



POLICY NOTE

Where Do the Victims of Gender-Based Violence go?

A Needs Analysis for Women's Safety Schemes in India

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Executive Summary

Despite several efforts, a survey in 2018 ranked India as the most dangerous country for women ([BBC, 2018](#)). The Government of India's (GoI) Ministry of Women and Child Development (MWCD) has several schemes, policies, and legislations, on women's safety and empowerment. In 2021, MWCD's key umbrella scheme of Mission Shakti was divided into two sub-schemes called Samarthya and Sambal, focussing on "empowerment" and "safety and security" of women, respectively. Looking at women's safety, this note explores the needs and finances for two schemes – One Stop Centre (OSC) and Shakti Sadan (SS) – subsumed under Mission Shakti, meant for redressal and rescue of women.

There are significant gaps in the number of victims of Gender-based Violence (GBV) receiving assistance to those who may need it. In the Financial Year (FY) 2021-22, MWCD should have spent at least ₹374 crore and ₹449 crore, respectively, on OSC and SS. MWCD needs to construct at least 340 and 822 additional OSC and SS facilities, respectively, to aid all estimated victims of GBV. Lastly, comparing estimated costs for OSC and SS and existing finances, Mission Shakti allocations are only 41 per cent of total costs required for the two sub-schemes.

Section 1

Introduction

Violence Against Women (VAW) restricts women's autonomy in private (or domestic) and public spaces. According to UN Women, GBV is rooted in structural inequalities, unequal power relations and norms, and inflicts “physical, sexual or mental harm or suffering”, especially against women and girls ([UN Women, n.d.](#)). MWCD acknowledges that VAW infringes on women's right to live with dignity and access these spaces ([Ministry of Women and Child Development, n.d.](#)). VAW is characterised by two broad features in India: high incidence of violence in the domestic (or private) sphere; and the perception of lack of safety in public spaces.

In 2021, the National Crime Records Bureau's (NCRB) Crime in India (CII) reported 4.34 lakh cases of Crimes against Women (CAW) in India. While the registered crimes against women reduced by 8.34 per cent from 2019 to 2020, they increased by 15.28 per cent between 2020 and 2021¹ ([NCRB, 2022](#)).

In line with global trends on CAW, the majority of cases in India originate in the private sphere ([WHO, 2021](#)). According to NCRB's CII, which depicts only reported (or registered) cases of violence, over 31.8 per cent of crimes were inflicted by women's spouses or relatives in 2021 ([NCRB, 2022](#)). Not all VAW, however, gets reported. The recent National Family Health Survey (NFHS-5) found that 84 per cent and 83 per cent of women experienced physical and sexual violence, respectively, from their husbands ([IIPS and ICF, 2022](#)).

Further, unsafe public spaces, or the perception of it, makes it difficult for women to comprehensively engage with society. The threat of rape and molestation, kidnapping, acid attacks, etc., is associated with a corresponding decrease in the female labour force participation rate in India ([IWWAGE, 2021](#)). Women also report feeling unsafe using public transport, especially buses,

and at workplaces ([Government of NCT of Delhi, 2014](#)).

One set of evidence on VAW suggests that women are most unsafe in private spaces. Other evidence indicates that women themselves perceive public spaces to be unsafe too. This exhibits a dual characteristic of VAW in India, perpetuating a cycle of rigid social norms and, correspondingly, women's lack of comprehensive well-being.

This note takes a broad view of VAW. It studies two women's safety schemes, which cover a wide range of reported crimes such as domestic violence, kidnapping and abduction, sexual harassment, trafficking, acid attacks, cyber crimes, and dowry harassment and deaths. It also considers homeless women, who are often lacking social and economic support. Importantly, while all reported cases of crimes reflect VAW, not all VAW gets reported. This leads to the difference in the official estimates of crimes — CAW — in NCRB to that of experienced violence by women.

The next section of the note explores how under-reporting of crimes impact proper redressal, and the public service delivery of women's safety in India.

1.1 Barriers to Justice and Statistical Issues

There are multiple barriers to seeking redressal against VAW. This section looks at under-reporting for different types of VAW, accessing institutional justice, and limitations in recording reported cases (or CAW).

Under-reporting of CAW

Under-reporting indicates the difference between the actual incidence of VAW, or violence experienced by women, and its reported cases.

Data on sexual violence shows under-reporting by as much as 99 per cent of the overall reported cases ([Bhattacharya and Kundu, 2018](#)). A study comparing NFHS and NCRB data found that only 5.8 per cent of women sought help against sexual violence from the police in 2005 ([Gupta, 2014](#)). Recent findings from NFHS-5 highlight that out of women who experienced physical and sexual violence, only 6.3 per cent, 2.1 per cent, and 2.9 per cent of women, respectively, reported these to the police, a lawyer, or a social services organisation. Counterintuitively, women seek redressal in private and informal sites where prevalence of VAW is highest. The majority of women (60.9 per cent) sought help from within their own family, followed by the husband's family (29.3 per cent).

Another kind of VAW in private spaces that is under-reported is dowry abuse or death. A victim's family may not report this crime on account of facing retaliation from in-laws. Families may even fear difficulties in marrying other daughters ([Dang et. al., 2018](#)).

Human trafficking – which is not conventionally understood as VAW in India – is under-reported too. Trafficking in India is associated with stigma and there is a perception that the state will not deliver justice ([Chatterjee, 2022](#); [Sekhon, 2022](#)). For example, Bihar's Kishanganj district witnesses several incidents of trafficking against women. However, local politicians and police deny any such claims ([Hasan, 2022](#)).

Lastly, cyber crimes are also under-reported. The reported cases of cyber crimes against women represent only 1 per cent of their experienced violence ([Das, 2017](#)).

Combined with the existing barriers to reporting VAW, the lockdown induced by the COVID-19 pandemic in 2020 may have further contributed to a decline in reporting of VAW. Several reports have called this phenomenon the “shadow pandemic”, as women were locked in with the major perpetrators (spouses or partners) of violence ([Ravindran and Shah, 2020](#); [UN Women and Women Count, 2021](#)).

Limitations of Institutional Justice

Women may face several barriers to accessing institutional justice. In Uttar Pradesh, for instance, it can take a victim between 2 to 228 days to file a First Information Report (FIR) against sexual assault. Police apathy stems from an inherent distrust in the victim and also a pressure to keep crime numbers low ([Commonwealth Human Rights Initiative and Association for Advocacy and Legal Initiatives, 2020](#)). A recent survey also found that while several women in Indian metropolises encountered GBV, the perception of low redressal inhibited reporting of violence through official channels ([World Bank, 2022](#)).

A study of the responsiveness of police in Madhya Pradesh found that Women Help Desks in police stations ease women's ability to report GBV against them ([Sukhtankar et. al., 2022](#)). Other research, however, points to inherent disadvantages in focussing on all-women police stations for VAW reporting ([Jassal, 2020](#)). It was found that relegating all-women stations to only report VAW not only reduced female officers' overall caseloads but also pushed victims to reconcile with perpetrators in Haryana.

A study on access to helpline facilities and its impact on women's experience of continued violence in Bihar suggests that victims might be pushed towards reconciling with perpetrators ([Jejeebhoy and Santhya, 2019](#)). Services are tilted towards counselling for preventing further physical violence. As a result, police and legal aid is not sought and most women continue to suffer emotional violence from perpetrators. This contributes to under-reporting of CAW. Acknowledging their own lack of economic and social support, women find it easier to reconcile with perpetrators, rendering formal institutional redressal ineffective to prevent VAW.

The barriers to reporting VAW, or factors affecting under-reporting of VAW, are overlapping. Conceptually, these barriers exist on the demand- and supply-side, which includes those seeking (victims of GBV) and delivering (police, courts, etc.)

justice, respectively. Thus, prevailing structures – at all levels – inhibit seeking help or reporting violence against women from official sites of redressal ([Wadia and Nale-Tajane, 2021](#)).

The Principal Offence Rule

The official estimate of CAW is presented in NCRB's CII reports. One of its pertinent features is the Principal Offence Rule (POR). According to this rule, if there are multiple offences against a victim, only the offence with the maximum penalty is included in the overall estimated crime. For example, murder with rape is only reported as murder in the crime statistics ([NCRB, 2022](#)). The justification is that this prevents double-counting of offence(s) against a victim. However, since VAW is an “interrelated” phenomenon ([Raghunandan, 2020](#)), the incidence of one form of VAW does not preclude that of another. This statistical limitation, therefore, contributes to under-reporting of VAW.

1.2 Study Objectives

Evaluating India's women and child development sector, the Development Monitoring and Evaluation Office (DMEO) at NITI Aayog created six integrated categories to bucket women's safety measures, which includes legislations, policies, and schemes, across Union ministries and departments. The categories are: advocacy, prevention, rescue, rehabilitation, redressal, and reintegration ([NITI Aayog, 2021](#)). This note draws upon DMEO's categorisation of women's safety initiatives in India.

Briefly, ‘advocacy’ implies sensitising the community to gender-related issues. ‘Prevention’ enables pre-empting the incidence of violence by imposing (or threatening to impose) costly institutional penalties. ‘Rescue’, ‘rehabilitation’, and ‘redressal’ facilitate timely assistance to victims of GBV by providing them medical or legal assistance, counselling, and residential facilities. Lastly, ‘reintegration’ is about creating enabling conditions for GBV victims to step back into society.

Women's safety measures of the MWCD are also in line with NITI Aayog's categorisation. For example, measures under prevention comprise legislations such as The Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013, The Prohibition of Child Marriage Act, 2006, etc.

This note focuses on women's safety schemes of MWCD. It estimates how many victims of GBV, above 18 years, may need two women's safety schemes – One Stop Centre (OSC) (or Sakhi Centre) and Shakti Sadan (SS), which operate under the aegis of MWCD. Given the high prevalence of VAW especially in the domestic sphere, these two schemes provide shelter facilities to victims, apart from integrating a wide range of services.

The objective of this note is to:

1. Provide an estimate of the number of women who may need these schemes;
2. Given the recent restructuring of women's safety schemes, determine how much it will cost the government to operate these schemes; and
3. Analyse the latest budgetary trends of allocation and utilisation of these schemes at the Union, and state and Union Territories (UT) levels.

The note is organised as follows. The following subsection provides an analytical framing of the various schemes. Section 2 presents methods and limitations. Section 3 presents cost estimations for delivering women's safety schemes at scale. Section 4 concludes the note.

1.3 Operationalising Women’s Safety: Mapping Key Schemes and Other Developments

In FY 2021-22, MWCD reclassified its Centrally Sponsored Schemes (CSS) and created three umbrella schemes: Mission Poshan 2.0, Mission Shakti, and Mission Vatsalya.² MWCD operates its women’s safety schemes under the Mission Shakti. It includes two sub-schemes: Sambal and Samarthya for the “safety and security” and “empowerment”, respectively, of women.

Previously, Mission Shakti schemes were standalone schemes under the umbrella scheme

of Mission for Protection and Empowerment of Women (MPEW) ([Government of India, 2022](#))³. The subsumed schemes, relevant to VAW, within the sub-schemes are as follows⁴: Sambal includes Beti Bachao Beti Padhao, Nari Adalats, One Stop Centre, and Universalisation of Women Helpline (WHL); and Samarthya comprises Shakti Sadan – Integrated Relief and Rehabilitation Home.

Keeping in mind MWCD’s reclassification of schemes, this note retains focus on scheme-specific objectives rather than any administrative (or structural) changes.

Table 1 maps these subsumed schemes under Sambal and Samarthya in detail.

Table 1: Mapping the various women’s safety schemes under MWCD⁵

Scheme	Description	Year Initiated	Focus group	Category
Beti Bachao Beti Padhao (BBBP)	The scheme attempts to prevent sex-selective abortions by sensitising the community. The focus is on the girl child’s protection, survival, education, and participation in society.	2015	(Primary) Young and new married couples, pregnant and lactating mothers, and parents; (Secondary) Adolescent girls and boys, in-laws, doctors, etc.	Advocacy
Nari Adalats	Meant to operate as an “alternate” site of grievance redressal, Nari Adalats will operate at the Gram Panchayat (GP) level, involving local community members.	2022	All women in the community	Advocacy and Prevention (Year 1), and Redressal (Year 2)
One Stop Centre (OSC)	OSCs, or Sakhi Centres, are meant to provide shelter, police and legal consultation, medical assistance, and any other form of protection, rehabilitation, and redressal under one roof. Women can self-report or also be referred to an OSC.	2015	Victims of GBV	Redressal and Rescue

²Mission Shakti guidelines were released in July 2022.

³Scheme reporting has changed. Budget allocations are reported under Sambal and Samarthya instead of OSC, Women’s Helpline, etc.

⁴Samarthya also includes schemes such as National Hub for Empowerment of Women (NHEW), Sakhi Niwas, Palna (National Creche), and Pradhan Mantri Matru Vandana Yojana (PMMVY), among others. Only women’s safety-related schemes have been considered in this note.

⁵The MWCD also created a non-lapsable fund called the Nirbhaya Fund in the aftermath of the 2012 Nirbhaya rape case. As its nodal ministry, the MWCD is responsible for monitoring projects (or schemes) on women’s safety sanctioned against this fund across ministries and departments, and state governments. Previously, funds for MWCD’s own schemes, like the OSC, WHS, and Mahila Police Volunteer (MPV), were routed through the Nirbhaya Fund. According to the new guidelines, OSC will work in “coordination and convergence” with other initiatives – across ministries and departments – under the Nirbhaya Fund, such as Women’s Helpline, Anti Human Trafficking Units, Women Help Desks, etc.

Scheme	Description	Year Initiated	Focus group	Category
Shakti Sadan (SS)	Subsuming the erstwhile standalone schemes of Swadhar Greh and Ujjawala, Shakti Sadan will continue to provide long-term institutional support to women in difficult circumstances; providing relief and shelter, legal aid and counselling, vocational and skill training, etc.	2022	Victims of GBV	Redressal, Rescue, Rehabilitation, and Reintegration
Women Helpline (WHL)	Women Helpline seeks to provide a 24-hour uniform emergency and non-emergency response across states and UTs. The scheme envisages the creation of two integrated helplines to provide these services.	2015	Women and girls, who are facing any kind of grievance	Redressal and Prevention

Source: Scheme Guidelines, Mission Shakti, MWCD, <https://wcd.nic.in/acts/mission-shakti-guidelines-implementation-during-15th-finance-commission-period-2021-22-2025-26>.

An Analytical Framing of Women’s Safety Schemes

OSC and SS are the only schemes that serve GBV victims directly. The two schemes complement each other as they provide similar facilities to GBV victims. Mission Shakti guidelines emphasise the linkages between the two schemes through a common pool of staff for legal, psychological, and medical support for victims. An OSC acts as a temporary shelter for 5 days, whereas an SS provides long-term stay (up to 3 years) for GBV victims.

On the other hand, BBBP and Nari Adalats operate to advocate and prevent crimes against girls and women. According to scheme guidelines, BBBP should “encourage” spending on activities such as sports among girls, self-defence, construction of girls’ toilets, etc. (Government of India, 2022). Between 2016 and 2019, over 79 per cent of BBBP funds were spent on media advocacy (Lok Sabha Secretariat, 2021).

The new Sambal scheme of Nari Adalat is yet to be implemented. The first year of the scheme will consist of “awareness drives” on women’s entitlements and rights at the Gram Panchayat (GP) level. The following year, a collective of “committed

and socially respected” women will be selected and trained to redress any grievance of “petty nature”, including harassment or any restriction of entitlements (Government of India, 2022). This broad scope has the potential to further under-reporting of VAW. Further, challenges to estimate victims of GBV, as a part of these Adalats, remain. It would be difficult to estimate the overall number of people engaging with the scheme and ascertain the reason(s) for which a woman approaches the Adalat.

Lastly, WHL facilitates both emergency and non-emergency response services. Emergency response services include seeking police, fire, or ambulance related assistance, and those related to VAW. WHL, however, may route women, or anyone reaching out on their behalf, to an OSC or provide information on existing laws or schemes for redressal. Thus, even though WHL is linked to OSC which assists GBV victims, like Nari Adalats, it is difficult to classify women based on the assistance sought.

Therefore, the needs and costing analysis in this brief focusses on schemes with a clear scope of providing redressal and rescue services for GBV victims.

Section 2

Methodology and Limitations

2.1 Methodology

The following steps were carried out to estimate the cost of delivering OSC and SS in FY 2021-22:

1. Each scheme – OSC and SS – to be analysed was described.
2. The victims of GBV under each scheme based on the latest CAW data from NCRB were defined. The NCRB and MWCD data are from 2021-22, and HMIS data are from 2020-21. Data from Census 2011 on homeless women were projected to 2021.
3. Adding to the above point, the total number of homeless women were calculated using a multiplication factor using Natural Growth Rate (NGR), estimated year-wise (2011 to 2021) to reflect the change in overall population in 2021.⁶
4. A degree of under-reporting (in percentage terms) has been assumed, applied universally across the victims of GBV considered, at four levels: 30 per cent, 50 per cent, 70 per cent, and 90 per cent. While there is no evidence that these are the percentage of CAW which are under-reported, this provides a range.
5. Women in higher Wealth Quintile (WQ) are assumed to have better access to institutions of justice because of favourable social, economic, and geographical conditions. According to NFHS-5, women in the highest WQ have a median schooling of 9.3 years, compared to only 0.4 years for women in the lowest WQ. On average, women in urban areas have 3.5 years of more schooling than their rural counterparts. Moreover, 76 per cent of rural India represents the bottom 3 WQs. Therefore, this study assumes that only women in the bottom 3 WQs require support. The data on WQ are from NFHS-5.⁷
6. The state-wise proportion of women seeking assistance under OSC and SS using MWCD's latest reported figures for 2021 were calculated. This was done as the new scheme guidelines do not define the categories of GBV victims under their respective ambit.⁸ According to the guidelines, the longevity of stay determines redressal under OSC or SS.
7. Data on unit costs from Mission Shakti guidelines were obtained. This pan-India unit cost for OSC and SS was used for all states and UTs.
8. Unit costs were then multiplied with the estimated (required and to-be-constructed) facilities derived from the needs estimated under OSC and SS, respectively. This was further contrasted with the existing budgetary allocations and expenditures.
9. Lastly, women staying at these facilities may be availing of other allied services of counselling and legal services, medical facilities, among others, too. However, costs

⁶A crucial assumption is that these groups grew at the same rate as the overall population, which may not necessarily be true. However, this serves as a reasonable proxy. NGR figures were taken from the Sample Registration System (SRS) bulletin reports. Available online at: <https://censusindia.gov.in/nada/index.php/catalog/42687>.

⁷Wealth quintiles are household-specific and not individual-specific. There is much evidence to suggest that women may not have equal control over household finances, which symbolises their condition as both materially and socially disadvantaged. According to NFHS-5, only 42 percent of women are able to independently decide how to spend their money in India (IIPS & ICF, 2022).

⁸For estimating the victims of GBV, however, those outlined in the standalone scheme guidelines of OSC, Swadhar Greh, and Ujjawala – before the reclassification exercise in 2021 – have been considered.

for these have not been included due to a lack of data.

2.2 Limitations

There are a few limitations to this analysis:

Scheme-related Services

1. The analysis has been restricted to women who are above 18 years of age. Even though scheme benefits extend to girls below 18 years of age, it is difficult to estimate the number of children accompanying women at these shelters.⁹ MWCD's reported figures are also not disaggregated age-wise. This assumption could lead to under-estimating costs.
2. Women in every residential facility may not be seeking all scheme benefits, contrary to the assumption listed above. A woman in an OSC facility, for example, may not always seek residence but other facilities of medical or legal assistance. As indicated in (Jejeebhoy and Santhya, 2019), women might be seeking quick redressal services, such as counselling, to prevent particular types of violence. This assumption could lead to over-estimating costs.
3. In addition to the above point, the need for medical, legal, and other facilities provided at these shelters have not been estimated due to a lack of data. This assumption could lead to under-estimating costs.

Data Constraints

1. Unit costs are not available at the state and UT levels. Therefore, unit costs are assumed to be the same for all states and UTs. This can under-estimate or over-estimate costs.
2. Further, NCRB data have been used for estimating GBV victims. As discussed before, this dataset follows the POR approach, which does not account for the "inter-relatedness" of VAW ([Raghunandan, 2020](#)). The NCRB only considers the reported crime rather than experienced crime, which adds to substantial under-reporting of VAW. This is likely to under-estimate costs.
3. Lastly, under-reporting may not be the same for all CAW, given the assumption of percentage-wise variation. This can under-estimate or over-estimate costs.

⁹Boys up to 12 years of age may accompany their mothers seeking assistance under OSC or SS.

Section 3

Findings and Results

This section discusses:

1. The gaps between the number of victims of GBV and those provided actual benefits under the OSC and SS in FY 2021-22;
2. A break-up of the costs for providing stay-home (or shelter) facilities to the victims; and
3. The comparison of estimated costs and budgetary allocations.

3.1 Estimated GBV Victims Who Need Support

The estimated number of GBV victims under OSC and SS in FY 2021-22 stood at 64.7 lakh and 10.44 lakh respectively, assuming maximum (90 per cent) under-reporting and including households in the bottom 3 WQs. **Table 2** presents the

minimum and maximum gaps between the estimated victims of GBV and MWCD's reported figures for OSC and SS. For SS, reported cases of VAW have been merged for the erstwhile standalone schemes of Swadhar Greh (SG) and Ujjawala.

MWCD reported 1.47 lakh and 9,792 victims of GBV under OSC and SS, respectively, in 2021.¹⁰ The ministry, however, under-counts 1.34 lakh and 0.45 lakh women, respectively, seeking assistance under OSC and SS at the minimum (**Table 2**). The difference is significantly higher for households at the bottom 3 WQs and 90 per cent under-reporting. In FY 2021-22, approximately 63.23 lakh and 10.35 lakh women, respectively, would not have been able to receive benefits under OSC and SS.

Table 2: Reported MWCD figures and the difference between estimated victims of GBV and reported victims for OSC and SS

Scheme	MWCD reported GBV victims seeking redressal	Minimum under-counting (30% UR and lowest WQ)	Maximum under-counting (90% UR and bottom three WQs)
One Stop Centre	1,47,123	1,34,005	63,23,358
Shakti Sadan	9,792	44,597	10,34,644

Source: Authors' calculations

According to these estimates, a greater number of estimated GBV victims are seeking redressal under OSC than SS. This can be because of a greater number of operational OSC facilities (708) than SS facilities (464). Before SG and Ujjawala were merged into SS, the victims of trafficking would have to first seek assistance under an Ujjawala facility.¹¹ Only 107 Ujjawala facilities have been operational in the country

and several states and UTs do not have one. Thus, women may have chosen the most accessible facility, which, in this case, is an OSC.

Further, as previously mentioned, existing literature on institutionalised patriarchy at the level of grievance redressal suggests that women are pushed to reconcile with perpetrators. This prompts under-reporting of VAW, which

¹⁰Reported figures for SG and Ujjawala are from an Right to Information (RTI) reply received on 21 March 2022. OSC figures are available online at: <http://164.100.24.220/loksabhaquestions/annex/179/AU2091.pdf>.

¹¹Ujjawala guidelines, MWCD. Available online at: <https://wcd.nic.in/sites/default/files/Ujjawala%20New%20Scheme.pdf>.

schemes such as Nari Adalat, for example, do not recognise because women would not approach an Adalat for redressal. Women may also not want to seek justice, given the time-consuming process from registering to settling the case. Thus, women may be inhibited from seeking the long-term stay facility, curtailing demand for redressal under SS.

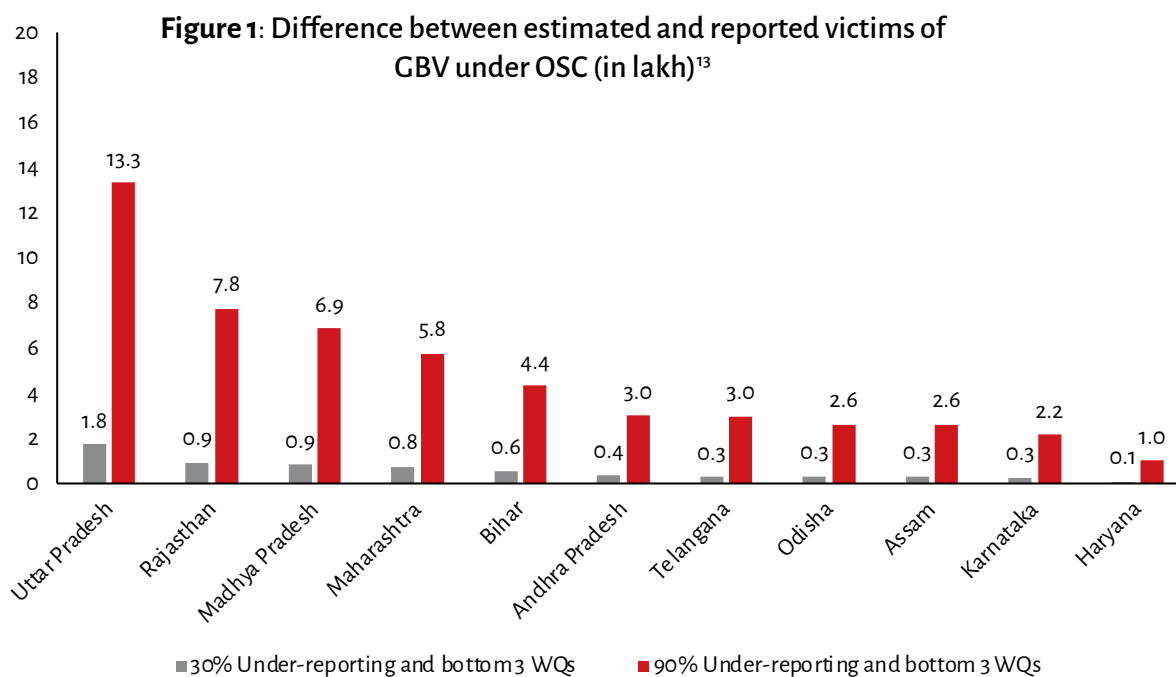
State-wise Trends

There is significant variation across states in the needs for OSC (**Figure 1**) and SS (**Figure 2**). For this comparison, states with the highest registered cases of CAW in India have been considered. Assuming 30 per cent and 90 per cent of under-reporting for the bottom 3 WQs¹², the difference between the estimated and reported victims of GBV were highest in Uttar Pradesh, Rajasthan,

and Madhya Pradesh in FY 2021-22.

Further, MWCD reported 3,852, 4,396, and 7,080 victims of GBV were under OSC for Assam, Karnataka, and Haryana. The states missed at least 34,176, 27,225, and 8,546 women who might have needed assistance, respectively, in FY 2021-22, as per estimations.

Under Shakti Sadan, West Bengal, Odisha, and Karnataka missed as many as 6.33 lakh, 0.97 lakh, and 0.91 lakh victims of GBV, respectively, when compared with MWCD's reported figures. There are only 464 SS facilities in the country – which includes erstwhile 357 SG and 107 Ujjawala homes. This reduces women's ability to seek long-term stay under SS.



Source: Authors' calculations

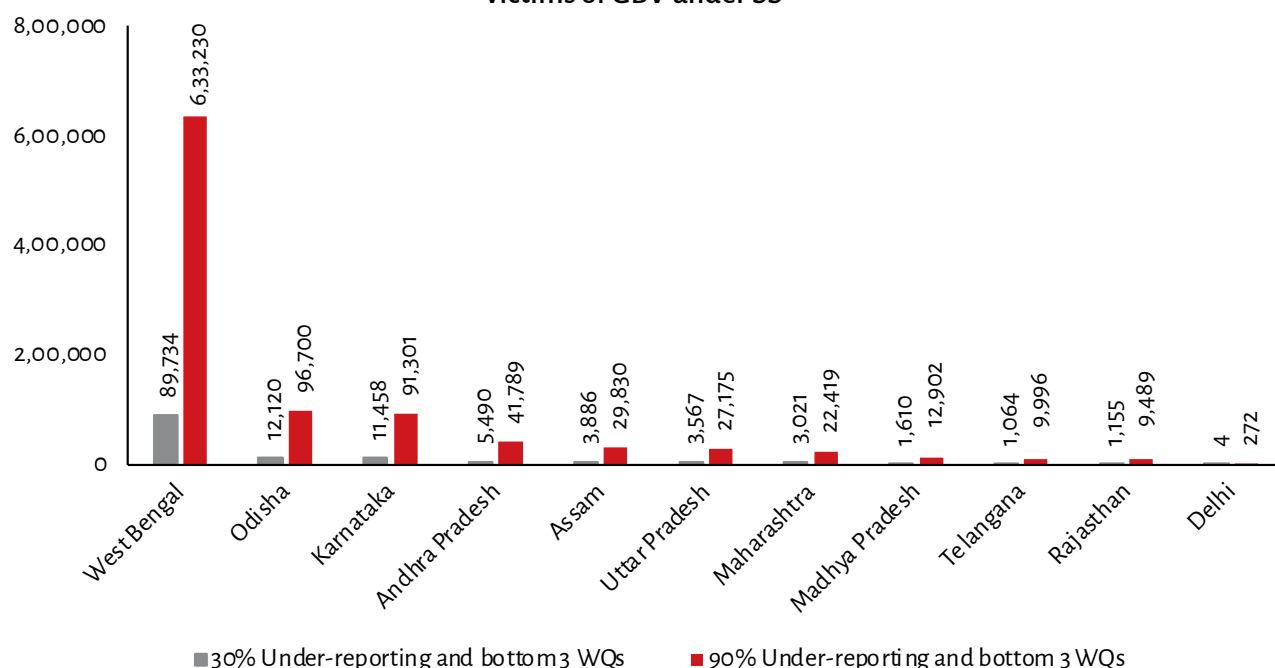
The estimates also suggest that all GBV victims in Bihar and Haryana may avail short-term stay facility at an OSC. GBV victims in West Bengal, on the other hand, may only go to SS. This is because there are no operational SS facilities in Bihar and

Haryana; similarly, West Bengal does not have any operational OSC facilities. Until the recent guidelines, Ujjawala homes (now, Shakti Sadans) were meant to cater to trafficking victims. Several reports suggest that women were trafficked in

¹²The bottom three wealth quintiles with the two levels of under-reporting were used for representation purposes. The gap between households in the least WQ and the bottom three WQs is significant.

¹³The difference is between estimated victims of GBV and those served by MWCD.

Figure 2: Difference between estimated and reported victims of GBV under SS



Source: Authors' calculations

districts of Bihar and Haryana, where no such facilities were constructed (Hasan, 2022; Iyer, 2022). This, therefore, has been contributing to under-estimating needs for those women who may need these services.

3.2 Estimated Facilities

OSC provides a partial-stay facility, where an aggrieved woman may stay for a maximum of 5 days in a year. For SS, however, aggrieved women may stay for a maximum period of three years. The maximum number of women permissible at a time is 5 and 50 for OSC and SS, respectively.

The number of facilities required were calculated from the estimated GBV victims, assuming full capacity at any point in time, for FY 2021-22. States and UTs with greater numbers of estimated GBV victims, correspondingly, require more facilities. If the

number of existing facilities exceeds that of those required, it implies that no new facilities have to be constructed for a given state or UT. Further, the gap between required and existing facilities are the facilities that need to-be constructed.

So far, there are 708 operational OSC facilities. The new guidelines propose the construction of another 300 facilities in areas with high CAW. In the case of SS, Gol has now decided to rent out spaces instead of constructing any new facilities. However, the findings suggest that at the minimum (30 per cent under-reporting and bottom WQ), 340 and 822 facilities are required to be constructed, respectively, for GBV victims estimated under OSC and SS. The gap at 90 per cent under-reporting with bottom 3 WQs is stark: 17,050 and 20,441 facilities, respectively, are needed for OSC and SS. This signals a significant gap in the provision of existing scheme benefits to what is needed.

3.3 Estimated Costs

The estimated costs of providing for existing facilities include the cost of upkeep and maintenance. Whereas, to-be constructed facilities (the difference between required and existing facilities) include the costs of construction and rent, respectively, for OSC and SS. As mentioned earlier, the guidelines do not indicate any construction cost for SS; therefore, rental cost have been used as a proximate cost.

At the minimum, to-be-constructed facilities require ₹374 crore and ₹449 crore, respectively, for OSC and SS. Similarly, the maximum cost (to-be-constructed facilities) is as high as ₹18,771 crore and ₹11,169 crore, respectively (Table 3). These trends warrant an examination of the current budgetary prioritisation at the Union and at state and UT levels.

What Does the Current Prioritisation of Women's Safety Look Like?

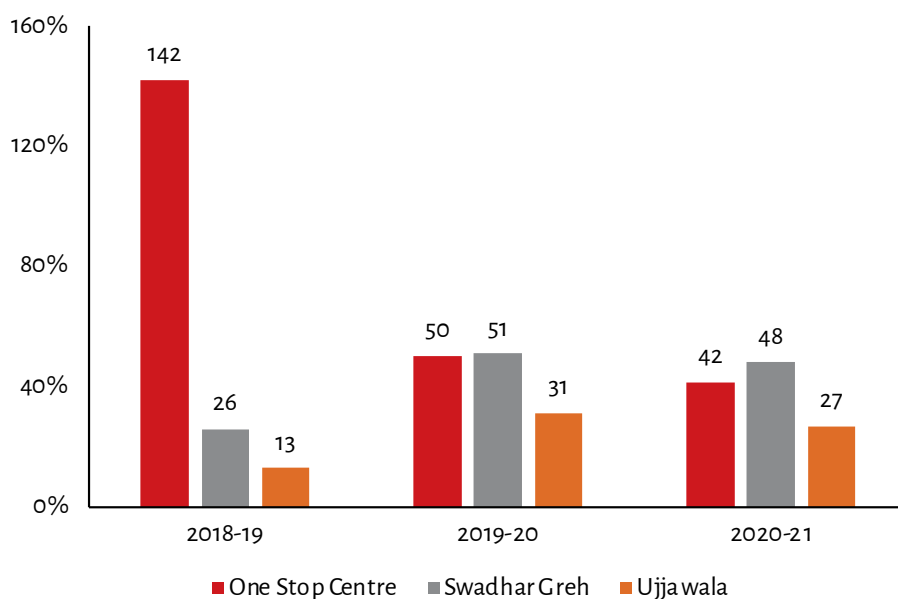
Estimating costs can provide useful information to policymakers for planning and budgeting schemes.

As mentioned before, MPEW was reclassified into Mission Shakti in FY 2021-22. In the same year, ₹3,109 crore was allocated to Mission Shakti, a 167 per cent increase from ₹1,163 crore in FY 2020-21 under MPEW. However, only ₹587 crore (or 19 per cent) of the overall allocations were for women's safety schemes (Sambal), compared to ₹2,522 crore for empowerment schemes (Samarthya), under Mission Shakti. Further, of the allocated amount in FY 2021-22 for Sambal, only 22 per cent (₹130.07 crore) was spent till 31 December 2021 (MWCD, 2022).

Given the restructuring of umbrella schemes, disaggregated budget allocations and expenditures under OSC and SS are not available for FY 2021-22. Thus, Figure 3 presents a snapshot of the proportion of allocations spent for the erstwhile standalone schemes of SG and Ujjawala, along with OSC, for FY 2020-21.¹⁴

The allocation for OSC increased from ₹105 crore in 2018-19 to ₹385 crore in FY 2020-21. Utilisation, however, remained substantially lower than allocations. Actual spending, as a proportion of allocations, was 142 per cent, or more than the allocations in 2018-19. This, however, declined

Figure 3: The proportion of allocations spent has declined since 2018-19



Source: Union Budget documents. Available online at: <https://www.indiabudget.gov.in/>.

¹⁴These schemes were also reported as standalone schemes in the Union Budget until FY 2020-21. Since 2021-22, they have been aggregated under Mission Shakti. Presented allocations and expenditures are, therefore, till FY 2020-21.

substantially by 2020-21 to 42 per cent. For SG, on the other hand, spending as a proportion of the amount allocated increased over these years. However, allocations declined from ₹95 crore in 2018-19 to ₹50 crore in 2020-21. Among the three schemes, Ujjawala received the least budgetary allocation, declining from ₹50 crore in FY 2018-19 to ₹30 crore in FY 2020-21. Visibly, when taken together, SG and Ujjawala had been steadily de-prioritised by MWCD.

Table 3 outlines the estimated cost of existing and required facilities compared to the allocations and expenditures in the Union Budget for FY 2020-21. While MWCD substantially covers the costs for providing existing facilities under OSC, it falls short by as much as ₹151 crores for SS. However, for both OSC and SS, the costs of required facilities – based on estimated GBV victims – is significant.

State-wise trends in spending further reflects the lack of financial prioritisation for the two women's safety schemes. Low spending across states could be a reason for decreasing allocations over the years. An increase in allocations is only useful when the additional funds can be absorbed effectively.

OSC fund utilisation for 10 states has declined from FY 2018-19 to FY 2020-21 (**Figure 4**). Madhya Pradesh spent 55 per cent of the released funds in FY 2018-19, which declined to only 1 per cent in FY 2020-21. For Andhra Pradesh, utilisation increased in FY 2019-20, but declined to 3 per cent in 2020-21. States such as Uttar Pradesh, Telangana, and Odisha did not spend any of the releases in FY 2020-21¹⁵.

For SG and Ujjawala, the picture of spending patterns across states is incomplete due to the lack of utilisation certificates for the reported year of releases. Out of 36 states, 22 states and UTs did not report utilisation figures for FY 2020-21. Similarly, for Ujjawala, 23 states and UTs did not provide this information¹⁶. Out of 25 states and UTs, 8 did not report any releases between FY 2018-19 and FY 2020-21¹⁷. Only the states with complete information on fund releases and utilisation over this period were analysed.

Karnataka spent 100 per cent, or all of its releases (₹274.35 lakh) in 2018-19. Spending under SG, however, declined by 9 percentage points to 91 per cent in both FY 2019-20 and FY 2020-21. Delhi spent 59 per cent of its releases in FY 2018-19, increasing to 96 per cent in FY 2019-20.

Table 3: Significant financial prioritisation is needed for both OSC and SS based on current cost estimates (Figures in ₹ crore, rounded off)

Scheme	Allocations (2020-21)	Expenditures (2020-21)	Cost for Existing Facilities (2021-22)	Cost for To-be Constructed Facilities (Minimum: 30% UR and bottom WQ, 2021-22)	Cost for To-be Constructed Facilities (Maximum: 90% UR and bottom 3 WQ, 2021-22)
One Stop Centre	385	67	355	374	18,771
SS (SG + Ujjawala)	80 (50 + 30)	13 (12 + 1)	233	449	11,169

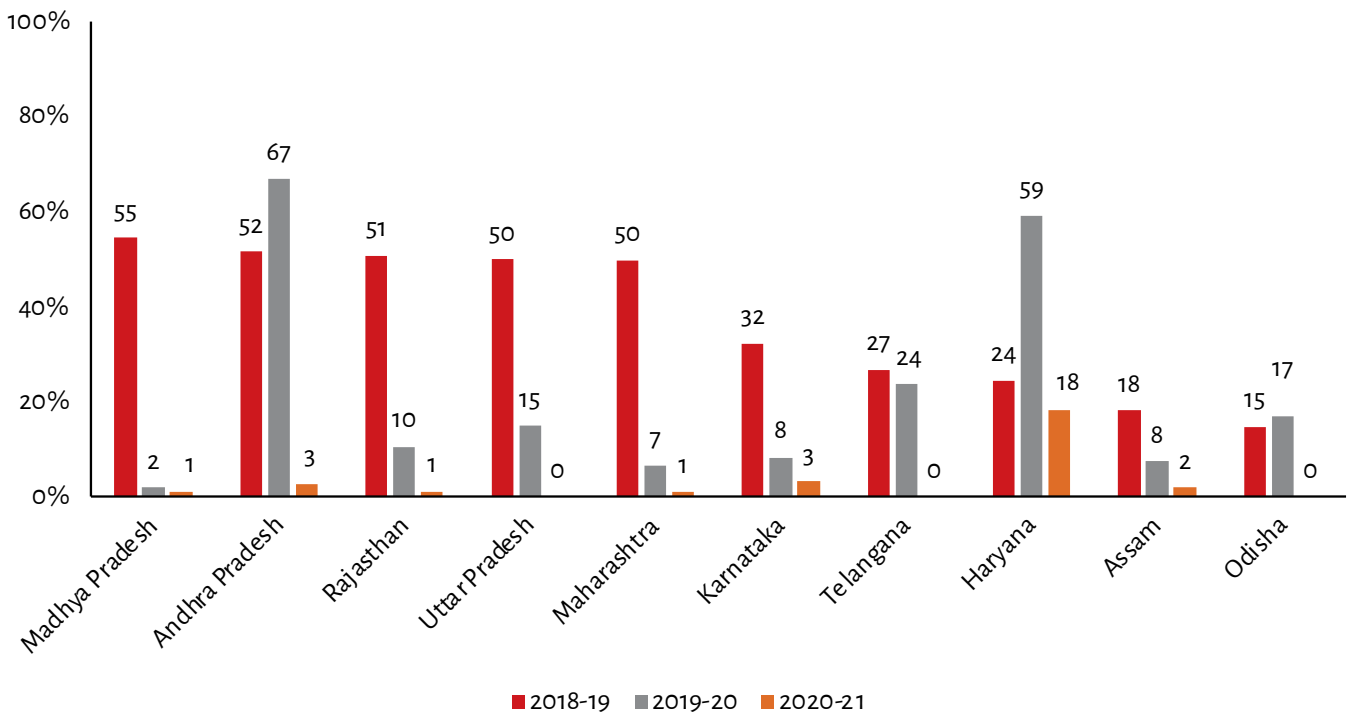
Source: (1) Annual Reports, 2018-19 to 2020-21 and Demand-for-Grants, 2022, Ministry of Women and Child Development. (2) Authors' calculations.

¹⁵Figures for utilisation had not been reported for 2021-22 at the time of analysis.

¹⁶Only 19 states and UT had Ujjawala facilities, whereas 30 states had at least one SG facility.

¹⁷This is based on a RTI reply received on 21 March 2022.

Figure 4: The proportion of releases spent for OSC has declined over the years



Source: (1) Lok Sabha questions. (2) Authors' calculations

There was only a marginal difference in releases (₹2.28 lakh) between the years. States such as Chhattisgarh and Tripura, with fewer CAW cases registered, at 1.7 per cent and 0.19 per cent out of the total CAW in India, spent 100 per cent and 96 per cent of their releases in FY 2020-21, respectively.

3.4 Variations

Currently, OSC and SS guidelines do not include several female victims of GBV under NCRB's CII 2021¹⁸. This includes CAW, such as abetment to suicide, miscarriage, attempt to acid attack, and crimes of trafficking, rape, and sexual assault against minor girls (less than 18 years of age). MWCD's reported data on GBV victims are not disaggregated by age, precluding analysis of minor girls in the current estimates of needs and costs.

Assuming OSC and SS as viable solutions to address women's safety, costs and needs will increase as follows:

1. Coverage would have to be expanded to over 9.84 lakh and 1.57 lakh victims of GBV under OSC and SS, respectively, at the minimum. This increases with 90 per cent under-reporting and bottom three WQ to 68.86 lakh and 10.98 lakh women under OSC and SS, respectively.
2. Correspondingly, the number of minimum and maximum facilities would increase. OSC and SS would need to construct at least 2,025 and 2,726 more facilities to the existing operational facilities, respectively. At the maximum, 18,187 and 21,503 facilities would need to be constructed, respectively.
3. Lastly, total costs would increase too. OSC and SS would need at least ₹1,489 crore and ₹2,229 crore, respectively. Similarly, with 90 per cent under-reporting and bottom three WQ, ₹20,022 crore and ₹11,749 crore would be needed for OSC and SS, respectively.

Conclusion and Way Forward

This note has presented the gaps in needs and financial prioritisation of two safety schemes – OSC and SS – of MWCD. The estimations of needs and costs to provide stay-home facilities for victims of GBV suggest that MWCD has under-prioritised women’s safety in India. Arguably, in the aftermath of MWCD’s reclassification exercise of its schemes, it can further under-reporting of VAW by encouraging victims to reconcile with perpetrators, and reduce the demand for redressal under these schemes.

The findings present the need for increasing the number of facilities and, correspondingly, the financial prioritisation of OSC and SS under Mission Shakti. Further research to investigate how these facilities function at the grassroots is

required. Recently, the Delhi Government also launched ‘Pink Booths’ to ease reporting of VAW in the city ([Hindustan Times, 2021](#)). While existing evidence suggests that patriarchy is pervasive in such an institutional set-up, there is no denying the importance of alternate sites for redressal and justice.

More studies may also be needed to understand the gender sensitivity of these institutions. For effective institutional redressal, it is important for these institutions to act as safe spaces for victims of violence. This note has attempted to discuss the challenges of implementation and access to two key schemes providing stay-home facilities to GBV victims due to under-reporting.

Assumptions and Detailed Methodology

S. No.	Scheme	Assumptions and Methodology	Limitation(s)
1.	Population	<p>Data related to item-wise costs have been collected from MWCD's scheme guidelines for Mission Shakti's One Stop Centre (OSC) and Shakti Sadan (SS). [Available online at: https://wcd.nic.in/sites/default/files/Mission%20Shakti%20Guidelines%20for%20implementation%20during%2015th%20Finance%20Commission%20period%202021-22%20to%202025-26.pdf.]</p> <p>According to the updated guidelines, erstwhile standalone schemes of Swadhar Greh (SG) and Ujjawala have been merged into SS. MWCD's reported data on GBV victims under SG and Ujjawala, therefore, have been combined for estimating needs under SS.</p>	<p>MWCD's reported GBV victims under the schemes are for 2021-22. The analysis has been conducted for the same year.</p>
2.		<p>This analysis considers Crime Against Women (CAW) as per the National Crime Records Bureau (NCRB) 2022, Census 2011, and Health Management Information System (HMIS) 2020. Data from these sources is assumed to be accurate.</p>	<p>The analysis does not include girls who are less than 18 years of age, as MWCD's reported figures are not disaggregated by age. Data is also unavailable for the children accompanying women at an OSC or SS. Further, those who might be participating in community-level workshops due to similar reasons have been excluded. This contributes to an under-estimation of costs.</p> <p>Further, NCRB's Principal Offence Rule does not account for victims who have been subjected to multiple forms of violence. This leads to an under-estimation of GBV victims by only accounting for the most heinous crime against them, as defined under the Indian Penal Code and Special and Local Laws.</p>

3.	<p>The following CAW have been considered from the three main sources of GBV victims.</p> <p>NCRB 2022: Acid Attack (Sec. 326A IPC); Kidnapping & Abduction (Sec. 336 IPC), Kidnapping & Abduction in order to Murder (Sec. 364 IPC), Kidnapping for Ransom (Sec. 364A IPC), and Kidnapping & Abduction of Women to compel her for marriage (Sec. 366 IPC), and Kidnapping and Abduction of Women – Others (Secs.363A, 365, 367, 368, 369 IPC); Immoral Traffic (Prevention) Act, 1956 and Human Trafficking (Sec. 370 & 370A IPC); Rape (Sec. 376 IPC), Murder with Rape/Gang Rape, Attempt to Commit Rape (Sec. 376/511 IPC), Assault on Women with Intent to Outrage her Modesty (Sec. 354 IPC), Insult to the Modesty of Women (Sec. 509 IPC); Cruelty by Husband or his relatives (Sec. 498 A IPC), Protection of Women from Domestic Violence Act; Dowry Prevention Act, 1961 and Dowry Deaths (Sec. 304B IPC); and Cyber Crimes/Information Technology Act (Women Centric Crimes).</p> <p>Census 2011: Houseless Women.</p> <p>HMIS 2020: Female Non ANC HIV - Number Positive and Number of pregnant women screened positive for HIV (by finger prick test)</p>	<p>According to the erstwhile scheme of SG, women who have been released from prison or are deserted, lacking family, social, or economic support, may seek redressal under the scheme. [Available online at: https://wcd.nic.in/sites/default/files/Revised%20Guidelines%20Swadhar%20Greh%2C2015%20%28%20English%29.pdf.]</p> <p>Data on deserted women are unavailable. While the closest proxy for deserted women would have been Separated or Widowed women from Census 2011, it is difficult to establish (or empirically assume) the lack of such support for women in both categories – deserted and prisoners released.</p> <p>Moreover, according to NCRB's Prison Statistics India, only 1.25 per cent of female undertrials were eligible for release, or were released, out of total prisoners released and eligible for release in 2021. [Available online at: https://ncrb.gov.in/sites/default/files/PSI-2021/Chapter%207%20-%202021.pdf.]</p> <p>Data for HMIS 2021-22 is only updated till May 2021. Hence, we have considered data for the previous year (2020-21), which is available for the whole year.</p> <p>This might contribute to an under-estimation of costs.</p>
4.	<p>To estimate homeless women in 2021, a state/UT-wise population multiplication factor was calculated, using Natural Growth Rate (NGR) of overall population from 2011 to 2020. A multiplication factor was calculated and used for estimating the total number of homeless women in 2021.</p> <p>NGR data was collected from the Sample Registration System (SRS). [Available online at: https://censusindia.gov.in/nada/index.php/catalog/42687.]</p>	

5.		State/UT-wise proportions to estimate redressal under OSC and SS were taken. According to Mission Shakti guidelines, services under OSC and SS are inter-linked. Depending on a victim's need for shelter, they may choose an OSC or SS for short-term or long-term stay, respectively. Proportions have been calculated based on MWCD's reported GBV victims for 2021-22. This was calculated as follows: Proportion = Scheme 1 (or 2) beneficiaries/(Scheme 1 beneficiaries + Scheme 2 beneficiaries).	
6.	Costs and Estimated Beneficiaries	Two costs have been calculated using MWCD's guidelines for estimating overall costs of existing facilities, required facilities, and to-be constructed facilities. Unit costs include recurring (management, administrative, etc.) and non-recurring (repair, refurbishment, etc.) costs. For required facilities and to-be constructed facilities, construction costs and rental costs under OSC and SS, respectively, have been included.	The new guidelines do not provide construction costs for Shakti Sadan. Rental cost as a proximate cost for construction has been used. Further, unit costs are not disaggregated state/UT-wise.
7.		Full capacity has been assumed for the shelter homes. The maximum number of GBV victims allowed in an OSC and SS are 5 and 50, respectively.	There is no state/UT-wise data to confirm the number of GBV victims residing at the shelter homes at a point in time, or periodically.
8.		The number of SS facilities required is estimated as: Total Number of Estimated GBV Victims/50 , where 50 is the maximum number of women who can stay for a 3-year period at an SS facility. The number of OSC facilities is estimated as: Total Number of Estimated GBV Victims/365 , as a victim can stay for a maximum period of 5 days at an OSC facility.	We have assumed maximum capacity at any point in time. However, this might not be the case.
9.		It has been assumed that not all women require the benefits under OSC and SS. For this, NFHS's Wealth Quintiles (WQ) have been used for estimation needs for the bottom 3 WQs. There are only 5 WQs provided by the NFHS: Lowest, Second, Middle, Fourth, and Highest. [Available online at: http://rchiips.org/nfhs/NFHS-5Reports/NFHS-5_INDIA_REPORT.pdf .]	There is no exact state/UT-wise data on the number of women requiring socio-economic support. This data assumes equal distribution of wealth and population at the household level.
10.		A total of 12 scenarios of under-reporting and WQ-based provision of scheme benefits were considered. The under-reporting is estimated at different levels (or percentages): 30 per cent, 50 per cent, 70 per cent, and 90 per cent for all CAW.	No state/UT collects data on potential under-reporting of VAW in India. The difference between the experience of VAW from the NFHS and actual cases from the NCRB may be used as a proxy for such estimation. This study precludes such an analysis.

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