess and record the gestational age and explain to the survivor empathetically her situation and provide information about the available medico-legal procedures, options of lawful MTP, other treatment options to help survivors make an informed decision. In the case of a minor survivor, her parents/guardians shall be informed necessarily for the same.

XIX. The health official handling the case shall further notify the SHE Unit immediately to activate coordinated prevention of pregnancy or lawful MTP, health care response mechanism for further action.

XX. Where any authority does not cooperate or fails to act in accordance with this Protocol, the matter shall be immediately escalated to the competent higher authority for timely intervention and corrective action.

**C- DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT:** The district-level functionaries of the Department of Women and Child Development shall undertake the following actions to provide immediate assistance and support to survivors.

**C.1. ROLE OF DPO:** The DPO shall be coordinate and facilitate at the district with the Police, Health Department, District legal services authorities and all other concerned stakeholder departments for effective action of CWC, DCPU and OSC falling within the jurisdiction of WCD as per law and he will promptly report to DIMC in a time-bound manner.

**C.2. ROLE OF CWC: - In cases involving a child survivor:**

I. Ensure immediate psychological first aid and counseling and shelter support.

II. Upon receiving a copy of the FIR from the Police (within 24 hours of reporting), the CWC shall take immediate measures to safeguard the child and pass appropriate orders in the best interest of the child.

III. The CWC shall provide the Investigating Officer (IO) with a complete physical copy of the order passed by it, and a legible scanned/electronic copy of the entire order shall simultaneously be transmitted to the IO through electronic means, ensuring that no portion of the order is missing or illegible and that the directions passed by the CWC are complied with without delay or ambiguity.

IV. Where the parent/guardian is unavailable, unsuitable, suspected or alleged to be involved in the offence, or refuses necessary medical care, the CWC shall take appropriate action in the best interest of the child in accordance with the Juvenile Justice (Care and Protection of Children) Act, 2015.

V. Assign a Support Person, in accordance with the Protection of Children from Sexual Offences Act, 2012 and the Rules made thereunder, to assist and support the child survivor throughout the medical examination, statement recording, investigation, legal proceedings, counseling, rehabilitation and other processes, as required.

VI. Facilitate in obtaining lawful written and informed consent for medical examination by providing necessary support to the child and the parent/guardian, wherever required.

VII. Written and informed consent for medical examination of minor survivors who are in need of care and protection by the State, shall be given by the CWC.

VIII. Pass timely orders to ensure care, support, protection, shelter and other necessary action based on the child's safety and protection needs.

IX. Protect the child's dignity, privacy, confidentiality keeping the best interest of the child in mind.

X. The Chairman of the Child Welfare Committee shall specifically record, in every order or report prepared under Sections 30, 31, 36, 37, 39, and 40 of the JJ Act, 2015, that the relevant provisions of the MTP Act, 1971, the POCSO Act, 2012, and the JJ Act, 2015, relating to termination of pregnancy, rehabilitation measures, compensation schemes, and their consequences, have been duly explained to the survivor and her guardian(s) in simple and comprehensible language. The CWC shall further record whether the survivor has been informed of her right to approach the DLSA for free legal aid and representation, and whether such aid has been arranged.

**C.3. ROLE OF OSC:**

I. Provide emergency response and rescue services, medical assistance, police support for lodging FIR/DIR, psycho-social support and counseling to the survivors.

II. Provide temporary safe shelter wherever required.

III. Survivors should be explained the limits to confidentiality, *in situations where mandatory reporting is necessary as per the existing laws.* In cases of sexual offenses, 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).

IV. 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. Emotional, physical, and psych-social healing may take time, and care providers should offer continuous support through the survivor's recovery journey.*

- Notify and coordinate with Police and CWC immediately in cases involving child survivors.
- Accordingly, notify and coordinate with Police, CWC, DCPU and health institutions if the survivor is received directly at OSC.

**D- DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES:** In cases involving a survivor (adult or child) with disability, the nodal district functionaries shall provide disability-inclusive support, which includes:

I. Arrangement of a sign language interpreter, interpreter or special educator, wherever required.
II. Provide access to assistive devices and mobility support such as wheelchairs, hearing aid or other required aids.
III. Assistance for accessible communication with the police, medical professionals, counselors and other authorities.

### 3.2 POST EMERGENCY RESPONSE MECHANISM (beyond 24 hours of Offence reported)

After the survivor has been medically stabilized and immediate safety has been ensured, the concerned authorities shall initiate further post emergency health care, medico-legal procedure, pregnancy assessment, MTP options, and treatment, protection and rehabilitation measures through an inter-departmental response mechanism.

### 3.2.1 ROLE & RESPONSIBILITIES OF DEPARTMENTS/STAKEHOLDERS

**A- POLICE DEPARTMENT:** The Police Department shall undertake the following actions:

I. Where the FIR could not be registered within 24 hours of reporting of the incident due to medical emergency or any other unavoidable reasons, the same shall be registered at the earliest and the reasons for delay must be clearly recorded in detail in the FIR.
II. The survivor's statement shall be recorded by a woman police officer or, where unavailable, in the presence of women police personnel or a woman representative nominated by the competent authority, in accordance with law.
III. As far as possible the same women police officer, who has initially interacted with survivors should continue during the entire proceeding.
IV. During such interaction privacy and confidentiality shall be maintained so that the survivor feels comfortable to share the details of the offence.
V. The survivor shall not ordinarily require visiting the police station repeatedly for the legal proceedings. The survivor should be interacted at a safe and secure place of her choice like her residence etc.
VI. The survivor shall not be subjected to offensive, accusatory or insensitive questioning or make any observations which may go against the dignity of her and can lead to re-victimization of the survivor.
VII. Where the survivor is in psychological distress, necessary counseling services shall be provided with the help of counselors provided by the health department or DWCD or from a pool of counselors available so that the survivor becomes capable of giving cogent statements.
VIII. Where the survivor belongs to a different linguistic background, the Police shall arrange an interpreter, wherever required, to ensure accurate communication while recording the statement. The recording of such information shall be video graphed.

IX. Under Section 173(1) BNSS, where the survivor is temporarily or permanently, mentally or physically disabled and reports an offence under sections 64-71, 74-79, or 124BNS, the police shall:

a. Record their statement at their home or a location of their choice with the help of an interpreter or special educator if needed.

b. Video graph the recording of the statement.

c. The statement should be recorded by a magistrate under section 183(6)(a) as soon as possible.

X. In all cases where a survivor of rape or sexual assault is found to be pregnant, the survivor shall **without loss of even a single day** be produced before the concerned Chief Medical Officer along with the report prepared under Section 27 of the POCSO Act, 2012, statements recorded under Sections 180 and 184 of the Bharatiya Nagarik Suraksha Sanhita, 2023, a copy of the FIR, the Medico-Legal Examination Report of Sexual Violence, and such other relevant documents as may be necessary to assess the physical and mental condition of the survivor and to enable an informed decision regarding termination of pregnancy.

a. Collect medical records, preserve evidence, ensure FSL/DNA examination promptly.

b. Complete the investigation within the prescribed time under applicable law.

c. The Mission Shakti Kendra/Women Help Desk of the concerned police stations:

- Shall act as nodal desk for Sexual Offense Survivors (SOS) response system within their jurisdiction.
- Shall ensure timely and effective coordination with all concerned stakeholders for this purpose.
- Shall ensure the timely, complete, and accurate uploading of all prescribed information pertaining to prevention of unwanted pregnancy or Medical Termination of Pregnancy (MTP) cases of survivors on the _Mission Shakti Kendra' portal and Digital Case Tracking System.

d. The concerned Station House Officer shall record in the General Diary the departure and arrival entries of the police personnel deputed to escort the survivor for production before any of the concerned officers like Chief Medical Officer, the Child Welfare Committee, and the jurisdictional Magistrate. The Circle Officer concerned shall countersign such entries on the same day, and the entries shall further be reviewed and countersigned fortnightly by the concerned Senior Superintendent of Police. The Senior Superintendent of Police shall submit a monthly compliance report to the Director General of Police, Uttar Pradesh, consolidating the entries so made across all police stations in the district, for the purpose of centralized monitoring of compliance with these directions.

e. Coordinate with the Special Public Prosecutor and file the charge-sheet before the competent court.

f. The concerned Circle Officer shall countersign such entries on the same day, and the entries shall further be reviewed and countersigned fortnightly by the concerned Police Commissioner/SSP/SP.
g. Any unavoidable delay in FIR registration, investigation, evidence collection, or other mandatory actions shall be recorded in writing and immediately reported to the Police Commissioner/Senior Superintendent of Police/ Superintendent of Police, the District Magistrate and DIMC stating the reasons and corrective measures.
h. The Police Commissioner/SSP/SP shall submit a monthly compliance report to the Police Headquarter, Uttar Pradesh, consolidating the entries made across all police stations in the district, for the purpose of centralized monitoring, review and necessary corrective actions as required.
i. The Women and Child Security Organization (WCSO), Uttar Pradesh Police, shall monitor the _Mission Shakti Kendra' portal and Digital Case Tracking System for effective case tracking, coordination among stakeholders, and periodic review of case progress in accordance with this policy.
j. The survivor's identity and personal information shall remain strictly confidential at all stages.

**B- DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT:**

**B.1. ROLE OF DPO:** The DPO shall act as district-level nodal officer and shall:

I. Ensure continued coordination with all the concerned stakeholders such as OSC, CWC, Police, District Disability Empowerment Officer (DDEO) and Health authorities for necessary action.
II. In cases involving a minor survivor, the DPO shall ensure that CWC is engaged in time to facilitate immediate care, protection and other statutory interventions.
III. Ensure availability of an adequate panel of Support Persons in every district in accordance with Section 39 of the Protection of Children from Sexual Offences Act, 2012 read with Rule 4 of the Protection of Children from Sexual Offences Rules, 2020 and the applicable guidelines issued thereunder.
IV. Submit timely reports to the DIMC.
V. Coordinate follow-up, protection and holistic rehabilitation measures for survivors including children in need of care and protection.

**B.2. ROLE OF CWC:** In cases involving child survivor, the CWC shall:

I. Ensure that all necessary processes and procedures are undertaken in accordance with the statutory provisions of the JJ Act and the applicable Rules, to safeguard the safety, protection and best interests of the child.
II. Assess the child's safety and best interest before deciding placement.
III. The CWC shall provide counseling to the child survivor and the parent/guardian, as applicable, and shall make them aware of their legal rights, entitlements and the available support services, including free legal aid, lawful MTP services (where applicable), adoption, foster care, victim compensation schemes rehabilitation services, and other welfare and social protection measures.
IV. Where continued shelter is required to the child survivors, the CWC shall pass appropriate orders for safe placement in the concerned Child Care Institutions (CCI).

**B.3. ROLE OF SUPPORT PERSON:**

I. Maintain regular communication and follow up with the child survivor
II. Undertake visits to the survivor at least once every week, wherever considered necessary by the Child Welfare Committee.
III. Provide necessary assistance and counseling support.
IV. Submit periodic progress reports to the Child Welfare Committee, or as may be directed by the Child Welfare Committee or the competent court.
V. The Support Person appointed in such cases shall maintain regular contact with the survivor and shall visit her at least once every week to provide necessary assistance, counseling, and support. A weekly contact report shall be prepared by the Support Person and submitted to the Chairman of the Child Welfare Committee and to the Secretary, District Legal Services Authority, within two days of each visit. In the event that the Support Person fails to maintain such contact or submit such reports, the Chairman of the Child Welfare Committee shall immediately bring the matter to the notice of the District Probation Officer and the District Magistrate for remedial action, including replacement of the Support Person.

**B.4. ROLE OF OSC**

I. Where an adult or girl child survivor requires temporary shelter, the One Stop Centre (OSC) shall provide temporary shelter for a period of up to 5 days.
In exceptional circumstances, where continued shelter is necessary in the best interest of the survivor, the stay may be extended up to 10 days on the basis of a written request or order of the referring authority, as applicable.
II. If longer stay/shelter is needed OSC, in coordination with the DPO, shall facilitate safe accommodation to the survivor to a safe shelter home such as Shakti Sadan, Mahila Sharnalaya, Homes for differently-abled and any other authorized shelter homes based on survivor's need assessment.
III. Provide follow-up counseling, psycho-social support and emotional support to the survivor.
IV. The survivor will be facilitated and supported for recovery and rehabilitation during and after the stay.
V. OSC shall facilitate free legal aid in coordination with DLSA.
VI. OSC shall facilitate in coordination with Hub for Empowerment of Women (HEW) for livelihood support and skill-development under ongoing government programs.
VII. Facilitate access to victim compensation schemes.
VIII. Facilitate the survivor's access to relevant Central and State Government welfare schemes and social protection measures.
IX. A Follow-up protocol to be maintained as per need assessment of the survivors in coordination with all concerned stakeholders for a holistic rehabilitation and reintegration with Society for all cases that were received or referred to OSC.

**C- DISTRICT LEGAL SERVICES AUTHORITY (DLSA):** The District Legal Services Authority (DLSA) shall:

I. Ensure that every survivor of sexual offense receives timely and effective legal assistance and is able to access the rights and entitlements available under law.
II. Ensure provision of free legal aid and legal counseling to the survivor and/or her guardian, as applicable, in accordance with the Legal Services Authorities Act, 1987.
III. Facilitate the engagement of Panel Lawyers and Para Legal Volunteers (PLVs), wherever required, to assist the survivor during investigation, court proceedings and access to statutory entitlements.
IV. Assist eligible survivors in filing and pursuing claims under the Uttar Pradesh Victim Compensation Scheme, 2014 and other applicable compensation or assistance schemes.
V. Coordinate with the Police Department, Health Department, Child Welfare Committee (CWC), District Child Protection Unit (DCPU), One Stop Centre (OSC), and other concerned stakeholders to ensure seamless legal support and rehabilitation services.
VI. Provide necessary legal guidance and facilitation in cases requiring judicial intervention, including matters relating to pregnancy beyond the statutory gestational limits under the Medical Termination of Pregnancy Act, 1971 (as amended in 2021), where the survivor may need to approach the jurisdictional court for appropriate relief.
VII. Facilitate access to legal remedies relating to custody, surrender, adoption and other child protection issues arising under the Juvenile Justice (Care and Protection of Children) Act, 2015, wherever applicable.
VIII. Participate in the district-level coordination, monitoring and review mechanism constituted under this SOP and extend necessary support for effective implementation and convergence among all stakeholders.

**D- MEDICAL, HEALTH AND FAMILY WELFARE DEPARTMENT:**

**D.1. THE CONSTITUTION OF THE MEDICAL BOARD:** The Medical Boards have been constituted at state as well as district level for cases involving pregnancies exceeding 24 weeks of gestation, in accordance with the provisions of the Medical Termination of Pregnancy Act, 1971 (as amended 2021) and the Rules framed thereunder. The constitution of the boards is as follows:

- **Medical Boards shall comprise the following members:**
  I. **Chairperson:** Principal Medical Superintendent (in Divisional Hospitals)/ Chief Medical Superintendent (in District Hospitals);
  II. **Member Secretary:** Specialist in Obstetrics and Gynaecology;
  III. **Members:** 1 Paediatrician, 1 Radiologist/Sonologist, 1 Anesthetist and 02 other members, as may be nominated by the Chairperson, wherever considered necessary, having regard to the nature of the case.
  IV. It is suggested to have 02 Gynecologist in Medical Boards to get the better decisions and form opinions on the cases of larger gestational periods.

- **State-level Medical Board:**
  - **Chairperson:** Head of Department (HoD) Obstetrics and Gynaecology, King George Medical University (KGMU), Lucknow;
  - **Member Secretary:** Medical Superintendent, KGMU, Lucknow (Representative Hospital Administration);
  - **Member Counsellor:** Nominee by HOD, Psychiatry, KGMU, Lucknow;
  - **Members:** HOD Paediatrics KGMU, Lucknow, HOD Radiology KGMU, Lucknow, HOD Cardiology KGMU, Lucknow, HOD Neurology, Dr. Ram Manohar Lohiya Medical Science Institute (RMLMSI), Lucknow, HOD Genetics Sanjay Gandhi Post Graduate Institute (SGPGI), Lucknow.

**D.2. POWERS OF THE MEDICAL BOARD:** The Medical Board has been empowered to:

- Consider the MTP services above the 24 weeks when the foetus is likely to suffer from serious abnormalities.
- Decide on termination of pregnancies beyond 24 weeks in case of fetal anomaly.
- Seek assistance from other specialists as required.
- Approve or reject applications for termination.

**D.3. FUNCTIONS OF THE MEDICAL BOARD:** The major functions of the Medical Board are to:

- Examine the pregnant woman and her reports referred under Section 3(2)(b).
- Provide its opinion in Form-D (Medical Board's Opinion Form) regarding approval or rejection within three days of receiving the application.
- Ensure that once the Medical Board advises termination, the procedure under Section 3(2)(b) is completed within five days of the application date, with all due precautions.
- The Medical Board shall also record, in Form D, the specific reasons for approval or rejection of an application for termination of pregnancy, in sufficient detail to enable judicial review, and a copy of Form D shall be forwarded to the Secretary, District Legal Services Authority, on the same day as it is prepared.
- Forward proceedings to DLSA and District Magistrate.
- The Medical Board shall upload its proceedings on the digital case tracking system promptly.

**D.4. MEDICAL BOARD REPORT**

- The reports submitted by the Medical Boards must be clear and legitimate.
- Reports should clearly set out the findings relating to the physical and mental health of the victim.
- Adequately explain the medical risks, implications, and comparative pros and cons of undergoing or not undergoing medical termination of pregnancy.
- The opinion should be clear and actionable.

**D.5. MEDICAL BOARD ASSESSMENT:** Medical Boards at all the concerned Hospitals, while preparing their reports after assessing such victims, shall specifically and clearly indicate the following:

- The exact gestational period of the pregnancy of the victim.
- Whether the victim is physically fit to undergo medical termination of pregnancy.
- Whether the victim is mentally fit to undergo medical termination of pregnancy.
- Whether the proposed medical termination of pregnancy would pose any risk to the life of the victim.
- It is essential that the doctors concerned, while rendering their opinion on the physical and mental fitness of the victim to undergo medical termination of pregnancy, give a clear and specific opinion, and not a vague or qualified opinion capable of being interpreted in more than one manner.

## TIME SINCE THE OCCURRENCE OF THE SEXUAL OFFENCE

**A- IF THE SEXUAL OFFENSE IS REPORTED WITHIN 72 HOURS:**

I. The Medical Officer/RMP should inform the survivor and, where applicable, the parent/guardian, about the emergency contraception option available to prevent any possible unwanted pregnancy/long term issues arising out of sexual offence and proceed to administer EC Pill to the survivor after obtaining the written and informed consent of the survivor or her parents/guardians as provided in the SOP.

II. If written and informed consent is not provided, the survivor and/or the parent/guardian, as applicable, shall be offered appropriate counseling in an empathetic, non-coercive and trauma-informed manner by medical officer/RMP or a qualified counselor, psychologist or psychiatrist from the District Mental Health Unit (DMHU) or any other competent mental health professional or any other counselors made available from the district pool.

III. In spite of counseling, if they persist in refusing, then emergency contraception pills should not be administered while politely again informing them of the consequences.

IV. If the survivor/guardian subsequently provides written and informed consent after counseling, the emergency contraception should be administered, accordingly as provided in the SOP.

V. The SHE unit will further follow up with survivors who were administered emergency contraceptive pills until their next menstrual period.

VI. The pregnancy test shall be conducted as given on **3.2.3.**

**B- IF THE SEXUAL OFFENSE IS REPORTED AFTER 72 HOURS:** The pregnancy test shall be conducted as given on **3.2.3.**

## DETERMINATION OF PREGNANCY STATUS

**A- PREGNANCY ASSESSMENT:** Pregnancy assessment shall be undertaken, with informed written and informed consent, in every survivor, including women, girls and transgender persons who are biologically capable of pregnancy, where pregnancy is possible, suspected, alleged or clinically indicated. Such assessment shall be conducted in a

confidential, trauma-informed and dignity-affirming manner. Where pregnancy is not confirmed, appropriate follow-up until the next menstrual cycle shall be ensured in accordance with applicable medico-legal protocols. The pregnancy assessment shall include:

I. Testing should be done using the urine pregnancy test kit and ultrasonography within 07 days of missing their period date as per protocols.
II. Ultrasonography should be conducted wherever medically required for confirmation of pregnancy, assessment of gestational age, location of pregnancy, viability or any urgent obstetric condition.
III. The survivor's physical health, including injuries and pregnancy-related complications, shall be assessed and treated.
IV. The survivor's psychological condition shall be assessed, especially where she is severely traumatized, disoriented, suicidal, unable to communicate, fearful, withdrawn or in acute distress.
V. The SHE Unit shall facilitate immediate Obstetric and Gynecological emergency services or referral care.
VI. The pregnancy assessment shall ordinarily be completed within 24 hours of the survivor's presentation or referral to the hospital.

**A.1. PREGNANCY NOT CONFIRMED:** Where pregnancy is not confirmed, the survivor shall be informed to continue for the follow-up check-ups and following actions will be taken:

I. Treatment for injuries, infection, pain, bleeding or any other medical condition shall continue.
II. Psychological aid, trauma-informed counseling and mental-health support wherever required through hospital counselor, OSC counselor or District Mental Health Unit.
III. Police investigation in accordance with law. Non-confirmation of pregnancy shall not affect investigation of sexual offense.
IV. Medico-legal documentation with clear record of injuries, collect forensic evidence and document on the DCTS
V. Follow-up pregnancy testing should be done where medically necessary, especially where the survivor reported soon after the incident or before pregnancy could be reliably detected.
VI. In case of survivors, if menarche has not occurred, they should be tested for pregnancy through UPT in subsequent follow-up visits as per protocol.
VII. Non-confirmation of pregnancy shall not affect the survivor's entitlement to protection, medical care, legal aid, compensation, rehabilitation or any other welfare support service for which she is eligible as per the need assessment.
VIII. Timely referral to other concerned stakeholders like DLSA, CWC, OSC, DCPU, Shelter homes as per the need for further support and rehabilitation.

**A.2. PREGNANCY CONFIRMED:** Where pregnancy is confirmed, the survivor shall be informed in a survivor friendly manner by the concerned Medical Officer. The following actions shall be taken immediately:

I. Gestational age shall be clearly recorded in medical documents, as per MTP Act and relevant medical guidelines.

II. Medical Officer or trained counselor/psychologist shall explain the available options in a simple, calm and non-coercive manner.

III. The survivor's informed consent/choice shall be recorded as per law. No decision shall be imposed contrary to the survivor's informed choice.

IV. Upon confirmation of pregnancy, the SHE Unit shall immediately activate the appropriate referral and inter-departmental coordination mechanism and readily update the DCTS for further action in accordance with the applicable legal pathway.

V. Based on the gestational age, the survivor's informed choice and the applicable provisions of law, the case shall proceed through one of the following pathways:

A. **Termination of Pregnancy / Lawful MTP Pathway:** This pathway shall apply where the lawful MTP is permissible and the survivor chooses to undergo medical termination of pregnancy as per law. **(Point No 3.2.4)**

B. **Continuation of Pregnancy and Delivery Support Pathway:** This pathway shall apply where the survivor chooses to continue the pregnancy. **(Point No 3.2.5)**

## 3.2.4 LAWFUL TERMINATION OF PREGNANCY PATHWAY:

### a. ROLE OF CHIEF MEDICAL OFFICER:

i. Ensure that the SHE unit functions effectively.

ii. Ensure immediate processing of requests relating to pregnancies arising out of sexual assault.

iii. Ensure that the medical board is constituted, and always available and functional.

iv. The Chief Medical Officer shall record, on the medical report itself, a certification that the Medical team/Medical Board has duly counseled the victim and her parent(s) or guardian(s) regarding the provisions of the Medical Termination of Pregnancy Act, 1971, and the medical, legal, and psychological implications arising therefrom.

v. Ensure all the proceedings of the Medical Board are forwarded to DLSA and DIMC for monitoring and supervision.

vi. Facilitate the constitution of, or referral to, the appropriate Medical Board constituted under Section 3(2C) of the MTP Act in cases requiring consideration under Section 3(2B), and coordinate with the DLSA and other authorities wherever judicial intervention becomes necessary.

vii. Ensure provision of post-assault prophylaxis, emergency contraception, HIV/STI management, Hepatitis-B vaccination, mental health services, psychological first aid, and referral to District Mental Health Units (DMHUs), Tele-MANAS and other specialized services, as required.

viii. Ensure timely intimation and referral to the Police, OSC, CWC, DCPU, DLSA and other concerned authorities, wherever required in the protocol.

ix. In cases where the survivor delivers and does not wish to retain custody of the child, ensure prompt intimation to the CWC and DCPU, facilitate counseling and support services.

**A- GESTATION-BASED TERMINATION OF PREGNANCY ELIGIBILITY AND PROCEDURE:**

The Gestational age of pregnancy shall be assessed and recorded by the authorized Medical officer/ Registered Medical Practitioner through clinical examination, ultrasonography and other appropriate investigations as provided in the MTP Act, Rules and applicable medico-legal protocols.

a. **TERMINATION OF PREGNANCY**: Pregnancy up to 24 weeks shall be terminated as provided in the MTP Act, ensuring that there is no unnecessary delay in the procedure as given below:
b. **Up to 20 weeks:** Requires the opinion and procedure to be done by **one** Medical officer/ Registered Medical Practitioner (RMP) and Product of Conception (PoC) for DNA testing should be collected and preserved as per the protocol
c. **From 20 to 24 weeks:** Requires the opinion and concurrence of **two** Medical officers/ **two** RMP, as sexual offense survivors fall under the expanded special vulnerability category.
d. **Beyond 24 weeks:** Requires an explicit evaluation, diagnosis, and approval from a District level medical board as per GO or a State-level Medical Board and is typically restricted to cases with substantial foetal abnormalities or immediate life-threatening danger to the pregnant survivor.

**B- Nothing contained in the above provisions shall affect the operation of Section-5(1) of the MTP Act**, under which a RMP may, in good faith, undertake termination of pregnancy at any stage where such termination is immediately necessary to save the life of the pregnant woman.

**C- No survivor, irrespective of whether she is a child or an adult, shall be compelled to undergo MTP against her will.** Judicial pronouncements have recognized the significance of the wishes and autonomy of the pregnant survivor and have held that, where she possesses sufficient maturity and understanding to make an informed decision, her views should be accorded due weight and careful consideration.

**D-** In cases where the **child survivor does not wish to opt for MTP but the parent(s) or guardian expresses a contrary view, the survivor and the parent/guardian shall be provided appropriate counseling and psychosocial support to enable her to make an informed decision.** If still the child survivor persists on refusal, **she shall not be compelled to undergo MTP against her will.**

**E-** In those cases where survivors are not willing to indulge in legal or police proceedings and survivors are giving consent for MTP then after completion of MTP PoC will be will be handed over to police along with copy of police information for further course of action. Police department shall send PoC to FSL within 96 hours after GD entry.

**F- Written and informed consent for Lawful MTP in the Case of a Minor:** For termination of pregnancy of a person below eighteen years, written and informed consent of the guardian shall be obtained in accordance with Section 3(4)(a) of the MTP Act. Where the guardian is unavailable, implicated, unsafe, refusing without regard to the child's health, or acting in conflict with the child's interests, the matter shall immediately be placed before the CWC who

shall pass appropriate orders keeping the best interest of the child in mind.

**Note:**

- It is to be ensured among various stakeholders to prompt reporting and provisioning of medical care/services to the victims of unwanted pregnancies comprehensively in a fail proof manner.
- A channel for implementation of above to be adopted by DIMCs involving multiple stakeholders. DIMC will ensure synergetic response among all mentioned stakeholders and review the same on monthly basis.

**G-** In the case of a pregnant orphan or abandoned child below eighteen years of age, the CWC shall, without delay, pass an appropriate order recognizing the Person-in-Charge of the CCI, Fit Person, Foster Parent or any other person having actual charge of the child as her guardian for the specific purpose of medical treatment. The guardian so recognized shall provide written and informed consent for termination of pregnancy in the prescribed Form C under the MTP Act and Rules, after due counseling and consideration of the child's informed wishes and best interests.

**H-** Defined time frame for lawful Medical termination of pregnancy act 1971 (amended 2021) to be ensured by respective CMOs/CMSs/HoD Gynecology –

| **Weeks of Gestation** | **Probable Method of termination** | **Who shall perform** | **Concerned GOs/ Guideline of State** |
|---|---|---|---|
| Up to 09 Weeks | Medical Method of Abortion | Trained RMP (as per MTP act) at the health facility/SHE unit. | • NHM/FP-CAC/104/2021-22/6475-3 dated 10.01.2022<br>• 9099/5/2024-9, dated 08.04.2024 , GO No. 72/2025/1632/Five-9-2025, dated 26 August, 2025 issued by PSHFW<br>• GO No.1220/Five-9-2026, dated 16.07.2026 issued by ACS MHFW (Annexed as annexure 2) |
| 09 week to 20 weeks | Medical or surgical Method as per need | | |
| 20 weeks to 24 weeks | Medical or surgical method as per need | 02 trained RMPs as per opinion as per MTP act | |
| More than 24 weeks upto any gestational age | Medical or surgical method as per need | as per opinion of the district medical Board constituted by state government mentioned under section 4A of MTP Act | |

**I-** Post the lawful MTP procedure (based on written and informed consent), the survivor should be followed up along with an ultrasonography or other necessary medical services as per protocol

**J- Prohibition of Coercion:** No Police Officer, Doctor, Counselor, CWC Member, family member, institution or other person shall:

- Force termination of pregnancy.
- Force continuation of pregnancy.
- Delay lawful medical action in order to alter her choice.
- Influence her choice for social, moral, religious or family reasons.

**K-** Medical treatment and the MTP procedure shall not be delayed requiring FIR registration or a police report.

**L-** Counseling related to MTP shall be provided at the concerned medical unit by Medical Officer/RMP or trained counselor designated by the health facility.

**M-** Every lawful MTP case must be recorded in real time on the DCTS application as per protocol.

**N- Post-Lawful MTP Medical and Psychological Care:** After the lawful MTP procedure, the survivor shall be provided immediate post-procedure medical care, psychological Care, medicines, counseling and appropriate follow-up to identify and manage any complication.

**O- Collection and preservation of forensic evidence in pregnancy-related cases:** In pregnancy resulting from an assault, she is to be given the option of undergoing an abortion, and protocols for MTP are to be followed. The products of conception (PoC) should be handed over to the POLICE as evidence, and it shall be reached to the forensic science laboratory lab (FSL) within 96 hours of collection, for establishing paternity/identifying the accused.

**P-** The examining doctor should send Police information (PI) to the respective police station, ask them to collect the DNA Kit from the FSL and bring it to the hospital to coincide with the time of MTP. The DNA Kit is used to collect the blood sample of the survivor. The accompanying DNA Kit forms are to be filled by the examining doctor.

**Q-** A photograph of the survivor is required for this form, and should be arranged prior to the MTP. The products of conception (PoC) are to be rinsed with normal saline (NOT completely soaked in saline) and collected in a wide-mouthed container with a lid. This sample is to be handed over immediately to the police along with the DNA Kit, or preserved at 4 degrees Celsius. It is to be transported by the police in an ice-box, maintaining the temperature at around 4 degrees Celsius (2 to 8 degree Celsius) at all times.

**R-** Forensic evidence and DNA samples collected in cases involving abortion shall be properly packaged, sealed, labeled, and stored in accordance with prescribed forensic protocols to prevent moisture damage and contamination. The samples shall be handed over to the Investigating Officer (IO), it should be reached to Forensic Science Laboratory (FSL), within 96 hours, with proper documentation and chain-of-custody records.

### 3.2.5 CONTINUATION OF PREGNANCY AND DELIVERY SUPPORT:

A. **CONTINUATION OF PREGNANCY:** Where the survivor chooses or where termination of pregnancy is not permissible under law, necessary support should be provided to survivors throughout the pregnancy including post-delivery care to the mother and child. A comprehensive Pregnancy Continuation and delivery Support Plan shall be prepared to ensure the health and access to necessary holistic rehabilitation services for both the survivor and the child.

B. **PROTECTION AND SOCIAL SUPPORT DURING PREGNANCY:** The SHE Unit, in coordination with the CWC, DCPU, OSC and all concerned Welfare departments in the district should prepare an individual Pregnancy Continuation and Support Plan for every survivor each. The Plan shall be based on the survivor's age, health condition, disability, mental health condition, safety Concerns, family situation, pregnancy status, social and economic needs, rehabilitation requirements and based on her informed choice and/or her parents/guardians choice in cases of minors.

C. **DELIVERY PLAN:** As per the expected date of delivery, the SHE Unit, in coordination with the concerned health facility and other concerned stakeholders, must prepare a documented Delivery Plan.

A. In cases involving survivors with intellectual disability or mental illness, the Delivery Plan shall also include: Labour, delivery and postnatal physical and mental health support, caregiver/nominated representative/support person, accessible communication, psychiatric consultation and newborn/neonatal care.

B. In cases involving a child survivor, the Delivery Plan shall also include: Timely intimation to CWC and DCPU, ensuring Support Person presence wherever appropriate and needed, holistic rehabilitation and reintegration plan for the mother and the child.

D. **CHILDBIRTH AND IMMEDIATE MOTHER-CHILD CARE:** At the time of delivery, safe institutional childbirth shall be ensured with proper medical care, safe and respectful delivery, privacy and dignity of the survivor. Immediate care shall be provided to both mother and newborn, including post-delivery treatment, newborn care, immunization, counseling and birth-related documentation. The survivor shall not be forced to make any immediate decision regarding retention of the child, and appropriate counseling and protection support shall be provided.

E. **CARE, PROTECTION AND REHABILITATION OF THE NEWBORN IN CASES WHERE THE SURVIVOR DOES NOT WISH TO RETAIN CUSTODY:**

- If the survivor gives birth and does not wish to keep the child, the following procedures shall be followed:
  i. The concerned health facility shall provide written intimation within 24 hours of delivery of the newborn to the CWC and the DCPU.
  ii. The survivor shall be provided trauma-informed counselling by the DCPU counselor under the supervision of CWC and informed about available legal options.
  iii. After due inquiry, the CWC shall declare the child as a "Child in Need of Care and Protection" and pass an interim care order for the child's care and protection, including placement in an appropriate CCI or SAA, as the case may be.
  iv. The process of surrender shall be completed as per Section 35 of the JJ Act, 2015.
  v. The identity, dignity, and confidentiality of the survivor shall be strictly protected, and all records shall be securely maintained
  vi. The DCPU shall regularly monitor the case and prepare and maintain the Individual Care Plan (ICP) in accordance with the directions of the CWC.
- In the case of a minor survivor, if the family expresses willingness to take the child home, the matter shall be reported to the CWC, which shall assess the circumstances and take appropriate measures to ensure the safety, welfare, care, protection, and rehabilitation of both the survivor and the child.

- **WOMAN WITH INTELLECTUAL DISABILITY OR MENTAL ILLNESS:** Where the survivor is a Woman with an intellectual disability, mental illness, cognitive impairment, psychosocial disability, or is a person of unsound mind, the **services specified in A, B shall be provided along with** the following additional services:
    i. The survivor shall receive supported decision-making, wherever required, in accordance with applicable law i.e. the Adoption Regulation 2022 issued by Central Adoption Resource Authority and Juvenile Justice (Care and Protection of children) model rules 2016 (as amended in 2022).
    ii. Every effort shall be made to ascertain and respect her will and preferences.
    iii. Parenting capacity shall not be presumed absent solely on the basis of disability or mental illness.
    iv. Any decision affecting the newborn child shall be taken only through due legal process and in the best interests of the child.

- **CHILD SURVIVOR WHO CHOOSES TO RETAIN THE CHILD:** Where the mother is herself a child, the **services specified in A, B shall be provided along with** the following additional services:
    i. The safety, health, emotional well-being and best interests of both the child mother and the newborn shall be ensured.
    ii. Education, counseling and follow-up of the child's mother shall continue.
    iii. The CWC shall continue to exercise the protection mandate regarding the best interest or well-being of the child mother and newborn child
    iv. Parenting support should be ensured.

**F. SURRENDER AND PLACEMENT OF CHILD BORN:** When the survivor voluntarily chooses not to retain the child, the hospital/SHE Unit shall immediately inform the CWC and DCPU to provide necessary care for ensuring the well-being of the child.

**F.1 SURRENDER PROCESS UNDER SECTION 35 OF THE JUVENILE JUSTICE (Care and Protection of Children) ACT, 2015 (As Amended In 2021):** The process shall include:

- Safe temporary care, producing the child before the CWC, completion of necessary documentation.
- Ensure compliance of relevant provisions of Juvenile Justice (Care and Protection of Children) Act, 2015 and relevant Juvenile Justice Rules, Adoption Regulations and CARA Guidelines.
- Inquiry by the CWC.
- Counseling regarding the nature and consequences of surrender.
- Ensuring that the decision is voluntary and free from coercion.
- Execution of the surrender deed in the prescribed manner.
- Placement of the child in an appropriate recognized institution or SAA.

**F.2 ADOPTION OF THE SURRENDERED CHILD:** After completion of the surrender process and applicable reconsideration period:-

- The institution (CCI/SAA/CHU) shall bring the matter before the CWC.
- The CWC shall proceed in accordance with Section 38 of the JJ Act 2015 amendment 2021.

- The child shall be declared legally free for adoption (by CWC) only after completion of the statutory process.
- After the child is legally free for adoption by the SAA shall proceed under the JJ Act and Adoption Regulations.
- Ensure timely birth registration and issuance of the birth certificate in accordance with applicable adoption regulations.

**F.3 PROHIBITION OF INFORMAL TRANSFER:** No doctor, Police Officer, hospital employee, CWC member, NGO, family member or any other person shall:

- Abandoned, relinquished or handed over a newborn child to any individual except in accordance with the procedure prescribed under the Juvenile Justice Act, 2015 and the applicable Adoption Regulations.
- Arrange a private adoption.
- Receive or facilitate payment for the child.
- Bypass the CWC, SAA or CARA process.

**F.4 CONFIDENTIALITY:** The identity of the survivor shall not be disclosed in the publicly accessible records. All documents shall be maintained in a secure and confidential manner in accordance with applicable law.

***Note:***

- *To preserve medico-legal evidence, any reporting channel receiving information of sexual offences shall ensure that the survivor is informed not to bathe, change clothes, wash, clean nails, use the toilet, or eat/drink before medical examination (Section – 3.1.2).*
- *Facilitations are essential for ensuring effective, timely and accessible support to the survivors of sexual offences for accessing medico-legal care, prevention of pregnancy or lawful MTP services (Section – 3.1.4 - D).*
- *Where an ectopic (extra-uterine) pregnancy is diagnosed on ultrasonography (USG), it shall be treated as a medical emergency and clinical protocol shall be ensured to save the life of the survivor without any delay (Section – 3.2.3 – A1).*
- *Reference should also be made to the MoHFW Guidelines and Protocols: Medico-Legal Care for Survivors/Victims of Sexual Violence (2014) , other applicable Government guidelines and SOP (Section – 3.2.4).*
- *No direct or informal adoption, transfer or handing over of the child shall be permitted outside the procedure prescribed by law (Section – 3.2.5).*

## CHAPTER IV

# COMPENSATION, COMPREHENSIVE REHABILITATION AND SOCIAL REINTEGRATION

**4.1. REHABILITATION SUPPORT:** An Individual Rehabilitation Plan (IRP) shall be prepared, periodically reviewed and updated by the OSC Unit in coordination with SHE unit and all concerned authorities, based on the survivor's individual needs, informed choices and best interests, as applicable. DIMC should facilitate active engagement and coordination of all concerned stakeholder departments in this process and review it in a timely manner. The Plan shall be based on survivor's own priorities and need assessment, including:-

I. Safety and Security, Police protection, threat assessment, monitoring of intimidation or retaliation, periodic safety reviews and safe family contact, wherever appropriate.

II. **Medical and Healthcare Services:** Holistic medical care, prevention of unwanted pregnancy, access to lawful MTP services, antenatal and postnatal care, newborn care, and other necessary medical interventions.

III. **Mental Health and Psychosocial Support:** Trauma-informed counseling, psychological support, psychiatric care, treatment of identified mental health conditions, suicide-risk monitoring, family counseling, parenting support, support for informed decision-making, and community reintegration.

IV. **Education and Skill Development:** Continuation of education through school or college re-enrolment, open schooling, scholarships, coaching, higher education, vocational education, skill development, admission support, educational materials, hostel assistance, digital literacy initiatives, and benefits available under the Right to Education framework and other applicable welfare schemes.

V. **Employment and Livelihood Support:** Employment assistance, vocational training, financial inclusion, self-employment opportunities, and sustainable livelihood support.

VI. **Safe Shelter and Essential Support Services:** Temporary accommodation through OSCs and/or long-term residential support through Government or Authorized NGO run shelter homes, Shakti Sadans, CCIs, or other designated facilities etc.

VII. **Social Protection and Welfare Support:** Linkage with applicable Government schemes, welfare entitlements, disability support, compensation schemes, and other social protection measures.

VIII. **Support for the Survivor's Child:** Healthcare, nutrition, immunization, birth registration, early childhood care, education, identity document and other age-appropriate support services.

IX. **Social Reintegration:** Measures to prevent stigma and discrimination and to facilitate the long-term rehabilitation, inclusion, and reintegration of the survivor and her child.

**4.2. COMPENSATION AND FINANCIAL ASSISTANCE:** The survivor shall be facilitated to access the following schemes, as applicable:

I. Uttar Pradesh Rani Laxmibai Mahila Evam Bal Samman Kosh
II. Uttar Pradesh Victim Compensation Scheme, 2014
III. Scheme for Care and Support to Victims under Sections 4 and 6 of the POCSO Act, 2012 (MWCD, Government of India)
IV. Any other applicable compensation schemes may be notified by the Central or State government from time to time.

*Note: Mere compensation alone shall not be substituted for rehabilitation a service which calls for an holistic approach including short term and long term plans based on need assessment of the survivors.*

# CHAPTER V

# ACCOUNTABILITY

Accountability under this Policy shall mean taking responsibility for their actions or omissions, decisions and duties of every concerned department, authority, institution, officer and service provider to ensure timely, lawful, survivor-centric, confidential, coordinated and accountable action so that no affected survivor is denied lawful medical services due to delay, lack of coordination, procedural bottlenecks or administrative negligence.

I. The State and DIMCs shall ensure periodic review of the implementation of the policy.

II. The DIMC shall ensure periodic review, inter-departmental coordination, identification of systemic gaps for timely resolution of implementation issues under this policy at the district.

III. Any delay, omission, negligence, procedural lapse, failure of coordination or administrative inaction resulting in denial of timely lawful MTP, reproductive healthcare, rehabilitation, compensation, child protection or adoption-related assistance shall be viewed seriously and necessary disciplinary proceedings shall be initiated and accountability shall be fixed as per law.

IV. All concerned departments shall maintain complete and accurate records of actions taken and make such records available for review, monitoring and audit by the competent authority, wherever required.

V. All concerned authorities shall ensure timely and accurate updation of the data and report in the Digital Case Tracking System in the prescribed format.

VI. The DIMC shall report the ATRs with details to the State periodically for review and necessary action.

VII. **DUTY TO ACT:** All authorities under this Policy shall act in a survivor-centric, child-sensitive, disability-inclusive, coordinated, and time-bound manner, ensuring that the survivor's health, safety, dignity, reproductive autonomy, and best interests remain paramount throughout the process.

VIII. **NON-DEROGATION CLAUSE:** No authority shall require/call for any unnecessary procedure, formality, approval, recommendation, certification, administrative sanction, or inter-departmental communication that delays or impedes access to lawful MTP or any other statutory entitlement available to the survivor.

IX. **Punishment for failure to report or record a case**. ( as per POCSO act 2012 Chapter V procedure for reporting of cases)—(1) Any person, who fails to report the commission of an offence under sub-section (1) of section 19 or section 20 or who fails to record such 10 offence under sub-section (2) of section 19 shall be punished with imprisonment of either description which may extend to six months or with fine or with both. (2) Any person, being in-charge of any company or an institution (by whatever name called) who fails to report the commission of an offence under sub-section (1) of section 19 in respect of a subordinate under his control, shall be punished with imprisonment for a term which may extend to one year and with fine. (3) The provisions of sub-section (1) shall not apply to a child under this Act.

# CHAPTER VI

## CONFIDENTIALITY AND DATA PROTECTION

**6.1. CONFIDENTIAL RECORDS:** All physical and digital records shall be maintained in a secure and restricted-access format. Unique confidential identification numbers shall be used for case monitoring so that the survivor's identity is not unnecessarily disclosed.

**6.2. PROHIBITION ON DISCLOSURE:** No officer, hospital, police official, media person, service provider or other individual shall disclose:

- Name of the survivor.
- Address or educational institution.
- Photograph or video.
- Pregnancy status.
- Medical records.
- Details through which the survivor's identity may be disclosed / revealed.

**6.3 MEDIA COMMUNICATION:** Any communication with the media shall be made only by an authorized officer and shall not contain information capable of identifying the survivor or her family.

***Note:*** *Any unauthorised disclosure of the identity or confidential information of the survivor shall be dealt with in accordance with the applicable provisions of law, Government instructions and the relevant service and disciplinary rules, wherever applicable.*

# CHAPTER VII:

# TRAINING, SENSITIZATION AND CAPACITY BUILDING

**7.1. TRAINING MODULES** will be developed, periodically reviewed and updated by the State Nodal Department, in consultation with the concerned stakeholder departments and subject experts, to incorporate amendments in applicable laws, Government Orders, judicial pronouncements, departmental guidelines and emerging best practices.

**7.2. ORIENTATION, SENSITIZATION AND CAPACITY-BUILDING TRAININGS:** The concerned State Nodal department will conduct orientation, sensitization and capacity-building trainings at the state level as required and **at least twice every year at the district level under the guidance and supervision of DIMC** for all concerned stakeholders and report will be send to the SIMC including:

A. **Police department-** will organize training for:
- Police officers and Investigating Officers
- Functionaries of ERSS (112)
- Functionaries of Women Power Line (1090)
- Mahila beat officers and beat constables
- Pradhan and gram Suraksha Samiti members, community awareness through Mahila beat officers and Mahila beat constables.
- Urban Local Body Members (Sabhasad)
- Teachers, Shikshamitra, Students

B. **Women and Child department-** will organize training for:
- Chairpersons and Members of Child Welfare Committees
- OSC functionaries
- District Probation Officers
- District Child Protection Unit functionaries
- Functionaries of Child Helpline (1098)
- Functionaries of Women Helpline (181)
- Functionaries of Ambulance Services (102 & 108)
- Functionaries of other relevant helplines
- Support Persons
- Anganwadi Workers, Teachers, Shikshamitra, Students, NGOs

C. **Health Department-** will organize training for:
- Medical officers and Medical Board Members
- Counsellors and mental health professionals
- SHE Unit Members
- ASHA worker through VHSNCs

D. **District Legal Services Authority- will organize training for**:

- Legal aid counsels and prosecutors
- Nodal officers responsible for implementation, review and monitoring
- Experts/ Civil Society Organizations (CSOs) and other relevant stakeholders.
- Doctors, Nursing Staff, PRI Members (Pradhan), Anganwadi, ASHAs, NGO representative working in the field of women/girls welfare etc.
- Others as per need

**7.3- TRAINING PROGRAMMES** should cover:

E. The applicable legal framework, including the Medical Termination of Pregnancy Act, 1971 as amended in 2021, the Protection of Children from Sexual Offences Act, 2012, the Juvenile Justice (Care and Protection of Children) Act, 2015, and other relevant laws, Government Orders, departmental SOPs.

F. Survivor-centric, child-friendly, disability-inclusive and trauma-informed approaches/guidelines incorporating informed written and informed consent, confidentiality and data protection, medico-legal examination, forensic evidence preservation, medical prevention of unwanted pregnancy, lawful MTP procedures, management of pregnancy-related cases, children born as a result of sexual offense, adoption and surrender procedures, compensation and rehabilitation and social reintegration, welfare schemes, documentation, reporting and digital case tracking, inter-departmental coordination and accountability framework.

G. Sexual offense laws, step-by-step case management, survivor-sensitive interviewing techniques, survivor-centered communication, engagement with vulnerable groups (including women, girls, transgender persons, persons with disabilities, migrant women and other vulnerable groups), and effective inter-sectorial coordination.

H. Roles and responsibilities of all concerned departments and other stakeholders.

I. The behavioral and professional conduct protocol of concerned stakeholders shall be an integral part of the training.

J. Reporting of such cases through non- formal channels while maintaining confidentiality of the identity of the informer and victim.

**7.4. REFRESHER TRAINING** shall also be organized whenever there is a significant amendment in the existing procedure or protocol or law, Government policy.

**7.5 Sensitization and awareness-** DIMC with the help of SIMC will sensitize and aware general public and children about operational points of POCSO Act, JJ ACT, MTP Act , different Laws related to sexual offenses and its punishment through wall writing, Audio-visual tools, social , electronic and print media and lectures.

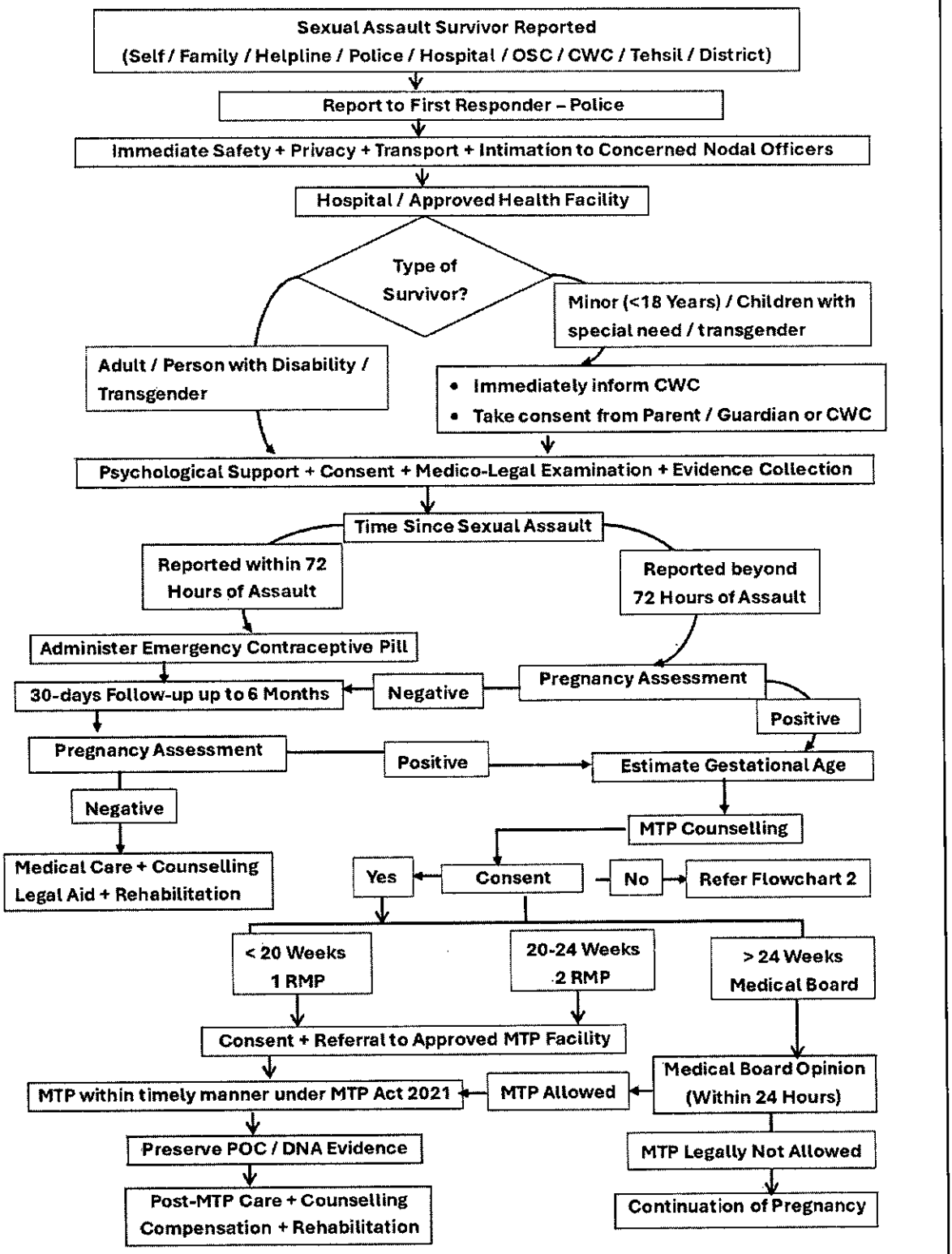
महानिदेशक
परिवार कल्याण महानिदेशालय
उ०प्र०

# ANNEXURES

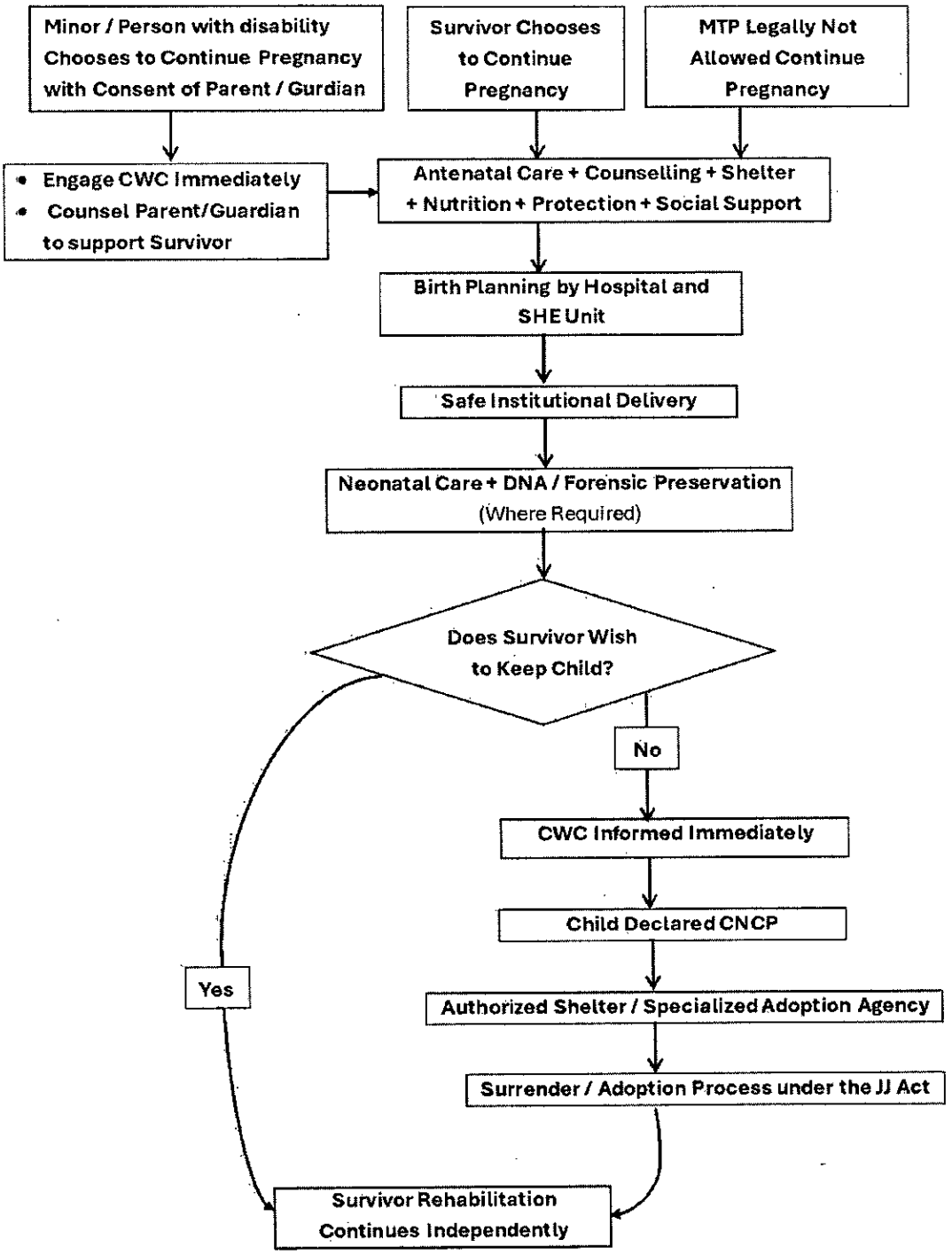
| S. No | Annexures |
|---|---|
| 1 | **Annexure 1: Flowcharts**<br>• Flowchart 1: Reporting to MTP<br>• Flowchart 2: If Pregnancy Continues or Delivery Occurs<br>• Flowchart3: Coordination Escalation |
| 2. | **Annexure 2: Medical Health & Family Welfare SOP** |
| 3 | **Annexure3: Survivor Centric Convergence Model** |
| 4 | **Annexure 4: Emergency Response** |
| 5 | **Annexure 5: Survivor Centric Pregnancy Response and MTP Support Model** |
| 6 | **Annexure 6: Lawful Medical termination of Pregnancy (MTP)** |
| 7 | **Annexures 7: Suggestive Model Guidelines for Various Service Providers**<br>1.1 Police Department<br>1.2 Health Department / Health Care Providers / Practitioners<br>1.3 Department of Women and Child Development<br>1.4 Do's and Dont's by all Stakeholder Department |
| 8 | **Annexure 8:** A letter has been issued by the Additional Director General (ADG), Mahila Evam Bal Suraksha Sangathan (WCSO), to all Commissioners and SSPs/SPs, emphasizing the provision of quick, sensitive, and time-bound assistance for the termination of unwanted or unplanned pregnancies in minor girls and women, while also empowering the Mahila Beat Constable to serve as the First Responder. |

# ANNEXURE 1

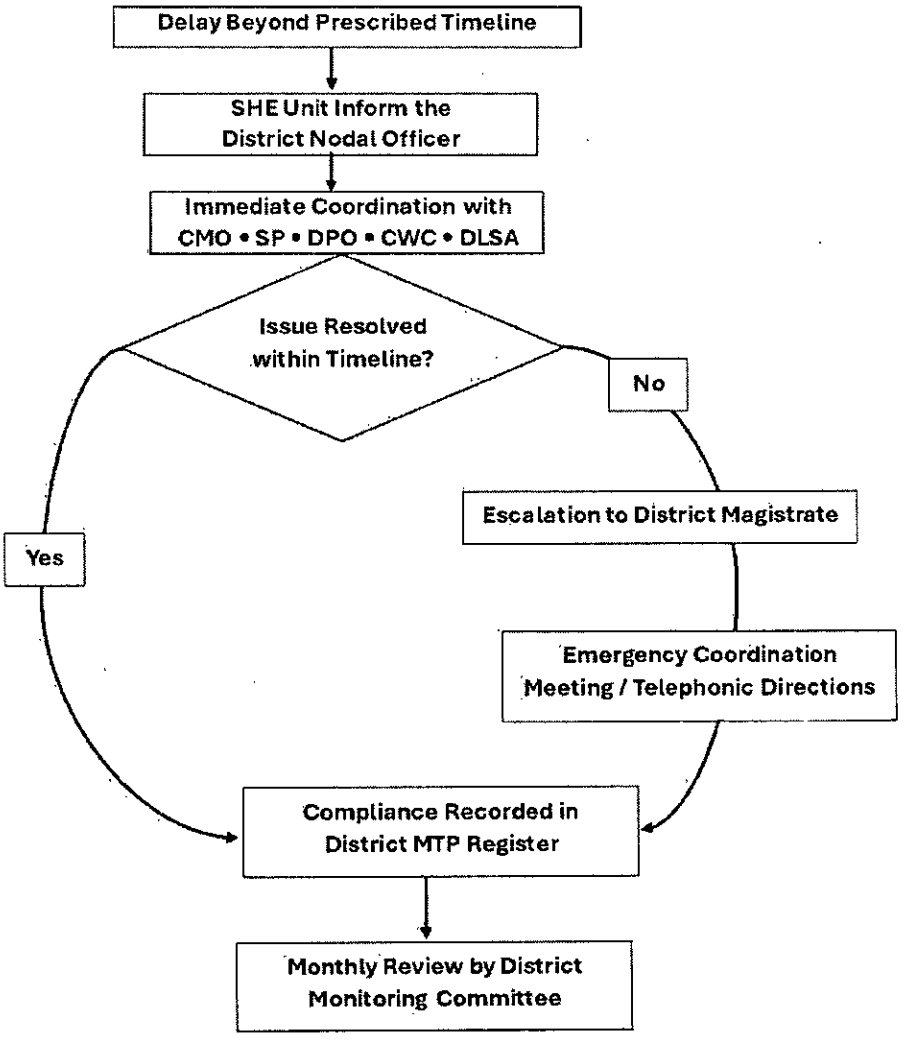
## FLOWCHART 1 – Reporting to MTP



## FLOWCHART 2 - If Pregnancy Continues or Delivery Occurs



## FLOWCHART 3 - Coordination Escalation



**ANNEXURE- 2**

स्पीड पोस्ट/ई–मेल

प्रेषक,

महानिदेशक,
परिवार कल्याण,
उत्तर प्रदेश, लखनऊ।

सेवा में,

सचिव,
महिला कल्याण तथा बाल विकास एवं पुष्टाहार विभाग,
उ०प्र० शासन।

पत्र सं0:प0क0/10–जे0डी0/1047/2026–27/893। दिनांक:10/07/2026

विषयः मा0 उच्च न्यायालय, इलाहाबाद में योजित पी०आई०एल० संख्या– 2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnancies बनाम उ०प्र० राज्य व अन्य में मा० न्यायालय द्वारा पारित आदेश दिनांक 06.02.2026 के सम्बन्ध में।

महोदया,

कृपया उपर्युक्त विषयक शासन के पत्र संख्याःडब्लू–1210/पॉच–9–2026, दिनांक 07.07.2026 का सन्दर्भ ग्रहण करने का कष्ट करें, जिसके माध्यम से मा0 उच्च न्यायालय, इलाहाबाद में योजित पी०आई०एल० संख्या– 2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnancies बनाम उ०प्र० राज्य व अन्य में मा० न्यायालय द्वारा पारित आदेश दिनांक 06.02.2026 के अनुपालन में अपर मुख्य सचिव, महिला कल्याण तथा बाल विकास एवं पुष्टाहार विभाग, उ०प्र० शासन की अध्यक्षता में दिनांक 07 जुलाई 2026 को सम्पन्न हुई बैठक के कार्यवृत्त में उल्लिखित बिन्दुओं के क्रम में परिवार कल्याण विभाग द्वारा तैयार की गयी एस०ओ०पी० को उपलब्ध कराये जाने की अपेक्षा की गयी है।

(2) अतः उक्त बैठक में दिए गए निर्देश के क्रम में गर्भ का चिकित्सकीय समापन अधिनियम, 1971 व यौन हिंसा/बलात्कार के मामलों में गर्भवती लड़कियों/महिलाओं के गर्भ समापन हेतु मानक संचालन प्रक्रियायें (Standard Operating Procedures) एवं पॉक्सो एक्ट 2012 एवं एम०टी०पी० एक्ट 1971 में निहित प्राविधानों को समावेशित करते हुए लैंगिक हिंसा के उत्तरजीवियों को तत्काल सहायता उपलब्ध कराये जाने के सम्बन्ध में परिवार कल्याण विभाग द्वारा तैयार किये गये संशोधित एस०ओ०पी० आलेख को इस पत्र के साथ संलग्न कर शासन की सेवा में प्रेषित किया जा रहा है। कृपया अवगत होना चाहे।

संलग्नक–एस०ओ०पी० ड्राफ्ट

भवदीय,

10/07/26.

महानिदेशक,
परिवार कल्याण
तद्दिनांक।

पत्र सं0:प0क0/10–जे0डी0/1047/2026–27/

प्रतिलिपिःनिम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषितः–

1. अपर मुख्य सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण/महिला कल्याण तथा बाल विकास एवं पुष्टाहार विभाग, उ०प्र० शासन।
2. विशेष सचिव, उ०प्र० शासन(चिकित्सा अनुभाग–9)।

(डा० सुशील कुमार बानियान)
संयुक्त निदेशक(परिवार नियोजन)

# Integrated Standard Operating Protocol for medico-legal care for Sexual Assault Survivors (SAS)

# List of Abbreviations:

| Abbreviations | Meaning |
|---|---|
| SAS | Sexual Assault Survivors |
| MO | Medical Officer |
| POCSO | Protection of children from sexual offence |
| MLC | Medico Legal Certificate |
| JJ | Juvenile Justice |
| SAFE | Sexual Assault forensic evidence |
| DNA | Deoxyribonucleic Acid |
| ECP | Emergency Contraceptive Pills |
| FIR | First Information Report |
| MTP | Medical Termination of Pregnancy |
| UPT | Urine Pregnancy Test |
| BMW | Bio Medical Waste |
| PPE | Personnel Protective equipment |
| WCD | Women and Child Department |
| CCI | Child Care institute |
| MoHFW | Ministry of Health and Family welfare |

# 1. Standard Operating Protocol for medico-legal care for "Sexual Assault Survivors" (SAS)

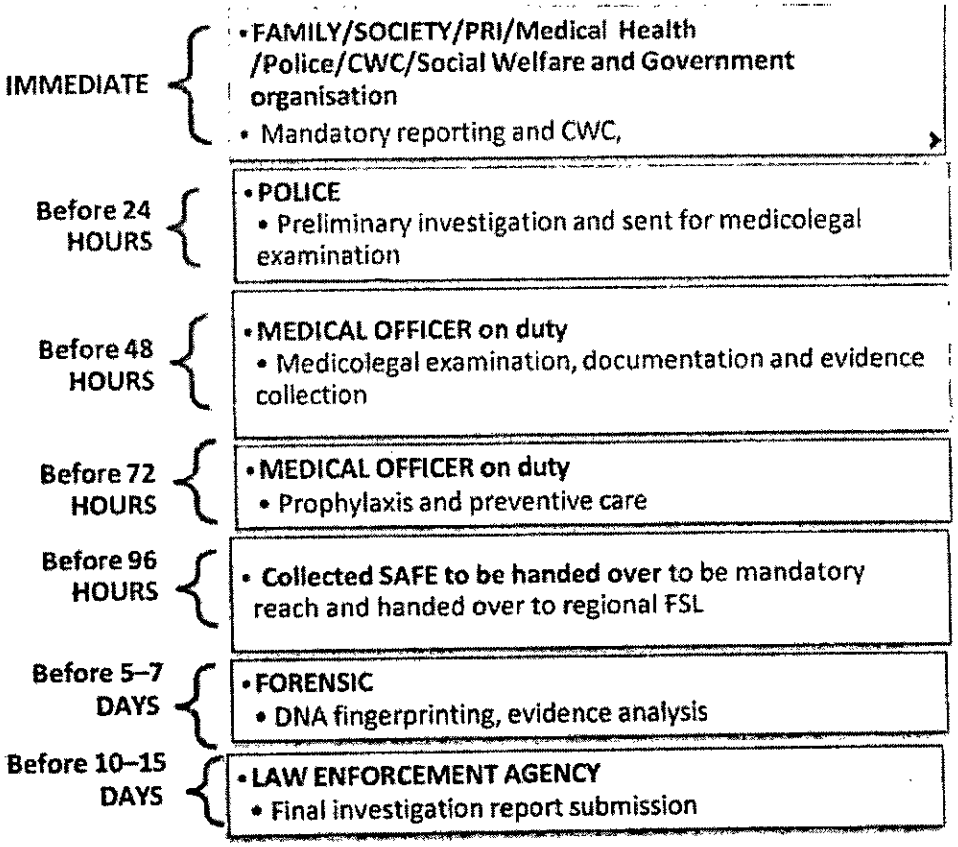
1. **Examination of a case of sexual assault (Sexual Assault Forensic Examination)**
   It must be very meticulous, and it has far reaching consequences in the line of justice.

2. **Who will perform?**
   A lady medical officer (not necessarily gynaecologist) will perform examination.

3. **Is consent needed or not?**
   - Informed written consent is must, in prescribed format.
   - In case of a minor or intellectually disabled survivor, consent of parents or guardian is required.
   - In case of minor or intellectually disabled survivor, if the parents /guardian refuse the examination, **they must be counselled** and the same should be documented clearly (as per the mandate of Section-27, POCSO Act). In case of destitute/orphan or intellectually disabled survivor, the Child Welfare Committee or Bal Kalyan Samiti must be informed, and the survivor should be counselled by the concerned representative of the Bal Kalyan Samiti and the medical officer.

4. **Medical Termination of Pregnancy (MTP)**
   - Pregnancy up to **24 weeks** shall be terminated in accordance with the provisions of the MTP Act, ensuring that there is **no unnecessary delay** in the procedure.
   - In cases of pregnancy up to **20 weeks**, it must be clearly specified which doctor(s) will conduct the MTP. The responsibility shall lie with the **CMS (Gynecologist) of the District Hospital/District Women Hospital/Medical College.**
   - Medical treatment and the MTP procedure shall **not be delayed due to waiting for FIR registration or a police report.**
   - Counseling related to MTP shall be provided at the concerned medical unit by the **lady doctor on duty** or a designated medical expert/counselor.
   - It is to ensure that medical practitioners may exercise their discretion, without fear.
   - Ensure MTP to be recorded in real - time on MaNTrA app.
   - In case of extra – uterine pregnancy (Ectopic) diagnosed by USG the same should be managed actively without delay.

5. **Counseling and Child Welfare Committee (CWC)**
   - The survivor and her guardian shall first be counseled before the **Child Welfare Committee (CWC).**
   - If, for any reason, MTP is not possible, or if the guardian expresses unwillingness, the child shall be produced before the CWC as per legal provisions.
   - Counseling to be done by attending doctors and subsequent counseling to be done by doctors and designated mental health counselor/RKSK counselor /one stop center counselors. All counselors will be link counselor to each other; they should be thorough with each and every case.




6. **Financial Assistance Schemes**
   - In Uttar Pradesh, financial assistance for survivors of sexual offences is provided under the following schemes:
   - **Uttar Pradesh Rani Laxmibai Mahila Samman Kosh Rules, 2015** (Department of Women and Child Development)
   - **Uttar Pradesh Victim Compensation Scheme, 2014** (Home Department)

7. **Forensic Evidence and DNA Samples**
   - Forensic evidence and DNA samples (in cases of abortion) must be properly packaged to prevent moisture damage and handed over within **96 hours** to the Investigation Officer or the Forensic Science Laboratory.

8. **Pregnancy Surveillance and Monitoring**
   - A **Pregnancy Surveillance Register** shall be maintained at the health facility with mandatory and timely entries. Post-delivery tracking of the newborn shall also be recorded in the register.

9. **In Case the Survivor Delivers and Does Not Wish to Keep the Child**
   - If the survivor gives birth and does not wish to keep the child, the following procedures shall be followed:
   - The concerned health facility shall provide **written intimation within 24 hours** of delivery to the CWC and the District Child Protection Unit (DCPU).
   - The survivor shall be provided **trauma-informed counseling** and informed about available legal options.
   - The newborn shall be produced before the CWC within **24–48 hours**.
   - After due inquiry, the CWC shall declare the child as a "Child in Need of Care and Protection" and pass an interim care order.
   - The process of surrender shall be completed as per Section 35 of the **Juvenile Justice (Care and Protection of Children) Act, 2015**.
   - The identity, dignity, and confidentiality of the survivor shall be strictly protected, and all records shall be securely maintained.

- The District Child Protection Unit shall regularly monitor the case and submit progress reports to the competent authority.
- Even if the family expresses willingness to take the child home, the Child Welfare Department must be informed to ensure proper verification and safeguarding of the child's welfare.

**10. Who is to be informed?**

- In case the survivor is brought directly to medical facility, then the nearest police station must be informed.
- In case the survivor does not want to pursue a police case, an MLC must be made and she must be informed that she has the right to refuse to file FIR. An informed refusal must be documented in such cases.
- In case accompanied by a police personnel, the Personnel Number (CP Number) and name of the latter along with a copy of FIR are to be recorded in the case record and MLC report.

**11. Proof of age**

- In all cases under POCSO Act, where the age of the survivor, and cases where the age of the child in conflict with law are material, the following documents/ procedure shall be relied upon (Section-34, POCSO Act read along with Juvenile Justice (Care and Protection of Children) Act, 2000.)
  - (i) A date of birth certificate from the school, matriculation or equivalent certificate from the concerned examination Board, if available; and in the absence thereof,
  - (ii) Birth certificate given by a corporation or a municipal authority or a Panchayat,
  - (iii) Government Hospital.
  - (iv) And only in the absence of (i) and (ii) above, age shall be determined by an ossification test or any other medically proven and improved age determination test.
  - (v) A copy of identity proof (if available) may be attached in the case record and MLC documents.

**12. Prerequisites**

- The examination should be carried out in a well-lit room, with only the needed staff wearing proper PPE.
- The Sexual Assault Forensic Evidence (SAFE) kit should be ready; Items like swab sticks, syringes and needle for drawing blood, lancets, nail scrappers, comb and nail cutters should be used only once for a case.
- It should then be disposed off and should not be used for any subsequent case, except instruments which should be disinfected or autoclaved. Usage of any used articles may lead to contamination of DNA samples.
- Two identification marks (I.D Marks) on the exposed part like the face, upper and lower limbs. I.D marks are moles, scars, and tattoo marks etc. on the body should be documented.
- The survivor should be asked to stand on white paper on the floor and undress. If possible, the examiner should look for fall debris for evidence collection.
- Outer and inner clothing should be preserved separately, and white paper should be kept on the floor. **Clean clothing should be provided to the survivor.**
- In case the survivor is not accompanied by any member of her family, the information about such crime should be given immediately to her family and/or the Bal Kalyan Samiti.

**13. Treatment of survivor**

- The survivor of such crime should be treated with dignity, empathy and sensitivity with psychosocial support by representative of Bal Kalyan Samiti.
- **Emergency treatment for MLC procedure and examination must not be deferred. Saving her life is as much a priority as for any other survivor (even if she gives negative consent for SAFE).**
- The identity of the survivor must not be made public and due care must be taken not to reveal her identity in print and electronic media.
- Admission shall be as MLC case and name will be Miss X (X IX MONTH MMXXIV). Photo of such survivor may be used in the case diary for the purpose of re-investigation.

## 14. Preventing long-term issues after assault

The following protocol should be followed by the medical officer, based on consent, for preventing long-term issues post assault:

- Emergency contraception should be offered to the survivor along with appropriate counselling if assault is reported **within 72 hours.**
- The following emergency contraceptives should be offered and the survivor should be followed up till the next menstrual cycle:
    a. Single dose of emergency contraceptive pill. (Levonorgestrel 1.5 mg)
    b. 4 tablets of combined oral contraceptive pills stat repeated after 12 hours.

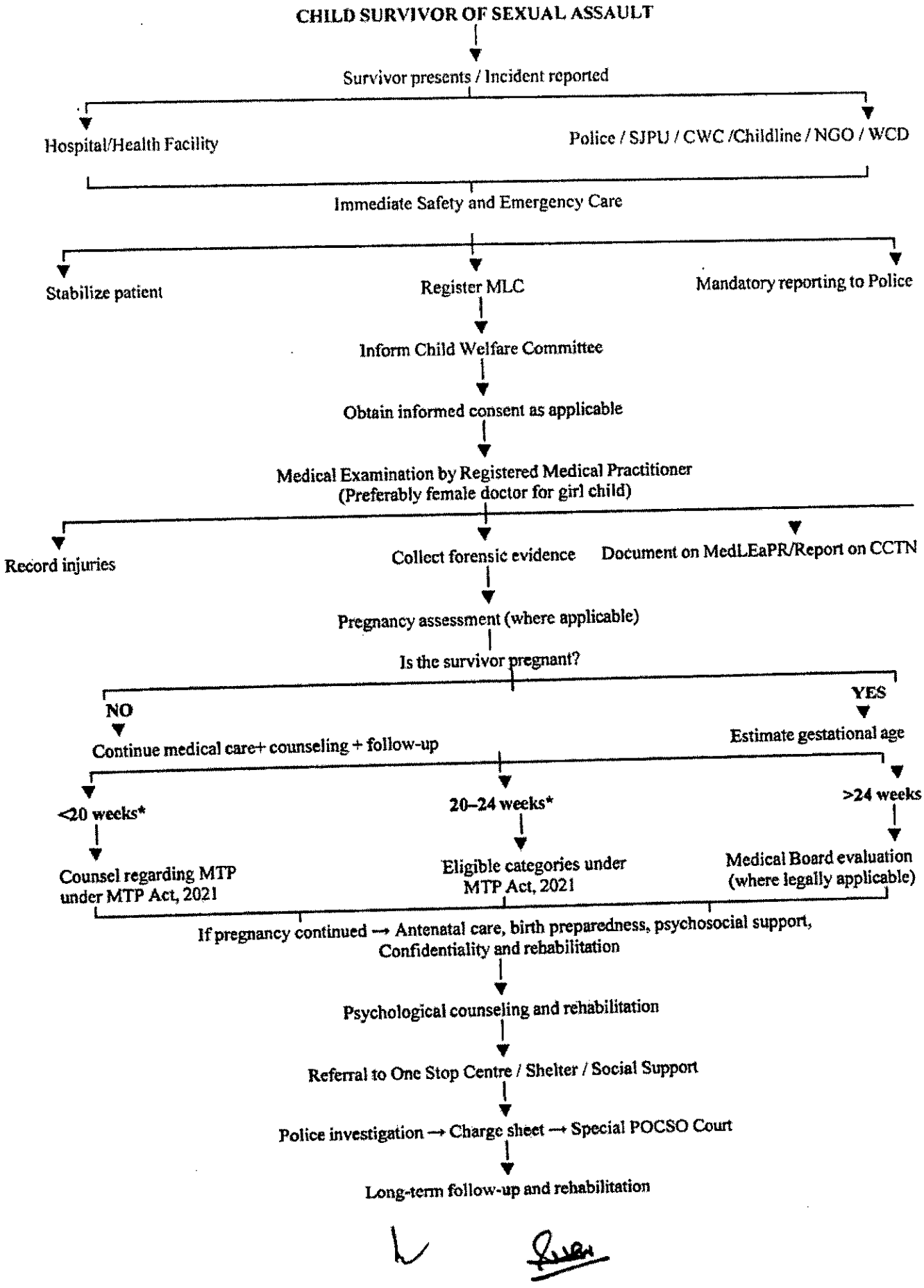
**(If the survivor vomits within 1 hour of taking ECPs the dose needs to be repeated)**

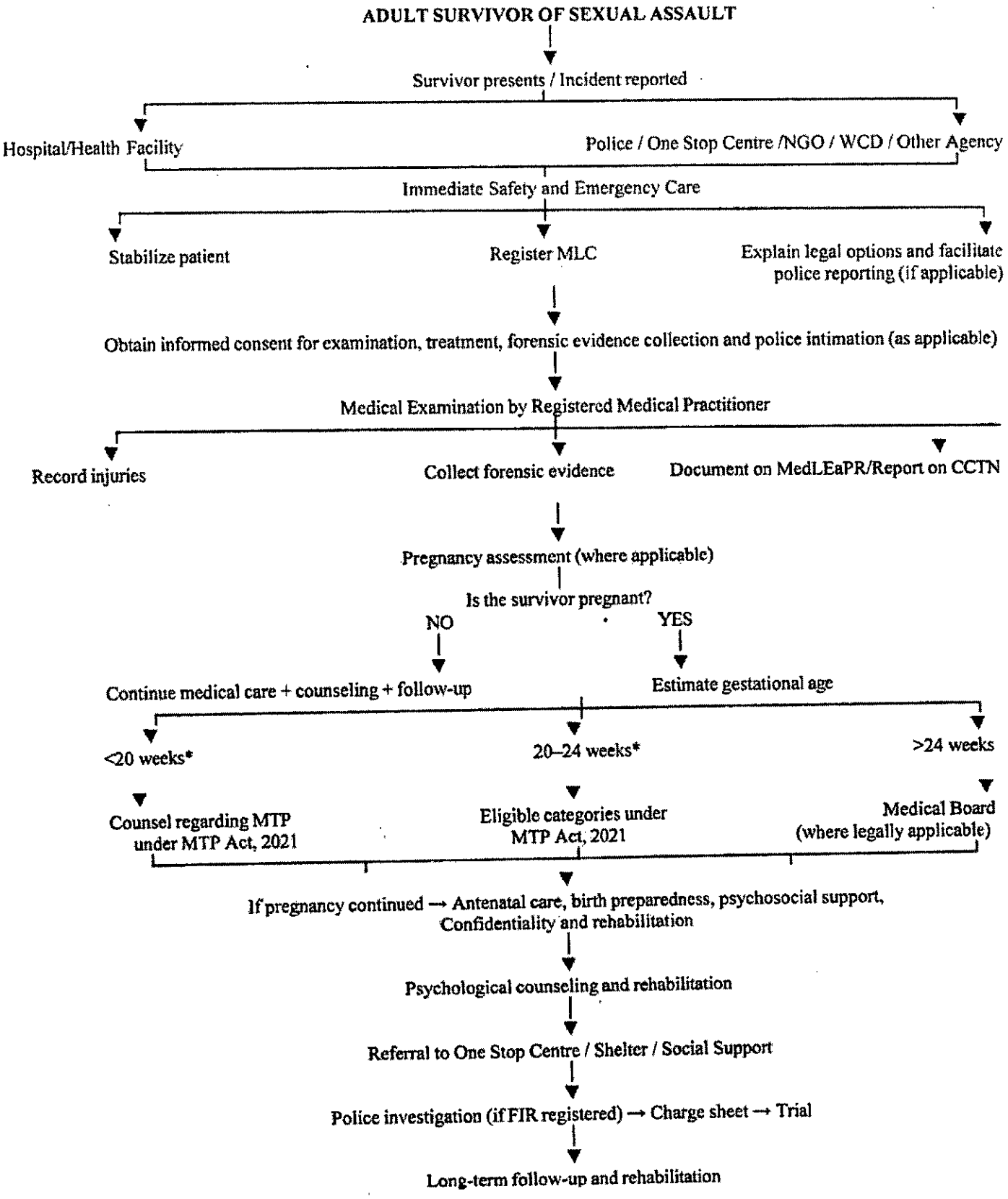
- In case she has not attained menarche, and if age is more than 7.5 years above pills can be safely administered, and survivor can be put under watch and ensure follow up as per protocol.
- If the survivor reports after **72 hours** of sexual assault, they should be followed up till their next menstrual period and tested for pregnancy using the urine pregnancy test kit and ultrasonography within 07 days of missing their period date.
- If the survivor tests positive in the Urine pregnancy test, they should be counselled along with the concerned guardian (in case of minor) regarding the implications of pregnancy, and should be given the option of undergoing an abortion as per protocols under the MTP Act 2021.
- Consent of the survivor and/or guardian (in case of minor or intellectually disabled) must be taken before undergoing medical termination of pregnancy.
- HIV testing should be done based on consent.
- Post – exposure prophylaxis should be started within 72 hours:

    a. TLD (Tenofovir, Lamivudine, and Dolutegravir)

    b. If (a) is not available, TLE (Tenofovir, Lamivudine, and Efavirenz)

- HBsAg testing should be done.
- Hep B vaccination should be administered (immunoglobulin only if perpetrator is known positive)
- The survivor should also be counselled on mental health and should be encouraged to access mental health care services through the Tele MANAS helpline (14416 or 1-8008914416) or the district mental health clinic.
- Facility incharge must ensure regular social behavioural trainings of all cadres specially who are dealing with sexual assault survivor.
- Post the MTP procedure conducted (based on consent), the survivor should be followed up till next six menstrual cycles along with an ultrasonography.


CHILD SURVIVOR OF SEXUAL ASSAULT
Survivor presents / Incident reported
Hospital/Health Facility
Police / SJPU / CWC /Childline / NGO / WCD
Immediate Safety and Emergency Care
Stabilize patient
Register MLC
Mandatory reporting to Police
Inform Child Welfare Committee
Obtain informed consent as applicable
Medical Examination by Registered Medical Practitioner
(Preferably female doctor for girl child)
Record injuries
Collect forensic evidence
Document on MedLEaPR/Report on CCTN
Pregnancy assessment (where applicable)
Is the survivor pregnant?
NO
YES
Continue medical care+ counseling + follow-up
Estimate gestational age
<20 weeks*
20–24 weeks*
>24 weeks
Counsel regarding MTP under MTP Act, 2021
Eligible categories under MTP Act, 2021
Medical Board evaluation (where legally applicable)
If pregnancy continued → Antenatal care, birth preparedness, psychosocial support, Confidentiality and rehabilitation
Psychological counseling and rehabilitation
Referral to One Stop Centre / Shelter / Social Support
Police investigation → Charge sheet → Special POCSO Court
Long-term follow-up and rehabilitation


ADULT SURVIVOR OF SEXUAL ASSAULT
Survivor presents / Incident reported
Hospital/Health Facility
Police / One Stop Centre /NGO / WCD / Other Agency
Immediate Safety and Emergency Care
Stabilize patient
Register MLC
Explain legal options and facilitate police reporting (if applicable)
Obtain informed consent for examination, treatment, forensic evidence collection and police intimation (as applicable)
Medical Examination by Registered Medical Practitioner
Record injuries
Collect forensic evidence
Document on MedLEaPR/Report on CCTN
Pregnancy assessment (where applicable)
Is the survivor pregnant?
NO
YES
Continue medical care + counseling + follow-up
Estimate gestational age
<20 weeks*
20–24 weeks*
>24 weeks
Counsel regarding MTP under MTP Act, 2021
Eligible categories under MTP Act, 2021
Medical Board (where legally applicable)
If pregnancy continued → Antenatal care, birth preparedness, psychosocial support, Confidentiality and rehabilitation
Psychological counseling and rehabilitation
Referral to One Stop Centre / Shelter / Social Support
Police investigation (if FIR registered) → Charge sheet → Trial
Long-term follow-up and rehabilitation

# Immediate Preventive Measures for SAS

**If reported within 72 hours**

Give a single dose of emergency contraceptive pill
a. (Levonorgestrel 1.5 mg)
4 tablets of combined oral contraceptive pills stat
b. repeated after 12 hours.

**Follow-up by doctor and psycho-social counseling to be done by designated mental health/RKSK/One Stop counselor**

**If reported after 72 hours**

Follow up till their next menstrual cycle and test for pregnancy using the urine pregnancy test kit and ultrasonography within 7 days of missing the period date.

**If UPT report is positive**
**Refer Flowchart – I and II**

There should be counseling of survivor along with the guardian (in case of minor) regarding the implications and should be given the option of undergoing an abortion as per protocols under the MTP Act 2021. And ensure to be recoded on MaNTrA.

Consent of the survivor and/or guardian (in case of minor or intellectually disabled) must be taken before undergoing medical termination of pregnancy.

- **HIV testing should be done based on consent**
- **Post – exposure prophylaxis should be started within 72 hours**
  a. **TLD (Tenofovir, Lamivudine, and Dolutegravir)**
  b. **if a is not available, TLE (Tenofovir, Lamivudine, and Efavirenz)**
  **HBsAg testing should be done.**
- **To be provided at facility-free of cost.**
- **Hep B vaccination should be administered (immunoglobulin only if perpetrator is known positive)**
- **To be provided at facility – free of cost.**

After MTP procedure, (based on consent), the survivor should be followed up till next six menstrual cycles along with ultrasonography.

**Counseling to be done by designated mental health/RKSK/One Stop counselor on each session for psycho-social support.**

## 15. SAFE KIT

The SAFE kit should include the following:

- Forms for documentation
- Large sheet of paper to undress over
- Paper bags for clothing collection
- Catchment Paper
- Sterile cotton swabs and swab guards for biological evidence collection
- Comb
- Nail Cutter
- Wooden stick for finger nail scrapings
- Small scissors
- Urine sample container
- Tubes/ vials/ vaccutainers for blood samples [Ethylenediaminetetraacetic acid
- (EDTA), Plain, Sodium fluoride]
- Syringes and needle for drawing blood
- Distilled water
- Disposable gloves
- Glass slides
- Envelopes or boxes for individual evidence samples
- Labels
- Lac(sealing wax) Stick for sealing
- Clean clothing, shower/hygiene items for survivors use after the examination
- Other items for a forensic/medical examination and treatment that may be included are:
- Woods lamp/Good torch
- Vaginal speculums
- Drying rack for wet swabs &/or clothing
- Survivor gown, cover sheet, blanket, pillow
- Post-It notes to collect trace evidence
- Camera (35mm, digital with colour printer)
- Microscope
- Colposcope/ Magnifying glass
- Toluidine blue dye
- 1% Acetic acid diluted spray
- Urine Pregnancy test kit
- Surgilube
- Medications

**Safe kit to be provided by hospital/CMO of respective district.**

Instruments should be disinfected (washed with soap and water then autoclaved) before reuse as per BMW rules 2016.

## 16. Medico-legal examination

- All Medico legal to be recorded using MedLEaPR website.
- Thorough medical and incident history should be recorded (menstrual, vaccination and sexual violence, physical violence)
- Guardian / representative of Bal Kalyan Samiti in case of minor can be present if SAS wishes.
- ***No two-finger test must be done, and no comment should be made on vaginal laxity or sexual habit***
- Nature of sexual violence, time lapsed and whether survivor has bathed and changed her clothing should be recorded;
  1. Survivor will undress on a plain white sheet of paper to collect any loose evidence as pubic hair etc

2. All clothing must be folded inside out and kept in paper bags
3. If a sanitary pad is there the sticky side is covered with butter paper and kept in paper bag
4. Note and draw any bite or injury marks, swelling, haemorrhage or laceration
5. Head hair sample must be plucked and placed in paper envelope
6. Pubic hair must be combed after laying survivor on white paper to collect loose hair which is sent
7. Survivor's pubic hair is plucked and packed
8. Vulval swab is taken by separating the labia and smearing a wet swab stick over inner aspect of labia minora and navicular fossa
9. Vaginal swab is taken from anterior and posterior fornixes by speculum examination
10. Cervical swab is similarly sent
11. Anorectal swab is collected and packed
12. Survivor's blood samples in lavender, red, grey and green vials
13. Oral swab is taken where there is suspected oro-genital trauma
14. Breast swabs
15. Slides prepared from vulval, and vaginal smears are prepared and sent in slide cases or with another slide on top
16. Nail cutting and scrapings
17. Urine sample is sent in sterile container
18. Vaginal washing is also needed

**SAFE to be collected**

| Specimen | Purpose | Preservation | Chain of Custody |
|---|---|---|---|
| Products of conception (fetal tissue, membranes, placenta) | DNA profiling to establish paternity | Normal saline or dry sterile container (avoid formalin for DNA) | Seal, label, hand over to IO with MLC number. Tissue to be transported maintaining cold chain. |
| Fetal tissue sample | DNA of foetus | Saline or dry | |
| Blood sample of survivor | DNA comparison/ toxicology | EDTA & plain vials | Seal, label, hand over to IO with MLC number. |
| Buccal swab of survivor (if blood unavailable) | DNA comparison | Air Dry swab | |
| Buccal swab of accused (if available) | Reference DNA | Air Dry Swab | |

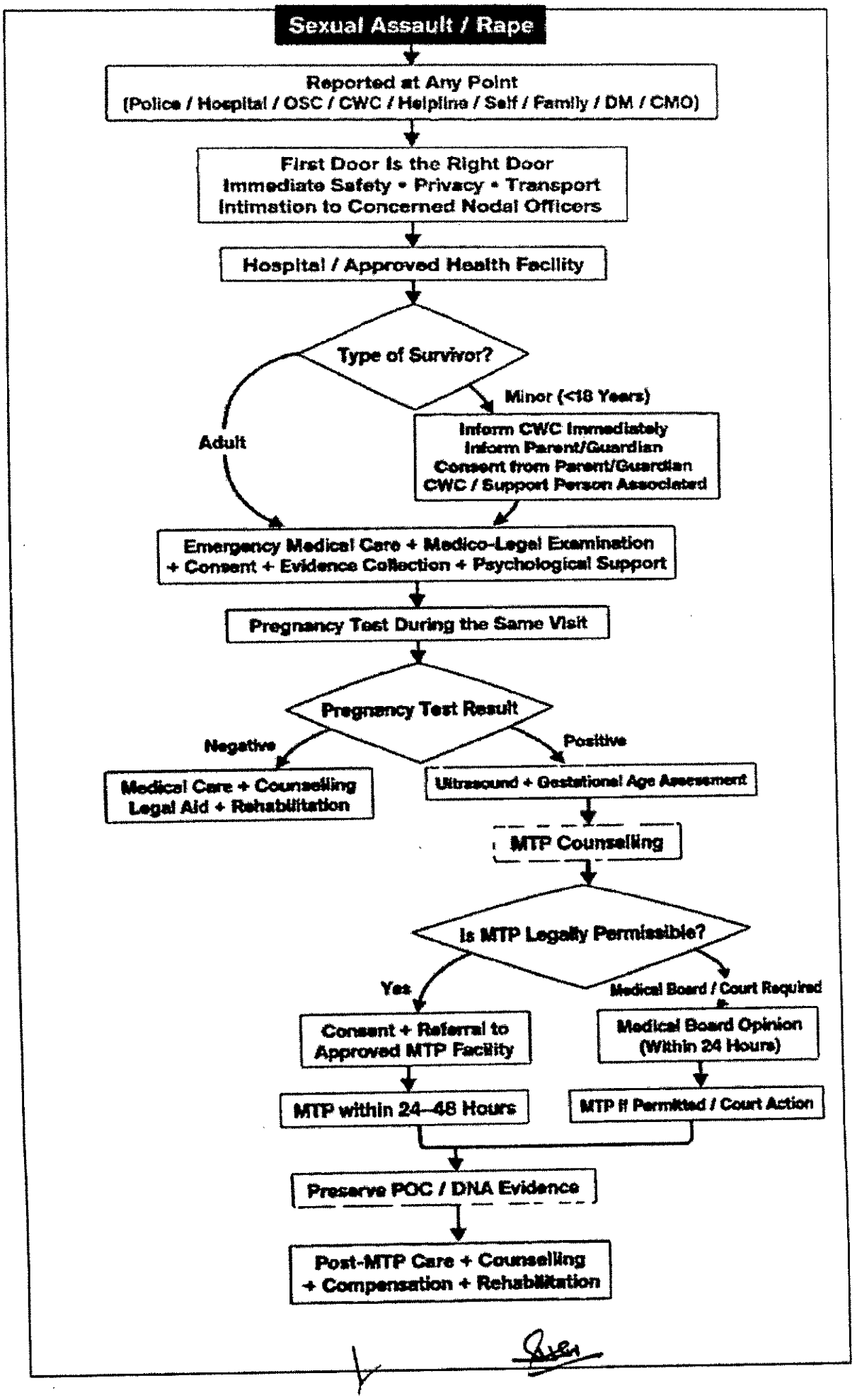
**17. Drafting the report and dispatching the report and specimens**

- The report of sexual assault survivor examination should be prepared immediately after examination and handed over to investigating officer.
- A copy of the receiving must be attached in the case record with the name and personal number of the official.
- A copy of medical report should be made available to the survivor.
- SAFE collected should be arrived and handed over within 96 hours to the regional forensic lab as per FSL rules to be ensured by concerned CP/IO.

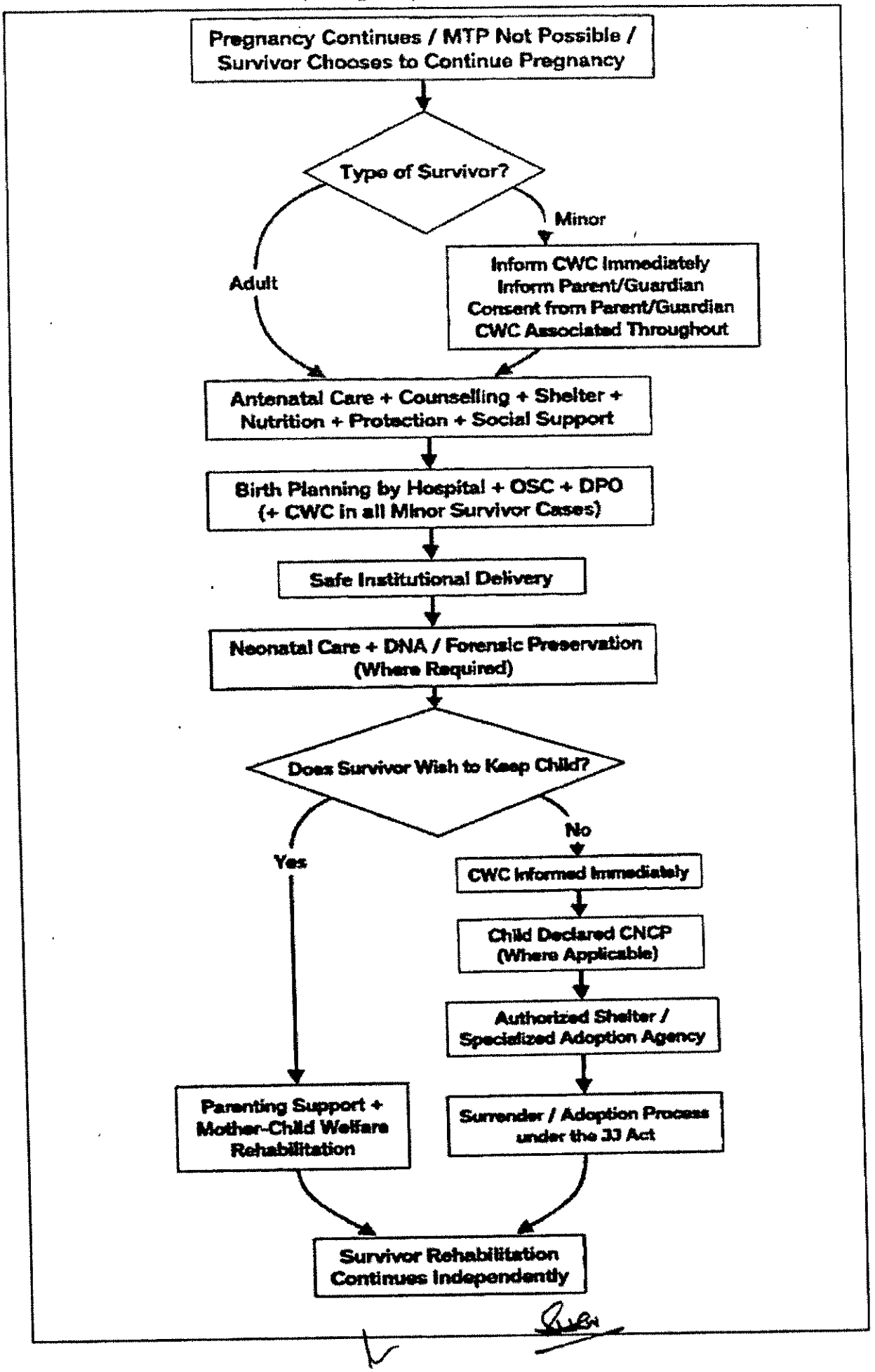
**18. Important instructions**

- Documentation should be thorough.
- Packing and labelling should have name not Miss X.
- Proper PPE should be used to avoid contaminating DNA samples.
- A copy of the record must be kept in the case record.

Flow Chart –I ( Reporting for MTP)



Flow Chart–II (If Pregnancy Continues or Delivery Occurs)



**19. Follow-up**

The importance of follow up should be explained and emphasized to the survivor. follow up to be done by WCD DEPTT **(ONE STOP CENTRE, CCIs & Bal Kalyan Samiti).** It should be ensured that in whole process of follow up confidentiality of the survivor should not be compromised. The survivor can be called for re-examination 02 days after the assault to note the development of bruises and other injuries.

- Every case should be followed up at 02 weeks, 04 weeks, 03 months and 06 months.
  - **The 02 weeks follow – up visit:**
    1. Test for pregnancy if indicated.
    2. Check if survivor has completed course of STI medication.
    3. Assess the survivors emotional and mental status; if required support and counselling.
  - **The 04 Weeks follow – up visit:**
    1. 2nd dose of Hepatitis B vaccination.
    2. Repeat pregnancy test.
    3. Assess the survivor's emotional and mental status; if required support and counselling by attending doctor and designated counselors (Mental health /RKSK counselor/one stop center counselors).
  - **The 03 Month follow – up visit:**
    1. HIV and syphilis testing, Pre and post - test counselling to be ensured.
    2. Assess the pregnancy status.
    3. Assess the survivors emotional and mental status; if required support and counselling.
  - **The 06 Month follow – up visit:**
    1. 03rd dose of Hepatitis B vaccination.
    2. Test for HIV, Pre and post - test counselling to be ensured.
    3. Assess the survivors emotional and mental status and refer as necessary.
    4. Assess for psychological sequelae and re-iterate need for psychological support as per; Section 5 of the guidelines.

- All follow-ups should be documented and a separate register to be maintained.
- Same counselors to handle the case who have initiated for SAS, and continue to to follow till the end. Counselors should be assigned by the Head of Department on the basis of caseload and availability of counselors. All counselor will be link counselors to each other in case of leave.

- If pregnancy positive, abortion services as per the provisions of MTP Act should be offered upto 09 weeks under supervision of medical officer, Product of Conceptus for DNA testing can be collected in sterile saline vial/container with proper labelling, and if the pregnancy is more than 09 weeks to up to 20 weeks can be terminated at CHC level under supervision of trained RMP as per MTP act.
- In case of more than 20 weeks and up to 24 weeks case should be referred at appropriate facility has up to two Obstetricians and Gynaecologists.
- In case of minor, if menarche has not occurred, then the child should also be tested for pregnancy through UPT in subsequent follow-up visit.
- For details on the above, refer guidelines and protocols for medico-legal care for survivors/survivors of sexual violence, MoHFW, 2014.

**20. Who will be the nodal officer**

A) **State Level-** At Government Level- Special Secretary Section -9
At directorate- Joint Director CAC and Joint Director POCSO for Medical Health
At NHM Level- GM CAC/Family Planning

**B) District level-** 1. For Medical health department-ACMO RCH with District level Medical officer in charge for POCSO.
2. For Women welfare department- District Probation officer
3. From Police department- Dy SP POCSO

**C) At Facility Level-**Facility In charge (SIC/CMS/MS)

| | State Level | | District Level |
|---|---|---|---|
| Health | Government | Spl. Secreatry sec- 09 Medical Health dept. | ACMO – RCH |
| | Directorate of FW | Joint Director – FP/CAC<br>Joint Director - POCSO | Nodal – POCSO |
| | NHM | Genral Manager – FP<br>Dr. Suryanashu Ojha | At Health Facilities – SIC/CMS/MS |
| CWC | Nodal Officer WCD | | District Probation Officer |
| POLICE | Nodal officer - WCSO | | Dy. SP POCSO |

21. **Transportation services-** to be transported by 102 ambulances drop back services to be provided by the same.
22. **Facilitation of services-** ACMO-RCH/ District level medical officer in-charge for POCSO will be informed immediately on receiving of SAS through email and telephone both. He will facilitate MLC, medical care, counseling, rehabilitation, follow-up with the help of facility in-charge receiving the victim.
23. **Designated Facility-** Nearest designated facilities with availability of lady medical officer on duty like CHC, FRU, special hospitals, DH, DWH, DCH and Medical Colleges for MLC, counseling, immediate medical care etc. Designated facilities will be identified by district authority.
DH/DWH/MC hospitals with One Stop Centre in premise will work as designated specialized centre for providing specialized medical care, MTP services, counseling follow up along with help of one stop center.
24. **Record keeping and Reporting-**
    - A separate register to be maintained, and line listing to maintain on MedLEaPR and fortnightly reviewed.
    - At facility – facility in-charge with the help of Senior LMO or designated LMO, name will be displayed at the facility.
    - At District level ACMO-RCH with the help of POCSO nodal
25. **Expenses-** All expenses incurring in examination, diagnosis, drug, necessary medical care, available at facility will be borne by local health department/health facility.
    - If any required/advised service is not available in any of the government setup of the district, it will be borne by CWC as per the provisioning.

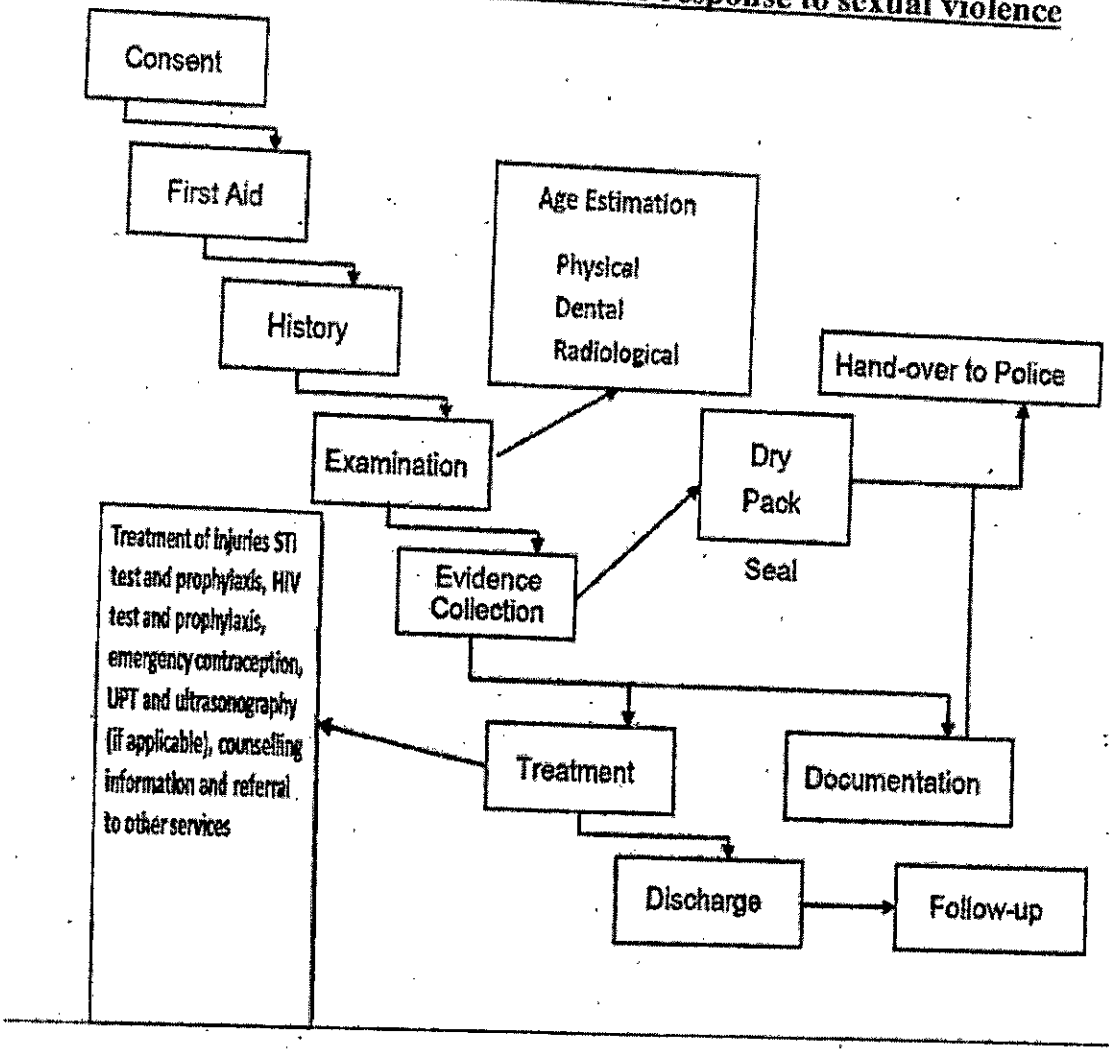
26. **Free Legal Assistant-** OSC shall provide free legal aid in coordination with DLSA.

**Important Helpline Numbers:**

1. One Stop Center:181
2. Bal Kalyan Samiti (Child Helpline): 1098
3. Women Helpline: 1090
4. Tele - Manas: 14416 or 1-8008914416
5. Ambulance and ALS -102, 108
6. POLICE- 112
7. For Complaint / Suggestions - 104

**NOTE:** All drugs, diagnostic, treatment, admission shall be provided free of cost. Clean and safe sample collection, and its transportation and maintaining cold chain and provisioning of sample storage containers, logistic for the mantling of cold chain will be provided by local budget with Police department.

## Steps for comprehensive healthcare response to sexual violence




महानिदेशक
परिवार कल्याण महानिदेशालय
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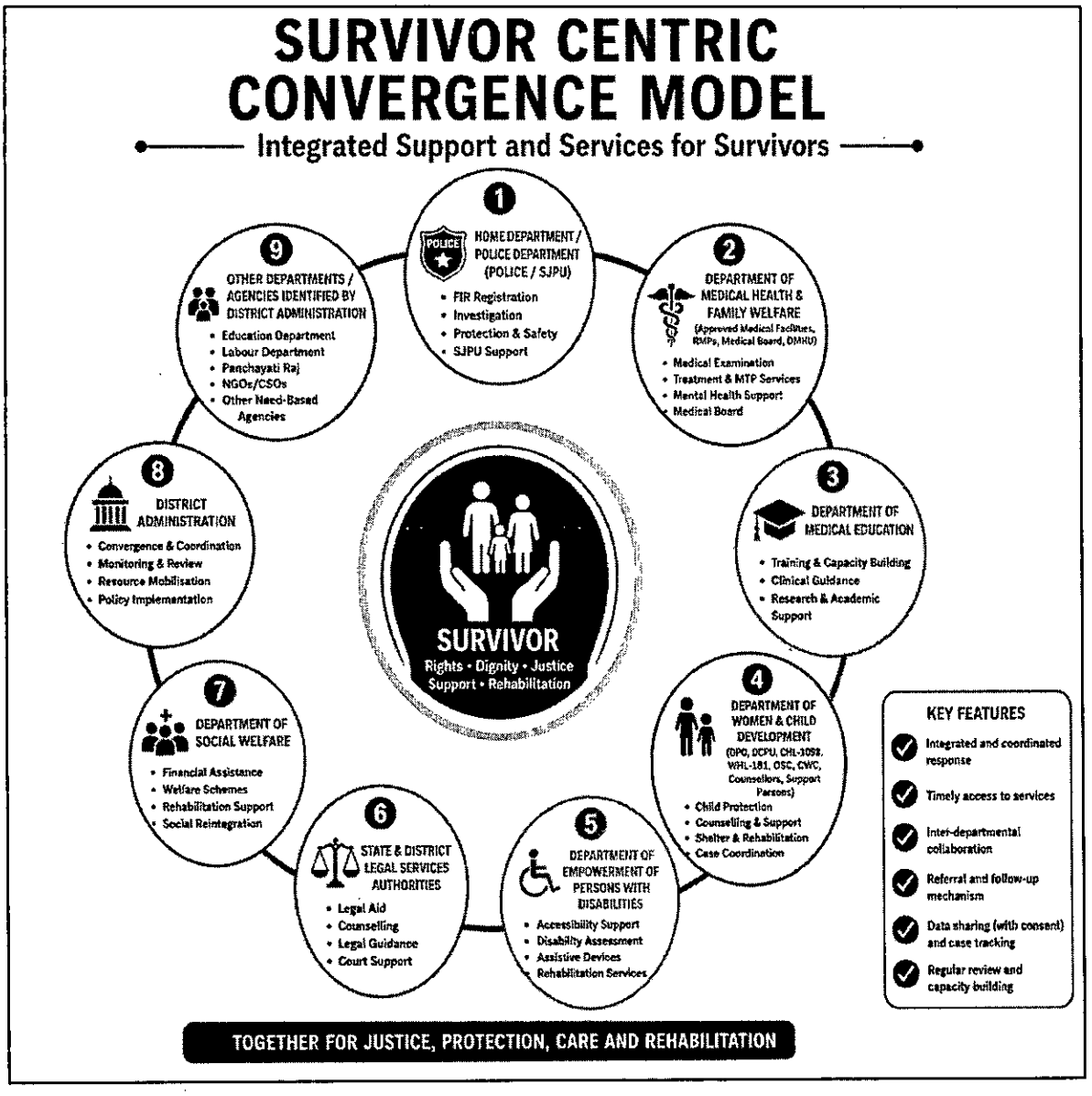
## ANNEXURE 3


SURVIVOR CENTRIC CONVERGENCE MODEL
Integrated Support and Services for Survivors
1 HOME DEPARTMENT / POLICE DEPARTMENT (POLICE / SJPU)
• FIR Registration
• Investigation
• Protection & Safety
• SJPU Support
2 DEPARTMENT OF MEDICAL HEALTH & FAMILY WELFARE
(Approved Medical Facilities, RMPs, Medical Board, DMHU)
• Medical Examination
• Treatment & MTP Services
• Mental Health Support
• Medical Board
3 DEPARTMENT OF MEDICAL EDUCATION
• Training & Capacity Building
• Clinical Guidance
• Research & Academic Support
4 DEPARTMENT OF WOMEN & CHILD DEVELOPMENT
(DPO, DCPU, CHL-1098, WHL-181, OSC, CWC, Counsellors, Support Persons)
• Child Protection
• Counselling & Support
• Shelter & Rehabilitation
• Case Coordination
5 DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES
• Accessibility Support
• Disability Assessment
• Assistive Devices
• Rehabilitation Services
6 STATE & DISTRICT LEGAL SERVICES AUTHORITIES
• Legal Aid
• Counselling
• Legal Guidance
• Court Support
7 DEPARTMENT OF SOCIAL WELFARE
• Financial Assistance
• Welfare Schemes
• Rehabilitation Support
• Social Reintegration
8 DISTRICT ADMINISTRATION
• Convergence & Coordination
• Monitoring & Review
• Resource Mobilisation
• Policy Implementation
9 OTHER DEPARTMENTS / AGENCIES IDENTIFIED BY DISTRICT ADMINISTRATION
• Education Department
• Labour Department
• Panchayati Raj
• NGOs/CSOs
• Other Need-Based Agencies
SURVIVOR
Rights • Dignity • Justice
Support • Rehabilitation
KEY FEATURES
Integrated and coordinated response
Timely access to services
Inter-departmental collaboration
Referral and follow-up mechanism
Data sharing (with consent) and case tracking
Regular review and capacity building
TOGETHER FOR JUSTICE, PROTECTION, CARE AND REHABILITATION

## ANNEXURE 4

# EMERGENCY RESPONSE WITHIN 24 HOURS

**OBJECTIVE:** SAVE LIFE | ENSURE SAFETY | PROVIDE CARE | PREVENT HARM

### REPORTING CHANNELS

- Police Station
- Government/Private Hospital
- 1098 | 181 | 112 | 108
- CWC / DCPU (Child Cases)
- One Stop Centre (OSC)
- NGO
- District Administration
- Educational Institution
- Self-Reporting

**NO WRONG DOOR**
First responder initiates action immediately.

### FIRST PRIORITIES

- Stabilise Survivor
- Save Life
- Prevent Further Harm
- Ensure Safety & Privacy
- Emergency Medical & Psychological Care
- Activate Departmental Response

### POLICE DEPARTMENT

- Register FIR / Zero FIR
- Ensure Safety & Privacy
- Shift to Nearest Hospital
- Arrange Ambulance / ALS
- Inform SAMBAL, CMO, DM, SSP/SP
- Inform CWC & DCPU (Child Cases)
- Coordinate Inter-Departmental Response
- Comply with POCSO Reporting (Sec. 19 & 21)
- Preserve Scene of Occurrence
- Provide Security to Survivor/Family

### HEALTH DEPARTMENT

- Dispatch Ambulance / ALS
- Start medical care immediately without waiting for FIR / Court Order
- Examine, Treat & Stabilise
- Refer Serious Cases Without Delay
- No Refusal of Treatment
- Free Care for Children (JJ Rules)
- Assign Medical Officer
- Conduct MLC with Consent
- Provide Counselling & Emergency Contraception (where applicable)





### CHILD SURVIVOR

- Inform CWC & DCPU
- Parent/Guardian Consent for MLC
- Refusal to be Counselled & Recorded
- Inform CWC for Orphan/Destitute Child
- Guardian Consent for Intellectually Disabled Survivor

### WOMEN & CHILD DEVELOPMENT

**DPO (NODAL AUTHORITY)**
- Primary point of contact
- Coordinate & inform DCPU & OSC
- In case of minor, notify CWC immediately

**OSC**
- Crisis Counselling & Psychosocial Support
- Facilitate Legal Aid & Support Services
- Provide Temporary Shelter & Emergency Support
- Coordinate with Police, CWC, DCPU & Health Institutions

**CWC (IN MINOR CASES)**
- Psychological First Aid & Counselling
- Ensure Lawful Consent
- Appoint Support Person (POCSO Act & Rules)
- Pass Urgent Orders for Care, Protection & Legal Permissions
- Protect Dignity, Privacy & Best Interests

### DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES

- Provide interpreter, special educator, caregiver or support person
- Ensure accessible communication with police, doctors & authorities
- Provide assistive devices, mobility support & hearing aids
- Escort support for medical exam, pregnancy assessment, shelter or CWC production
- Ensure barrier-free access to services at all service points

Immediate mental health & psychosocial support • No delay in care, MLE, pregnancy assessment, MTP services
Maintain dignity, privacy, confidentiality & informed participation at every stage

**NON-DELAY PRINCIPLE**
No delay due to investigation, approvals, or inter-departmental processes

Medical Assessment | Pregnancy Determination | MTP Services (as per law)

All Departments Act Concurrently Within Timelines.

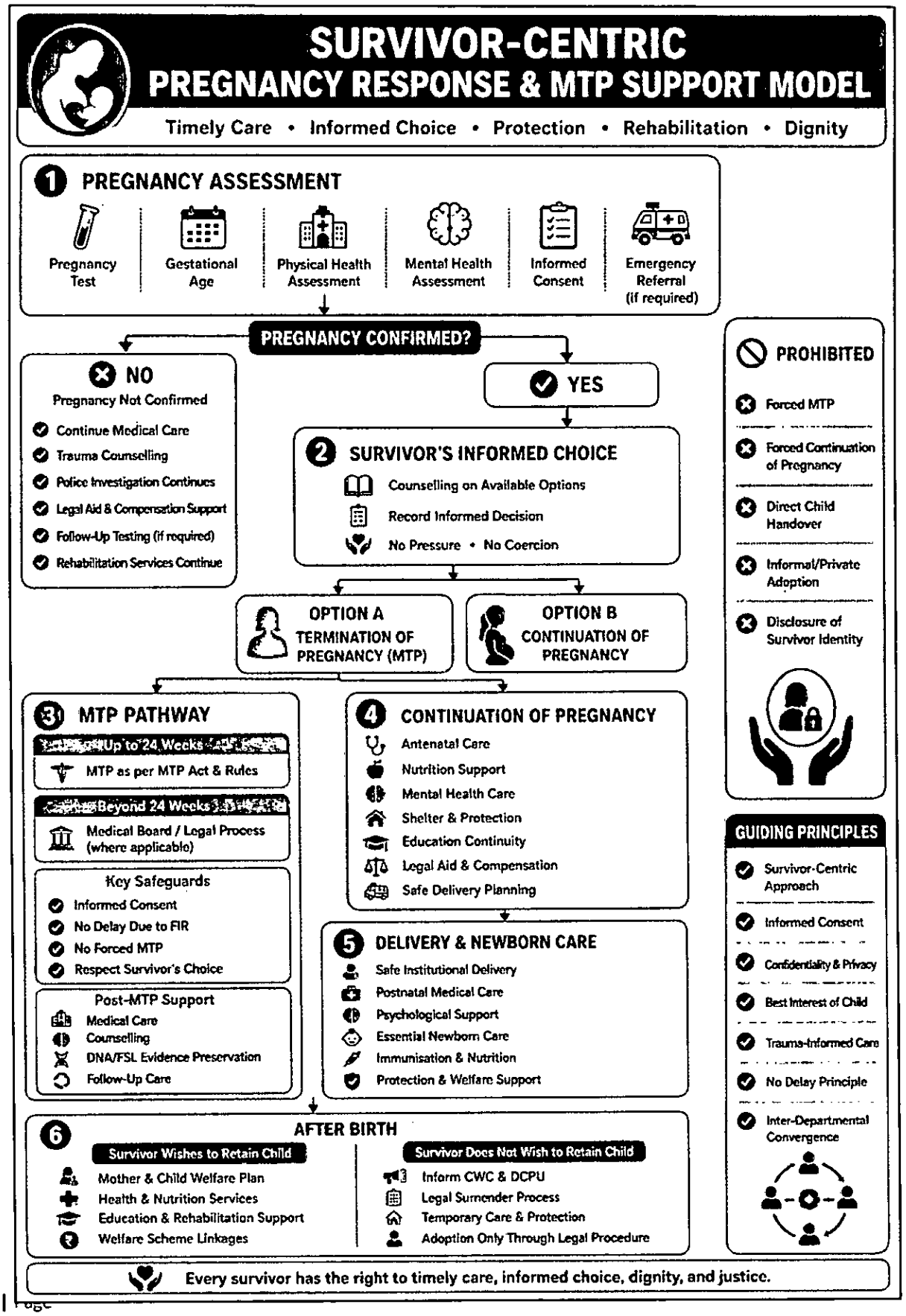
**DUTY TO ACT**
Act in a survivor-centric, child-sensitive, disability-inclusive, coordinated and time-bound manner. Survivor's health, safety, dignity, reproductive choices & best interests are paramount.

**NON-DEROGATION CLAUSE**
No procedure or formalities that delay or defeat access to lawful MTP or other statutory entitlements.

**NOTE**
*Ensure survivor is protected from any direct/ indirect contact, communication, intimidation or influence by the accused at every stage.

**SAVE LIFE. ENSURE SAFETY. PROVIDE CARE. PREVENT HARM.**

ANNEXURE 5


SURVIVOR-CENTRIC
PREGNANCY RESPONSE & MTP SUPPORT MODEL
Timely Care • Informed Choice • Protection • Rehabilitation • Dignity
1 PREGNANCY ASSESSMENT
Pregnancy Test
Gestational Age
Physical Health Assessment
Mental Health Assessment
Informed Consent
Emergency Referral (if required)
PREGNANCY CONFIRMED?
NO
Pregnancy Not Confirmed
Continue Medical Care
Trauma Counselling
Police Investigation Continues
Legal Aid & Compensation Support
Follow-Up Testing (if required)
Rehabilitation Services Continue
YES
2 SURVIVOR'S INFORMED CHOICE
Counselling on Available Options
Record Informed Decision
No Pressure • No Coercion
OPTION A
TERMINATION OF PREGNANCY (MTP)
OPTION B
CONTINUATION OF PREGNANCY
3 MTP PATHWAY
Up to 24 Weeks
MTP as per MTP Act & Rules
Beyond 24 Weeks
Medical Board / Legal Process (where applicable)
Key Safeguards
Informed Consent
No Delay Due to FIR
No Forced MTP
Respect Survivor's Choice
Post-MTP Support
Medical Care
Counselling
DNA/FSL Evidence Preservation
Follow-Up Care
4 CONTINUATION OF PREGNANCY
Antenatal Care
Nutrition Support
Mental Health Care
Shelter & Protection
Education Continuity
Legal Aid & Compensation
Safe Delivery Planning
5 DELIVERY & NEWBORN CARE
Safe Institutional Delivery
Postnatal Medical Care
Psychological Support
Essential Newborn Care
Immunisation & Nutrition
Protection & Welfare Support
6 AFTER BIRTH
Survivor Wishes to Retain Child
Mother & Child Welfare Plan
Health & Nutrition Services
Education & Rehabilitation Support
Welfare Scheme Linkages
Survivor Does Not Wish to Retain Child
Inform CWC & DCPU
Legal Surrender Process
Temporary Care & Protection
Adoption Only Through Legal Procedure
PROHIBITED
Forced MTP
Forced Continuation of Pregnancy
Direct Child Handover
Informal/Private Adoption
Disclosure of Survivor Identity
GUIDING PRINCIPLES
Survivor-Centric Approach
Informed Consent
Confidentiality & Privacy
Best Interest of Child
Trauma-Informed Care
No Delay Principle
Inter-Departmental Convergence
Every survivor has the right to timely care, informed choice, dignity, and justice.

ANNEXURE 6

# LAWFUL MEDICAL TERMINATION OF PREGNANCY (MTP)

## Gestational Age-wise Referral & Service Pathway

(As per the Medical Termination of Pregnancy Act, 1971, as amended in 2021)

### ≤ 09 Weeks — MEDICAL OFFICER SUPERVISION

- Pregnancy may be terminated at an approved MTP facility.
- Product of Conception (POC) may be collected for DNA examination, as applicable.



### > 09 Weeks to ≤ 20 Weeks — APPROVED MTP FACILITY

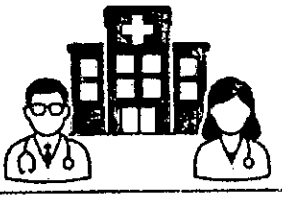
- Pregnancy may be terminated by a trained Registered Medical Practitioner (RMP) at an approved MTP facility.
- Approved MTP facility includes PHC, CHC, SDH, District Hospital, Medical College or approved private facility, as applicable.
- As per the provisions of the MTP Act and applicable Rules.



APPROVED MTP FACILITY

### > 20 Weeks to ≤ 24 Weeks — APPROPRIATE REFERRAL FACILITY

- Refer to an approved facility with the required Obstetrician(s) & Gynaecologist(s) for termination services in accordance with the MTP Act.
- Termination shall be undertaken as per the provisions of the MTP Act and applicable Rules.



### > 24 Weeks — MEDICAL BOARD ASSESSMENT REQUIRED

Termination may be considered only when:

- A substantial foetal abnormality is diagnosed; and
- The case is approved under Section 3(2B) by a State Government-constituted Medical Board under Section 3(2C) of the MTP Act.



### MEDICAL BOARDS

| STATE MEDICAL BOARD | |
|---|---|
| Chairperson | HOD, Obstetrics & Gynaecology, KGMU, Lucknow |
| Member Secretary | Medical Superintendent, KGMU |
| Members | • Psychiatry<br>• Paediatrics<br>• Radiology<br>• Cardiology<br>• Neurology (RMLIMS)<br>• Genetics (SGPGI) |

| DISTRICT MEDICAL BOARD | |
|---|---|
| Chairperson | Principal Medical Superintendent / Chief Medical Superintendent |
| Member Secretary | Specialist, Obstetrics & Gynaecology |
| Members | • Paediatrician<br>• Radiologist/Sonologist<br>• Anaesthetist<br>• Two additional specialists, as may be nominated by the Chairperson, wherever considered necessary having regard to the nature of the case. |

### KEY MESSAGE

Ensure timely access to lawful MTP services.

Avoid unnecessary delays in referral, assessment and termination while ensuring full compliance with the Medical Termination of Pregnancy Act, 1971 (as amended in 2021).

## ANNEXURE 7

## SUGGESTIVE MODEL GUIDELINES FOR VARIOUS SERVICE PROVIDERS

### 1.1. POLICE DEPARTMENT

1. Anybody having knowledge of the offence may lodge the complaint, including:
   - Police Officer;
   - Parent/Relative/Primary Caregiver;
   - Victim;
   - Child Welfare Committee; or
   - Any other person having knowledge of the offence.
2. FIR should be drawn up with greatest care and caution, incorporating all material information/facts which are directly or indirectly connected with the crime or are likely to form important evidence.
3. A copy of such information as recorded shall be given forthwith, free of cost, to the victim or informant. Keep the victim informed of the various stages of the investigation.
4. In case the victim is indisposed or unable to narrate the incident, the next of kin or any other person may register the FIR on behalf of the victim and/or assist the victim in registering the FIR. Such a person shall also be examined as an independent witness.
5. Police officials dealing with the victim shall be empathetic, gender-sensitive and ensure that the victim is not re-victimized, stigmatized or treated as an offender. The victim shall be treated with dignity and extended all assistance as a matter of right.
6. Wherever necessary, an Investigation Team consisting of three to four experienced police personnel shall be constituted, headed by a Chief Investigating Officer. As far as practicable, investigation of sexual offences against women shall be conducted by a Woman Police Officer, and the team shall include at least two women officials.
7. Initial Special Reports shall be issued by a Gazetted Officer within seventy-two hours of the occurrence. Progress Reports shall thereafter be issued fortnightly until completion of investigation.
8. The victim shall be protected from intimidation, threats, coercion, social pressure or any extraneous influence. Coordination shall be maintained with all concerned departments, prosecution, District Administration, Women and Child Development Department, NGOs and counselling agencies to ensure effective victim protection.
9. Where the complainant or important witnesses are under threat, immediate security arrangements shall be made by the Station House Officer. The victim and family members shall be informed that any threat from the accused shall immediately be reported through UP-112 or Mission Shakti Centre.
10. Wherever rescue is required, the rescue operation shall be conducted in the presence of two witnesses, one of whom shall be a woman. The victim's children, dependents and personal belongings shall also be secured during rescue.
11. Adequate transport and escort arrangements shall be ensured so that the victim is kept completely separated from the accused and is protected from intimidation throughout the process.
12. The foremost responsibility of the Investigating Officer shall be preservation of the scene of crime. The place of occurrence shall be secured, photographed, inspected scientifically and forensic evidence shall be collected in accordance with Section 176(3) BNSS through video graphed forensic procedures. CCTV footage, mobile phone records and all electronic evidence shall be collected wherever available.
13. All exhibits collected from the scene shall be properly packed, sealed, labelled, preserved and promptly forwarded to the Forensic Science Laboratory. Chain of custody shall be maintained at every stage. DNA examination shall be conducted wherever required. Sexual Assault Evidence Collection (SAFE/SAEC) Kits shall be utilized wherever available.
14. Barcode and barcode scanner systems may be used for identification, labelling and digital tracking of biological samples forwarded to the Forensic Science Laboratory in accordance with the Criminal Procedure (Identification) Act, 2022.
15. Statements shall be recorded only when the victim is physically and mentally fit and willing to speak. If the victim is not ready, the same shall be recorded in the Case Diary and no pressure shall be exerted. Statements shall be recorded at a place where the victim is comfortable.
16. There is no need to take the victim to the Police Station merely for recording the statement. Statements may be recorded at the Shelter Home, Protective Home, Hospital or any other place where the victim feels safe and comfortable. Repeated interviews shall be avoided as far as possible.

17. It shall be the duty of the Investigating Officer/SHO to immediately inform the Judicial Magistrate for recording the statement of the victim. The victim's statement shall be recorded before the Judicial Magistrate as early as possible. A copy of the FIR shall also be forwarded immediately to the Magistrate. Compliance under Section 230 BNSS regarding supply of documents shall be ensured.
18. Where the victim is in danger of death, every effort shall be made to get the dying declaration recorded before the Magistrate. If this is not possible, the dying declaration shall be video graphed in accordance with law.
19. Any person acquainted with the facts and circumstances of the case shall be examined promptly. Where the victim is unable to narrate the incident, the next of kin or any other person who lodged the FIR on behalf of the victim shall also be examined as an independent witness.
20. Under Section 179 BNSS, the Investigating Officer may require the attendance of any person acquainted with the facts of the case. Statements may also be recorded through audio-video electronic means and, as far as possible, by a Woman Police Officer or Woman Officer.
21. No child below eighteen years, no person above sixty years, no person with mental or physical disability and no person suffering from acute illness shall ordinarily be required to attend the Police Station. Their statements shall be recorded at their residence or place of choice unless they voluntarily desire otherwise.
22. Statement of witnesses recorded under Section 180 BNSS shall be inserted in the Case Diary. The Case Diary shall be duly paginated. The Investigating Officer shall maintain the diary in accordance with Section 192 BNSS by recording the time of receipt of information, commencement and completion of investigation, places visited, statements recorded, and all relevant facts discovered during investigation. The Investigating Officer shall also record the victim's permanent and present address, contact details, the date and time of receiving information regarding the offence, the date and time when the victim was produced before the Magistrate, and reasons for any delay exceeding twenty-four hours. General Diary entries shall be made in a manner that does not disclose the identity of the victim.
23. Where the victim is produced by the Investigating Officer or pursuant to the directions of a Court or Child Welfare Committee, no hospital or medical practitioner shall insist upon production of any identity proof for conducting medical examination, ultrasound or other diagnostic procedures. Identification by the Investigating Officer shall be sufficient. The Investigating Officer shall ensure that all necessary case records accompany the victim.
24. The medical examination shall be conducted at the earliest possible opportunity. The Investigating Officer shall not remain present during the examination unless specifically required by the medical practitioner. DNA and other forensic evidence shall be collected in accordance with prescribed medico-legal protocols. The Registered Medical Practitioner shall prepare a detailed report containing all particulars prescribed under Section 184 of the BNSS.
25. Sexual Assault Forensic Evidence Collection (SAFE/SAEC) Kits shall be made available and utilized at Government and Private Hospitals as per the directions of the Ministry of Home Affairs.
26. The exact date and time of examination and collection of every biological sample shall be clearly recorded. Proper chain of custody shall be maintained for all samples collected for forensic examination.
27. The Investigating Officer shall complete investigation within the time prescribed under the BNSS and the POCSO Act. Progress of investigation and action taken shall be communicated to the informant or victim, including through electronic communication wherever feasible.
28. The Investigating Officer shall facilitate legal assistance to the victim through the District Legal Services Authority. A copy of the FIR shall be transmitted to the District Legal Services Authority without delay. Free Legal Aid shall be provided through advocates or para-legal volunteers nominated by the District Legal Services Authority.
29. Criminal cases shall not be diverted to any informal dispute resolution mechanism. Victims requiring counselling, legal guidance or assistance during judicial proceedings shall be referred to the appropriate legal and counselling services.
30. The Investigating Officer shall facilitate immediate financial assistance, compensation and incidental support available under the applicable Government Schemes, including travel, clothing, medicines and emergency needs, by coordinating with the District Magistrate, District Probation Officer and other competent authorities.
31. Important contact numbers including those of the Investigating Officer, Police Station, Supervisory Officers, UP-112, Women Helpline-181, Child Helpline-1098 and other emergency support services shall be provided to the victim and her family.
32. The In-charge of the Mission Shakti Centre shall regularly monitor prosecution of cases and forward periodic review reports to the competent authorities.

33. The Police shall undertake preventive measures including installation and monitoring of complaint boxes in educational institutions, police verification of school staff and dissemination of information regarding emergency helplines and safety services.
34. Where, during investigation, the complaint appears prima facie to be false or fabricated, the Investigating Officer shall proceed strictly in accordance with law after conducting a fair, impartial and evidence-based investigation, without prejudging the complaint.
35. Where the child is residing with the accused, is a victim of incest, is living in a Child Care Institution without parental support, is homeless, abandoned, or otherwise requires protection, the child shall be produced before the Child Welfare Committee within twenty-four hours for appropriate orders regarding care, protection, restoration or placement in a Children's Home or Shelter Home. During investigation, the Police Officer shall ensure that the child does not come into contact with the accused in any manner whatsoever and shall carry out investigation to trace the legal guardian wherever necessary.
36. The Special Juvenile Police Unit or the local police shall keep the child, the parent or guardian, the support person, wherever appointed, informed regarding the progress of investigation, arrest of the accused, filing of charges, availability of victim compensation, legal aid, court proceedings, bail or release of the accused, final judgment and sentence imposed by the Court, to the extent permissible under law.
37. The Investigating Officer shall ensure compliance with all directions of the Child Welfare Committee, including timely receipt and implementation of its orders, particularly in cases involving medical treatment, pregnancy, rehabilitation, restoration, shelter or termination of pregnancy, and shall maintain proper coordination with the Child Welfare Committee, District Child Protection Unit, District Administration and other concerned authorities.

## 1.2. HEALTH DEPARTMENT / HEALTH CARE PROVIDERS / PRACTITIONERS

1. **Establishing Rapport with the Victim:** It is important to establish a rapport with the victim. The following guidelines are to help establish rapport:
   - Never say or do anything to suggest disbelief regarding the incident.
   - Appreciate the victim's strength in coming to the hospital as it can serve to build a bond of trust.
   - Convey important messages such as the victim is not responsible for precipitating the act of rape by any of her actions or inactions.
   - Explain to the victim that this is a crime/violence.
   - Emphasize that this is not a loss of honor, modesty or chastity but a violation of his/her rights and it is the perpetrator who should be ashamed.
   - Ensure confidentiality and explain to the victim that she/he must reveal the entire history to health professionals without fear. The victim may be persuaded not to hide anything.
   - The fact that examination may be uncomfortable but is necessary for legal purposes should be explained to the victim. The victim should be informed about the need to carry out additional procedures such as x-rays, etc. which may require her to visit other departments.

2. **Trauma-Informed Care and Clinical Assessment:** The trauma-informed approach to care uses a framework that acknowledges the effect of trauma, recognizes signs and symptoms of trauma, responds by integrating knowledge about trauma into practice, and seeks to resist re-traumatization. The key principles of trauma-informed care include ensuring physical and emotional safety, maximizing trustworthiness, prioritizing individual choice and control, empowering individuals, and encouraging peer support needs of sexual assault victims. Clinicians should incorporate a trauma-informed care framework when assessing the needs of victims of sexual violence.

**Initial Interaction**

- Introduce yourself.
- Reassure the victim that she is in control of the pace, timing and components of the examination.
- Reassure the victim that the examination findings will be kept confidential unless she decides to bring charges.
- Ask her if she has any questions.

**Medical Assessment**

- Assess and treat physical injuries.
- Explain what is going to happen during each step of the examination, why it is important, what it will tell you, and how it will influence the care you are going to give.

- Obtain past gynecologic history.
- Perform physical examination.

**Laboratory Investigation and Evidence Collection**

- Obtain appropriate specimens and serologic tests for STI testing.
- Collect samples as mandated by protocol or regulation. Identify the presence or absence of fluids and make appropriate slides.

**Post-Exposure Management**

- Establish post-exposure prophylaxis (PEP) eligibility depending on the risks of exposure, the client's medical history and considerations related to pregnancy or childbearing potential, the time elapsed since exposure and the possibility of multiple injuries.
- Evaluate the risks and benefits of post-exposure prophylaxis for STIs.
- Provide immediate appropriate access to Post-exposure prophylaxis (PEP) to reduce the risk of infectious diseases/HIV transmission to victims as per protocol.

**Documentation**

- Document events and injuries with drawings or photographs.
- The clinician should document the emotional condition of the victim as assessed by direct observation and examinations.

**GUIDELINES FOR RESPONDING TO CHILDREN**

**Initial Considerations**

- Children may be accompanied by the abuser when they come for medical treatment, so be aware and screen when you suspect abuse. In such situations, a female person appointed by the head of the hospital/institution may be called in to be present during the examination.
- Do not assume that because the child is young he/she will not be able to provide a history. History seeking can be facilitated by use of dolls and body charts.
- Believe what is being reported by the child. There are misconceptions that children lie or that they are tutored by parents to make false complaints against others. Do not let such myths affect the manner in which you respond to cases of child sexual abuse.
- Specific needs of children must be kept in mind while providing care to child victims.
- For psychological support, it is imperative to speak with the caregivers of the victim in addition to the victim themselves.

**History Taking**

- Document who was present during the conversation with the child.
- Document questions asked and the child's answers in the child's own words.
- Focus on asking simply worded, open-ended, non-leading questions, such as the "what, when, where, and how" questions, which are important to the medical evaluation of suspected child sexual abuse.
- Reliance should be placed as far as possible on such questions as "tell me more" followed by "and then what happened?"
- Do not ask uncomfortable questions related to details of the abuse, but try to find out more about the medical and family history of the child.
- Using the child's words for body parts may make the child more comfortable with difficult conversations about sexual activities.
- Using drawings may also help children describe where they may have been touched and with what they were touched.

**Preparing for Examination**

- Do not conduct the examination in a labor room or other place that may cause additional trauma to the child.
- Always prepare the child by explaining the examination and showing equipment; this has been shown to diminish fears and anxiety. Encourage the child to ask questions about the examination.
- It is useful to have a doll on hand to demonstrate procedures and positions. Show the child the equipment and supplies, such as gloves, swabs, etc.; allow the child to use these on the doll.

**Conducting the Examination**

- Be sensitive to the child's feelings of vulnerability and embarrassment and stop the examination if the child indicates discomfort or withdraws permission to continue.

- Never restrain a resistant child to complete an examination. Restraint and force are often part of sexual abuse and, if used by those attempting to help, will increase the child's fear and anxiety and worsen the psychological impact of the abuse. The child should not be held down or restrained for the examination except for infants or very young toddlers.
- If the child resists the examination, it is a clinical judgment of how to proceed. A rule of thumb is that the physical examination should not cause any trauma to the child. It may be wise to defer the examination under these circumstances. It may be possible to address some of the child's fears and anxieties (e.g., a fear of needles) or potential sources of unease. Further, utmost comfort and care for the child should be provided, e.g., examining very small children while on their mother's (or caregiver's) lap or lying with her on a couch. If the child still refuses, the examination may need to be deferred or even abandoned. Never force the examination, especially if there are no reported symptoms or injuries, because findings will be minimal and this coercion may represent yet another assault to the child.

**Techniques to Help the Child Relax**

- Offer clear age-appropriate explanations for the reasons for each procedure and offer the child some control over the examination process.
- Proceed slowly and explain each step-in advance.
- Use curtains to protect privacy, if the child wishes.
- Explain to the parent or support person that their job is to talk to and distract the child, and the findings of the examination will be discussed with them after the examination is completed.
- Position the parent near the child's head.

**Sedation for Medical Treatment**

- Sedation is rarely needed if the child is informed about what will happen and there is adequate parental support for the child.
- Consider sedation or a general anesthetic only if the child refuses the examination and conditions requiring medical attention, such as bleeding or a foreign body, are suspected.
- Reassure the child about what will take place during the time under sedation and that he/she will be informed of the finding.
- Speculum examination on a pre-pubertal girl should be done under anesthesia, not conscious sedation.

**GUIDELINES FOR RESPONDING TO SPECIAL GROUPS**

This aims to alert health professionals to the specific health care needs of different marginalized groups and equip them to respond to them in an appropriate, comprehensive and sensitive manner in a difficult situation. These guidelines stem from recognition of the historical stigmatization faced by marginalized groups in accessing health services.

- Individuals who face discrimination because of their gender identity or where an individual's body doesn't fall in the rigid binary.
- Individuals who face discrimination based on the sexual orientation they practice.
- Individuals who face discrimination because they are involved in sex work.
- Individuals with physical, psycho social and/or intellectual disability.
- Individuals from minorities, marginalised castes or tribes.

**Principles of Care**

- Complete medical treatment and health care must be offered right at the outset at all health facilities. Health professionals should ensure that they are not biased against people belonging to marginalised groups and must treat them with respect.
- Health professionals must steer clear from demonstrating shock, disbelief, ridicule and ensure that such conduct does not seep into the doctor-patient relationship.
- Health professionals must acknowledge challenges and obstacles faced by marginalised groups in accessing health services and create an enabling atmosphere for them in the health facility.
- Health professionals must enable victims to feel at ease to be able to reveal the abuse that they have faced.
- There must be cultural sensitivity while carrying out medical procedures. Cultural sensitivity refers to recognition of the caste, class, community, religion-determined behaviour and perceptions of the patient, without any bias/prejudice.
- Individuals belonging to marginalised communities are often mistreated and ridiculed. In many instances, complaints from marginalised communities do not even get recorded. Therefore efforts must be made by health professionals to dialogue with the allied agencies such as the police, to record the complaint at the health facility if victims express such a desire. Doing so at

health institutions would be useful for victims from marginalised groups as health institutions are perceived as less intimidating compared to police stations.
- Health professionals must ensure that information on referral institutions providing good quality services for marginalised groups is available at the health facility.

**5. Guidelines for Responding to Transgender and Intersex Persons**

**Recognition and Respect**

- Medical practitioners must recognize that transgender and intersex people (TG/IS) are vulnerable to sexual violence due to the marginalization and discrimination they face. Under such circumstances, it is all the more essential that sexual violence faced by TG/IS people is recognized as such by health professionals who often serve as the first point of approach for a victim of sexual violence. It is not uncommon for TG and IS persons to experience ridicule in the health facilities. Health professionals are often ignorant of the variations in biology and gender identity and also tend to 'pathologize' them.

**Clinical and Documentation Guidelines**

- Gender identity is not constituted by anatomy.
- Primacy should be given in the record to the victim's stated gender identity and appropriate names and pronouns used.
- Intake forms and other documents that ask about gender or sex should have options as male/female/others.
- Anatomical variations of transgender and intersex people must be included in the examination proforma.
- Transgender and intersex people may be unwilling to report the case to law enforcement for fear of being exposed to inappropriate questions and abuse, therefore adequate care should be provided for those who do approach health institutions.
- Information on the intersex variations or transgender status of the victim must be treated as confidential and not to be revealed without the victim's consent.
- The inadvertent discovery during examination or history taking that a person is transgender or intersex must not be treated with ridicule, hostility, surprise, shock, or dismay. Such reactions convey that the person is being judged and is likely to make them uncomfortable in the health care setting.
- It is important to be aware of the possible health consequences that the sexual violence may have resulted in. For instance, transgender individuals can become pregnant even when they are using hormones. Similarly, intersex variations may still put some intersex women at risk of pregnancy. Health professionals must be aware of these variations and must anticipate health consequences accordingly.
- It is important for the health professionals to record the victim's account of the assault as part of the procedural history-taking, making note of the victim's perception of the reasons for the sexual violence, if so stated.
- Information about referral agencies that provide services to transgender or intersex victims of sexual violence must be provided where available.

**6. Guidelines for Responding to Persons of Alternate Sexual Orientation**

**Principles of Respect and Non-discrimination**

- The doctor and hospital staff should be understanding towards the victim and should provide care and treatment with sensitivity.
- A doctor should be especially sensitive to the former group's anxieties and concerns when it comes to such examinations.
- The speech and behavior of the health professional should remain inclusive.
- There should be no judgment on the person's sexual orientation in general or as a cause of the assault.
- The health professional should not express shock, wonder, or any other negative emotions when a person reveals their sexual orientation.
- The doctor or the hospital staff should not give any advice or 'offer solutions' to 'cure' them of their sexual orientation.
- Treatment should NOT be denied to any person based on/due to their sexual orientation.

**Confidentiality**

- Confidentiality of their sexual orientation should be maintained. One should not discuss or mention it to the other staff members unless needed for treatment reasons.

**Documentation**

- Old injuries should NOT be recorded.

**Psychosocial Support**

- They are likely to be targets of hate crimes and may want to talk about the role their sexual orientation played in making them vulnerable to sexual violence. Their experience should be given a sincere hearing and validated. The victims should be assured that it was not their fault that they were sexually assaulted.

**7. Guidelines for Responding to Sex Workers**

**Understanding Vulnerability**

- While women remain the largest group involved in sex work. It is important to bear in mind that just because sex workers exchange sexual acts for money or goods, does not mean that they cannot be sexually assaulted. The Supreme Court of India has acknowledged that a woman who is a sex worker has the right to decide with whom she will have sex, and so any non-consensual intercourse with her would therefore amount to rape. Sexual abuse by clients, police, pimps, brothel owners and others is commonly encountered by sex workers. Coercion to perform sexual acts by use of verbal threats, physical force and forced unwanted sexual acts by clients have been reported by sex workers as some of the types of sexual violence that they face.
- While examining sex workers reporting sexual violence, it is important to keep in mind that sex workers face a number of challenges due to the nature of their work when they approach the healthcare system. They have already faced a significant amount of discrimination from various agencies of society at every stage and hence their decision to approach a health care facility for treatment or examination should be considered a courageous one.

**Right to Treatment**

- A sex worker has a right to receive treatment and not providing it for any reason is punishable by law.

**Non-discrimination**

- Do not make assumptions about the person's health. Myths such as, "Sex workers are all addicts/HIV positive" are only myths. These propagate an unhealthy assumption of this group which may lead to further marginalization.
- No statements blaming the victim or her profession for the violence faced should be made.

**Documentation**

- Only information of the current episode of violence that the victim is reporting must be documented. Any information of past sexual encounters is irrelevant to the current incident of sexual violence and should not be noted.

**8. Guidelines for Responding to Persons with Disability**

**Understanding Vulnerability**

- Persons with disability include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Women and children with disabilities are particularly vulnerable to violence, discrimination, stigma and neglect. In fact, persons with disabilities may be repeatedly victimized, especially by caretakers. Some reports suggest that women and girls with disabilities are three times more likely to be victims of physical and sexual abuse as compared to other women and girls. Women and girls with disabilities who are institutionalized are at risk of abuse in shelters and hospitals that has been recognized as 'custodial rape'. Women with disabilities are often unable to report sexual abuse because of the obvious barriers to communication, as well as their dependency on caregivers who may also be abusers. When they do report, their complaints are not taken seriously and the challenges they face in expressing themselves in a system that does not create an enabling environment to allow for such expression, complicates matters further. India has ratified the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) which mandates that the country must make specific provisions to end discrimination and violence faced by persons with disabilities. It also mandates that healthcare systems must make necessary provisions to ensure access to health care to persons with disabilities.

**Preparing for Care and Examination**

- Be aware of the nature and extent of disability that the person has and make necessary accommodations in the space where the examination is carried out.

- Do not make assumptions about the victim's disability and ask about it before providing any assistance.
- Understand that an examination in the case of a disabled person may take longer. Do not rush through things as it may distress the victim. Take time to make the victim comfortable and establish trust, in order to conduct a thorough examination.
- Recognize that the person may not have been through an internal examination before. The procedure should be explained in a language they can understand. They may have limited knowledge of reproductive health issues and not be able to describe what happened to them. They may not know how they feel about the incident or even identify that a crime was committed against them.

**History Taking**

- Do not assume that a person with disability cannot give history of sexual violence herself. Because abuse by near and dear ones is common, it is important to not let the history be dictated by the caretaker or person accompanying the victim. History must be sought independently, directly from the victim herself. Let the person decide who can be present in the room while history is being sought and examination conducted.

**Consent**

- Consent: All persons are ordinarily able to give or refuse to give informed consent, including persons with mental illness and intellectual disabilities, and their informed consent should be sought and obtained before any medical examination. Some specific steps may be required when taking informed consent from persons with mental illness or those with intellectual disabilities. If it is deemed necessary, such persons should:
  - Be provided the necessary information (what the procedure involves, the reason for doing the procedure, the potential risks and discomforts) in a simple language and in a form that makes it easy for them to understand the information.
  - Be given adequate time to arrive at a decision.

**9. Guidelines for Responding to People Facing Discrimination**

**Understanding Vulnerability**

- Sexual violence is mostly perpetrated by those in a position of power upon those who are relatively vulnerable. This position of power may be a function of a person's gender, class, caste, religion, ethnicity, sexual orientation and/or other factors. In India women are seen as symbols of honour of their social community. Violating the bodily integrity of women is equated with violating the honour of the entire community and bringing disgrace to it. Health professionals should be aware that while women and girls are specifically targeted during social conflicts, other members of the targeted community (including young boys) may also be subjected to sexual violence.

**Non-discrimination**

- Do not pass any explicit or implicit comments, or in any other way communicate your personal opinion, about the person's social category while medically treating them.
- Do not ask the person who is being given medical treatment any questions about her social category, except those that are relevant to the nature of violence she has faced or the kind of treatment she requires.
- Do not make assumptions about the person's life, the number of children she has, the kind of treatment that she may be willing to undergo etc.

**Clinical Assessment**

- In a situation of conflict, health professionals should sensitively enquire about and look for signs and symptoms that suggest sexual violence, among all women and girls who access the health system, even where they do not explicitly claim to have suffered sexual violence.

**Documentation**

- Some victims may be willing to talk about the role that their identity has played in the commission of the offence. The victims experience should be listened to and recorded in the Medical Report.

**Professional Conduct**

- The clinicians should not be non-partisan. This must be kept in mind while providing medical treatment to women in conflict situations, and should not interfere with the provision of medical treatment to the victim and the documentation.

**Guidelines For Interface With Other Agencies Like Police**

Health professionals have to interface with other agencies such as the police, public prosecutors, and judiciary and CWCs -child welfare committees to ensure comprehensive care to victims of sexual violence.

**Referral to Health Facility**

- Whenever a victim reports to the police, the police must take her/him to the nearest health facility for medical examination, treatment and care.
- Delays related to the medical examination and treatment can jeopardize the health of the victim.
- Health professionals should also ask victims whether they were examined elsewhere before reaching the current health set up and if victims are carrying documentation of the same.

**Confidentiality and Privacy**

- The health sector has a therapeutic role and confidentiality of information and privacy in the entire course of examination and treatment must be ensured.
- The police should not be allowed to be present while details of the incident of sexual violence, examination, evidence collection and treatment are being sought from the victim.

**C. Role of Police during Medical Examination**

- The police cannot interfere with the duties of a health professional.
- They cannot take away the victim immediately after evidence collection but must wait until treatment and care is provided.

**Medico-Legal Documentation**

- In the case of unaccompanied victims brought by the police for sexual violence examination, police should not be asked to sign as witness in the medico legal form.
- In such situations, a senior medical officer or any health professional should sign as witness in the best interest of the victim.
- Documentation should explain the nature of medico legal evidence, its limitations as well as the role of examining doctors as expert witnesses.

**Role of Registered Medical Practitioner**

- POCSCO Act, 2012 recognizes that any registered medical practitioner can carry out a medico legal examination and provide treatment and records of that health provider will stand in the court of law (184 BNSS).

## 11. INTERFACE OF HEALTH SYSTEMS AND PUBLIC PROSECUTORS

**Preparation for Court Proceedings**

- The doctor must review the notes of the case to equip him/her with the history that has been provided by the victim to the doctor, the police and the magistrate.
- In case there is a difference in the histories, the same should be clarified in advance with the public prosecutor.
- It is possible that a victim revealed additional information to the doctor based on her comfort, and not to the police or the magistrate.

**Coordination with Public Prosecutor**

- Examining doctors should prepare themselves well in time with the case documents before reaching the court.
- Efforts must be made by doctors to dialogue with the public prosecutor and also ask them about the role that they need to play.
- This would help them to be well prepared and respond to questions asked in the court.

## 12. INTERFACE OF HEALTH SYSTEMS AND THE JUDICIARY

**Role as Expert Witness**

- Doctors are termed as —expert witnesses" by Law.
- As per 184 BNSS, an examining doctor has to prepare a reasoned medical opinion without delay.

## 13. INTERFACE OF THE HEALTH SYSTEM WITH THE CHILD WELFARE COMMITTEE (CWC)

**Referral and Protection of the Child**

- Health professionals should communicate to the child the need for her/him (health professional) to disclose the abuse to the child welfare committee (CWC) so that the latter can take immediate steps to protect the child from abuse.
- Children may be referred for examination by the child welfare committees (CWC).
- Health professionals may have to orient the CWC about the health consequences of sexual abuse and the importance of provision of complete health care.
- At the same time they must explain the limitations of medical evidence, thus even if medical evidence of sexual violence is not found; this in no way should be construed as a child lying about sexual abuse.

**Medical Care and Monitoring**

- Mobile care units (MCUs) must include indicators for assessing whether a child has been subjected to sexual violence.
- Such an enquiry must be included as a component of routine medical check-ups.
- A standard operating procedure for routine medical examination, care and management must be adopted by all child welfare homes and they must be asked to provide reports of these assessments to the child welfare committee.
- Health professionals may be called upon for doing this.

**Consent for Medical Examination**

- If a child, after fully understanding the nature and consequences of the procedure with which she has to cooperate, refuses to co-operate with the examination or is resisting it in spite of consent from her parent or guardian and the efforts of the registered medical practitioner, the examination may be deferred or even abandoned as directed in the Model Guidelines under section 39 of the PoCSO Act.
- In situations where the child, after fully understanding the nature and consequences of the examination desires to get examined in spite of the informed refusal to examination from the parent or guardian, the matter should be reported to the Child Welfare Committee and examination can only be conducted up on an order from the CWC and after obtaining consent from the person nominated by the CWC, specifying the capacity of such person to give consent.
- Even if the victim refuses consent for medico-legal examination, adequate treatment for injuries and all physical and psychological conditions should be given and consultations shall be provided to the victim in all instances.
- At the same time, the examining doctor should be aware that the victim has the right to refuse any examination or treatment completely or part thereof and can ask the registered medical examiner to stop further examination at any point.

**Mandatory Reporting under the POCSO Act**

- As per section 19 of the Protection of Children from Sexual Offences Act 2012, the medical institutions and registered medical practitioners are duty bound to give immediate intimation of cases of sexual offences to police.
- In all cases of sexual assault brought with a requisition from a police officer, further intimation need not be given.
- In case of children, if there is anything in history, findings of examination or results of laboratory examinations which arouses a reasonable apprehension that there is possibility for sexual offence to have been committed on the child, the doctor should immediately intimate the police of the same.
- Transmission of intimation is the duty of the doctor and in all situations where the immediate transmission of written intimation is not possible; over phone intimation should be made.
- In all possible instances, an email may be sent to the nearest police station so as to fulfil the legal requirement of immediate intimation and as a proof of fulfilment of that legal responsibility.
- All such intimations should be confirmed by a written intimation.

**Record Keeping and Confidentiality**

- Separate intimation book with the intimation slip in triplicate and a separate register of intimations should be used to maintain confidentiality and as a record to safeguard the registered medical practitioner from adverse legal actions as per section 21 of the Protection of Children from Sexual Offences Act.
- The original of the intimation should be issued to the nearest police station or outpost and signature of the officer receiving it should be obtained.
- The duplicate copy should be issued to the victim or parent or guardian and her/his signature should be obtained as in the case of original or intimation.
- These records should also be kept under safe custody, maintaining absolute confidentiality.

**14. Rights of a Victim and Duties of their Caregivers during Investigation and Trial of Sexual Offences Committed Against the Victim**

**Rights of the Victim**

- **Right to Privacy of the Victim:** No person can disclose the name of the rape victim. If anybody discloses the name, the punishment is a term which may extend to two years and along with a fine. Further, there should be an in camera trial for all rape victims. For instance, the media cannot release the name of the victim. (Section 72 of the Bharatiya Nyaya Sanhita (BNS), Section 352(2) and Section 352(3) of the Bharatiya Nagarik Suraksha Sanhita (BNSS)).
- **Right to Free Medical Treatment / Duty of Medical Institutions:** This law fixes liability on medical institutions, both public or private, to give medical treatment free of cost to victims of sexual assault, together with a duty to inform the police of such incidents. Failure to comply with the above provision is a punishable offence (Section 397 and Section 449 of the BNSS. Section 200 of the BNS).
- **Right to a Detailed Examination of the Perpetrator:** Legally, the perpetrator can be ordered to undergo a detailed medical examination by any registered medical practitioner, preferably employed in a hospital run by the Government or a local authority. This examination is done to gather other physical evidence that can corroborate the story of the victim.
- **Right to a Speedy Trial:** Investigation should start and end within two months from the date on which the police officer recorded the information in charge of the Police Station. Special fast track courts have been set up for this purpose. (S-173, BNSS).

**Duties During Investigation and Trial**

- **Duty of a Public Servant:** This law ensures failure of a public servant to record any information of such offences as a punishable offence, prescribing both rigorous imprisonment and fine for the guilty. (S-174, 175, BNS, S-173, BNSS).
- **Duty of Court to Presume Absence of Consent:** The court during any trial for rape will presume the absence of consent by the victim. (S-120, BSA).
- A medical practitioner is not required to report the sexual assault to the police for an MTP, though they must follow POCSO Act rules for minors.

**15. Health Care Providers Must Take Care of the Following**

**Medical Examination**

- Don't delay treatment or medicolegal examination. Treatment should not be conditional upon registration of a police complaint.
- In cases of sexual violence: two finger tests should NOT be made.
- PS or PV examination should NOT be routinely done for all victims of rape / sexual assault; it should be done only when clinically indicated.
- Only those injuries that are relevant to the episode of assault are to be documented. Comments such as "Hymen present / hymen intact / old tear to hymen" should not be made.
- Doctors should not comment on any sexual history not related to the present episode of sexual violence.

**Interaction with the Victim**

- Don't ask for a history of domestic violence in the presence of other members of the family or other patients (persons who are not part of the medical team).
- Don't express disbelief and make judgmental comments on the history of violence reported by the victim.
- Don't Interrupt a woman narrating the history of domestic violence or disregard any reporting of domestic violence as non-significant or minor.
- Don't try to justify the abuser's point of view.
- Don't Shame her for her actions, including attempted suicide, running away from home, leaving the children behind, and leaving home, etc.
- Do not advise her to tolerate it or convey a message that life free from violence is not possible / domestic violence is part of life and needs to be accepted.
- Don't get angry at her if she refuses help offered in the form of referral to OSC, MLC, emergency shelter at hospital etc. or intervene on the spot especially by scolding, using stern language with abusive partner / relative – this may further aggravate the situation.
- Don't turn the woman away, scold her for not taking timely action despite advice if she comes the second (or nth number of) time with the same medical complaint related directly to the violence she faces.
- Don't force her to register a police complaint.

**16. Medical Board**

**Powers of the Medical Board:** The Medical Board has been empowered to:

- Consider whether continuation of the pregnancy poses a grave risk to the woman's life, or whether the fetus is likely to suffer from serious abnormalities.
- Decide on termination of pregnancies beyond 24 weeks.
- Seek assistance from other specialists as required.
- Approve or reject applications for termination.

**Functions of the Medical Board**

The major functions of the Medical Board are to:

- Examine the pregnant woman and her reports referred under Section 3(2)(b).
- Provide its opinion in Form-D(Medical Board's Opinion Form) regarding approval or rejection within three days of receiving the application.
- Ensure that once the Medical Board advises termination, the procedure under Section 3(2)(b) is completed within five days of the application date, with all due precautions.
- The Medical Board shall also record, in Form-D, the specific reasons for approval or rejection of an application for termination of pregnancy, in sufficient detail to enable judicial review, and a copy of Form F shall be forwarded to the Secretary, District Legal Services Authority, on the same day as it is prepared.
- The Chief Medical Officer shall record, on the medical report itself, a certification that the Medical Board has duly counselled the victim and her parent(s) or guardian(s) regarding the provisions of the Medical Termination of Pregnancy Act, 1971, and the medical, legal, and psychological implications arising therefrom.

**Medical Board Report**

- The reports submitted by the Medical Boards shall not be vague and ambiguous.
- Reports should clearly set out the findings relating to the physical and mental health of the victim.
- Adequately explain the medical risks, implications, and comparative pros and cons of undergoing or not undergoing medical termination of pregnancy.
- The opinion should be clear and actionable.

**Medical Board Assessment:** Medical Boards at all the concerned Hospitals, while preparing their reports after assessing such victims, shall specifically and clearly indicate the following:

- The exact gestational period of the pregnancy of the victim.
- Whether the victim is physically fit to undergo medical termination of pregnancy.
- Whether the victim is mentally fit to undergo medical termination of pregnancy.
- Whether the proposed medical termination of pregnancy would pose any risk to the life of the victim.
- It is essential that the doctors concerned, while rendering their opinion on the physical and mental fitness of the victim to undergo medical termination of pregnancy, give a clear and specific opinion, and not a vague or qualified opinion capable of being interpreted in more than one manner.

**17. A Medical Opinion Has to be Provided on the Following Aspects**

**Role and Scope of Medical Opinion**

- In their testimony regarding a forensic examination, medical professionals typically describe the process of examining the victim, the physical findings that were observed, and their interpretation.
- It is important to remember that the medical professional cannot be asked to testify to —diagnose" sexual abuse. The doctor cannot make any definitive conclusions regarding the degree of force used by the abuser or whether the victim consented to any sexual activity. What he/she can appropriately conclude is whether there is evidence of sexual contact and/or recent trauma. He/she can state whether the medical history and examination are consistent with sexual abuse.
- They must understand the legal terminology of assault and rape.

**Preparation and Presentation of Expert Opinion**

- Before giving evidence the expert will usually have prepared a report, either assessing one or more parties to the case or assessing other experts' reports. The expert must review the information impartially rather than ignore matters which are inconvenient to his/her conclusions.

- The expert must not rely solely on quoted research to support his/her arguments, and should refer to clinical experience as well.
- An expert opinion must be premised on a reasonable degree of certainty. The expert cannot speculate or guess. It is clear, however, that an expert need not be absolutely certain about a subject before offering an opinion. All that is required is reasonable clinical certainty.
- It is important to remember that while an expert's testimony may be deemed relevant, necessary, reliable, it is ultimately the prerogative of the judge to determine what weight should be afforded the testimony. No matter how qualified the expert, the court is not bound by an expert's conclusions and can exercise its discretion in this regard, keeping in mind all the other evidence presented to it.
- The report should avoid restating incidental trivia and give preference to examining and analysis in the crucial issues of the case.
- The expert should demonstrate knowledge of the process and dynamics of child sexual abuse and help to make sense of the child's and non-abusing parent's experiences and perceptions.
- It is best that the expert presents the issues in language that the court, advocate and parties can understand.

**Evidence and Findings That May be Provided by Medical Professionals**

- They can provide evidence that the victim was administered drugs/psychotropic substance/alcohol, etc.
- Evidence that the victim has an intellectual, or mental disability.
- Evidence of physical health consequences such as bruises, contusions, contused lacerated; wounds, tenderness, swelling, pain, pregnancy, etc.
- Age of the victim if she does not have a birth certificate or if mandated by the court.
- The absence of injuries on the victim has to be interpreted by the examining doctor in the courtroom based on medical knowledge and details of the episode provided by the victim to the doctor.
- The examining doctor will also have to provide a medical opinion on negative findings related to forensic lab analysis. Negative laboratory results may be due to:
  - Delay in reaching a hospital / health Centre for examination and treatment;
  - Activities undertaken by the victim after the incident of sexual violence such as washing, bathing, or changing clothes which leads to loss of evidence.
- Examining doctors must also ensure that comments on past sexual history must not be made.

**Role of Medical Professionals as Expert Witnesses**

- In most health centers because of the constant turnover, the doctor appearing in the court room could be different from the one who carried out the medical management of the victim. In such instances, it is critical that the doctor making the court appearance be thorough with the case file of the victim, such as, documentation of history examination findings and clinical inference drawn by the examining doctor.
- Deciding cases of child sexual abuse would be much easier if it left clear-cut physical evidence. Unfortunately, child sexual abuse often leaves no such evidence. Child sexual abuse is often exceedingly difficult to prove. It usually occurs in secret, often over a prolonged period of time, and does not always leave physical marks; in addition to this, the child is usually the only eyewitness.
- While many children are capable witnesses, some cannot give conclusive testimony, and consequently, children's testimony is sometimes ineffective. In such cases, the testimony of an expert medical witness can be useful.
- Physicians can provide opinion testimony that is based upon the child's history, statements, and medical examination, even if the physician's examination of the child reveals no concrete physical evidence supportive of the child's allegations.
- In many child abuse cases, experts have firsthand knowledge of the child because the expert treated or examined the child. However, an expert may be called upon to render an opinion concerning a child without personally examining the child.
- In addition to this, opinions may be sought from mental health experts as to the psychological effects of child sexual abuse, such as PTSD and Child Sexual Abuse Accommodation Syndrome.

**18. Recording of Police Details in Case Records**

- In case the victim is accompanied by police personnel, the Personnel Number (CP Number) and name of the latter along with a copy of FIR are to be recorded in the case record and MLC report.

**19. Mandatory Reporting by Medical Professionals**

- Medical Professionals are however, obligated to report to the police or social services if they have reasonable grounds to believe that a child (under 18) has been sexually assaulted or is at risk of sexual harm, or if the victim is mentally or physically disabled and unable to protect themselves from harm.
- Under Sections 3 to 10 of the POCSO Act, 2012, Hospitals must also inform the police about the incident immediately.

**20. Examination of Victim of Sexual Offence**

- The registered medical practitioner should not consider it a prerequisite, that a requisition from Judicial or police officer or that registering a case is mandatory for examination of the victim of sexual offence.

**21. Chain of Custody**

- The hospital must designate certain staff responsible for handling evidence and no one other than these persons must have access to the samples.
- This is done to prevent mishandling and tampering.
- If a fool-proof chain of custody is not maintained, the evidence can be rendered inadmissible in the court of law.
- A log of handing over evidence from one 'custodian' to the other must be maintained.

**22. FOR IMPLEMENTATION OF SOPs Ensure**

**Capacity Building and Orientation**

- Orientation to all medical officers including RMOs about the role of health care providers in health system response to victims of violence.
- Orientation to all nursing staff about the role of health care providers in health system response to victims of violence.
- Orientation is provided to other support staff at the hospital (attendants, technicians, security personnel, others) about the role of health care providers in the health system response to victims of violence.
- Set up a core group of hospital staff across cadres that can facilitate ongoing refresher / orientation training for staff at hospitals.

**Monitoring and Institutional Mechanism**

- Appointment of a nodal officer / assigning responsibility to a particular senior person to ensure regular monitoring and supportive supervision of teams for implementation of SOPs.
- Establishing a monitoring committee with representation of doctors and nurses who play an active role in provision of care and services to the victims of sexual violence – this would include representatives from obstetrics and gynaecologist, general surgery, paediatric medicine, medical records department, emergency medical services (for all departments concerned).
- Monitor the system of periodic review of health system response to victims of violence should be put in place. The nodal officer should facilitate this meeting where doctor and nurse representatives of OBGY, general surgery, paediatric medicine departments are present. Information on the number and nature of cases registered over the review period should be presented. Challenging cases should be discussed.

**Awareness and Support Measures**

- Display posters in prominent places to encourage the victims to seek help and to sensitize the providers.
- Raising awareness about Emergency Contraception (EC) should be part of regular family planning (FP) and counseling. If EC is explained during routine appointments, women will be more aware of their options if and when they or someone they know needs EC. Integrate Emergency Contraception and safe abortion issues into existing FP training, protocols, and documents.
- Ensure awareness about access to safe abortion - Increasing public education around pregnancy prevention, EC, safe abortion, and accessing available services (while framing these as public health issues.

**1.3 DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT**

**A. One Stop Centre (OSC):** If the survivor reports to one stop Centre directly or takes shelter, they

should be provided with following support:

- The mandate of One Stop Centre (OSC) is to provide integrated support and assistance to women affected by violence, both in private and public spaces, under one roof.
- A case worker will be assigned immediately, who will remain present through the acute phase as well as for follow up and rehabilitation and ensure proper coordination with concerned stakeholder departments and with DIMC.
- The survivor should be encouraged to go to a medical facility immediately and told not to bathe, change clothes, douche, urinate, defecate, wash out the mouth, clean fingernails, and smoke, eat, or drink before the Forensic Examination by the SAFE Doctor.
- After assessing the situation of the survivor, OSC will coordinate with the SHE unit for necessary healthcare, medico-legal and MTP etc;
- Wherever required in cases of sexual offences, registration of First Information Report at the police station should be coordinated through Police Facilitation Officer designated at OSC;
- OSC shall provide information on entitlements and Pros and cons of legal options and available support.
- Survivors will be made aware of the range of available welfare services & social protection schemes through HEW.
- The OSC shall facilitate in assessing and ensuring that the survivor is provided with survivor-centered approach, prioritizing respect, dignity, and autonomy to make decisions without coercion, and minimizing harm, by means of:
    - Provision of Mental health and psycho-social counselling.
    - Providing Institutional care including safe shelter.
    - Access to Legal aid and awareness about her rights through the para legal personnel at OSC.
    - Rehabilitation through education and/or skilling.
    - Compensation for survivors of sexual offences.
    - Access to financial aid.
    - Childcare support.
    - Adoption services.
    - Providing any assistance in completing any application processes.
    - Reducing re-victimization and aiding in the legal process.
    - Providing long-term support to mitigate trauma.
- At the OSC, sensitivity is an essential requirement. This requires that the survivor should be:
    - Not treated as an offender.
    - Not re-victimization.
    - Not branded _as a soliciting person'.
    - Not arrested.
    - Not stigmatized.
    - Extended all help and assistance as a matter of right.
- The OSC will ensure awareness programs with support of HEW to provide information and linkages for educational programs, delivered via mobile or community outreach, about available services, resources, prevention of sexual violence, and de-stigmatization.

**B. Role of the Child Welfare Committee (CWC)**

**1. Care, Protection and Immediate Support**

The Child Welfare Committee (CWC) plays an important role in cases related to child sexual abuse and exploitation under the POCSO Act. The following are the key roles of the CWC:

- The CWC is responsible for providing necessary care and protection and providing Support Person to the child victim during the investigation and trial of the case.
- The CWC is required to facilitate that the victim is provided with necessary medical and psychological aid during their stay in an institution for the purpose of protection.
- Facilitate timely referral and access to MTP within the gestational time limits to a pregnant girl as a result of the sexual offence.

**2. Monitoring and Protection during Judicial Process**

- The CWC is responsible for monitoring the progress of the case.
- The CWC is responsible for ensuring that the child is not subjected to unnecessary trauma during the trial and that the child's privacy is protected.
- The CWC is responsible for monitoring the progress of the case and ensuring that the child's interests are safeguarded at every stage of the judicial process.

**3. Adoption and Child Welfare**

- DCPU must be informed to ensure proper verification and safeguarding of the child's welfare when a child born of rape is given up for adoption.

- CWC will ensure the child's fundamental right to a family and a dignified life, shielding the child from social stigma of their conception. Courts have ruled that children born are not "property" involved in a crime, so formal clearance from a trial court or police is not required to clear the child for adoption.

**4. Determination of Age under the POCSO Act**

In all cases under POCSO Act, where the age of the survivor is material, the following documents/procedure shall be relied upon (Section-34, POCSO Act read along with Section 94 of Juvenile Justice (Care and Protection of Children) Act, 2015):

- A date of birth certificate from the school, or matriculation or equivalent certificate from the concerned examination Board, if available; and in the absence thereof,
- Birth certificate given by a corporation or a municipal authority or a Panchayat, etc.,
- And only in the absence of the above, age shall be determined by an ossification test or any other medically proven and improved age determination test.

**5. Training and Capacity Building**

- DCPU, shall, conduct regular training and sensitization programs for Chairpersons and Members of Child Welfare Committees, Support Persons, District Probation Officers, and all stakeholders involved in the implementation of the POCSO Act, 2012, the Medical Termination of Pregnancy Act, 1971, and the Juvenile Justice (Care and Protection of Children) Act, 2015.
- Such training programs shall be conducted at least twice a year and outcomes shall be reported to the Additional Chief Secretary/Principal Secretary, WCD.
- Training must be continuous to ensure that all participants have access to it and that they have a common understanding of good practices in response to violence.
- The authorities shall take steps to ensure that the directions and protocols are disseminated and complied with by all relevant stakeholders.
- The Standard Operating Procedures (SOPs) and relevant guidelines shall be circulated to all concerned stakeholders.

**Training requirements for minimum service standards for social service providers include the following:**

- Training on understanding the dynamics of Sexual Assault, rape, its causes and its consequences.
- Skills in case management include the assessment of safety and planning in addition to standard case management procedures.
- Applying a victim-centered approach.
- Safety assessment and planning.
- Data collection and management.
- Training on gender-sensitive and trauma-informed approaches to service delivery and incorporation of a victim-centered approach where the victim is to be provided with information on options, risks and benefits, and is supported to make her own decisions.
- Gender awareness, Psychological First Aid and integration in SOPs.
- Communication skills for working with victims of sexual violence, including psychological first aid and basic counselling.
- Training for staff in best practice responses to women and girls experiencing violence, including those from vulnerable groups.
- Gender equality and social inclusion analysis to understand the risks and barriers for vulnerable groups to access services, inequality of power relations experienced by individuals as a result of their social identities, and how these identities intersect to create experiences of vulnerability and marginalization.
- Understanding of the referral pathway and role of other service providers.
- Multisector training in terms of broadening learning about the experiences, rights and options of victims who interact with a range of sectors and agencies. Each discipline should conduct specific training for personnel that interact with victims by blending training with other disciplines. This approach builds a stronger understanding among sectors and strengthens coordinated approaches.

**6. Linkage with the Nirbhaya Fund Scheme**

- In case of pregnancy of a girl child who is a victim the work of linking her with the "Scheme for Care and Support to victims under Section 4 & 6 of the Protection of Children from Sexual Offences (POCSO) Act 2012" scheme operated under Nirbhaya Fund should be done through the District Probation Officer/Child Welfare Committee.
- Under this scheme, medical treatment (maternity, newborn and child care), psychological mental health counselling, legal aid, travel expenses and other necessary expenses of the victim girl child are provided on the recommendation of the District Magistrate.

### 1.4. DO's and DON'Ts FOR ALL STAKEHOLDERS:

**DO'S**

**A. Dignity, Respect and Professional Conduct**

- Treat the survivor with dignity, respect, patience and sensitivity.
- Speak in a calm, courteous, non-threatening and non-judgmental manner.
- Address the survivor according to her age, circumstances and situation.
- Recognise the survivor as a rights-holder entitled to medical care, protection, information, legal support, counselling, rehabilitation and access to justice.
- Ensure every interaction is survivor-centric, child-sensitive, gender-sensitive, disability-inclusive, trauma-informed, confidential and free from discrimination.

**B. Survivor-Centred Communication**

- Provide information in simple, clear and understandable language.
- Use age-appropriate, culturally sensitive and non-discriminatory communication.
- Communicate in the language preferred and understood by the survivor.
- Arrange an interpreter, sign-language interpreter, special educator or other qualified professional wherever required.
- Explain medical, legal and administrative procedures in simple language.
- Explain investigation, FIR, medico-legal examination, consent requirements, MTP options, compensation, rehabilitation and available services in a child-friendly manner.
- Allow the survivor sufficient time to understand the information, ask questions and express her opinion freely.
- Provide a female police officer, doctor, counsellor or support professional wherever required under law or requested by the survivor.

**C. Privacy and Confidentiality**

- Protect the survivor's identity, address, contact details, medical condition, pregnancy status, statements, records and personal information.
- Conduct interviews, counselling and medical examinations in a private and secure environment.
- Share information only with authorised persons on a need-to-know basis and only to the extent legally or medically necessary.
- Explain mandatory reporting requirements to the survivor wherever applicable.
- Maintain physical records securely and electronic records through password-protected, role-based access.
- Ensure the survivor's identity is not disclosed to the media or public.
- Use anonymised information for reporting, monitoring, training and review purposes.
- Provide accurate information without creating false expectations regarding investigation, court proceedings, compensation, MTP, rehabilitation or other services.

**D. Child-Sensitive Conduct**

- Act in the best interest of the child.
- Use child-friendly language and practices.
- Avoid intimidating surroundings and questioning methods wherever practicable.
- Immediately coordinate with the CWC, DCPU, SJPU and OSC.
- Ensure the presence or assistance of a Support Person, trusted person or other authorised person as applicable.
- Ensure safe shelter and protection whenever the child is at risk.
- Consider the child's age, understanding, circumstances and expressed views while making decisions.
- Protect the child from exposure to the alleged accused, media and unauthorised persons.
- Keep the child within a safe and supportive family environment unless separation is necessary for protection and ordered by the competent authority.

**E. Disability-Inclusive and Mental Health-Sensitive Conduct**

- Provide accessible services and appropriate support according to the survivor's individual needs.
- Facilitate accessible premises, sign-language interpretation, special educators, psychologists, psychiatrists and other support professionals wherever necessary.
- Exercise patience and allow additional time for communication and informed decision-making.
- Ensure mobility, communication, sensory and personal assistance needs are addressed.
- Facilitate lawful consent and supported decision-making wherever applicable.
- Follow-up and Rehabilitation
- Undertake follow-up at a safe, convenient time and place.
- Keep the survivor informed regarding services, referrals and pending actions.
- Ensure follow-up includes medical recovery, mental-health support, legal aid, compensation, education, livelihood, shelter, rehabilitation and social reintegration, wherever required.

- Close the case only after verifying completion of required services and informing the survivor.

**G. Media and Public Communication**

- Ensure all official communication is issued only by the authorised officer.
- Ensure public communication is factual, anonymised and consistent with applicable confidentiality laws.

**DON'TS**

All stakeholders shall not:

- Refuse or deliberately delay providing any service.
- Treat the survivor as an offender, accused person, inconvenience or merely as evidence.
- Use statements, gestures or conduct that cause shame, guilt, humiliation, fear or embarrassment.
- Victim-blame, ridicule, intimidate, harass or revictimise the survivor.
- Use insulting, moralistic, stereotypical, discriminatory, threatening, sexually inappropriate or abusive language or behaviour.
- Suggest that the survivor was responsible for the offence or resulting pregnancy.
- Express disbelief because there are no visible injuries, reporting is delayed or the survivor cannot provide a complete account.
- Ask aggressive, suggestive, accusatory, repetitive, unnecessary or dehumanising questions.
- Compel the survivor to repeatedly narrate the incident before multiple authorities.
- Assume that a survivor lacks capacity solely because of disability or mental illness.
- Disclose the survivor's identity, records or personal information without legal authority.
- Discuss the case in public places, corridors, WhatsApp groups or unofficial communication channels.
- Share photographs, videos, medical documents, statements or case records through personal devices or social media.
- Contact the survivor repeatedly without necessity or consent.
- Disclose the nature of the case during follow-up to family members, neighbours, employers or unauthorised persons.
- Coerce the survivor regarding MTP, continuation of pregnancy, complaint, compromise, surrender or adoption.
- Pressure the survivor or family to compromise, withdraw the complaint, marry the accused or settle the matter informally.
- Seek unofficial payment, favour or any personal benefit.
- Falsify, suppress or manipulate records.
- Fail to make mandatory referrals or mandatory reports.
- Deliberately refuse to cooperate with authorised stakeholders.
- Expose the child survivor to the alleged accused, media or unauthorised persons.
- Make comments regarding the survivor's marital status, pregnancy, disability, caste, religion, economic condition or family background.
- Cause secondary victimisation, stigma, unnecessary delay, fear or avoidable distress.
- Avoid lawful action or necessary confrontation with the accused or the accused's family where required in discharge of official duties.

# मुख्यालय महिला एवं बाल सुरक्षा संगठन, उ0 प्र0, लखनऊ।

प्रशासनिक भवन 2, निकट 1090 चौराहा, लोहिया पथ, लखनऊ-226001

पत्र संख्या:- एडीजी/म0स0प्र0-ए-32(14)/2026 दिनांक: सितम्बर २३ , 2026

सेवा में,

1- पुलिस आयुक्त,
समस्त कमिश्नरेट, उत्तर प्रदेश।

2- वरिष्ठ पुलिस अधीक्षक/पुलिस अधीक्षक,
समस्त जनपद, उत्तर प्रदेश।

विषय: मा0 उच्च न्यायालय, इलाहाबाद में योजित PIL No. 2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned in Cases of Termination of Pregnancies बनाम उ0प्र0 राज्य व अन्य में मा0 उच्च न्यायालय द्वारा पारित आदेश दिनांक 02.09.2026 के अनुपालन में नाबालिग बालिकाओं/महिलाओं में अवांछित/अनचाही गर्भावस्था के समापन हेतु त्वरित, संवेदनशील एवं समयबद्ध सहायता तथा महिला बीट आरक्षी को प्रथम प्रत्युत्तरकर्ता (First Responder) के रूप में सक्षम किये जाने के सम्बन्ध में दिशा-निर्देश।

कृपया उपर्युक्त विषयक मा0 उच्च न्यायालय, इलाहाबाद में योजित PIL No. 2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned in Cases of Termination of Pregnancies बनाम उ0प्र0 राज्य व अन्य में मा0 उच्च न्यायालय द्वारा पारित आदेश दिनांक 02.09.2026 में नाबालिग बालिकाओं/महिलाओं में अवांछित/अनचाही गर्भावस्था के समापन हेतु त्वरित, संवेदनशील, समयबद्ध सहायता एवं अन्य आवश्यक सहयोग उपलब्ध कराये जाने की अपेक्षा विषयक निर्देश एवं डॉ0 शुभा मिश्रा, महानिदेशक, परिवार कल्याण, उ0प्र0, लखनऊ के पत्र संख्या: प0क0/10-जे0डी0/1047/2026-27/9384, दिनांक 03.09.2026 पर पुलिस महानिदेशक, उत्तर प्रदेश के पृष्ठांकन दिनांक 09.09.2026, श्री धर्मेन्द्र कुमार सिंह, संयुक्त सचिव गृह (पुलिस), अनुभाग-15, उत्तर प्रदेश शासन, लखनऊ के पत्र संख्या: I/1460024/2026/2015688, दिनांक 11.09.2026 एवं श्री रवि रंजन, विशेष सचिव, चिकित्सा अनुभाग-09, उत्तर प्रदेश शासन, लखनऊ के पत्र संख्या: डब्ल्यू-437/5-9-2026, दिनांक 09.09.2026 का सन्दर्भ ग्रहण करने का कष्ट करें, जिसके माध्यम से मा0 उच्च न्यायालय, इलाहाबाद द्वारा ऐसे मामलों में पारित आदेश के क्रम में गृह विभाग से सम्बन्धित निम्नलिखित बिन्दु पर कार्यवाही किये जाने की अपेक्षा की गयी है:-

6. Learned Additional Advocate General would contend that the women Beat Constable under the 'Mission Shakti Kendra', would be best suited to be the first responder. We also feel that in the case of any reporting of occurrence of unwanted or undesirable pregnancy or strong suspicion of the same, such Beat Constable may be enabled to be the first responder along with another stakeholder, such as, Anganvadi Karyakatri, Asha worker etc. or even a school teacher etc., who must be known to the victim from before and who may, therefore, be in touch with the victim, from before, such that vital time is not lost in confidence building measures, before the hard timelines of Medical Termination of Pregnancy Act, 1971 expire. Without making any concrete suggestion in that regard, at present, we

leave it to the discretion of the State Government to device robust and adequate mechanism for such measures.

2- मा0 उच्च न्यायालय, इलाहाबाद द्वारा वर्णित उपरोक्त निर्देशों में नाबालिग बालिकाओं व महिलाओं के अवांछित/अनचाही गर्भावस्था के प्रकरण की सूचना प्राप्त होने के उपरान्त त्वरित कार्यवाही हेतु एक प्रभावी एवं समयबद्ध तन्त्र (Mechanism) विकसित किये जाने की अवश्यकता पर बल दिया गया है। मा0 न्यायालय द्वारा यह भी उल्लेख किया गया है कि मिशन शक्ति केन्द्र के अन्तर्गत कार्यरत महिला बीट आरक्षी को ऐसे मामलों में प्रथम प्रत्युत्तरकर्ता (First Responder) के रूप में सक्षम किया जा सकता है। आवश्यकतानुसार उनके साथ आशा कार्यकत्री, आगनबाड़ी कार्यकत्री, विद्यालय शिक्षक अथवा सम्बन्धित महिला/बालिका से पूर्व से परिचित अन्य उपयुक्त हितधारकों को भी जोड़ा जा सकता है, जिससे विश्वास का वातावरण विकसित हो तथा आवश्यक सहायता उपलब्ध कराये जाने में विलम्ब न हो।

3- मा0 न्यायालय द्वारा यह भी अपेक्षा की गयी है कि सम्बन्धित तन्त्र इस प्रकार विकसित किया जाये कि Medical Termination of Pregnancy Act, 1971 के अन्तर्गत निर्धारित समय सीमाओं को ध्यान में रखते हुये पात्र महिलाओं की आवश्यक स्वास्थ्य सेवाओं तक समय से पहुँच सुनिश्चित हो सके।

4- उपर्युक्त के दृष्टिगत नाबालिग बालिकाओं व महिलाओं को समयबद्ध रूप से आवश्यक सूचना, परामर्श, स्वास्थ्य सेवाओं एवं अन्य आवश्यक सहयोग उपलब्ध कराये जाने हेतु निम्नलिखित दिशा-निर्देश निर्गत किये जा रहे है:-

- नाबालिग बालिकाओं अथवा महिलाओं के प्रकरण में सूचना प्राप्त होने पर सम्बन्धित महिला बीट पुलिस अधिकारी/आरक्षी को प्रथम प्रत्युत्तरकर्ता (First Responder) के रूप में नामित किया जाये।
- महिला बीट पुलिस अधिकारी/आरक्षी द्वारा अपने क्षेत्रान्तर्गत नाबालिग बालिकाओं व महिलाओं के अवांछित/अनचाही गर्भावस्था की सूचना प्राप्त होने पर प्रभारी मिशन शक्ति केन्द्र अथवा थाना प्रभारी को सूचित किया जाये, जोकि जनपदीय चिकित्सा अधिकारी से समन्वय स्थापित कर पीड़िता की सहायता हेतु आवश्यक कार्यवाही सुनिश्चित करेंगे।
- महिला बीट पुलिस अधिकारी/आरक्षी द्वारा सम्बन्धित क्षेत्र की आशा कार्यकत्री, ANM अथवा आंगनवाड़ी कार्यकत्री से समन्वय स्थापित करते हुये पीड़िता से सादे वस्त्रों में सम्पर्क स्थापित किया जाये ताकि संवेदनशीलता एवं गोपनीयता बनी रहे। साथ ही पीड़िता को आकस्मिक चिकित्सा उपलब्ध कराने हेतु सम्बन्धित क्षेत्र की आशा कार्यकत्री अथवा ANM की सहायता ली जाये।
- महिला बीट पुलिस अधिकारी/आरक्षी को ग्राम स्तर पर आयोजित होने वाली ग्राम स्वास्थ्य, स्वच्छता एवं पोषण समिति (VHSNC- Village Health Sanitation & Nutrition Committee) की बैठकों में प्रतिभाग करने हेतु सम्बन्धित मेडिकल ऑफिसर, ग्राम प्रधान एवं पंचायत सचिव से आवश्यक समन्वय स्थापित किया जाये। थाना प्रभारी का दायित्व होगा कि वह स्वास्थ्य विभाग, पंचायती राज विभाग सहित अन्य सम्बन्धित विभागों से समन्वय किये जाने हेतु आवश्यक कार्यवाही करें।
- महिला बीट पुलिस अधिकारी/आरक्षी का यह दायित्व होगा कि प्रकरण में की गयी कार्यवाही से सम्बन्धित थाना प्रभारी को अवगत कराया जाये तथा थाना प्रभारी द्वारा सम्बन्धित चिकित्साधीक्षक, प्रभारी चिकित्साधिकारी एवं वन स्टाप सेन्टर से समन्वय स्थापित करते हुये निर्धारित समय सीमा के भीतर अग्रिम आवश्यक कार्यवाही सुनिश्चित करायी जाये।

- इस सम्पूर्ण प्रक्रिया के दौरान सम्बन्धित महिला/बालिका की गोपनीयता, गरिमा एवं निजता का विशेष रूप से संरक्षण सुनिश्चित किया जाये तथा उसकी व्यक्तिगत जानकारी को अनावश्यक रूप से साझा न किया जाये।

5- अतः अनुरोध है कि मा0 उच्च न्यायालय के आदेशानुसार नाबालिग बालिकाओं/महिलाओं में अवांछित/अनचाही गर्भावस्था के समापन हेतु त्वरित, संवेदनशील एवं समयबद्ध सहायता हेतु उपरोक्त बिन्दुओं पर कार्यवाही कराने का कष्ट करें।

संलग्नक: यथोपरि।

23/9/26

**(पद्मजा चौहान)**
अपर पुलिस महानिदेशक,
महिला एवं बाल सुरक्षा संगठन,
उत्तर प्रदेश, लखनऊ।

**प्रतिलिपिः-**

1. श्री रवि रंजन, विशेष सचिव, चिकित्सा अनुभाग-09, उत्तर प्रदेश शासन, लखनऊ को उनके पत्र संख्याः डब्ल्यू-437/5-9-2026, दिनांक 09.09.2026 के अनुक्रम में सूचनार्थ प्रेषित।
2. श्री धर्मेन्द्र कुमार सिंह, संयुक्त सचिव गृह (पुलिस), अनुभाग-15, उत्तर प्रदेश शासन, लखनऊ को उनके पत्र संख्याः I/1460024/2026/2015688, दिनांक 11.09.2026 के अनुक्रम में सूचनार्थ प्रेषित।
3. डॉ0 शुभा मिश्रा, महानिदेशक, परिवार कल्याण, उ0प्र0, लखनऊ को उनके पत्र संख्याः प0क0/10-जे0डी0/1047/2026-27/9384, दिनांक 03.09.2026 के अनुक्रम में सादर सूचनार्थ प्रेषित।
4. पुलिस महानिदेशक, रेलवे उत्तर प्रदेश, लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।
5. अपर पुलिस महानिदेशक, समस्त जोन, उ0प्र0 को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।
6. पुलिस महानिरीक्षक/पुलिस उपमहानिरीक्षक, समस्त परिक्षेत्र, उ0प्र0 को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

(5)

प्रेषक,

महानिदेशक,
परिवार कल्याण,
उत्तर प्रदेश, लखनऊ।

सेवा में,

महानिदेशक पुलिस,
पुलिस महानिदेशालय,
उत्तर प्रदेश, लखनऊ।

ADG (W.C.S.O)

पत्र संख्या: प०क०/10–ज०डी०/1047/2026–27/9384 दिनांक: 03/0:

विषय: मा० उच्च न्यायालय, इलाहाबाद में योजित पी०आई०एल० संख्या– 2751/2025 In Re Fr Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnancies बन राज्य व अन्य में मा० उच्च न्यायालय द्वारा दिनांक: 02.09.2026 को पारित आदेश के अ नाबालिग बालिकाओं में अवांछित/अनचाही गर्भावस्था के समापन हेतु त्वरित, संवेदनशील सहायता तथा महिला बीट कांस्टेबल को प्रथम प्रत्युत्तरकर्ता (First Responder) के रूप में जाने के संबंध में।

पुलिस महानिदेशक
उत्तर प्रदेश
3/9/26

महोदय,

उपर्युक्त विषयक मा० उच्च न्यायालय, इलाहाबाद में योजित पी०आई०एल० संख्या–2751, Re Framing of Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnan उ०प्र० राज्य व अन्य में मा० न्यायालय द्वारा दिनांक 02.09.2026 को पारित आदेश के क्रम कराना है कि माइनर केसों के मामलों में संबंधित महिला को समयबद्ध रूप से आवश्यक सूचन स्वास्थ्य सेवाओं एवं अन्य आवश्यक सहयोग उपलब्ध कराया जाना अत्यंत महत्वपूर्ण है।

IG

(2) मा० उच्च न्यायालय द्वारा अपने उक्त आदेश में ऐसे मामलों में सूचना प्राप्त होने के उप कार्रवाई हेतु एक प्रभावी एवं समयबद्ध तंत्र (Mechanism) विकसित किए जाने की आवश्यक दिया गया है। मा० न्यायालय द्वारा यह भी उल्लेख किया गया है कि मिशन शक्ति केन्द्र के अंत महिला बीट कांस्टेबल को ऐसे मामलों में प्रथम प्रत्युत्तरकर्ता (First Responder) के रूप में सक्ष सकता है। आवश्यकता के अनुसार उनके साथ आशा कार्यकत्री, आंगनवाड़ी कार्यकत्री, विद्या अथवा संबंधित महिला से पूर्व से परिचित अन्य उपयुक्त हितधारकों को भी जोड़ा जा सकता विश्वास का वातावरण निर्मित हो तथा आवश्यक सहायता उपलब्ध कराने में अनावश्यक विलम्ब

ADG
WCSO
10/9

SO

(3) मा० न्यायालय द्वारा यह भी अपेक्षा की गई है कि संबंधित तंत्र इस प्रकार विकसित कि Medical Termination of Pregnancy Act, 1971 के अंतर्गत निर्धारित समय–सीमाओं को ध्यान पात्र महिलाओं को आवश्यक स्वास्थ्य सेवाओं तक समय से पहुँच सुनिश्चित हो सके।

IG
WCSO

(4) उपर्युक्त के दृष्टिगत, मा० उच्च न्यायालय के आदेश के अनुपालन में पुलिस विभाग की प्रभावी रूप से सुनिश्चित करने हेतु अनुरोध है कि संबंधित स्तर पर आवश्यक निर्देश निर्गत क ताकि निम्नलिखित व्यवस्था सुनिश्चित की जा सके:–

माइनर केस से संबंधित सूचना प्राप्त होने पर संबंधित महिला बीट कांस्टेबल को प्रथम (First Responder) के रूप में नामित/चिन्हित किया जाए।

महिला बीट कांस्टेबल द्वारा पीड़िता से सादी वर्दी (Civil Dress) में सम्पर्क स्थापि ताकि संवेदनशीलता एवं गोपनीयता बनी रहे।

महिला बीट कांस्टेबल को ग्राम स्तर पर आयोजित होने वाली ग्राम स्वास्थ्य, स्वच्छ समिति (VHSNC) की बैठकों से आवश्यक रूप से जोड़ा जाए, ताकि संबंधित क्षे स्वास्थ्य सेवाओं एवं इस संबंध में निर्धारित प्रक्रिया की जानकारी प्राप्त ह आवश्यकतानुसार संबंधित हितधारकों के मध्य समन्वय स्थापित किया जा सके।

महिला बीट कांस्टेबल द्वारा प्रकरण में की गई कार्यवाही से संबंधित थाना प्रभारी/ को अवगत कराया जाए तथा थाना प्रभारी द्वारा संबंधित चिकित्सा अधीक्षक/प्र अधिकारी एवं वन स्टॉप सेंटर से समन्वय स्थापित करते हुए निर्धारित समय–सीमा क आवश्यक कार्यवाही सुनिश्चित कराई जाए।

Dy. SP. CRIME

ASP/SO (WCSO)
11/9/26

INS- OP Yadav

DYSP/MSP
14/09/26

6. इस संपूर्ण प्रक्रिया के दौरान संबंधित महिला की गोपनीयता, गरिमा एवं निजता का विशेष रूप संरक्षण सुनिश्चित किया जाए तथा उसकी व्यक्तिगत जानकारी को अनावश्यक रूप से साझा किया जाए।

(4) अतः आपसे अनुरोध है कि मा० उच्च न्यायालय द्वारा दिनांक 02.09.2026 को पारित उक्त आदेश अनुपालन में पुलिस विभाग के स्तर से उपर्युक्त व्यवस्था को प्रभावी रूप से लागू किए जाने हेतु संबंधि अधिकारियों को आवश्यक दिशा–निर्देश निर्गत करने का कष्ट करें, जिससे अपेक्षित/माइनर केसो मामलों में संबंधित महिलाओं को निर्धारित समय–सीमा के भीतर आवश्यक सहायता एवं स्वास्थ्य सेवाओ तक पहुँच सुनिश्चित की जा सके तथा पुलिस विभाग द्वारा की गई कार्यवाही/निर्गत निर्देशों से इ निदेशालय को भी अवगत कराने का कष्ट करें, ताकि मा० उच्च न्यायालय के आदेश के अनुपालन व कार्यवाही को समेकित रूप से सुनिश्चित किया जा सके।

भवदीया,

(डॉ० सुमा मिश्रा)
महानिदेशक

संख्याः प०क०/10–जे०डी०/1047/2026–27/ तद्दिनांक।

प्रतिलिपिःनिम्नलिखित को सूचनार्थ प्रेषितः–

1. अपर मुख्य सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण/महिला कल्याण तथा बाल विकास एवं पुष्टाहार विभाग, उ०प्र० शासन।
2. विशेष सचिव, उ०प्र० शासन(चिकित्सा अनुभाग–9)।

(डॉ० सुशील कुमार बनियान),
संयुक्त निदेशक(परिवार नियोजन

(35)

2055

15099/4/2026-गृह (पुलिस) अनुभाग-15-home department

I/1460024/2026

कोर्ट केस/समयबद्ध/फैक्स

**मा0 उच्च न्यायालय के आदेश**

संख्या-I/1460024/2026/2015688

ई-मेल- shome.p15@up.gov.in

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.OP

प्रेषक,

धर्मेन्द्र कुमार सिंह,
संयुक्त सचिव,
उ0प्र0 शासन ।

सेवा में,

1. पुलिस महानिदेशक,
उ0प्र0 लखनऊ।
2. अपर पुलिस महानिदेशक,
महिला एवं बाल सुरक्षा संगठन,
उ0प्र0 लखनऊ।

गृह (पुलिस) अनुभाग-15 लखनऊः दिनाँक- 11-09-2026

विषयः- मा0 उच्च न्यायालय, इलाहाबाद में योजित पी0आई0एल0 संख्या-2751/2025 In Re Framing For Guidelines For Sensitizing All Concerned In The Cases of Termination of Pregnancies बनाम उ0 प्र0 राज्य व अन्य के सम्बन्ध में।

महोदय,

उपर्युक्त विषयक कृपया चिकित्सा अनुभाग-9, उ0प्र0 शासन के पत्र संख्या-डब्लू0-437/दॉच-9-2026 दिनांक 09.09.2026 (प्रति संलग्न) का संदर्भ ग्रहण करने का कष्ट करें, जिसके द्वारा मा0 उच्च न्यायालय, इलाहाबाद में योजित पी0आई0एल0 संख्या-2751/2025, 2751/2025 In Fe Framing For Guidelines For Sensitizing All Concerned In The Cases of Termination of Pregnancies बनाम उ0 प्र0 राज्य व अन्य में मा0 उच्च न्यायालय, इलाहाबाद द्वारा पारित आदेश दिनांक 02.09.2026 के अनुपालन में गृह विभाग से सम्बन्धित बिन्दुओं पर कार्यवाही करते हुये कृत कार्यवाही की आख्या 03 दिवस के भीतर उपलब्ध कराये जाने की अपेक्षा की गयी है।

2- अतः इस सम्बन्ध में मुझे यह कहने का निदेश हुआ है कि कृपया मा 0 उच्च न्यायालय, इलाहाबाद में योजित पी0आई0एल0 संख्या-2751/2025, 2751/2025 In Fe Framing For Guidelines For Sensitizing All Concerned In The Cases of Termination of Pregnancies बनाम उ0 प्र0 राज्य व अन्य में मा0 न्यायालय द्वारा पारित आदेश दिनांक 02.09.2026 के अनुपालन में गृह विभाग से सम्बन्धित बिन्दुओं पर कार्यवाही करते हुये कृत कार्यवाही की आख्या शासन को 02 दिवस के भीतर उपलब्ध कराने का कष्ट करें।

प्रश्नगत वाद मा0 उच्च न्यायालय में दिनांक 07.10.2026 को सुनवाई हेतु नियत है। अतः प्रकरण में सर्वोच्च प्राथमिकता अपेक्षित है।

संलग्नक- यथोक्त।

भवदीय,

Digitally signed by
DHARMENDRA KUMAR SINGH
Date: 11-09-2026 10:46:39

(धर्मेन्द्र कुमार सिंह)
संयुक्त सचिव।

संख्या एवं दिनांक तदैव।

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1- निजी सचिव, अपर मुख्य सचिव, गृह विभाग, उ0प्र0 शासन।
3- निजी सचिव, सचिव/विशेष सचिव, गृह विभाग, उ0प्र0 शासन।
2- महानिदेशक, परिवार कल्याण, उ0प्र0, लखनऊ।
4- चिकित्सा अनुभाग-9, उ0प्र0 शासन।
5- गार्ड फाइल।

आज्ञा से,

Digitally signed by
MOHAN LAL
Date: 11-09-2026 10:49:19

(मोहन लाल)
उप सचिव।

उत्तर प्रदेश शासन
चिकित्सा अनुभाग-9
संख्या-डब्ल्यू0-437/पाँच-9-2026
लखनऊः दिनांक 09 सितम्बर, 2026

अपर मुख्य सचिव,
गृह विभाग/महिला कल्याण एवं बाल विकास पुष्टाहार विभाग,
उ0प्र0 शासन।

कृपया अवगत कराना है कि पी0आई0एल0-संख्या-2751/2025 In Re Framing of Guidelines For Sensitizing All Concerned In Cases of Termination of Pregnancies बनाम उ0प्र0 राज्य में मा0 उच्च न्यायालय, इलाहाबाद द्वारा दिनांक 02-09-2026 को आदेश पारित किये गये, जिसके कार्यकारी अंश निम्नवत हैः-

4. A common portal described as 'SHe-Box' is proposed to be launched. During the course of hearing, it has also been assured that an appropriate Web Application would also be developed; besides the reporting channels already provided, all registered medical practitioners, paramedicals, pharmacists, as also nursing staff and other stakeholders such as care-taker of Balika Grih, Nari Niketan, Anganwadi Karyakatri, Marriage Registrars as well as all non-governmental bodies and organizations (engaged in similar functions), District Probationary Officers, etc., would be roped in to share information on 'SHe-Box'. Versus Counsel for Petitioner(s) : In Person Counsel for Respondent(s) : C.S.C. In Re Framing Of Guidelines For Sensitizing All Concerned In Cases Of Termination Of Pregnancies .....Petitioner(s) State of U.P. .....Respondent(s)

5. Some timelines have already been provided. On the suggestion of the Court, it has also been assured that adequate modification would also be made to provide for appropriate timelines for responses to be offered at each stage by individual stakeholders both for the matter to be reported and also after the matter is reported on 'SHe-Box'. In the event of failure to give desired response in a time-bound manner, electronic messages, etc., may be auto-generated to the next higher officer.

6. Learned Additional Advocate General would contend that the women Beat Constable under the 'Mission Shakti Kendra', would be best suited to be the first responder. We also feel that in the case of any reporting of occurrence of unwanted or undesirable pregnancy or strong suspicion of the same, such Beat Constable may be enabled to be the first responder along with another stakeholder, such as, Anganvadi Karyakatri, Asha worker etc. or even a school teacher etc., who must be known to the victim from before and who may, therefore, be in touch with the victim, from before, such that vital time is not lost in confidence building measures, before the hard timelines of Medical Termination of Pregnancy Act, 1971 expire. Without making any concrete suggestion in that regard, at present, we leave it to the discretion of the State Government to device robust and adequate mechanism for such measures.

7. To the extent, the policy as drafted may not be contrary to the law, and further to the extent of its own, the State Government wants to reform its measures to ensure that the law is fully complied, we may only observe that the policy of the State Government may be enforced during pendency of this litigation. All further proceedings may only lead to refinement of the policy measures. Those may be continued to be made as and when need arises.

8. List again on 07.10.2026 at 2.00 p.m

9. On that date, further inputs may be presented by the State as to the necessary steps taken towards compliance of the observations made above.

2- इस सम्बन्ध में अनुरोध है कि कृपया मा0 उच्च न्यायालय के पारित आदेश दिनांक 02-09-2026 के अनुपालन में अपने विभाग से सम्बन्धित बिन्दुओं पर कार्यवाही करते हुए कृत कार्यवाही की आख्या 03 दिवस के भीतर चिकित्सा स्वास्थ्य विभाग, उ0प्र0 शासन एवं महानिदेशक, परिवार कल्याण, उ0प्र0 लखनऊ को उपलब्ध कराने का कष्ट करें।

3- प्रश्नगत वाद मा0 उच्च न्यायालय में दिनांक 07-10-2026 को सुनवाई हेतु नियत है। अतः समयबद्धता एवं व्यक्तिगत ध्यान अपेक्षित है।

संलग्नकः-यथोक्त।

03/09/26

( रवि रंजन )
विशेष सचिव।

संख्या-डब्ल्यू0-437(1)/पांच-9-2026 तद्दिनांक।

प्रतिलिपि महानिदेशक, परिवार कल्याण, उ0प्र0 लखनऊ को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित।

(रवि रंजन)
विशेष सचिव।

HIGH COURT OF JUDICATURE AT ALLAHABAD

PUBLIC INTEREST LITIGATION (PIL) No. - 2751 of 2025

In Re Framing Of Guidelines For Sensitizing All Concerned In Cases Of Termination Of Pregnancies .....Petitioner(s)

Versus

State of U.P. .....Respondent(s)

| | | |
|---|---|---|
| Counsel for Petitioner(s) | : | In Person |
| Counsel for Respondent(s) | : | C.S.C. |

Court No. - 39

HON'BLE SAUMITRA DAYAL SINGH, J.
HON'BLE SWARUPAMA CHATURVEDI, J.

1. Heard Sri Manish Goyal, learned Additional Advocate General assisted by Sri Rupak Chaubey, learned A.G.A.-I and Sri Tej Bhanu Pandey, learned Standing Counsel for the State-respondents.

2. Sri Amit Kumar Ghosh, Additional Chief Secretary, Medical Health, Family Welfare and Medical Education has joined these proceedings through VC.

3. Today, Sri Manish Goyal, learned Additional Advocate General has taken us through the modified Draft Policy, a copy of which is marked as 'X' and retained on record. It contains revision made-to the reporting channel; role and responsibilities and, actions required to be taken to address the needs of the Medical Termination of Pregnancy Act, 1971.

4. A common portal described as 'SHe-Box' is proposed to be launched. During the course of hearing, it has also been assured that an appropriate Web Application would also be developed; besides the reporting channels already provided, all registered medical practitioners, paramedicals, pharmacists, as also nursing staff and other stakeholders such as care-taker of *Balika Grih*, *Nari Niketan*, *Anganwadi Karyakatri*, Marriage Registrars as well as all non-governmental bodies and organizations (engaged in similar functions), District Probationary Officers, etc., would be roped in to share information on 'SHe-Box'.

5. Some timelines have already been provided. On the suggestion of the Court, it has also been assured that adequate modification would also be made to provide for appropriate timelines for responses to be offered at each stage by individual stakeholders both for the matter to be reported and also after the matter is reported on 'SHe-Box'. In the event of failure to give desired response in a time-bound manner, electronic messages, etc., may be auto-generated to the next higher officer.

6. Learned Additional Advocate General would contend that the women Beat Constable under the '*Mission Shakti Kendra*', would be best suited to be the first responder. We also feel that in the case of any reporting of occurrence of unwanted or undesirable pregnancy or strong suspicion of the same, such Beat Constable may be enabled to be the first responder along with another stakeholder, such as, *Anganvadi Karyakatri*, *Asha* worker etc. or even a school teacher etc., who must be known to the victim from before and who may, therefore, be in touch with the victim, from before, such that vital time is not lost in confidence building measures, before the hard timelines of Medical Termination of Pregnancy Act, 1971 expire. Without making any concrete suggestion in that regard, at present, we leave it to the discretion of the State Government to device robust and adequate mechanism for such measures.

7. To the extent, the policy as drafted may not be contrary to the law, and further to the extent of its own, the State Government wants to reform its measures to ensure that the law is fully complied, we may only observe that the policy of the State Government may be enforced during pendency of this litigation. All further proceedings may only lead to refinement of the policy measures. Those may be continued to be made as and when need arises.

8. List again on 07.10.2026 at 2.00 p.m.

9. On that date, further inputs may be presented by the State as to the necessary steps taken towards compliance of the observations made above.

10. Sri Amit Kumar Ghosh, Additional Chief Secretary, Medical Health, Family Welfare and Medical Education, may also appear through video

conferencing, on the next date.

11. For further assistance to the Court, we appoint Ms. Subhash Rathi (A/S 1368/2012) and Ms. Vijeta Singh (A/V 1502/2017) *amicus curiae*. Let copies of the orders passed in this case be made available to the learned Amicus Curiae by the Registered (Compliance) within a period of one week from today.

**(Swarupama Chaturvedi,J.)** **(Saumitra Dayal Singh,J.)**

**September 2, 2026**
Anurag/-