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On 17th May, 1994 while considering a Writ Petition (Civil) No. 339 of 1986 in Rakesh Ch. Narayan Vs. the State of Bihar and Others the apex Court of India passed the following order:-

'The present administrative set up at the Ranchi Mental Hospital (RMA) and control system need a strong second look. We requested Union Health Secretary to make a comprehensive assessment of the present administrative set up and its management. He may meet the concerned officers of the Bihar Government and submit to the Court his recommendations for the proper administrative set up for the hospital which, while relieving the administration of the hospital from the Procedural redtape would also ensure accountability and discipline of the staff – both medical and administrative and ensure how to maximize the utility of the institution to the public'.

In his report dated 11th July, 1994, Shri M.S. Dayal, the then Union Health Secretary, who received accolades from the apex Court for his report 'struck the right note as to how the question of reconstruction of the administrative set up of the hospital is to be approached'. To quote from the body of the report:-

'I would like to stress that improvements should be effected by looking at the situation as an opportunity for providing high quality of treatment to the needy mentally ill persons, ensuring their social and occupational rehabilitation and eventually developing RMA into an institution that can make substantial contribution to education and research in the field of psychiatry, clinical psychology, psychiatric nursing and psychiatric social work'.



To quote further from the report dealing with the nature and extent of the requisite changes in the administrative set up of RMA:-

'(a) the RMA should be an autonomous institution, managed by a Managing Committee, chaired by the Divisional Commissioner at Ranchi and have a Director in the grade of Rs. 5900-Rs. 6700 (plus NPA and other allowances and free furnished accommodation) as its Chief Executive Officer. (b) All the employees of RMA shall be civil servants of the Government of Bihar. The Director, RMA should be the appointing and disciplinary authority for all B, C and D group employees of RMA. The Managing Committee should be the Appointing and Disciplinary Authority in respect of all Group A employees other than the Director of the RMA. The Health Department in the State should be the appointing and disciplinary authority for the Director, RMA. (c) the Managing Committee should have full administrative and financial powers in relation to all the affairs of RMA, including powers to create and abolish posts in RMA.'

'An important point for toning up the administration of RMA is to post an appropriate person as the Director, RMA assisted by the Medical Superintendent and a Deputy Director (Administration) ... the First Director of RMA should be a person who, besides being a person of confirmed integrity should have a strong background in modern scientific approach to the treatment of mental patients and their social and occupational rehabilitation

The apex Court accepted the Dayal report, accepted its recommendations as to the future administrative set up for the RMA and directed the implementation of the recommendations of the report in the matter of administrative control and management of RMA. It directed that the new scheme of administration shall come into force with effect from 1.10.94 and shall supercede all earlier schemes, directions or orders issued in this behalf. The State of Bihar was directed to promulgate the rules at Annexure-I to the Dayal report immediately and in any case before 30th September, 1994 The Constitution of the Managing Committee shall also be completed before 30th September, 1994 so that the new body can be installed and can take over from 1st October, 1994.

The apex Court had also approved a number of other recommendations made in the Dayal report pertaining to building up of a new physical infrastructure (both office buildings, residential accommodation, thirty bedded short stay ward-cum-treatment block together with laundry and dining places, renovation of drainage and bathing platform, renovation of internal roads, renovation of existing sewer lines, construction of a new overhead water tank of 200,000 litres, provision of 50 sets of solar lights for emergency use, renovation of kitchen, canteen and stores, construction of additional units for occupational and rehabilitational activities.

More than 13 years have passed since these directions were given. A number of changes have taken place since then. The State of Jharkhand was carved out from Bihar w.e.f. 1.11.2000. RMA has been renamed as RINPAS w.e.f. 19.1.1998. In the meanwhile, in W.P. (Criminal) No. 1900/81 Dr. Upendra Bakshi Vs. State of U.P. and Others, apex Court issued directions to NHRC to take over the responsibility of monitoring and overseeing the smooth management of RMA and ensuring the full extent of compliance of its directions contained in the earlier order dated 8.9.94. In pursuance of the said direction RMA (now rechristened as RINPAS) continues to be inspected and its activities reviewed by the following officers of NHRC:-

S.No.	Name	Date of visit	Visited by
1.	RINPAS, Ranchi	30.6.2000 to 2.7.2000	Shri Chaman Lal, Special Rapporteur.
2.	RINPAS, Ranchi	20.7.2001	Justice Shri J.S. Verma, Chairperson, NHRC + Shri Chaman Lal, S.R.
3.	RINPAS, Ranchi	27.9.2001	Shri Chaman Lal, S.R.
4.	RINPAS, Ranchi	21.6.2002	Shri Chaman Lal, S.R.
5.	RINPAS, Ranchi	4.7.2003	Shri Chaman Lal, S.R.
6.	RINPAS, Ranchi	26.3.2004	Shri Chaman Lal, S.R.
7.	RINPAS, Ranchi	19.3.2005	Dr. Justice A.S. Anand, Chairperson + Shri Chaman Lal, S.R.
8.	RINPAS, Ranchi	30/31.3.2006	Shri Chaman Lal, S.R.
9.	RINPAS, Ranchi	25.2.2007 to 27.2.2006	Dr. L. Mishra, Special Rapporteur.
10.	RINPAS, Ranchi	2.3.2008 to 6.3.2008	Dr. L. Mishra, Special Rapporteur.

I had visited RINPAS from 25.2.2007 to 27.2.2007 for the first time. The report containing my impressions, conclusions and recommendations in the wake of the visit was placed before the Commission in March, 2007 and later circulated by the Commission to the State Government of Jharkhand and Director, RINPAS in April, 2007. The then Director, RINPAS, Prof. (Dr.) Brigadier Shri P.K. Chakraborty (from 1.7.2001 to 31.7.2007) had initiated a number of new works programmes, some of which are at an execution phase, some nearing completion and some at the planning/formulation stage. The details of these works programmes have been reflected in my report. Prof. (Dr.) Brigadier Chakraborty demitted

office on 31.7.2008 and Prof. (Dr.) N.N. Agarwal who is the Chief Executive and Director of Rajendra Institute of Medical Science, Ranchi (RIMS) as also a member of the Managing Committee of RINPAS assumed charge of Director, RINPAS in addition to his own duties w.e.f. 1.8.2007. Even though RIMS has a very large Medical College and Hospital with 1500 beds with onerous responsibilities on the shoulders of the Chief Executive, Dr. Agarwal from day one and for the last 7 months has been evincing the same interest to sustain the tempo of activities of RINPAS initiated by his predecessor by (a) excellent time management (b) maintaining the same liaison and coordination with Health Deptt., the Divisional Commissioner who happens to be the Chairman of the Managing Committee, Chairpersons of all Sub Committees set up under the auspices of the Managing Committee as also all executing agencies and (c) securing willing cooperation and involvement of all his colleagues in various faculties of RINPAS. In other words, the work of RINPAS has not suffered even though it does not have full time Chief Executive and Director.

Administrative Infrastructure:

By the order of Governor, Bihar, Department of Health, Medical Education and Family Welfare, Government of Bihar vide its letter No. 356(2) dated 19.1.1998 changed the name of Ranchi Manasik Arogyashala (RMA) to Ranchi Institute of Neuro Psychiatry and Allied Sciences (RINPAS). By the same order it was stipulated that RMA or now RINPAS shall be an autonomous institution and its management shall be vested in a Management Committee consisting of the following members :-

- Divisional Commissioner - Chairman
South Chotanagpur
- Secretary, Department of Health - Member
Family Welfare, Medical Education
and Research, Govt. of Jharkhand
Ranchi.

- Secretary, Deptt. of Health and Family Welfare, Govt. of Bihar Patna. - Member
- Dy. Commissioner, Ranchi - Member
- Senior SP, Ranchi - Member
- Director, RIMS - Member
- Vice Chancellor, Ranchi University - Member
- Vice Chancellor, BAU, Kanke Ranchi. - Member
- Non Official Member (female) - Member
- Non Official Member - Member
- Director, RINPAS - Member Secretary.

The Chief Secretary to Government of Jharkhand has been made a special invitee to the meetings of the Managing Committee. To facilitate presence of and participation of Chief Secretary in the meetings of the MC, they are being held in the room of the Chief Secretary. This is a healthy convention which should be continued.

The MC has met 38 times so far and the minutes of the meetings have been duly recorded/circulated to all concerned and follow up action on the decisions is being promptly initiated.

In my report dated 25.2.2007 to 27.2.2007 I had made a number of observations related to management and was happy to note that the MC has taken prompt action on my observations/suggestions as under:-

S.No.	My observation/suggestion	Action Taken
1.	I had objected to appointment of a Chartered Accountant as a member	The suggestion has been agreed and it has been

	in the Finance Sub Committee in place of a representative from Finance Deptt.	decided that an officer not below the rank of JS should be nominated by the Finance Department, Government of Jharkhand as a member of Finance and Accounts Sub Committee of RINPAS.
2.	Patients who belong to low middle class families or families which are below poverty line find it difficult to meet the cost of travel (to and fro) to RINPAS. The management of RINPAS should take up with State Road Transport Department and Railway Department to issue free passes to mentally ill persons below poverty line and concessional fare far and upto 3 companions/relatives accompanying the patient.	On the request of RINPAS management and on the direction of Chief Secretary, Health Secretary, Government of Jharkhand has since moved the concerned quarters. Free passes to BPL patients and concessional fare for others are being issued now.
3.	Out of 16 quarters meant for medical officers, 15 have been occupied and one is under unauthorized occupation by a PS to one of the Ministers in Jharkhand Government. The unauthorized occupant should be evicted, if necessary, by force.	I had spoken to the Dy. Commissioner of Ranchi - K.K. Soan and the unauthorized occupant has since been removed.
4.	Power connection should be provided to 12 quarters in warden line residential area where electrical wiring has been done.	I had spoken to the Chairman, Jharkhand State Electricity Board to provide the connection. All formalities have been completed and a new transformer with a 250 KVA

		capacity is being installed.
5.	The new academic block (three storied) which was being constructed at an estimated cost of 5.35 Crores would be ready in 3 to 4 months time and when completed should be inaugurated by the Chairperson, NHRC.	The Chairperson inaugurated the new academic block on 23.7.2007.
6.	Pace and progress of the following buildings should be closely monitored by the Works Sub Committee:- <ul style="list-style-type: none"> - construction of a community hall; - construction of a multi channel CT scan building. 	These have since been completed and CT Scan instrument in the latter has also been installed.
7.	RINPAS should have its own Website.	Website has since been created.

Delegation of administrative and financial powers to the Managing Committee:

Formal orders delegating administrative and financial powers have been issued in favour of the Managing Committee. In regard to the first, it has full powers for creation of posts and appointment to the posts (except Director) in all Gr. A, B, C and D categories (including senior and junior residents and research scholars). It has also full powers in respect of reorganization of sections/units/ departments.

In regard to the second while the Managing Committee and Finance and Accounts Sub Committee have retained a few powers (like purchase of electronic equipments costing 10 lakhs and above, sanction of purchase of vehicles, permitting and sanctioning TA/DA to officers of the Institute to go abroad etc.). Other financial powers have been substantially delegated to the Director

The scheme of delegation of administrative and financial powers as in vogue in RINPAS is sound and sensible and is working well for the last 10 years or so. The same could be adopted and implemented by IMHH, Agra and GMA, Gwalior as well.

Administrative structure – manpower planning, number of posts sanctioned, number of posts filled up and number of vacant posts:

The administrative structure comprises of the following wings:-

- Administrative Wing;
- Teaching/Training/Treatment Wing;
- Research Wing.

The Supreme Court in the judgement referred to earlier had stressed the importance of having an integrating arrangement where teaching, training, treatment and research will be viewed together with the same sense of urgency and seriousness of concern.

The following table gives an indication of the number of vacancies in various categories of posts (which is quite large in Grade C and Grade D categories):-

Category	Sanctioned	Working	Vacant	On Contract Basis
Group A	29	14	15	02
Group B	27	16	11	04
Group C	301	212	90	01
Group D	187	141	49	04

The number of posts sanctioned, present strength and vacancies obtaining in different departments in Gr. A and Gr. B are as under:-

1. Department of Psychiatry:

Staffing Pattern

Name of the Post	Sanctioned	Persons working	Vacant
Professor	01	01	Nil
Associate Professor	04	04	Nil

Asstt. Professor	04	03	01
Senior Resident	04	04	Nil
Research Officer	04	04	Nil

2. Department of Clinical Psychology:

Staffing Pattern

Name of the Post	Sanctioned	Persons working	Vacant
Professor	01	01	Nil
Associate Professor	03	03	Nil
Asstt. Professor	03	01	02
Lecturer	01	01	Nil
Clinical Psychologists	Nil	02	Nil
Research Officer	04	04	Nil

3. Department of Psychiatric Social Work:

Staffing Pattern:

Name of the Post	Sanctioned	Persons working	Vacant
Professor	01	Nil	01
Associate Professor	03	01	02
Asstt. Professor	03	01	02
Psychiatric Social Workers	14	10	04

Recruitment Rules for recruiting persons to these posts are the same as those followed by NIMHANS. I was given to understand that in regard to selection of persons against teaching posts advertisements are being repeatedly issued but when no candidate is available after repeated efforts the post is filled up on contract basis. In other words, there is acute shortage of professionals in Psychiatry, Clinical Psychology and Psychiatric Social Work.

Human Resource Development:

- The inherent limitations in having the full complement of staff as above notwithstanding, RINPAS is a recognized teaching centre for

MBBS students who are posted to RINPAS from different medical colleges of Jharkhand and Bihar in different batches for psychiatric training.

- Nursing students from different Nursing Colleges do also come and receive short term orientation/training. Currently one such batch from Calcutta was receiving nursing training. The minimum requirements for such training have been laid down by the Nursing Council of India.
- The new teaching block within the premises of RINPAS was inaugurated by the Chairman, NHRC on 23.7.2007. This block has 7 rooms on the ground floor, 7 rooms on the first floor and 7 lecture halls on the top floor. Initially there was no provision for grills on the ground floor. Considering the fact that this would adversely affect security grills are now being provided. Furniture for the new block has just arrived and it is hoped that the teaching programme for M.D. Psychiatry, DPM, M.Phil and Ph.D. would commence as per normal schedule from May, 2008 this year.
- The following will be the structure and schedule of the academic programme from May, 2008:-
 - M.D Psychiatry – 1 seat – 3 years;
 - Diploma in Psychological Medicine – 1 seat - 2 years;
 - Diploma in Psychiatric Nursing – 6 seats – 9 months;
 - M.Phil in Clinical Psychology – 6 seats;
 - Ph.D. in Clinical Psychology – 2 seats;
 - Ph.D. in Psychiatric Social Work – 2 seats

Total – 24 seats

- In the interview held on 2.3.2008 and 3.3.2008 selections have been made for both faculty members of Psychiatry department as also for students in M.D. Psychiatry, DPM, DPN, Ph.D. in Clinical Psychology and in Psychiatric Social Work, M.Phil in Clinical Psychology and Psychiatric Social Work. The details of the faculty members and students selected are given in Annexure I and II. This is a creditable achievement and will strengthen the academic wing of RINPAS, considering the fact that there is acute shortage of professionals in all the 3 disciplines as has been pointed out earlier.
- Despite shortage of hands, the track record of performance of all the 3 departments has been impressive in terms of treatment, research (guiding research scholars) and training as would be evident from the following:-

I **Track record of performance of the Department of Psychiatry:**

- In addition to providing inpatient and out patient Services at RINPAS, the Department of Psychiatry is rendering professional services to a number of other institutions as under:-
 - outreach programme at Jonha, Khunti, Saraikala and Hazaribagh (once a month);
 - Psychiatric care of inmates of Birsa Munda Central Jail, Ranchi (weekly), Hazaribagh Central Jail (monthly) and Khunti Jail (monthly);
 - Psychiatric care of inmates of Nirmal Hriday (Missionaries of Charity) home for destitute women, Ranchi (weekly);
 - Psychiatric care of inmates of home for destitute old men, Ranchi (weekly).

Training:

- training has been imparted to counsellors of Jharkhand and Bihar AIDS Control Society;
- training has been imparted to the officers of State Government of Jharkhand at Srikrishna Administrative Training Institute, Ranchi.

Papers Published:

In all 26 papers have been published on various aspects of psychiatric illness, alcoholism, old age, learning disability, assessment of stress, suicides, various forms of disorder (including OCD) covering a large cross section of the society.

Books Published:

In all 3 books in English and 2 books in Hindi on Psychiatry in general and Schizophrenia in particular have been published in 2007-2008.

Examinership/appointment in Professional Societies:

Prof. and HOD – Dr. S. Chaudhury and 2 other faculty members have been appointed as Examiners for M.D. (Psychiatry) and Ph.D. apart from being elected as office bearers of professional bodies like Indian Psychiatric Society, Association of Industrial Psychiatry of India etc.

Lectures delivered/papers presented/sessions chaired:

Professor and HOD – Dr. S. Chaudhury and 3 other faculty members have participated in the 60th Annual Conference of Indian Psychiatric Society and other Zonal conferences of the society, have presented papers and chaired sessions. All the faculty members of the Department of Psychiatry also participated in 6th International Conference of Somatic Inkblot Society.

Awards:

Prof. and HOD - Dr. S. Chaudhury and one faculty member have received awards for distinguished services as also for the quality of paper presented.

II Track record of performance of the Deptt. of Clinical Psychology:

I Guiding Research Scholars:

The Deptt. has been guiding 6 students in the 2nd year (2006-08) and 6 students in 1 year session (2007-08) for M.Phil and 2 students for 2006-08 session and 2 students for 2007-10 session for Ph.D. Four students were awarded Ph.D. degree in 2007-08 while one Ph.D. thesis has been submitted the same year.

II Holding distinguished positions in professional bodies and journals:

The Professor and HOD – Dr. A.K. Singh, Associate Professors, Lecturer in Clinical Psychology have been Editor-in-Chief and Editors of acclaimed national journals apart from being elected to hold responsible positions in various national level societies/other philanthropic organizations like Red Cross.

III Participating in national/international conferences/ delivering lectures and presenting papers:

Professor and HOD – Dr. A.K. Singh and other faculty members have been delivering guest lectures, chairing sessions and participating in international, national/regional seminars and workshops and presenting papers. In all 50 papers on a wide range of issues have been presented by the faculty members of the department of Clinical Psychology during 2007-08 which is a creditable scholastic record for which they deserve to be commended. During 2007-08 itself 19 papers have been published.

IV Placement of students:

It is encouraging to note that 12 students from the Department of Clinical Psychology have got placement in different institutions/ universities.

V Treatment – services rendered at RINPAS and outside by the department of Clinical Psychology:

The professional services which are rendered at RINPAS are in the nature of:-

- assessment, psycho-diagnostic assessment, IQ assessment, neuropsychological assessment, personality assessment;
- psychotherapeutic management, supportive psychotherapy, cognitive behaviour therapy, counselling and guidance, group psychotherapy;
- yoga, asana, pranayam and meditation.

Numerically speaking, there were 1289 cases involved in the first category, 3996 cases in the second category and 643 cases in the third category.

VI Community Outreach mental health programme:-

Every Tuesday the faculty members are participating in community outreach programmes at Jonha, Saraikela, Hazaribagh and Khunti where they conduct psychological assessment and undertake psychotherapeutic interventions.

III Track record of the Department of Psychiatric Social Work:

I Guiding Research Scholars:

The Department has been guiding M.Phil and Ph.D. students and has also been conducting research projects. During 2005-07, 3 M.Phil dissertations were ready for submission; the number of dissertations for 2006-08 went upto 4. Four research projects were

conducted in 2007-08. While 3 Ph.Ds were awarded in 2007-08, 11 Ph.D. scholars are being guided in preparation of their thesis.

II Papers published, papers submitted for publication and papers accepted for publication in 2007-08:

- Ten papers on a wide range of issues such as creativity, learning disability, anxiety disorder, dysfunction, aging and sexuality, cognitive behaviour therapy in treatment of OCD etc. have been published during 2007-08;
- Five papers have been accepted for publication while 4 papers have been submitted for publication in 2007-08.
- In all 12 papers have been presented on a wide range of issues from mental retardation of children to KAP (knowledge, attitude and perception) among parents of children with epilepsy while 3 papers have been accepted for presentation at the National Seminar on relevance of Gandhi in promotion of rural development and peace to be held at Kashi Vidyapith, Varanasi from 8th to 10th March, 2008.
- Seven research Projects have been proposed to be taken up during 2008-09.

Assignment of additional responsibilities to medical officers/specialists over and above their normal work related to teaching, training and research:-

Considering the heavy workload in the Institute vis-a-vis the paucity of officers, the Director has assigned certain additional responsibilities of supervision, monitoring and coordination to the following officers without detriment to their normal functions:-

- | | | |
|---------------------|---|-------------------------------|
| 1. Dr. K.S. Sengar | - | Kitchen |
| 2. Dr. B. Prasad | - | Medical Stores, OPD. |
| 3. Dr. S. Chaudhury | - | Community Mental Health. |
| 4. Dr. P.K. Singh | - | General Stores. |
| 5. Dr. S.K. Singh | - | Diagnostic Centre. |
| 6. Mr. R.K. Munda | - | Agriculture and Horticulture. |

7. Dr. P.K. Sinha	-	Vehicle and Stationary
8. Dr. Amool K. Singh	-	Recreation and Officer's Club
9. Mrs. Manisha Khan	-	Recreation and Officer's Club
10. Dr. K.C. Manjhi	-	Garden
11. Dr. M. Jahan	-	Computer
12. Md. Jalil	-	Occupational Therapy
13. Mrs. Usha Narsaria	-	Canteen.

The above arrangement and distribution of work has worked well so far and should be allowed to continue.

Library:

Since my last visit in February, 2007 the following significant improvements have taken place:-

- all the books (15,454) and journals (3423) have been entered in the computer;
- loose journals from 2001 upto 2007 have been entered;
- bound journals (683) have also been entered;
- broad band internet connection is in operation;
- any body sitting in his/her room can access the library books and journals in the computer connected through LAN.
- The Library is subscribing 57 foreign journals and 5 Indian journals.
- The library has procured the following electronic storing devices of immense research value:-
 - DVD in nervous system, genetics, endocrinology, suicide, schizophrenia, immunology, alcoholism, substance abuse, pharmacology, drug abuse, anxiety, depression, down syndrome, migrane, obsessive compulsive disorder (OBC), stroke etc.;

- CD in clinical psychology, stress, abnormal psychology, adolescent psychology, social sciences, medicine and psychiatry;
- Video cassettes in dyslexia, cognitive neuro-psychology, eating disorder (compulsive over eating and resultant obesity), depression, personality disorders etc.
- In all, the faculty members and research scholars have produced 47 dissertations for M.Phil in the last 5 years, 9 of these (old and new) have been submitted out of which 7 have been awarded Ph.D. in 2007-08.
- The number of books procured in the library have registered progressive increase from 7753 in 2001-02 to 15,454 in 2007-08.
- They cover a wide range as would be evident from the following:-

General	-	195
Philosophy	-	112
Psychology	-	1293
Religion	-	1012
Social Work and Mental Health	-	1741
Language	-	105
Pure Science	-	226
Medicine	-	2159
Neurology	-	1081
Psychology	-	1343
Applied Science	-	246
Art	-	59
Literature	-	5554
History and Geography	-	328

- The total number of books and magazines of male patient library and female patient library till February, 2008 is as under:-

	Books	Journals
Male	5410	540
Female	1507	275

Comments and suggestions:

- Even though a demand was made at the time of my first visit that the library timings should be increased from 5 PM to 6 PM and this has since been implemented (the lady librarian is herself staying extra 1 hour keeping the library open upto 6 PM) the number of officer's visits has come down from 731 in January, 2008 to 684 in February, 2008.
- Similarly the number of monthly books and journals issued is showing a considerable decline between March, 2007 to February, 2008.
- There are less number of books in Psychiatry, Clinical Psychology and Psychiatric social work than literature which accounts for about 1/3rd of the total number of books. There is obvious need for increasing the number of books in the disciplines which are more relevant for RINPAS than books on art, literature, language, philosophy and religion.
- One possible reason for less number of officers visiting the library could be on account of the fact that officers and staff members are able to have better access to all possible informations through internet and hence there is less need for getting books and journals issued from the library.
- Since monthly visit of both male and female patients has come down between March, 2007 to February, 2008, it may be useful to have a

friendly chat with these patients and relatives and ascertain their preferences for specific reading materials (books and journals included) and order them for the library subsequently. A regular assessment/evaluation of the extent to which both the libraries – general as well as the one meant for patients are being used should be done by an external evaluator who has a degree in library science and who is an experienced librarian.

Physical infrastructure:

The hospital now known as RINPAS was commissioned in 1925. It is functioning in its own building which is spread over in an area of 356 acres and with a total plinth area of 14,13,344 sq.ft. At the time of my first visit, I had observed that about 7/8th of the total area has been fenced by a boundary wall with a height of 13' and a barbed wire fence of 3' on the wall. The area outside the boundary wall which has not been fenced comes to about 45 acres. About 4 acres out of this are under encroachment by a temple and mosque. Additionally a number of shops have come up both around and adjacent to the boundary wall. On account of resistance from vested interests it has not been possible to fence the entire stretch of 347 acres. Even though the then Dy. Commissioner-Shri K.K. Soan was contacted by me on this and was specifically requested to launch a drive to remove the encroachments and he had assured me to do so no action has yet been taken and the encroachments continue as before.

The unauthorized occupation of one of the staff quarters meant for medical officers by the PS to one of the Ministers of Jharkhand Government has, however, been removed as reported to me by the hospital management.

The power transformer (250 KVA) has since been installed and power connection to the 12 quarters in warder line residential area has been provided. The list of Civil, PH and Electrical Works which have been sanctioned, have either been completed or nearing completion is given at Annexure- III, IV and V.

Grey areas:

- The boundary wall around (347-45) 302 acres of land is in a bad shape. It was colour washed years ago and the paint has given way due to heavy rains. It needs to be colour washed in 2008-09 afresh. Steps may be taken to do so without any delay.
- The job of casting the pavement within the premises of RINPAS which has been laid in recent months was not executed properly and has developed cracks. This would not have happened if care would have been taken to carve out small compartments instead of casting the entire stretch in one go. Care may be taken not to repeat such mistakes in future.
- There are too many items of civil works in progress with a long gestation period. The pace and progress of works need to be closely monitored so that the gestation period is not unduly prolonged. The Chairman and members of the Works Sub Committee should do so.

Adequacy of support services, facilities and amenities:-**Right to food:****Redeeming features:**

- There is one centralized kitchen which caters to the needs of all patients in 9 male wards and 4 female wards.
- Separate space is available in the kitchen for keeping the gas cylinders.
- Four exhaust fans have been fitted to the 4 walls of the kitchen.
- Glazed tiles have been fitted upto 1.5 metre height (from the floor).
- Electrical kneader and arrangement for baking chapattis are available.

- Cooking is being done by the cooks of the hospital in 2 shifts namely;
 - 6 AM to 2 PM - first shift
 - 12 Noon to 7 PM - second shift.
- Cooking is being supervised by the nursing staff and officer in charge of the staff kitchen – Dr. K.S. Sengar.
- There is a Central Provision Store in which rice, atta, pulses and vegetables have been stored.
- Three to four patients draw ration from the store as per entitlement per day.
- Items are issued from the store according to an order of authorization and in each shift.
- The items received from the store are cooked in front of the supervisory staff as well as these patients with a view to preventing pilferage from the kitchen.
- The timing for breakfast, lunch, evening tea and dinner is as under:-

Breakfast	:	800 hrs to 830 hrs
Lunch	:	1230 Noon to 1300 hrs
Evening tea	:	1500 hrs to 1530 hrs
Dinner	:	1800 hrs – 1930 hrs
- The weekly menu is prepared and meals are served except in rare cases where the supplier fails to supply the provision in time. On such occasions substitute foodgrains having equivalent nutritive value is issued to the patients.
- Monthly medical checkup is done for food handler/cooks.
- Testing of food is being done by officers before it is served.

- In the absence of trolleys for transportation of food from the kitchen to respective wards, cooked food is being manually carried under the supervision of the respective ward staff.

Grey areas:

- It is not correct to observe that a chimney for the kitchen is not needed as there are gas stoves available in the kitchen.
- There will always be fume from the use of oil for cooking food and this will spoil the kitchen environment imparting it a blackish appearance.
- Similarly, a large size platform with a large size sink is needed to cut and wash vegetables purely from the point of hygiene. The existing arrangement of cutting vegetables on the floor is not hygienic.
- Fruits, vegetables (potato, cauliflower, peas, beans, spinach etc.) should be kept in platforms/containers and should not be spread on the floor as is being done now. Besides, water should be regularly sprinkled on all green vegetables.
- Chapati making machine is yet to be procured.
- Food trolley was suggested by me at the time of first visit as earlier road was not paved and the practice of carrying food in big containers manually by patients was fraught with risks. The earlier practice continues even after 1 year but I was given to understand that orders for food trolleys have been placed.
- There should be separate menu for those staying in wards and not doing any work and those going to do manual work in OT.
- There is no regular dietician in RINPAS but the latter takes the help of dietician of RIMS as and when required.

Suggestions:

- It is not enough to say that the help of dietician of RIMS is available as and when required. The hospital is catering to the needs of 500 patients and a full time dietician is needed to advise the hospital management about the nutritive value of food which is needed, the nutritive value which is being ensured through the food that is being served at present, the gap and how to bridge the gap.
- Chimney, exhaust fans, platforms for cutting and washing vegetables, a platform/container for storing vegetables and fruits, chapatti making machine, trolley for transportation of food, dining table for serving food with a human touch are absolutely necessary and these cannot be wished away. All those must be ensured/fulfilled by the hospital authorities.
- It is not correct to prescribe the menu with the same kilo calorie for both working and non working patients of the hospital. Similarly it is not enough to say that 3200 kilo calorie of food is being served to one and all (combined kilo calorie of breakfast, lunch and dinner). What is important is a balanced combination of carbohydrate, protein, oil/fat, minerals and vitamins. Each menu (for breakfast, lunch and dinner) should be scrutinized to satisfy on this point that all these components (carbohydrate, proteins/fat/oil minerals and vitamins) are present in the food package.
- To illustrate, the Indian Council of Medical Research (ICMR) has prescribed certain nutrient requirements and recommended dietary allowance (RDA) for able bodied adults (women and men). These are contained in a table given below:-

Group	Particulars	Body Weight (Kg)	Net energy	Protein (gm)	Fat (gm)	Calcium (mg)	Iron (mg)	Iron Retinol	Vitamin A Bcarotene
Man	Sedentary work	60	2425	60	20	400	28	600	2400

Man	Moderate work		2875	60	20	400	28	600	2400
Man	Heavy work		3800	60	20	400	28	600	2400
Woman	Sedentary work	50	1875	50	20	400	30	600	2400
	Moderate Work		2225	50	20	400	30	600	2400
	Heavy work		2925	50	20	400	30	600	2400
	Pregnant woman	50	+300	+15	30	1000	38	600	2400
	Lactation 0-6 months		+550	+25	30	1000	30	950	3800
	Lactation 0-12 months		+400	+18	45	1000	30	950	3800

- The concept of balanced diet (a balanced combination of carbohydrates, Protein, Fat, Calcium, Iron, Vitamin A, Thiamin, Riboflavin, Nicotinic acid, Pyridoxin, Ascorbic acid, Folic acid, Vitamin B-12) is not a search for the moon not something which is utopian. Such a package can be designed by making use of locally available cereals, pulses, fruits and vegetables etc.

To illustrate, the fruits and vegetables which are available in Ranchi and areas surrounding and which contain carotene (Vitamin A), Vitamin C, Vitamin B-12, Iron, Calcium, Folic Acid, Zinc selectively are:-

Carotene (Vitamin A) rich foods:

Vegetables

1. Bathua - 1740;
2. Carrot - 8840;
3. Carrot leaves - 5700;
4. Coriander leaves - 6918
5. Radish leaves - 13000
6. Spinach - 9440
7. Turnip green - 9336
8. Curry leaves - 21000
9. Beet green - 5862

Fruits

1. Raspberrry - 1248
2. Jackfruit - 175
3. Mango ripe - 2210
4. Orange - 2240
5. Papaya - 2740

10. Green chillies – 2430
11. Tomato ripe – 3010
12. Pumpkin – 2100

Vitamin C rich foods:-

Vegetables

1. Drumstick/leaves – 220
2. Coriander leaves – 135
3. Lemon - 59
4. Lemon sweet - 45
5. Lime - 63
6. Tomato ripe - 57
7. Cauliflower – 56
8. Drumstick - 120
9. Chillies green – 110
10. Turnip greens – 180

Fruits

1. Amla – 600
2. Guava – 212
3. Orange – 30
4. Orange juice - 64
5. Papaya ripe – 57
6. Strawberry - 52
7. Pineapple - 39
8. Lime sweet malta - 54

Iron rich foods

Vegetables

1. Lotus Stem dry – 60.6
(Kamal Ki Kakdi)
2. Turmeric – 67.8
3. Niger seeds – 56.7
(black tit)
4. Cauliflower greens – 40.00
5. Turnip greens – 28.4
6. Bengal gram leaves – 23.8
7. Cowpea leaves – 20.1

Fruits

1. Coconut dry – 69.4
2. Mango powder – 45.2

Calcium Rich foods:

Cereals/Pulses/Vegetables

1. Ragi – 344
2. Wheat flour – 48
(whole)

Milk/Fruits

1. Coconut dry – 400
2. Dates dried – 120

- | | |
|---------------------------------|--|
| 3. Bengal gram – 202
(whole) | 3. Buffalo milk – 210 |
| 4. Bengal gram dal – 154 | 4. Cow milk – 120 |
| 5. Rajma – 260 | 5. Goat milk – 170 |
| 6. Soyabean- 240 | 6. Curd (cow milk) – 149 |
| 7. Bhathua leaves – 150 | 7. Channa (cow milk) – 208 |
| 8. Bengal gram leaves – 340 | 8. Channa(buffalo milk)– 480 |
| 9. Carrot leaves – 340 | 9. Cheese – 790 |
| 10. Cauliflower greens – 696 | 10. Skimmed milk powder – 1370
(cow milk) |
| 11. Curry leaves – 830 | 11. Whole milk powder -950
(cow milk) |
| 12. Radish leaves – 310 | |
| 13. Turnip green – 710 | |
| 14. Coriander leaves – 184 | |

Vitamin B-12 rich food:

- Buffalo milk – 0.14
 Cow milk – 0.14
 Curd (buffalo milk) – 0.10
 Curd (cow milk) – 0.13
 Skimmed milk powder – 0.83

Folic Acid Rich Foods:

- Bengal gram – 186
 Green gram – 140
 Cow pea – 133
 Black gram dal – 132
 Lady's finger – 105
 Spinach – 123
 Soyabean – 100
 French beans – 45
 Wheat whole – 36
 Tomato ribe – 30

Carrot – 15

Skimmed milk – 12.5

Cow milk – 8.5

This is not to be treated as something prescriptive and exhaustive but only suggestive and illustrative. On the strength of advice of a dietician it should be possible to work out a balanced food package which will ensure the desired combination of carbohydrate, protein, oil/fat, mineral and vitamins as also ensure the nutritive value.

Right to potable water:

In dealing with right to potable water the following questions need to be addressed:-

- whether arrangement for storing sufficient water @ 135 litres per head in the overhead storage tanks has been made;
- whether arrangement for distribution of water to different wards (male 9 and female 4) for the purpose of cleaning, washing, cooking, bathing, flushing (the cistern in the toilet) and drinking has been made;
- whether care has been taken to ensure that the pipelines meant for distribution of water do not get intermingled with sewerage lines;
- whether care has been taken to clean the overhead tanks at regular intervals;
- whether care has been taken to ensure that samples of water are being sent to approved laboratories for test;
- whether the said test has certified that water is potable by being –
 - free from chemical and bacteriological impurities;
 - free from excess of iron, sulphur, magnesium, calcium, sodium and fluoride etc.

Current status in RINPAS:

- A mineral water (RO) Plant (with an overhead tank) having a capacity of 2000 litres (of potable water for drinking water purpose) per hour has been installed and is fully operational.
- Potable water is being distributed to different wards in sealed containers.
- The supply @ 40 litres of water exclusively for drinking water purpose is considered adequate.
- For every ward 2 additional syntax tanks for washing, cleaning, bathing and conservancy services have been installed and are fully functional.
- There is a separate borewell connection for the kitchen.
- Steps are being taken to clean the overhead tanks at regular intervals.
- Samples of treated water are being sent to the laboratory in charge, State Level Water Testing Laboratory, DW and S Department, CDO, Doranda twice a year.
- Perused the water testing report (January 2008). The following conclusions emanate from the report:-
 - water sample sent for testing is chemically and bacteriologically free from impurities;
 - it is also free from turbidity, arsenic, colour, hardness, alkanity, calcium, magnesium, iron, sodium, floride etc.

Right to environmental sanitation:-

The following observations are being made after visiting the toilets in different wards:-

- every ward has attached toilet facilities;
- the toilet comprises of an enclosure, Indian commode and cistern;
- the flushing arrangement and availability of water for the toilets are adequate;
- old service/latrines have been converted to sanitary latrines with glazed tile cover upto 1 metre height;
- the toilets have been kept neat and tidy.

Suggestion:

- there are a few patients (in particular in the female ward) who are old, victims of rheumatoid arthritis, whose connective tissues have been damaged and who may find it difficult to squat on an Indian commode. A few WCs for use of such patients in specific wards may be fixed to the advantage of such patients.

Right to personal hygiene:

- Personal hygiene starts with the kitchen and goes to the dining table, wards, OT, toilet, library and reading room and assembly places.
- At the kitchen, cooks are provided with apron, cap and nasal mask in 2 sets.
- Separate toilets for male and female kitchen staff have been provided.
- There is provision for supply of hot water in the kitchen.
- Utensils are being cleaned in each shift after cooking.
- Unlike GMA where laundry services have been outsourced (as there is no mechanized laundry within the premises of GMA) the said services in RINPAS are mechanized and managed departmentally. The services comprise of:-

- collection of clothes;
 - washing;
 - drying;
 - pressing;
 - delivery.
- There is a 200 kg capacity mechanized laundry with a washer, extractor and drier.
 - Bedsheets, linen, pillow covers and clothings of patients are being collected, washed, dried up, pressed and delivered within 48 hours.
 - The clothings are changed once in 3 days, linen twice a week and bed sheets also twice a week.
 - The toilets are being regularly cleaned with detergents and chemicals and present a tidy and hygienic look.

Grey areas:

- Even though there is a female barber and soap and hair oil are being regularly supplied I came across a number of women patients who were not putting up the uniform supplied to them (except the female OT where they were neat and clean and were putting up the dress supplied to them), were found to be unkempt, untidy with dishevelled hair, unclean nails etc. Some were having accumulation of fluids in the eyes for which gentamycin eye drop should have been put.
- The floors in the women ward No. 4 were damaged and the dust particles emerging there from could infect the eyes and make people more unclean.

Suggestions:

- The damaged floors should be repaired early.
- Like the roads in male wards, the roads surrounding all the female wards should be paved.

- The female barber should pay special attention to such of the women patients who were not putting up the uniforms supplied to them. The hair and nails must be cut regularly.
- All cases of eye infection must be treated promptly.
- Wherever there are steps to approach a toilet and there are elderly women (70+) who also have problems of Osteoporosis or rheumatoid arthritis or any other form of disability they should be assisted to go to the toilet.
- The toilets should always be kept dry so that such patients do not slip and cause further injury to themselves.

Visit to OPD, Dispensing Room, Record Room etc. and interaction with patients:

5.3.2008

9 AM to 11 AM

- The OPD has the following components:
 - a large hall (30'X20');
 - a large verandah (100'X5');
 - a registration counter;
 - separate examination chambers or cubicles for doctors for screening of patients;
 - a dispensing unit close to the large hall.
- The OPD is properly lighted and ventilated.
- There is provision of supply of potable water and conservancy facility.
- There is a television fitted to the wall for recreation of patients and relatives.

Deficiencies:

- The registration chamber is too small, so also the dispensing unit.
- There is only one computer with a data entry operator.
- Only demographic data are being fed to the computer and not full details of illness.
- There is no separate observation room. Two beds have been put in a corner of the large hall of the OPD (30'X20') and these are being used for observation purpose. There is no privacy of the patient who will be administered sedatives and put in the bed kept in OT itself.
- The registration fee which is Rs. 10/- elsewhere has been raised to Rs. 20/- (BPL patients are exempted from payment) which people in average earning group may find difficult to pay. This, however, is reported to be a decision of the Managing Committee.

Dispensing room:

- Even though the room is small, the sister incharge was found to be polite, smooth and efficient in disbursement of medicines, taking barely 5 minutes per patient (both old and new). By 12 Noon, 88 cases have been registered (48 old and 40 new cases) and 65 patients whose examination was complete had collected their medicines.

Record Room:

- The room is rather small (20'X15') considering the number of patients whose records are meant to be kept.
- The room was untidy and suffered from poor lighting and ventilation. The ventilators were broken.
- There were a few steel racks and the records have been kept in a loose and disorderly manner.

- The old files were found to have been eaten away by white ants.
- The white ants are gradually spreading to new files.

Specific Suggestions:

- It may be desirable to shift the record room to a room having larger accommodation so that files of about 10,000 to 12,000 patients (both old and new) could be stored in the new room in a scientific manner.
- For this purpose the following new system of filing may be adopted with all seriousness:-
 - for every patient (both old and new) a new file is to be opened;
 - the names of patients should be alphabetically categorized;
 - the file should be kept in a bound volume and the papers inside should be properly stitched so that they are not torn or misplaced or lost (as is usually the case with all public hospitals);
 - the files should be maintained yearwise;
 - each file should be allotted one hospital serial number;
 - sufficient number of steel racks of atleast 10' height and 3' width should be purchased so that all the files can be kept properly yearwise and retrieval becomes much easier;
 - all new cases which are registered should be computerized by the data entry operator.
- Each file should contain the following:-
 - personal data (name, age, sex, address, occupation etc.);
 - name of the informant;
 - gist of the complaint/illness;

- past history of psychiatric illness and other associated complications (appendicitis, cardio vascular and cardio respiratory diseases, communicable diseases);
 - personal history (marriage, divorce);
 - family history (was the form of mental disorder diagnosed as genetic);
 - premorbid personality (how was the personality before illness).
- The data which are currently being fed to the computer are purely demographic. Necessary software should be designed so that data on the lines as indicated above could also be stored in the computer.
 - Simultaneously it is necessary that strict confidentiality should be maintained about each and every case.
 - The people at the registration counter should be trained to be civil, courteous and considerate towards the patients.
 - They should be trained not to raise their voice but speak in a soft and subdued one.
 - Boards in Hindi, 'Silence please, do not smoke, do not spit etc.' should be displayed all over.

Interaction with OPD Patients:

1. Name - Smt. Sheela Gupta (Female):

Age – 35 years

Address – Dharjagat, Chattisgarh

Size of the family – Five.

Nature of ailment – reduced appetite and sleep with a state of terribly disturbed mind.

Past history:- Treatment has been going on from 1994. She received the first treatment at Patna in a private clinic; thereafter treatment was given by Dr. Shailendra Kumar at Ranchi.

Response to the present treatment:

She has returned to RINPAS after 4 to 5 years from a long distance. Currently she is unable to prepare food. Medicines (Psychotic drugs) are not available at Chattisgarh and if at all available are at a terribly exorbitant rate. The monthly expenditure on account of Psychotic drugs is about Rs. 1000/- to Rs. 1200/-. On account of regular compliance with medicines she is feeling much better.

2. **Name – Shri Ramesh Kumar (Male):**

Age:- 24 years

Address:- Purainy, Nalanda (Bihar).

Distance from native place:- 400 km.

How traveled:- by bus

How much expense involved – Rs. 110/- per person.

Nature of ailment -

- has no desire for work;
- reduced sleep;
- feels a severe jolt to his body;
- puts pressure on father for transferring title deeds of immovable property in his favour.

Present status – Stable.

Response to treatment – Satisfactory. Showing signs of improvement.

3. **Name – Shri Krishna Bihan Singh (Male):**

Age – 50 years

Address – Village and PS – Dawat, District – Rohtas, Bihar.

How travelled - by bus entailing an expenditure of Rs. 230/- for 2 persons from Rohtas to Ranchi.

Nature of ailment:-

- suffering from August, 2007;
- spending sleepless nights;
- is afraid that somebody is going to hurt him.

Present Status:-

- his suffering has been compounded due to death of his elder son and a lot of depression has set in;
- has visited RINPAS twice but is feeling restless and is unable to recover from the depression haunting him.

4. **Name – Shri Paresh Kumar Ghose (Male):**

Age – 30 years

Address – Village Nataltola, P.O. Belwa, Distt. Jamtara (Jharkhand).

Size of the family – seven.

Past and present history of ailment - he was having a lot of mental disorder for 6 years and was wandering here and there and was having severe migraine.

- refused to take any food.

Present status –

- he is a vegetable vender and used to earn about Rs. 40/- per day;
- he is not able to attend to this avocation any more;
- is allergic to psychotic drugs;

- travel from native place is expensive (it costs Rs. 130/- per person);
- instant results are not seen out of the treatment.

Assessment:- The patient is a victim of Schizophrenia where treatment was long drawn out and instant results cannot be found.

- he was advised to comply with drugs and keep coming to RINPAS regularly for follow up.

5. **Name of the patient:- Shri Sunil Gangesaria (Male):**

Age – 22 years

Address – Dhanbad (Jharkhand)

Size of the family – four.

Has come to RINPAS by train and tempo.

Nature of ailment - he is a victim of substance abuse and psychosis;

- arrogant from childhood and abuses every family member without any qualms;

- has come to RINPAS for the first time and, therefore, too early to say anything about the fall out of the treatment.

6. **Name of the patient – Shri Prabhua Sahay Bodra (Male):**

Age – 48 years.

Address – Bundu (Ichagah) Jharkhand.

Nature of ailment – Schizophrenia.

Since when undergoing treatment – 2005

Family history – all family members are addicted to alcohol. Father and brother take 750 ml alcohol everyday. There is no ostensible source of livelihood and income. Wife is working in a private firm and bearing all expenses of treatment but all her earnings are drained away due to alcohol addiction by so many members of the family.

Current status:-

Due to non compliance with medicines, possibility of early recovery seems remote.

7. **Name of the patient – Shri Nandan Kumar (male):**

Age – 24 years

Address – Bokaro (Jharkhand)

History of the case:- Was studying in Class XII at Doranda, Ranchi and was doing well. His behaviour was also normal. Suddenly his father's death upset everything and since then he is having a lot of mental disorders. Treatment is going on from 2002 without much impact. He has a family of 3 members and is finding it difficult to manage with a paltry monthly income of Rs. 2000/-.

8. **Name of the patient – Shri Bhasu Yadav (Male):**

Age – 18 years

Address – Jamui (Jharkhand)

Nature of ailment:- irregular sleep;

- reduced appetite;
- giddiness;
- orthopaedically handicapped (with polio in left leg);
- has fits of epilepsy from time to time.

Has come to RINPAS for the second time. Two family members have accompanied costing Rs. 440/- (total). Poverty has been compounded further by cost of travel and cost of treatment. Coming to RINPAS (he has come twice) each time has been a night manish experience.

9. **Name of the patient – Shri Ram Narayan Singh (Male):**

Age – 25 years

Address - Nautan, District Siwan, Bihar.

Nature of ailment – Symphosis.

Present status - He has been given medicines for 2 months. He has been complying with the medicines but in view of the distance and considerable expenditure involved in travel, he is requesting that medicines be issued for 4 months. He is also requesting for rail concession. The treating physician feels that it will be risky to issue medicines for such a long stretch as there is a possibility that medicines may be misused which may eventually be lethal to the health of the patient. The treating physician agrees to recommend the case for railway concession.

10. **Name of the patient – Shri Chandrika Gope (Male):**

Age – 40 years

Address – Dhanbad (Jharkhand)

Profession – Milkman

Size of the family – Married, wife alive with three sons and two daughters.

Nature of ailment – He is undergoing treatment for psychosis since 2007. Has been regularly taking medicines and showing signs of improvement. Has been brought to RINPAS by his son-in-law.

11. **Name of the patient – Anita Ekka (Female):**

Age – 35 years

Address – Gumla, Jharkhand.

Nature of ailment and response to treatment -

Has been a victim of auditory hallucination. Even though the ailment started from 1989, he has been undergoing treatment only for the last 4 years. Due to regular compliance with medicines he has been showing some signs of improvement.

12. **Name of the patient – Shri Vikas Kumar Pandey (Male):**

Age – 50 years

Address – Bokaro (Jharkhand)

Nature of ailment – Suffers from death wish (feels as if he is dying every moment).

Response to treatment – The treatment started in 2006 and he is responding well to treatment on account of regular compliance with drugs.

13. **Name of the patient – Shri Gautam Kumar (Male):**

Age – 23 years

Educational qualification – 12th Standard Pass.

Address – Ranchi (Jharkhand).

Nature of ailment – He is a victim of obsessive compulsive disorder. The symptoms started from 2004. Due to regular compliance with drugs he is now feeling much better.

14. **Name of the patient – Smt. Kiran Devi (Female):**

Age – 31 years

Address – Silli (Jharkhand)

Nature of ailment – Has been a victim of Schizophrenia. Has been coming to RINPAS 9 to 10 times so far. Has shown a few signs of improvement after 12.12.2007 due to regular compliance with drugs. Expressed her general satisfaction about getting medicines from RINPAS without difficulty and about the nature of treatment.

15. **Name of the patient – Rabul Ansari (Male):**

Age – 30 years

Nature of ailment – Keeps on wandering aimlessly, talks incoherently and irrelevantly and is abusive in behaviour.

Response to the treatment – Has shown some signs of improvement due to regular compliance with drugs.

16. **Name of the patient – Shri Kamlesh Kumar Tiwari (Male):**

Age – 25 years

Address – Garwah, Jharkhand

Nature of ailment – Reduced appetite and sleep, mental disorder, remains often angry and irritable. Has come to the hospital for the first time although his is going on for quite sometime.

17. **Name of the patient - Smt. Urmila Devi (Female):**

Age – 36 years.

Address – Bokaro, Jharkhand.

Nature of ailment – Has reduced sleep and appetite, has been talking irrelevantly and incoherently.

Response to the treatment – Has been responding well and has been showing some signs of improvement. Was advised to continue compliance with medicines.

18. **Name of the patient – Shri Rupesh Kumar Jaiswal (Male):**

Age – 28 years

Address – Khunti, Jharkhand.

Nature of ailment – He is having symptoms of epilepsy since 2002 and is being treated. It was controlled but due to discontinuance of drugs there has been a relapse. Was advised to comply with drugs regularly.

19. **Name of the patient – Shri Dinesh Kumar Singh (Male):**

Age – 26 years

Address – Chapra, Bihar.

Nature of ailment – He seems to abuse everyone; is also highly suspicious of his wife.

Present status - He has responded well to the treatment and there has been perceptible improvement in his health. He was advised to continue complying with the drugs.

20. **Name of the patient – Shri Sailesh Sharma (Male):**

Age – 35 years

Address – Aurangabad, Bihar.

Nature of ailment – He has reduced sleep and appetite, uses abusive language and shows irritable behaviour.

Present status – when family members brought him to RINPAS both his hands were tied due to his unruly and aggressive behaviour. In such a situation he should have been given sedatives and should have been kept in an observation room for some time. I spotted him lying in a corner with both hands tied and immediately advised that he should be released from that condition, given sedatives and kept in an observation room. There being no separate observation room he was given sedative and kept in the OPD room only which was not

proper (as there was a lot of noise and lack of privacy too). He continued to feel restless and was unable to sleep.

- Suggestion:-**
1. No patient should be brought to the hospital with Hands or any part of the body tied.
 2. A separate observation room close to the OPD should be carved out as has been done in IMHH, Agra without any further delay where all violent/aggressive patients who have to be given sedatives can be kept.

Visit to IPD and interaction with patients:

Female Ward (4):

- There are 2 elderly patients – one (60+) a victim of rheumatoid arthritis and another (75+) a victim of old age related problems. Both are immobile and mostly confined to their beds. They need special care and attention of the hospital authorities.
- One patient – Smt. Kari Devi (24) who was admitted a year ago was unable to speak. She has now opened up and is feeling much better due to sustained care and attention of the nursing staff and doctors on duty.
- There is another patient – Smt. Mandi Devi (48) who happens to be the sister of a former Chief Minister, Jharkhand and is lying in a pathetic state with unkempt hair, totally uncared for and with no member of the family having ever come to meet her so far. Her son in the meanwhile has been murdered but in view of her present condition, the news has been kept as a guarded secret from her as disclosure of the news would make her condition worse.
- Even though medical examination of all female patients (BP, all blood profiles) is being done regularly and best possible care and attention is being bestowed on them, many of them appeared to be

thoroughly disinterested in life, were sitting totally withdrawn with unkempt hair with odd demeanours.

- One of the best ways of dealing with such patients and enabling them to open up gradually would be to keep them engaged in conversation in a friendly and convivial manner. For this purpose, some matching and batching may have to be attempted. To illustrate, one of those patients who was victim of Schizophrenia, who has been effectively treated and who is fast on the way to recovery but who has not yet been discharged could be put in the same room and in a bed next to a patient who has been admitted afresh for treatment of Schizophrenia so that the former could engage the latter in a friendly, informal and convivial dialogue.

Visit to Male Wards (9):

Visit to Male Ward No. 1, 2, 3, 5 and 6 brought out certain redeeming features. These are:-

- patients who were victims of substance abuse which led to mental illness in some form have realized the futility of their addiction and resolved that they will not return drugs;
- many of them have been effectively treated, have substantially recovered and want to go back home to lead a normal life;
- Shri S.K. Puri from Punjab was a victim of some miscreants stealing all his luggage and ill treating him when he was traveling by train and developed mental illness about 4 months back. He has been effectively treated, has substantially recovered and wants to go back home to lead a normal life. He could be the model of a success story in treatment and rehabilitation.
- The general reaction of patients in most of the wards was that they are being looked after well, that food provided to them was sumptuous, wholesome and nutritious, that their health was sound and that they enjoyed their freedom and leisure.

**Suggestion:**

- Of the 6 patients in the jail ward one was fit for discharge and the remaining 5 were undergoing trial while being under treatment for Schizophrenia. A thorough analysis of the offence committed by them, maximum penalty for the offences, period of imprisonment already undergone by them, reasons for prolongation of trial should be made and discussed in the police magistracy cooperation meeting at the district level and decision for their release should be taken in such cases where:-
 - (a) the imprisonment undergone is more than maximum penalty for the offences;
 - (b) the patient has been effectively treated and has substantially recovered;
 - (c) the conduct and behaviour of the patient has been consistently satisfactory.

Occupational Therapy:

- There is not one but a host of reasons as to why right to work and acquisition of skills are such important prerequisites for rehabilitation of a human being, be he/she a mentally ill person or a person in custody. They fulfil a number of objectives some of which are listed below:-
 - they impart work culture and work skills;
 - they impart discipline;
 - they help to develop right attitude towards work;
 - they promote respect for dignity of labour;
 - they promote constructive development of human mind;
 - they promote physical and mental well being of inmates;
 - they ensure productive utilization of time;

- they promote dialogue, companionship, a spirit of fellowship and a cooperative way of living;
 - they promote group adjustment and solidarity;
 - they help to build habits of concentration, steadiness, regularity and precision in work;
 - they promote and develop capacity for sustained hard work;
 - they help to awaken the self confidence of inmates.
- It is in this perspective that I had made a thorough evaluation of the work of the occupational therapy units meant for male and female inmates of RINPAS in February, 2007. I carried out the evaluation for the second time in March, 2008 and reached the following conclusions:-
 - most of the objectives listed prepage seem to have been fulfilled;
 - new inmates were learning the skills with a lot of excitement and joy while old inmates have almost acquired a mastery over the skills;
 - in selecting the inmates for the skills their aptitude, preferences and interests seem to have been given pride of place;
 - those patients who have substantially recovered or those who are fast on the way to recovery and are otherwise physically and mentally fit alone are made to learn the skills;
 - many inmates expressed a desire that they would look forward to a phase of productive and meaningful rehabilitation in life later with the help of skills acquired.

Additionally, I saw the following positive fall outs of the entire exercise:-

- OT units have made RINPAS self sufficient to a large extent; additionally, RINPAS is supplying these products to a number of Institutions outside;
- In the women's OT wing, some of the products are extremely elegant and could be a feast for the eyes of others;
- The pace and progress of learning of the inmates in a few sections were encouraging;
- There was a very few rejection of the end products on the ground that they did not conform to the specifications.

Suggestions:

- New trades/skills should be introduced on the basis of aptitude, preference and existing skills possessed by the new patients as also on the basis of market relevance.
- The extent to which the patients are being rehabilitated in later life after being released from RINPAS should be thoroughly assessed.
- Both instructors and patients should be given public recognition for outstanding performance.
- Products should be sent for sale to state level and national level exhibitions.

Canteen Services:

Canteen services are meant both for the patient as well as for those relatives who have accompanied the patients. The canteen serves a wide range of items for both breakfast, lunch and dinner. The food that is being

served (like jalabees, puri etc.) for breakfast may be culturally acceptable but does not have much nutritive value in them. The management were advised that the same dietician whose services will be requisitioned from outside could as well guide as to what should be the menu in the kitchen which would be a balanced combination of carbohydrate, protein, oil/fat, vitamin and minerals.

Drug management:

- Unlike GMA, there is total decentralization in the procedure for indenting of drugs. There has not been a single occasion when any artificial scarcity of drugs has arisen due to the procedure currently in vogue for indenting of drugs.
- In regard to the procedure for internal indenting and supply of drugs, the same is as under:-
 - drugs are indented from different wards by the ward incharge and after approval by the medical officer incharge Central Medical Store, it goes to OPD, different wards and medicine for community outreach programme;
 - emergency drugs which are not available in the medical store are forwarded to the Director for approval;
 - local purchase of such emergency drugs is done on the strength of Director's approval.
- Total amount budgeted for purchase of drugs annually comes to Rs. 95,10,000/-. There is a strong case for enhancement of this allocation.

Suggestion:

- Medicines are being issued for a maximum period of 30 days. Since such medicines are not available either at the district or sub divisional hospital or PHC and market prices of medicines are

prohibitively high, the patients willy nilly have to come to RINPAS to collect the medicines after the stock issued for 30 days is exhausted. This entails a lot of additional expenditure by way of travel. If arrangement could be made to store the medicines in district or sub divisional headquarters hospital or at the PHC the patient or his/her relative could collect the same on the strength of the prescription issued. Alternatively more and more community satellite clinics should be opened from where medicines could be supplied on the strength of the old prescription and after fresh appraisal of the case. Both the alternatives may be examined by the RINPAS and the one which is found feasible and economical should be adopted.

Half Way Home:

- RINPAS does not have any Half Way Home facilities as such. Two NGOs (Sanjeevani Gram Trust at Khunti and Paramitra Sadan, Kanke Road) have been identified and recommended by the State Government and proposal has been sent to the Ministry of Health and Ministry of Social Justice and Empowerment, India for extending financial assistance. At present and without waiting for a formal sanction from Government of India, Paramitra Sadan has already started the Halfway Home Service with seven patients starting with. RINPAS is providing free medicines to these students and overseeing the entire service.

Suggestion:

- A Half way Home is a transit between hospital and home. A patient who has been effectively treated and is fast on the way to recovery is kept in the Half way Home for sometime till he/she completely recovers and is declared fit for discharge. This is also used as a Home for rehabilitation of such patients through imparting a host of skills to them (life skills, communication skills, survival skills, entrepreneurial and managerial skills). The transit period is used for

establishing contact with relatives by the hospital entering into correspondence with them. For a hospital of the size, standing and reputation as that of RINPAS it is essential that minimum 2 half way homes – one for male and another for female is established with the help of NGOs. Since RINPAS has identified 2 such NGOs – good, reliable and committed to rehabilitation work the Commission should take up the proposal with the Ministry of Social Justice and Empowerment to expedite the sanction of grant-in-aid to them to enable them to function as Half Way Home at the earliest.

Community Outreach Programme:

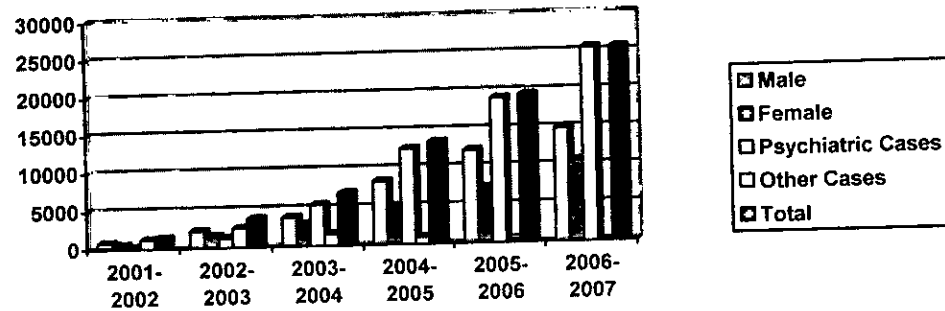
- RINPAS is running 4 Satellite Clinics at Jonha (40 km), Khuti (50 km), Saraikela (150 km) and Hazaribagh (100 km). A medical team comprising of psychiatrists (2), clinical psychologists (2), psychiatric social workers (2), para medical staff (2) and students visit these community centres according to a well laid down advance programme schedule as under:-

- I First Tuesday of the month – Jonha
- II Second Tuesday of the month – Khunti
- III Third Tuesday of the month – Saraikela
- IV Fourth Tuesday of the month – Hazaribagh.

In addition, Psychiatrists from RINPAS also attend Psychiatric patients at the following Institutions according to a well laid down programme fixed in advance such as:-

- I Central Jail, Hazaribagh – once a month.
- II Central Jail, Khunti – once a month
- III Birsa Central Jail, Ranchi – once a fortnight
- IV Chesier Home, Ranchi – once a fortnight.

The number of beneficiaries of the community outreach Programme between 2000-2001 to 2007-2008 (upto 29.2.2008) is as under:-

Right to life

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Male	802	2220	3853	8332	12203	14896
Female	519	1515	2907	5080	7244	10621
Psychiatric Cases	142	1228	5389	12556	19053	25502
Other Cases	1179	2507	1530	856	394	15
Total	1321	3735	6888	13412	19447	25517

Mortality figures over a period of 5 years
Death

Year	Male	Female	Total
2003	3	2	5
2004	1	2	3
2005	4	-	4
2006	2	1	3
2007	3	-	3

Suicide

2003	-	Nil
2004	-	Nil
2005	-	Nil
2006	-	Nil
2007	-	Nil

Audit of deaths:

- All deaths regardless of whether they take place inside RINPAS or in another hospital where the case has been referred to are being audited. The post mortem and police inquest reports are obtained and kept in a relevant file in each case.
- Placed below are 2 illustrations of how deaths of patients are being audited by the hospital authorities of RINPAS:

I Death of geriatric patient – Dilip Kumar Sinha:

- A male geriatric mental patient – Dilip Kumar Sinha age 68 years s/o Late Upendranath Sinha of Deputipara, P.S. Kotwali, Ranchi (as per case record which is false address) was admitted on 27.5.67 for the treatment of his mental illness. He was suffering from Schizophrenia with epilepsy. He was treated with anti-psychotic and anti-epileptic drugs. In spite of treatment he used to get epileptic fits off and on. His general condition was poor due to old age. On 22.6.2007 at 2.30 PM while getting down from his bed for urination he fell down on the floor near the bed, got injury on the right side of scalp and developed swelling on the injured side. He was semi-conscious with BP 160/90 mm of Hg, pulse 80 per minute regular, CVS – N abdomen soft, liver and spleen not palpable and respiratory – few crepts were present. On the same day around 2.40 PM the patient was transferred to RIMs, Bariatu, Ranchi for further specialized treatment. In spite of all efforts he expired on 25.6.2007 at 1.30 PM due to head injury resulting from epileptic fit leading to cardio respiratory failure. Since the date and time of admission information from time to time was sent to his guardian regarding discharge but none turned up either to see the patient or to take the patient back home. Even after information regarding his death was sent to the guardian of the patient by express telegram none turned up. After police clearance and post mortem on 27.6.2007 (AN) the dead body was cremated under supervision of hospital administration.

II Death of Rudal Rout:

Patient – Shri Rudal Rout (35), S/o Shri Param of Village – Bhaunathpur, District Gadhwara was admitted on 28.12.2006 after preliminary physical examination and investigation like blood, urine routine, x-ray chest PA view and ECG limits. All were within normal limits at the time of admission. The patient was on anti-psychotic drugs and was fast on the way to recovery. He was also attending OT class regularly since the time of admission. Information from time to time was sent to his guardian regarding discharge but none turned up to see the patient or take the patient back home. Till 6.8.2007 the patient was doing well and there was no sign of any cardio respiratory failure. On 7.8.2007, the patient went to the toilet around 5.30 AM on his own, came back to the ward also on his own but started vomiting soon after and started panting and gasping. He was immediately shifted to the medical ward and put on the life support system. Despite best possible efforts the patient expired on 7.8.2007 at 7 AM due to cardio-respiratory failure. Information regarding death was given to the officer incharge, Kanke Police Station. Post mortem examination was done on the same day. The guardian of the patient was informed by express telegram and also through special messenger. The body was handed over to guardian on 8.8.2007 for cremation.

Analysis of both the cases and suggestions:

- I An epileptic patient develops fits every now and then. With medicine the frequency of fits may come down but nevertheless the patient needs a lot of care and attention. In the instant case, the complications arising out of epilepsy were compounded by old age and in the absence of a geriatric ward where the elderly could receive specialized care and attention, an attendant should have been posted to take care of the patient. The fall which caused brain haemorrhage and precipitated the tragedy could have been averted if there was an attendant by the side of the patient. The tragedy

could, therefore, be attributed to unintended negligence. Such negligence should be avoided in future.

- II Death in the second case appears to be mysterious going by the reports of ECG and x-ra chest PA view which appear to have been normal and, therefore, there could be no cause for worry or need for any forewarning. As the post mortem report prepared at RIMS, Ranchi reveals (a) there is no evidence of any apparent mechanical injury either external or internal (b) there is no evidence of pressure over nose, mouth, neck and chest. That is how the treating physician as well as the Head of the Forensic Department, RIMS, Ranchi have kept their opinion about cause of death reserved for which viscera has been preserved pending chemical examination report. Further histopathological examination was required to be conducted by the Department of Pathology, RIMS. Eight months have passed since the post mortem report was written and the histopathological examination must have been completed. This report should be obtained from RIMS and sent to the Commission for a decisive and conclusive opinion on the cause of death in this case.

Meeting and interaction with Director and faculty members:

6.3.2008

10 AM to 11.30 AM

Many of the faculty members expressed their general and personal satisfaction over the functioning of RINPAS. However, a few suggestions by a few faculty members were made in the meeting which are listed below:-

1. Dr. S.K. Sinha – Physician suggested that one ICU should be started at the earliest.
2. Md. Jalil, Clinical Psychologist suggested that both the occupational Therapy Units need to be upgraded by (a) addition of new skills/trades which are market relevant and income generating (b) corresponding procurement of a few tools and equipments.

3. Dr. S. Chaudhury, Professor and Head of the Department of Psychiatry suggested that staff for MRS, MRI (radiologist, technician and anaesthetists) should be sanctioned and the equipments be procured, installed and made functional at the earliest.
4. Dr. A.K. Nag, Medical Superintendent suggested that a 5 bedded Emergency Ward, to start with, may be started along with a patient's guest house (meant for short stay of relatives of patients on payment). The number of beds may be increased and separate beds for male and female patients may be sanctioned in due course.
5. Dr. Masroor Jahan, Associate Professor, Department of Clinical Psychology suggested procurement and installation of digitalized equipments for research on cognitive neurosciences, quantitative EEG, ERP and functional MRI.
6. Dr. Jai Prakash, Associate Professor, Department of Clinical Psychology suggested that equipment for brain mapping be procured and computer training be imparted to patients who have read upto Class X or XII.
7. Sister Jyoti Beck, Tutor, Psychiatric Nursing suggested a hostel for visiting nursing students so that it will facilitate the process of imparting psychiatric training to large number of such students. The number of rooms in the hostel should be 200 to start with.
8. Dr. Jayati Simlai, Asstt. Professor, Deptt. of Psychiatry suggested increase in bed strength in the female wards as also increase in nursing staff and number of attendants in the ratio provided for in Quality Assurance Guidelines of NHRC. She also suggested that a Child Psychiatry Unit should be started at the earliest.

9. Dr. Bhuvan Jyoti, Dental Surgeon suggested that facility of free treatment to staff of RINPAS should be extended.
 10. Dr. S.K. Singh, Ophthalmologist indicated secondary eye care is being given with minimal infrastructure Health Department in Government of Jharkhand should be requested to strengthen the outfit by providing an ophthalmic assistant.
 11. Mr. Bholu Mishra, Medical Record Officer felt that the space in the existing OPD building was rather inadequate. He suggested that a new OPD Block should be added with the following minimal infrastructure:-
 - a large size record room;
 - a reception counter with a receptionist and a computer;
 - a scanner;
 - a large size registration counter.
- He also suggested that the minimum staffing pattern for the new outfit will be as under:-
 - Record Technicians – 4
 - Record Attendants – 4
 - Typists – 2
 - Routine Attendants - 2
12. Mr. Surjit Mishra, Psychiatric Social Worker suggested that certain minimal facilities be provided for the Psychiatric Social Workers (10) to make them functionally effective. These should be as under:-
 - a separate room for each PSW with a computer PC;
 - a separate vehicle for use by all of them alternatively for home visits;

- adequate TA/DA provision.

13. Dr. Manisha Kiran, Asstt. Professor, Psychiatric Social Worker referred to certain genuine difficulties in dealing with long stay patients (LSPs) particularly belonging to different States such as:-

- difficulty in ascertaining correct postal address;
- problem of non acceptance by the family and the community and consequential delay in reintegration to mainstream society.

She mentioned that there are 53 female and 35 male patients who have stayed in the wards for more than 2 years and the bed strength being limited it was necessary that a joint drive be launched by the State Government (Police, magistracy, revenue officials etc.) along with RINPAS so that patients who have been effectively treated and have substantially recovered are sent back home at the earliest (so that new patients could take their place).

All the suggestions as above – some short term and some long term are sound and sensible and they deserve to receive the most sincere and earnest consideration of the Managing Committee and that of the State Government on high priority. As and when accepted and implemented they would contribute to strengthening of RINPAS and would also bring about a qualitative change in its functioning.

Meeting and interaction with nursing staff

6.3.2008

11.30 AM to 12.30 Noon

In course of discussion the following grievances were put forth by some of the nursing staff along with a few suggestions:-

1. While 114 staff nurses have been sanctioned only 86 were in position. This was grossly inadequate. Much more nursing

staff were needed for the female ward than what has been posted till now.

2. Retiral benefits were grossly inadequate considering the life time services which have been rendered by the nursing staff with passion and dedication and these too were not disbursed in time.
3. There were 18 nursing staff with DPN qualification. They deserve to receive extra pay and allowances.
4. Large size torch lights were needed for every ward as also provision of emergency light and diesel generator set for the female ward.
5. A suggestion was made for having an isolation ward exclusively for those patients who tend to get excited and disturb other co-inmates in the ward. Such patients do not get easily controlled even with sedatives.
6. Keeping in view the fact that the nursing staff have to handle very difficult patients who are rowdies, impatient, intolerant, aggressive and violent and the fact that their work is fraught with occupational risks and allowances, a special risk allowance should be considered for all nursing staff.
7. Both the extent of medical facilities for the inhouse staff and the quantum of medical allowance (Rs. 100/- per month) were grossly inadequate. These facilities should be upgraded and quantum of medical allowance enhanced.
8. Other grievances included:-
 - time bound promotion not forthcoming;
 - routine increments are not even sanctioned in time;
 - sometimes nurses are made to work as warders;

- maintenance of quarters for staff nurses is not being attended to properly; they have not been white washed for as many as 8 years. Ranchi being a heavy rainfall area fungus is likely to develop in the quarters (if white washing is not done at an interval of every alternate year) making them unhygienic and unliveable;
- septic tanks in the staff quarters are non functional;
- both the uniform allowance as well as the washing allowance was grossly inadequate considering the increase in cost of fabrics, increase in stitching and tailoring charges as well as increase in cost of washing soap, powder/detergents etc.

Meeting and interaction with other Class III and IV staff:

They put forth the following grievances and suggestions for consideration:-

- A new digitalized EEG machine should be procured and installed;
- Security over a very large area (347 acres) should be tightened by increasing the number of guards;
- The scale of pay of security guards (56) and that of the Supervisor was very low and needs to be enhanced substantially from Rs. 2000/- and Rs. 2900/- respectively. The scales of pay should be the same as the employees of the Secretariat;
- The number of female attendants in the female ward should be increased;
- One more x-ray technician was needed for the x-ray unit;
- In the pattern obtaining in CIP and RIMs, Ranchi, a proposal for sanction of risk allowance should be placed before the Managing Committee.

Meeting with Divisional Commissioner and Chairman, Managing Committee:

In course of discussion I placed the following proposals/suggestions for consideration of the Divisional Commissioner and Chairman, Managing Committee – Shri Gupta:-

1. For a large institution like RINPAS, security is of vital importance. This was compromised/inhibited by the fact that a number of shops were coming up both around and adjacent to the boundary wall. I had during my first visit to RINPAS in February, 2007 solicited the cooperation and support of the then Dy. Commissioner in removing these encroachments. No action was taken, one year has lapsed and the encroachments are there where they were earlier. The personal intervention of the Divisional Commissioner is needed to break the resistance of vested interests and remove the encroachments at the earliest.
2. The Managing Committee should consider in order of priority a proposal for setting up of the following new institutions by way of future expansion and growth of RINPAS:-
 - Drug Deaddiction Centre;
 - Geriatric Ward;
 - Child Guidance Centre;
 - Diagnostic Centre;
 - Yoga, Pranayam and Meditation Centre.

The rationale for each one of these proposals could be explained as under:-

I Drug Deaddiction Centre:

The Narcotics Drugs and Psychotropic Substances Act was enacted in 1985. It provides the current framework for drug abuse control in India. The Act primarily deals with law enforcement activities related to availability

of drugs of abuse. There are certain provisions in the Act for treatment of drug dependent individuals.

From a national survey on extent, pattern and trends of drug abuse in India conducted in 2000 and many other reports it appears that substance abuse is on the increase and Government of India (Ministry of Health) is alarmed by this increase. Through a drug deaddiction centre we need to control drug abuse as also to treat and rehabilitate those who have been victims of drug abuse. There are 369 such deaddiction centres currently functioning all over the country with financial assistance from the Ministry of Health/Ministry of Social Justice and Empowerment (if an NGO is involved in implementation). A self contained proposal for drug deaddiction-cum-treatment-cum-rehabilitation centre with 30 beds (considering its incidence in Jharkhand) may be formulated and sent to Ministry of Health/Ministry of Social Justice and Empowerment for financial assistance. A copy of the proposal may be marked to the Commission for follow up.

II Geriatric Ward:

By 2020, according to a rough projection there will be 470 million people aged 65 and older in developing countries. China, India and Indonesia are projected to have the largest number of old people in the year 2025. India's elderly population is expected to cross 100 million by 2013 and 200 million by 2030, fifty one PC of whom will be women. The elderly population itself is getting older with people over 80 years of age forming the fastest sub group of the population in many countries.

There are ranging degrees of Psychiatric morbidity. The reported prevalence rate varies between 2.2% to 33.3%. Depression followed by dementia was the most common form of mental illness.

Older women face a triple jeopardy, that of being old, of being women and of being poor. Older women report more psychological distress and need specific intervention strategies to empower them.

Viewed in this context, an exclusive geriatric ward in RINPAS is needed for the following reasons:-

- It would take care of special medical care, treatment and rehabilitation of the elderly;
- It will prevent them from being victims of accidents in the ward or in the bathroom;
- It will improve access to appropriate health care for the elderly with mental illness;
- It would raise awareness about mental disorders in late life in the community and amongst health professionals;
- It would promote realization of the fact that depression and dementia are real mental disorders and not just the natural consequences of ageing.

NGOs like Alzheimer's and Related Disorders Society of India are doing pioneering work to empower the elderly, support families with a mentally ill elder and provide health care sensitive to their needs. This may be visited as also the ward which has been set up by Mental Hospital, Jaipur exclusively for the elderly and a proposal for a geriatric ward with 50 beds may be formulated, got approved by the Managing Committee and sent to the Ministry of Health, Ministry of Social Justice and Empowerment, Government of India, as the case may be through the Department of Health of the State Government for according necessary financial assistance.

III Child Guidance Centre:

An exclusive Child Guidance Centre or Clinic within the premises of RINPAS is needed to promote the study, treatment, care and prevention of mental and emotional disorders and difficulties of children, adolescents and their families. The need for this arises on account of the following reasons:-

- developments in child and adolescent psychiatry in India have been slow/poor;

- only half a dozen academic departments and institutions of Psychiatry are engaged in significant research and teaching of child psychiatry;
- no more than 20 such institutions offer specialized child mental health care;
- at least 47% of the country's population is below the age of 18 years (about 24% below 10 and 23% between 10 and 19 years);
- about 47 million to 70 million children in 10-19 age group are estimated to suffer from Psychiatric disorders;
- about 14.1 million are estimated to suffer from mental retardation;
- the number requiring psychiatric care is large but facilities for psychiatric care of children and adolescents are meager and deficient;
- Mental Health Act does not permit cases of mentally retarded children to be handled by mental hospitals.

There is, therefore, an urgent and imperative need for starting an exclusive child guidance centre within the premises of RINPAS. It should be adequately equipped to deal with all cases of autism, cerebral palsy, spastics, dyslexia, night blindness and child mental disorders. A self contained proposal may be formulated after studying the working of a few excellent centres for training and research in child Psychiatry in NIMHANS (Bangalore), King George Medical College (KGMC), Lucknow, PGIMER (Chandigarh, Shishu Bhawan, SCB Medical College, Cuttack etc. and sent to Ministry of Health, GOI for financial assistance.

IV Diagnostic Centre:

There may be a number of other ailments/complications associated with mental illness which would be cardio vascular, cardio respiratory etc. The incidence of such complications is on the increase. A diagnostic centre would help in diagnosing these complications so that patients requiring

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specialized treatment could be sent to general hospitals or specialized health and medical care institutions for such treatment.

V Yoga, Pranayam and Meditation:

The beneficial effect of these three has been acknowledged for centuries. They are relevant as much for a normal person, an ordinary ailing person as also for a mentally ill person. The beneficial effect has been proved beyond doubt in such of the mental health institutions where the same have been introduced. RINPAS does not have one at present and hence the need for setting up such a Centre with a qualified and trained yoga practitioner. The infrastructure for the Centre (in shape of a large hall meant for prayer) is already available. Instructors who can impart elementary lessons in Yoga and Pranayam are also available in Ranchi City or could be obtained from the Deoghar School of Yoga which is internationally acclaimed. A beginning can be made with patients who have been effectively treated and who are fast on the way to recovery.

Points for discussion with Chief Secretary, Government of Jharkhand

I raised the following issues which are long pending for intervention at the level of Chief Secretary:-

I Framing of Recruitment Rules for the post of Director, RINPAS:

This has been done for GMA and IMHH but not for RINPAS. In the absence of such Rules selection of Director, RINPAS is taking place on an adhoc basis. Such adhocism is violative of the guidelines issued by the apex Court way back in May, 1994. This does not brook any further delay as it will be in the larger public interest to frame and notify the Recruitment Rules.

II Filling up the post of Director on a regular basis:

Dr. N. N. Agarwal, Director, RIMS has been functioning as Director, RINPAS w.e.f. 1.8.2007 after departure of Prof. (Dr.) Brigadier P.K. Chakraborty. This is purely an adhoc and temporary arrangement. His

responsibility as the Executive Head of RIMs in onerous (RIMS has a bed strength of 1500). Even though since assumption of charge he has been managing his time fairly well giving equal and due attention to the management of affairs of RINPAS, this arrangement cannot go on for ever. The Health Department, Government of Bihar needs to issue a proper advertisement for selection of a suitable person as a Director keeping the following considerations in view:-

- the incumbent should be a person of impeccable character and integrity;
- he/she must be a psychiatrist of repute, experience and standing;
- he/she must have adequate exposure to hospital administration and management.

These guidelines flow from the judgement/direction of the apex Court in W.P. (Civil) Nos. 339/86, 901/93 and 448/94 read with W.P.(C) No. 80/94 Rakesh Ch. Narayan etc. etc. Vs. State of Bihar etc. etc. The advertisement for the post may be drafted and issued accordingly.

III Outstanding dues payable by Government of Bihar:

- Total dues outstanding against Government of Bihar is Rs. 30,52,96,292/-.
- Chairman, NHRC has already written demi-officially to Chief Minister, Bihar for payment of the dues (both arrear and current).
- Chief Minister, Jharkhand and Chief Secretary, Jharkhand need to take it up with their counterparts.
- Some dues have been paid by Government of Bihar but accumulated arrears have mounted to a formidable amount.

- The amount paid by Government of Bihar should be put to the kitty of RINPAS only and should be utilized for construction of the proposed Convention Centre for hosting National and International Conferences.

IV Alarming position of vacancies:

The situation of vacancies is indeed alarming as would be evident from the following table:-

Category	Sanctioned	Working	Vacant	Contract
Gr. A	29	14	15	2
		[Psychiatrists – 5, Clinical Psychologists – 2, Psychiatric Social Welfare – 8 (teaching)]		
Gr. B	27	16	11	4
		[Radiologists, Psychiatric Social Workers (non teaching)]		
Gr. C	301	212	89	1
		[nursing staff, technical staff, technicians, Pas stenographer]		
Gr. D	187	141	46	4
		[Attendants, guards, safai workers]		

A situation of such huge vacancies is already adversely affecting the smooth and efficient functioning of most of the departments, services in wards, security, cleaning etc. and should not be allowed to continue.

A drive should, therefore, be launched to fill up these vacancies by women and men of character, integrity, having a flair for hard work, dedication and commitment.

V Terms and conditions of Service and Employment: Facilities and Amenities attached to public service:

Terms and conditions of service and employment must be just, fair and equitable and such as would retain people in service and encourage and motivate them to contribute their very best. This has not happened so far. Adhocism has been the keynote of recruitment. Permanent jobs have been kept on contract basis. The scales of pay and allowances are poor, and some of the allowances, increments, PF advances etc. are not

sanctioned in time and all these act as disincentives for getting the best out of the staff. Physical facilities and amenities are deficient or conspicuous by absence. Against 544 officers and staff sanctioned, 383 are in position but staff quarters are available only for 268. It is not known as to what will happen when the vacancies (161) are filled up and the incumbents join. There should be a programme for construction of atleast 200 quarters (keeping the future expansion in view) to be taken up on high priority. Simultaneously a 200 room hostel (for both boys and girls) needs to be taken up on high priority for construction as this is an urgent and priority need.

The track record of performance of the State PWD in repair and maintenance of hospital building and staff quarters has been far from satisfactory. There are leakages and seepages all over. Staff quarters have not been whitewashed for years, boundary wall has not been whitewashed for years, causing large scale fissures all over and septic tanks are not functioning. White ants have entered the record room and have started eating away records but the same has gone unnoticed. The kitchen and canteen buildings are also in a bad shape and wear a blackish appearance in the absence of chimney.

VI The apex Court in the judgement referred to earlier has emphasized integration between teaching, training, treatment and research. There is, however, acute shortage of professionals in all categories. To obviate this difficulty we need to increase the number of seats in various academic courses in the following manner:-

	<u>Present Strength</u>	<u>Proposed Strength</u>
Ph.D. in Clinical Psychology	2 seats	4 seats
M.Phil in Medical and Social Psychology	6 seats	12 seats

The proposed augmentation should be taken up with the competent authority (MCI) after getting the proposal approved by the Managing Committee.

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Executive Summary of impressions, conclusions and recommendations:

- From IMH to RMA and from RMA to RINPAS it has been a long, arduous and painful journey of over 70 years.
- A lot of change has come but the manner in which change has come in the life of this great institution (dating back to 1925) is nothing short of a marvel.
- This marvellous transformation would not have been possible but for the writ petition filed by Rakesh Ch. Narayan in 1986, but for the intercession of his very able advocate – Smt. Kapila Hingorani, but for the first rate professional, insightful and comprehensive report submitted by Shri M.S. Dayal, the then Union Health Secretary and but for the very timely and empathetic intervention made by the Supreme Court of India in May, 1994.
- This long period of history has, regrettably been characterized by certain trends and events which by themselves are far from encouraging. These, to state briefly are:-
 - total demographic imbalance, the number of the young going down and the elderly going up;
 - joint family set up breaking down, the ties of the kindred which held families together being loosened and families getting atomized;
 - petals of childhood withering away before blossoming to the flowers of youth and manhood;
 - the young becoming restless, impatient, aggressive and violently acquisitive, driving the elderly into the dark end of the road of life, stripping them of their dignity and decency, giving a complete go by to the contribution that the old had made when they (the old) were young like them (the young);

- death looming large every where, in the household, on roads, in factories, in educational institutions, on the land, river and sea alike, so much of genocide, so much of mindless violence, so much of bloodshed;
 - artificial walls of division between boys and girls are being mounted with increasing ferocity;
 - girls are being trafficked across the porous borders for commercial sexual exploitation;
 - girls and women are being subjected to so much of cruelty and violence at home, at the workplace, at the institutions where they work and live;
 - doyens of civil society closing their eyes to so many macabre tragedies being enacted before them.
- Many of these disquieting phenomena emerged out of my interaction with over 20 people in the OPD and with over 100 people at the IPD;
 - Many of these are directly responsible for the mental illness which afflict the young, adolescents and the elderly alike;
 - Several other impressions emanated from these interactions which briefly stated have both redeeming as well as disquieting features:
 - The disquieting features are:-
 - large size of families;
 - patients coming along with relatives (1 to 5) from long distances at a considerable expense;
 - loss of income by the earning member accompanying the patient in addition to attendant problems about accommodation and food;

- long waiting period at the OPD (due to large number of patients and less number of doctors);
- absence of observation room near the OPD; the patient cannot sleep even after sedatives on account of noise and lack of privacy;
- patients being brought with both hands tied due to possible violence;
- non compliance with medicines and relapse;
- Dispensing Unit too small compared to the number of people standing in a queue;
- Registration counter too small to accommodate not more than 5 people at a time for registration;
- Record room is in a bad shape. Old and new records have been huddled together without any proper categorization (alphabetically year-wise). Records are being eaten away by white ants which if not contained in time is likely to affect other records.

Redeeming features:

- The outturn of patients is quite heavy but, by and large, they and their relatives accompanying them are being accommodated;
- All facilities and amenities for patients and their relatives (potable water, conservancy facility, recreation facility etc.) have been provided;
- The patients and their relatives are happy about the manner in which they are being received, their cases are being entertained, diagnosed and treatment being provided;

- The pace and progress of recovery is, by and large, good and the IPD patients, like their OPD counterparts, also feel happy about the manner in which their cases are being handled, about the quality of food and water, treatment by the doctors, nursing staff and attendants;
- Overall status of health of patients is good except 2 elderly women in the female ward (one a case of rheumatoid arthritis and another a case of acute disability);
- Victims of substance abuse have started realizing their mistakes on account of drug addiction in the past and have resolved to start a fresh lease of life without recourse to drugs;
- In addition to compliance with drugs (relevant for both OPD and IPD patients), care and attention by doctors and nursing staff and the overall ambience which is one of greenery and quietitude, productive utilization of time in the Occupational Therapy has also been helpful in promoting rehabilitation of mentally ill persons;
- There are 3 attributes for success of functioning of OT Units (both male and female):-
 - a team of very capable and experienced Instructors who inspire pride and confidence in every patient;
 - aptitude, preference and ability of patients to adapt to certain skills/trades are being taken into account;
 - locally available raw materials;
 - affordable and adaptable technology;
 - excitement and joy in learning a new skill/trade;
 - learning and working together which promotes companionship/camaraderie, rapport and bonhomie.

Physical infrastructure:

- Most of the structures (barring the OPD, teaching block and few others) in RINPAS are old; they date back to 1925. Wear and tear of electrical wires, joints, pipelines for distribution of water, sewerage lines, septic tank etc. is normal in case of such old structures. Their life and ability to withstand stress and strain need to be assessed by technically qualified, trained and experienced people. This has not been done so far.
- The total area within the perimeter wall of RINPAS is 347 acres of which about 4 acres are under encroachment. It has not been possible to remove the encroachers so far due to resistance from vested interests. It will not be possible to completely lay the boundary wall around the campus unless the encroachment has been removed. The eviction of encroachment, therefore, is of paramount importance and does not brook any delay.
- The track record of performance of the PWD both in ensuring quality of new structures, in repair and maintenance of old structures has not been upto expectations. The boundary wall has not been painted for years and is in a bad shape, staff quarters have not been colour washed for years and are in a bad shape, septic tanks are not functional etc. The pavement inside the campus which has been got ready a couple of months back has developed cracks because of continuous casting without carving out blocks. All these and many other deficiencies (cracks, seepage and leakage) would need prompt attention and correction with a sense of urgency and seriousness of concern.
- The gestation period of many civil, PH and electrical works is long and this gives rise to escalation of costs. A firm deadline should be fixed for completion of all pending works (Civil, PH and electrical).

Right to Food:

- Right to food and nutrition is an integral part of right to life (Article 21 of the Constitution).
- An average man requires 2000 to 2400 calories a day. A person who does heavy work requires not less than 2800 calories per day. An average woman having a body weight of 45 kg would require about 2400 calories per day.
- The nutrients required in a person's daily diet, their quantities and the common sources of nutrients have all been clearly, precisely and scientifically laid down by the WHO. The food package for every day (for breakfast, lunch and dinner) has to be a balanced combination of carbohydrates, protein, oil/fat, minerals and vitamins. This can be assessed and attested by a dietician who is qualified to do so. There being no dietician with RINPAS, services of a qualified and experienced dietician from either CIP or RIMs should be requisitioned every now and then for such certification.
- Since RINPAS is self sufficient in terms of paddy, wheat, pulses, vegetables, fruits, milk and chicken from its agriculture, horticulture, poultry and dairy unit, there should not be any problem in (a) having such a balanced package (b) ensuring the desired nutritive value of food (2000 to 2400 calories in normal circumstances and 2800 calories for those who have to work in OT units).

Kitchen:

- There are a number of redeeming features and a number of grey areas in the kitchen. These have been brought out at page 23 of the report. Since renovation of the kitchen which is a very old building is difficult it may be desirable to go in for a new kitchen block exactly the way IMHH, Agra is getting a new kitchen block constructed on modern and scientific lines.

Right to Water:

An assessment of current status of access to potable water in RINPAS indicates that norms of adequacy, purity and freedom from excess of iron, magnesium, calcium, sodium, fluoride have been adequately fulfilled. This is on the basis of testing of samples of water drawn from the source twice a year by the PHE authorities.

Right to personal hygiene:

The 200 kg capacity mechanized laundry with a washer, extractor and drier together with provision of adequate soap and detergents per patient and change of bedsheets, linen, pillow covers and clothings have made personal hygiene possible.

Right to environmental sanitation:

Every ward has attached toilet facilities which comprise of Indian commode with a cistern and with adequate water for flushing. It is desirable that a few WCs for patients who are old, infirm/disabled and who are victims of rheumatoid arthritis are in place.

Human Resource Development:

- The new teaching block was inaugurated by the Chairperson of the Commission on 23.7.2007.
- The plan and design for the building had a few deficiencies. The Director has taken the initiative of providing grills on the ground floor for providing security, furniture for the new teaching block has arrived on the date of my visit (6.3.2008 and 7.3.2008) and it is hoped that the new teaching block will be operational soon (w.e.f. 1.5.2008) with teaching of the following disciplines:-

M.D. Psychiatry	-	1 seat
Diploma in Psychiatry	-	1 seat
Diploma in Psychiatric Nursing	-	6 seats

M.Phil in Clinical Psychology - 6 seats

M.Phil in Psychiatric Social Work – 2 seats

Ph.D. in Clinical Psychology - 2 seats

Ph.D. in Psychiatric Social Work – 2 seats

Total – 24 seats

- In the interview held on 2.3.2008 and 3.3.2008 selections have been made for both faculty members of the Department of Psychiatry as also for students in M.D. Psychiatry, DPM, DPN, Ph.D. in Clinical Psychology, Ph.D. in Psychiatric Social Work, M.Phil in Clinical Psychology and M.Phil in Psychiatric Social Work;
- A lot of sincere efforts have been made to bring about qualitative change and improvement in the management of the library such as –
 - Library timings have been changed from 5 PM to 6 PM;
 - All the books (15,454) and journals (3423) have been entered in the computer;
 - Loose journals from 2001 to 2007 and bound journals (683) have been entered in the computer;
 - Broadband internet connection is in operation;
 - Anybody sitting in his/her room can access the library books and journals in the computer connected through LAN;
 - The library is subscribing 57 foreign journals and 5 Indian journals;
 - The library has procured electronic storing devices through DVD, CD and video cassettes which are of immense research value.
- In all the faculty members and research scholars have produced 47 dissertations for M.Phil in last 5 years, 9 of these (old and new) have been submitted out of which 7 have been awarded.

- Twenty nursing staff have attended a 2 day programme from 26.4.2007 to 27.4.2007 on 'Attitudinal Perspective' organized by the Ministry of Labour and Employment, Government of India at RINPAS.
- Sixteen nursing staff have undergone 'Psychiatric Nursing Orientation Programme' for 10 days from 30.4.2007 to 11.5.2007.
- Twelve nursing staff have undergone 'Psychiatric Nursing Orientation Programme' for 10 days from 11.6.2007 to 22.6.2007.
- RINPAS organized a 10 day Psychiatric orientation Programme about early identification of different mental health problems for NGO personnel from Nav Bharat Jagriti Kendra, Hazaribagh from 3.12.2007 to 8.12.2007.
- Psychiatric nursing orientation programme for visiting nurses (161) from 6 colleges of nursing from Jharkhand and M.P. have been conducted so far.

Participation in conferences, delivery of lectures presentation of papers etc.:-

- RINPAS has an excellent track record of performance in the above area.
- In all 6 faculty members from the Department of Psychiatry and 5 faculty members from the Department of Clinical Psychology have participated in national conferences in 2007-2008.
- Department of Clinical Psychology under the able leadership of Dr. Amool Ranjan Singh, Prof. and HOD and overall direction of Director – Dr. N.N. Agarwal organized the 6th International Conference of Somatic Inkblot Society, ICSIS, 2008 from 9th to 11th February, 2008 at RINPAS which was attended by 150 national and international scholars. An excellent souvenir containing a gist of a number of path

breaking articles and an insightful editorial by Dr. K.S. Sengar has been brought out.

Administrative infrastructure:

- There are a number of grey areas or areas of concern which need to be brought out with suggestions for improvement. These are:-
 - The recruitment rules for the Director, RINPAS have not yet been framed. A deadline should be fixed for framing and notifying the rules at the earliest;
 - The State Government must go in for selection of a full time Director, RINPAS by issuing a proper advertisement on the principles laid down by the apex Court in Rakesh Ch. Narayan case (as quoted earlier) as also keeping in view the provisions of Mental Health Act, 1987 as any adhoc arrangement in this regard has its obvious limitations;
 - Against 544 posts sanctioned in Gr. A, B, C and D 383 have been in position leaving 161 vacancies. These vacancies must be filled up by repeated issue of advertisements and holding interviews for selection at frequent intervals;
 - Of these vacancies, the following, if not filled up in time will adversely affect the teaching programme:-

Department of Psychiatry - Asstt. Professor – 1

Deptt. of Clinical Psychology –

Deptt. of Psychiatric Social Work:

Professor – 1

Associate Professor – 2

Asstt. Professor – 2

Psychiatric Social Workers – 4

- The scales of pay for professors, Associate Professors and Asstt. Professors are the same as those followed in NIMHANS, Bangalore. There is, however, no academic allowance and leave travel concession as in NIMHANS, Bangalore and AIIMS, New Delhi. These may be introduced.

Research:

RINPAS has a good teaching faculty, qualified and experienced in teaching. It has an excellent track record of participation of faculty members in national and international conferences. It has the pride and distinction of hosting international conferences and chairing technical sessions in such conferences. Its track record in guiding research scholars for M.Phil and Ph.D. programmes has been equally impressive. This will receive a further fillip with commencement of teaching w.e.f. 1.5.2008 for which research scholars/students in different disciplines have already been selected. It is against this backdrop that the faculty members were exhorted by me to concentrate and intensify research in the following areas:-

- Schizophrenia and related psychiatric disorders;
- All affective disorders;
- Anxiety and somato form disorders;
- Childhood psychiatric disorders;
- Psychosexual disorders;
- Substance abuse related disorders;
- Women's Mental Health;
- Geriatric Psychiatry;
- Psycho Pharmacology;
- Psychiatric genetic research;
- Bio Psychosocial research;

- Autism, cerebral palsy, spastics, dylexia (learning disability of students), night blindness and various other forms of mental retardation.

We in India have been lagging behind in these areas of research due to lack of resource and infrastructure while a lot of good work is being done elsewhere in USA and European Countries. A lot of good literature is also available on these subjects/areas. RINPAS has an excellent library and documentation centre. RINPAS will be rendering an immense service to the world of research by getting its faculty actively involved in these and other newly emergency areas of research. That will indeed be in the fitness of things and add yet another feather to its cap.

Faculty Members of Psychiatry Department selected in the interview held on 02-03-2008 and 03-03-2008.

S.No.	Name of the Selected Candidate	Qualification	Post
1.	Dr. Krishna Kumar Singh	M.D.	Senior Resident
2.	Dr. Ashish Soy	DPM	Senior Resident
3.	Dr. N. Manjunatha	MD/DPM	Senior Resident
4.	Dr. Prabha Prakash	DPM	Senior Resident
5.	Dr. Deepak Singh	DPM	Research Officer
6.	Dr. Avinash Sharma	MD	Research Officer
7.	Dr. Saddichha Sahoo	DPM	Research Officer
8.	Dr. Shashi Ranjan Kumar	DPM	Research Officer

Students Selected for Various Post Graduate Courses at RINPAS for the Year 2008

M.D. (Psychiatry)

1. Dr. Amber Kumar

DPM

2. Dr. Pramod Kumar Singh

DPN

1. Arpan Tirkey
2. Alka Kachahap
3. Menka Subhani Tirkey
4. Archana Dangwar Prasad
5. Manisha Lungun
6. Anubha Shalmi Xolxo

Ph.D. in Clinical Psychology

1. Subhash Chandra Singh
2. Km. Vidhata Dixit

Ph.D. in Psychiatric Social Work

1. Kamlesh Kumar Sahu
2. Shital Shormarao Muke

M.Phil in M & SP

1. Anindita Bhattacharya
2. Sanjay Kumar Bhogta
3. Kiran Kumari
4. Sujit Kumar Yadav
5. Raj Kishor Ram

M.Phil in Psychiatric Social Work

1. Uprnesh Kumar
2. Anamika Verma
3. Swarnlata Kumari
4. Saraswati Rani
5. Sita Kumari
6. Janki Mahto

Detail of Civil Works done in RINPAS (PWD, Building)

S.No.	Particular	
1.	Special repair of 5 units 4 th grade quarter one block (Block No. 133) at warder line premise.	Work under progress (75%)
2.	Special repair of 5 units 4 th grade quarter one block (Block No. 142) at warder line premise.	Work under progress (70%)
3.	Special repair of 5 units 4 th grade quarter one block (Block No. 136) at warder line premise.	Work under progress (80%)
4.	Special repair of 5 units 4 th grade quarter one block (Block No. 139) at warder line premise.	Work under progress (75%)
5.	Special repair of 5 units 4 th grade quarter one block (Block No. 145) at warder line premise.	Work under progress (69%)
6.	Special repair of 5 units 4 th grade quarter one block (Block No. 121) at warder line premise.	Work under progress (80%)
7.	Special repair of 5 units 4 th grade quarter one block (Block No. 122) at warder line premise.	Work under progress (75%)
8.	Special repair of 5 units 4 th grade quarter one block (Block No. 123) at warder line premise.	Work under progress (70%)
9.	Special repair of 5 units 4 th grade quarter one block (Block No. 124) at warder line premise.	Work under progress (80%)
10.	Special repair of 5 units 4 th grade quarter one block (Block No. 131) at warder line premise.	Work under progress (80%)
11.	Special repair of 5 units 4 th grade quarter one block (Block No. 132) at warder line premise.	Work under progress (85%)

12.	Special repair of 5 units 4 th grade quarter one block (Block No. 109) at warder line premise.	Work under progress (90%)
13.	Special repair of 5 units 4 th grade quarter one block (Block No. 210) at warder line premise.	Work under progress (70%)
14.	Special repair of 5 units 4 th grade quarter one block (Block No. 115) at warder line premise.	Work under progress (60%)
15.	Special repair of 5 units 4 th grade quarter one block (Block No. 99) at warder line premise.	Work under progress (90%)
16.	Special repair of 5 units 4 th grade quarter one block (Block No. 134) at warder line premise.	Work under progress (85%)
17.	Special repair of 5 units 4 th grade quarter one block (Block No. 95) at warder line premise.	Work under progress (90%)
18.	Special repair of 5 units 4 th grade quarter one block (Block No. 96) at warder line premise.	Work under progress (90%)
19.	Special repair of 5 units 4 th grade quarter one block (Block No. 97) at warder line premise.	Work under progress (75%)
20.	Special repair of 5 units 4 th grade quarter one block (Block No. 101) at warder line premise.	Work under progress (80%)
21.	Special repair of 5 units 4 th grade quarter one block (Block No. 104) at warder line premise.	Work under progress (85%)
22.	Special repair of 5 units 4 th grade quarter one block (Block No. 107) at warder line premise.	Work under progress (80%)
23.	Special repair of 5 units 4 th grade quarter one block (Block No. 108) at warder line premise.	Work under progress (80%)

24.	Special repair of 5 units 4 th grade quarter one block (Block No. 106) at warder line premise.	Work under progress (90%)
25.	Special repair of roof of D type Quarters (one Block) 4 units (Male Section)	Work under progress (90%)
26.	Special repair of roof of D type Quarters (one Block) and other repair works 4 units (Male Section)	Work under progress (70%)
27.	Special repair of roof of D type Quarters (one Block) and other repair works 4 units (Female Section)	Work under progress (75%)
28.	Special repair of roof of E type Quarters (one Block) and other repair works 4 units (Male Section)	Work under progress (65%)
29.	Special repair of roof of B type Quarters (A to R; 18 Blocks) and other repair works 4 units (Male Section)	Work under progress (75%)
30.	Special repair of OPD Block and corridor	Completed.
31.	Special repair of Culvert and Chabootara (Male section)	Work under progress (70%)
32.	Special repair of First Floor of Ward No. 3 of Female Section.	Work started.
33.	Special repair of Preparatory Home of Female Section.	Work under progress (65%)
34.	Special repair of agriculture store room and boundary wall (Checker tiles), Bagan.	Work under progress (40%)
35.	Special repair of Gate building Matron quarter room female gate.	Work under progress (50%)
36.	Special repair of agriculture center bagan area poultry form and chabutara bagan area.	Work under progress (90%)
37.	Special repair of bagan office building	Completed.
38.	Special repair of P.C.C. Road main gate to end of road and female ward No.3.	Work started.

39.	Special repair of female kitchen 3 units, store and godown.	Work under progress (65%)
40.	Special repair of female ward No. 3 first floor	Work started.
41.	Special repair of Nurses Hostel and store	Work under progress (30%)
42.	Special repair of drain at gate to laundry male section	Completed.
43.	Special repair of Block No. 6 behind two unit old building male section.	Work under progress (40%)
44.	Special repair of kitchen, gas store, male section.	Work under progress (50%)
45.	Special repair of Director residence.	Work started.
46.	Renovation of Nurse's hostel first floor.	Work under progress (35%)

Note:- Above mentioned works were started in December, 2007 and will be completed by 20th March, 2008 (Current Financial Year).

List of PH work at RINPAS (2007-2008) (PH)

S.No.	Name of work	Status/Date of completion
1.	Renovation of toilet and bathroom at Infirmary Ward (Right side) of female section, and seepage repair of toilets in different wards of male section.	Work completed on 17.3.2007.
2.	Renovation of toilet and bathroom at Infirmary Ward (Left side) of female section, inter connection of water supply arrangement for ward No. 1 to 10 of male section and allied works.	Work completed on 26.3.2007.
3.	Improvement of water supply by constructing 200 x 150 mm dia 165 mtr. Deep HYDT with installation of 5 HP submersible motor pump at farm house and construction of 125 x 115 mm dia x 75 mtr. Deep drilled T/W with IM II hand pump, platform and drain at dairy farm.	Work completed on 11.11.2007.
4.	Construction of septic tank, soakpit, renovation of old and defunct toilet and improvement of water supply and S/I and sewerage work of Rehabilitation unit of male section and O.P.D.	Work completed.
5.	Provision of water supply to solar geyser of the male ward No. 1, 3, 4, 5, 6, 7, 11 kitchen and female ward No. 3, Half Way home, girl's hostel, 'E' type and 'D' type residence.	Work completed on 5.7.2007.
6.	Provision of PVC door in toilet of 'E' type and 'D' type quarters and O.P.D. Toilet (Near Medical Store) and seepage repairs in the residence of Dr. A.N. Verma.	Work completed on 23.5.2007.
7.	Water supply, sanitary installation and sewerage work of male ward No. 1 and 5 and remaining ward of 3 and 4.	Work completed on 23.5.2007.
8.	Water supply, sanitary installation and sewerage work and other allied work in male ward No. 7 and 10.	Work completed on 23.5.2007.

9.	Provision of W/S, S/I and sewerage work to newly constructed 'B' type staff quarters (2x4) 8 numbers.	Work completed.
10.	Water supply in 72 numbers 'B' type staff quarters at Bazar Tand.	Work completed.
11.	Renovation of toilet in male ward No. 2	Work completed.
12.	Construction of 2 numbers toilet near kitchen in male ward.	Work completed.
13.	Renovation of water supply in kitchen and toilet in staff quarter (6+6) at Mahavir Line.	Work completed.
14.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 122, 124 (2X5 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.
15.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 123 (5 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.
16.	Water supply, sanitation installation and sewerage work at Staff Qtr. No. 121 (5 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.
17.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 133 and 132 (11 Unit) of warder line premises.	Work completed on 29.2.2008.
18.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 130 and 139 (2x5 Qtr.) of warder line premises.	Work completed on 29.2.2008.
19.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 210 and 311 (10 Qtr. Unit) of warder line premises.	70%
20.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 144 (5 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.

21.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 140 (5 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.
22.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 141 (6 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.
23.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 142 (6 Qtr. Unit) of warder line premises.	80%
24.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 143 (6 Qtr. Unit) of warder line premises.	90%
25.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 111 (5 Qtr. Unit) of warder line premises.	Work completed on 29.2.2008.
26.	Water supply, sanitary installation and sewerage work at Staff Qtr. No. 129, 131 and 136 (3+5+6 = 14 Qtr.) of warder line premises.	Work in progress.
27.	Provision of installation and commissioning 3 HP submersible pump in newly constructed HYDT, repair of 3 HP submersible pump of GI pipe in different quarters, inter connection works from HYDT to existing CI line etc.	80%
28.	Renovation of toilet and bathroom at male ward No. 10 both side with water supply sanitary installation etc.	Work in progress 50%.
29.	Renovation of kitchen with floor tiles, glazed tiles and granite stone self with water supply, provision of mosquito net in ventilator and window of 'E' and 'D' type quarter (12 Qtrs.).	Work in progress 60%.

Note:- The work which is under progress will be completed by the end of March, 2008.

List of Electrical Works in RINPAS

S. No.	Name of Work
1.	Laying of armoured underground cable from sub-station to Generator Room of Male Ward Campus.
2.	Laying of underground armoured cable from Female Gade Fidder to Girl's hostel and pump house building.
3.	Electrical Wiring and fitting at Male Ward No. 1.
4.	3 Phase electric connection and electric wiring at general store.
5.	Electrical wiring of newly built Poultry house of Agriculture Sector.
6.	Electrical Wiring in Carpenter unit/Blacksmith Unit/Shop Factory unit/New patient canteen/Electric Godown/Book Binding unit and newly built shade of O.T. and Rehabilitation Centre.
7.	Electrical Wiring of all Religion Puzoghrih.
8.	Electrical Wiring of newly built office of Agriculture and Horticulture Centre.
9.	Electrical Wiring of General Canteen, newly built OPD extension room.
10.	Laying of armoured underground aluminium conductor cable of newly built CT Scan building.
11.	Electrical Wiring of 3 unit if 'D' type residential quarter.
12.	Electrical Wiring of 35 (thirty five) 3 rd and 4 th grade staff quarter of Warder line residential area.
13.	Electric Wiring and filling of children ward and patient ward No. 3 of male section in the completion stage.