

13

TOUR REPORT VISIT OF HON'BLE JUSTICE SHRI B.C. PATEL, MEMBER,
AND DR. SANJAY DUBEY, DIRECTOR (ADM.) TO BHAWANIPATNA
(KALAHANDI) FROM 24-26 FEBRUARY, 2010

Member of the Commission, Special Rapporteur and Director (Administration) alongwith other staff visited Bhawanipatna, Kalahandi, from 24th to 26th February, 2010.

On 25th February, 2010, the team visited REO Colony Anganwadi School, accompanied by the DM & District Collector and other officials of the department. There was no separate building for Anganwadi and they were occupying a room in the school. Out of a total strength of 40 only 29 children were present. The Anganwadi was operating from 7.30 AM and 10.30 AM and School operated after 10.30 AM. The team inspected the records of the school as well as of the Anganwadi. It was informed that the average attendance of the Anganwadi was 25-30 children. Though the attendance was reported to be marked everyday but the same was not found to be carried out on that day. The team was informed that the qualified matriculate staff was being paid Rs. 7000/- and Assistants were paid Rs. 1000/- per month. At the centre pregnant women of the locality were treated for iron deficiency and other related problems. As per record there were three pregnant women getting treatment at that time. A chart was being maintained indicating progress of a child (weight wise). The growth of six children was reported to be downward. Out of six, two have been upgraded after the supplement iron tablets and other medical care was provided to improve their growth. Records were being maintained showing pregnant women being supplied with additional ration @ 4 kg. 750 gm of Rice and 750 gm of Pulses apart from medicines. On being asked for the attendance sheet for the month of January, 2010, it was not available as it had been taken home by the attendant. On being asked to tell orally about the male and female children, she could not give the exact details. On being asked about the inspection, it was informed that it is being carried out regularly but she could not provide details of such inspections. The DM was asked to look into the matter and take steps to improve the shortcomings.

155
The team also visited District Jail, Bhawanipatna. An information sheet (**Annexure-A**) was provided detailing the Sanctioned Capacity, Actual Strength, Building, Availability of Quarters, Status of Jail Building, Staff position, Human Resource Development, Sanitation and Hygiene, Food, Clothing and Bedding, Health, Hospital and Medical Facilities, Mental Illness, Children Staying with Mothers (convicts), Education, Recreation and Welfare, Work Programme, Detention of Undertrials, Custodial Deaths, Women Prisoners, System of Parole, System of Interview with Family Members and Lawyers, No. of visits of different authorities, Involvement of NGOs and Social Activities in Prison Activities, Functioning of Board of Visitors, Parole Release, Furlough Release, Premature Release etc.

As per the information provided, the jail has a sanctioned capacity of 355 (338 Male & 17 Female). As on date there were 195 Male and 01 female convict apart from 125 male and 07 female undertrials. The activities in the jail were monitored through close circuit cameras. The jail comprised of one Administrative Block, New Block Ward No. 1, 2, Cell No. 1 and 2, Hospital Ward Female Ward, General Kitchen. The team took a round of the jail premises and interacted with several convicts and undertrials. It was noticed that there were a large number of undertrials. On about inquiry about food and other basic amenities, the situation in general was satisfactory. Some of the prisoners/undertrials made requests, inter alia, transfer to their respective districts, provision of legal aid, timely trial, consideration of application for their release after expiry of term etc. which was duly communicated to the DM and jail officers who assured of consideration of their requests at the earliest. The jail also has provision for imparting education for interested prisoners, though the attendance was very low. The team also inspected the medical ward of the jail and found it to be function satisfactorily. The team expressed the need for maintaining medical record of the prisoners properly. It was also found that the carpentry and handloom workshops were lacking of raw material. It was informed that the government was reluctant to provide funds for these workshops for keeping the prisoners busy.

The team visited the Home for Destitute, a home for widows and destitute. These women/girls were mainly referred by the police. It was reported that most of these girls were victimized on account of false promises of marriages or harassment by husband and in-laws. Nobody wanted to go back to their families and it was also informed that even their families were also not keen on that aspect. Some of the girls narrated their plight. Most of them expressed their interest for further studies and vocational training. There were no complaints about the management of the Home and everybody was satisfied with its working. The only aspect which was brought to the notice was about a more spacious accommodation and funds for the Home. The DM assured of looking into the matter urgently.

The team further visited a school functioning under Child Labour Scheme for children rescued working as child labourers in different establishments. The school provides education upto the level of class-V. It was informed that every girl child and the mother is given an honorarium of Rs. 100/-. Many of them have become self-sufficient. For BPL students special steps have been taken to take up their cases with governmental agencies. Funding was in good shape but it was expressed that over-funding was becoming a big problem. There is a provision for shifting these schools after every five years to a place where there is a child labour problem. 25 students of these schools were reported to have got admission to class seventh directly in different regular schools. A brief report (**Annexure-B**) was presented to the team by the Project Director citing programmes undertaken by the school as well as the problems being faced by them.

The team visited the Town Police Station. The law and order situation in the town was reported to be under control. No murder or rape case was reported to have taken place during the last year. The following year-wise break-up was provided by the police officers regarding registration of cases:

2006 -	216
2007 -	191
2008 -	187
2009 -	189

153
This year, only 50 cases were registered till date having one case of murder. Normal duration of detention was 24 hours before they were produced before the Court. No arms were kept in the police station but are requisitioned from armoury at time of need. No case of human rights violation or habeas-corpus petition was filed against the police. No custodial death took place at the police station. There were petty offences reported like theft of vehicle or mobile phones. There was naxallite problem prevalent which could not be dealt with by the police but the paramilitary forces. Almost all cases have been chargesheeted and are filed within 60-90 days. There was nobody detained in the cell of the police station. A concern was shown towards poor maintenance of unclaimed vehicles and vehicles involved in accident cases and it was desired that these vehicles should be auctioned. The officials concerned have taken note of it. A brief (**Annexure-C**) relating to crime figures under 10 major heads of Kalahandi district was submitted.

Member of the Commission, Special Rapporteur and Director (Administration) alongwith other staff visited Bhawanipatna, Kalahandi, from 24th to 26th February, 2010. The team visited the District Headquarters Hospital, Bhawanipatna, on 25th February, 2010.

The Hospital building appeared to be in a good shape. The OPD department was found to be operational and receiving patients. The hospital was reported to be treating on an average around 120 Indoor and 410 OPD patients per day. The patients were being treated for Tuberculosis, Malaria and Kalajar, the most prevalent diseases in the district, apart from Anaemia, Sickle Cell disease, poisoning and certain accident cases. On questioning about the staff position of medical officers, the team was surprised to know that the following posts have not been filled since long:

CDMO Office Bhawanipatna

Addl. CDMO	-	vacant since 3.9.2007
ADMO (FW&I)	-	vacant since 4.11.2007

DHH Bhawanipatna

Surgery Specialist Class-I		
Surgery Specialist Class-II		
O&G Specialist Class-I Sr.	-	vacant since 29.3.2005

This year, only 50 cases were registered till date having one case of murder. Normal duration of detention was 24 hours before they were produced before the Court. No arms were kept in the police station but are requisitioned from armoury at time of need. No case of human rights violation or habeas-corpus petition was filed against the police. No custodial death took place at the police station. There were petty offences reported like theft of vehicle or mobile phones. There was naxallite problem prevalent which could not be dealt with by the police but the paramilitary forces. Almost all cases have been chargesheeted and are filed within 60-90 days. There was nobody detained in the cell of the police station. A concern was shown towards poor maintenance of unclaimed vehicles and vehicles involved in accident cases and it was desired that these vehicles should be auctioned. The officials concerned have taken note of it. A brief (**Annexure-C**) relating to crime figures under 10 major heads of Kalahandi district was submitted.

Member of the Commission, Special Rapporteur and Director (Administration) alongwith other staff visited Bhawanipatna, Kalahandi, from 24th to 26th February, 2010. The team visited the District Headquarters Hospital, Bhawanipatna, on 25th February, 2010.

The Hospital building appeared to be in a good shape. The OPD department was found to be operational and receiving patients. The hospital was reported to be treating on an average around 120 Indoor and 410 OPD patients per day. The patients were being treated for Tuberculosis, Malaria and Kalajar, the most prevalent diseases in the district, apart from Anaemia, Sickle Cell disease, poisoning and certain accident cases. On questioning about the staff position of medical officers, the team was surprised to know that the following posts have not been filled since long:

CDMO Office Bhawanipatna

Addl. CDMO	-	vacant since 3.9.2007
ADMO (FW&I)	-	vacant since 4.11.2007

DHH Bhawanipatna

Surgery Specialist Class-I		
Surgery Specialist Class-II		
O&G Specialist Class-I Sr.	-	vacant since 29.3.2005

151

Radiologist
 Skin & VD Specialist Class-I Jr. - vacant since 4.6.1999
 Eye Specialist, CI-II Spl. - vacant since 1.5.2004
 Neuro Surgery CI-II Spl. - vacant since creation of post of OHSDP
 A/S (incl. AHO & MO LEU) - 6 posts vacant
 Medicine Spl. CI-II- - vacant

PPC Bhawanipatna

Asst. Surgeon - 2 posts vacant since 1.9.2006

Apart from the above vacancies, 9 medical officers were reported to be on unauthorised absence in DHH Bhawanipatna. 28 posts of Paramedical Staff at two important medical institutions of the district were vacant since long, the details of which are as under:

Sl. No.	Name of the Institution	Category of Post	Vacancies
1.	District Headquarter Hospital, Kalahandi	Pharmacist	1
		V.D. Investigator	2
		Jr. Clerk	1
		Asst. Matron	2
		Nursing Sister	1
		Jr. Radiographer	1
		Sr. L.T.	2
		Peon	1
		Sweeper (M)	5
		Sweeper (F)	1
		NW Sweeper	1
2.	District Tuberculosis Centre, Bhawanipatna	Health Visitor	2
		B.C.G. Tech.	6
		Jr. Lab Tech.	1
		Sweeper	1

On an inquiry about the availability of necessary medical machines / equipments, it was observed that the C.T. Scanner was lying damaged and out of order since 2008 and Ultrasound machine was not functional since 2009. Several machines, though in position, were lying ideal in the absence of technicians and lack of manpower and no training was

being imparted to other medical staff to overcome this shortcoming. There was inadequate manpower in ICU to cater to the needy patients.

The Wards were found to be clumsy with inadequate natural light and there was no provision for cross-ventilation for circulation of fresh air. The electricity supply was irregular. The windows were not having mosquito meshes. The wards were not being cleaned properly. The Sickle Cell disease was reported to be most prominent. The Hospital kitchen was not functional and it was reported that cooked food was being supplied occasionally from outside at the rate of Rs. 20/- per day per patient.

A brief information note on District Headquarter Hospital, Bhawanipatna, Kalahandi, presented by Dr. Ashok Kumar Mund, ADMO (Med.) is placed on the file *(Annexure-D)*.

The Commission has taken cognizance of this aspect and has directed the Chief Secretary, Government of Orissa, to submit a report in this regard within a period of six weeks.

On 26th February, 2010, '*Workshop on Awareness and Facilitating Assessment and enforcement of Human Rights at District Level Administration*' was organized by SHRC, Orissa and District Administration of Kalahandi.

The District Collector, Kalahandi, introduced the Chief Guest and Speakers on the dais to the participants and gave an overview of the Workshop and explained the aims and objectives of organization of such workshops.

Hon'ble Justice Shri B.C. Patel, Member, addressed the participants. In his address, while sharing his experience of the filed visit of the district, emphasized mainly upon Right to Health and Education. He said that prompt medical and health care, good hospitals having qualified medical and paramedical staff and provision of other facilities is an important aspect of Right to Health. Good health of every citizen should be the foremost priority of the State. The State should also provide quality education to all the children because if there is good education then only they can become good citizens. It is the responsibility of the State to see that right to health and education are enjoyed by every citizen. He showed his concern over the paucity of facilities and vacancies in the major medical institutions of the district as well as drop out rate in the schools. He said that care should be taken so that Panchayat develops, City develops, district develops, State develops and above all the nation develops. There is a need of some creative activities, which may be required by the people and helpful for the people so that the citizens can play a major role in over all development. The financial support from the government should be utilized for the purpose of development so that there is appropriation of wealth. He urged the district administration to take all these aspects in mind to the all round development of the citizens.

Dr. Sanjay Dubey, Director (Admn.), NHRC, addressed the gathering. He apprised the participants of the functions and powers of the National Human Rights Commission under the Protection of Human Rights Act, 1993. He also informed about various programmes undertaken by the NHRC to spread the human rights

148 awareness. He made powerpoint presentations with regards to "Human Right Awareness programme at District Level Administration" in 28 most backward districts of the country.

After the inaugural session, the technical sessions started with formation of four sub-groups on the following subjects:

- Group-I - Right to Food and evaluation of measures taken to ensure the same including responsibility of Panchayat, food adulteration and human rights of SC & ST communities and other vulnerable sections of society.
- Group-II - Right to custodial justice and evaluation of measures to ensure the same.
- Group-III - Right to education and evaluation of measures to ensure the same.
- Group-IV - Right to Health, hygiene, sanitation, environmental issues including drug and adulteration and evaluation of measures to ensure the same.

The issues discussed in each group are enclosed herewith as **Annexure-E**.

MAJOR RECOMMENDATIONS

1. There is a need for adequate funds to be released for the purpose of the infrastructure, medical services and district development by the Government;
2. There should be more recruitment of doctors and paramedical staff in the District Hospital. Lack of need based health infrastructure, doctors, para-medical staff, non-availability medical equipments in PHCs Health Centre are the major root causes of their health problem;
3. There is a need to develop awareness programme for both the public and healthcare provider on regular basis;
4. At present there was no separate building for the Aganwadis workers and they were occupying a room in the school. In this regard, there should be provided community building or place for executing their function properly and effectively;
5. There is a need to provide mobile dispensaries, multi- service mobile unit for the tribal and rural areas;
6. There should be more awareness and training programme involving PRI Bodies, NGOs and people;
7. There is a need for maintaining the medical record of the prisoners in the districts;
8. There is an urgent need for Speedy trial of the under trial prisoners;
9. Regarding the National Child Labour Project, the project staff including the staff of the Child Labour Schools are getting very meagre amount towards fixed honorarium sanctioned by the Govt. of Orissa, the educational instructors, vocational teacher and clerk of the schools gets Rs. 1500 per month fixed honorarium since last 7-8 years. Therefore, there is dissatisfaction among the schools staff. In this regard, the govt should be revising the salary of the existing staff in the National Child Labour Project;

10. There is an urgent need to appoint the qualified teachers and supporting staff in the primary schools. For this purpose the retired teachers who are willing should be appointed on temporary basis on vacant posts;
11. There should be provided residential facilities for the school teachers in tribal area;
12. There is an urgent need to appoint the one teacher in each class in tribal areas. Timely and regular transfer of the teacher's atleast within three years time;
13. Pre-schooling activities should be transferred from Anganwadi to the regular schools;
14. The Teachers and other supporting staff must be made free from other activities like census and survey duties;
15. District level committees should be constituted for monitoring and implementation of the schemes and they suggest remedial measures to the concerned authorities and govt;
16. There should be a transparency in transfer matters;
17. Steps should be taken to ensure that everyone is free from hunger. More attention is required towards nutrition, hygiene and sanitation.
18. Need to outline the need for constituting Committees at various levels in every State of the country and to act as Watch Committees so as to ensure Right to Food;
19. Monitoring of access and availability of food grains to the eligible and most vulnerable sections of the society. Constitution of three members Committee one from each Panchayat. Who are Emphasis on monitoring the schemes, particularly, those in poverty alleviation and employment generation;
20. Ensure greater transparency in the implementation of existing schemes. It should include reporting of physical and financial performance.

DISTRICT JAIL, BHAWANIPATNA



KALAHANDI, ORISSA

Information Sheet on District Jail, Bhawanipatna.

-: Presented:-

**On the eve of Visit of Dist. Jail Bhawanipatna,
Kalahandi.**

**By the NHRC Team under the chairmanship of hon'ble
Member justice B.C. Patel.**

On 25th February 2010.

**INFORMATION SHEET ON THE VISIT OF NHRC TEAM TO DISTRICT JAIL :
BHAWANIPATNA , KALAHANDI UNDER THE CHAIRMANSHIP OF HON'BLE
MEMBER JUSTICE B.C. PATEL. ON 25th FEBRUARY 2010.**

01. Name of the Prison : District Jail, Bhawanipatna , Kalahandi.

02. Sanction capacity of the Prison	:	Male	Female	Total
		338	17	355

03. Actual Strength of the Prisoners as on 25.02.2010 the number of Prisoners undergoing Life imprisonment and under Death sentence may be indicated.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
(a) Convict :	195	01	196
(b) Undertrial :	125	07	132
(c) Lifers :			103
Death Sentence :			Nil
Rigorous Imprisonment :			194
Simple Imprisonment :			02
Detenue :			Nil
(d) Daily average strength of previous month.			
Male - 329.38		Female - 5.09	Total 334.47 or 334

04. BUILDINGS.

(a) Age of the buildings.

Administrative Block and all the wards except New Block Ward No. 1 and 2, Cell No. 1 and 2. Hospital Ward Female Ward, General Kitchen and all other old infrastructure - 1936

New Block Ward No. 1 and 2 - 28.03.2007

Workshop No . 1,2,3 and 4 - 1936

But renovated since January , 2007.

AVAILABILITY OF QUARTERS.

'D' Type Quarter for Superintendent - One

'D' Type Quarter for Jailor	-	One
Old Quarters Earmarked for Jailor	-	One
'F' Type Quarter	-	08 Nos (Flat)
'F' Type Quarters	-	02 Nos. (Single Storied)
'E' Type Quarters	-	03 Nos. (Single storied)

Construction work of 06 Nos 'F' Type (Flat) Quarters is going on .
Old Quarters meant for lower subordinate - 18 Nos.

Warders Barrack is under construction.

STATUS OF JAIL BUILDING.

Very old and needs change of asbestos roof to R.C. C. Roof of Ward No. 2 to 7 and cells. Other building are in Good condition.

- ❖ Problems of Seepage, Leakage etc. - Nil
- ❖ Lighting and Ventilation - Adequate arrangement have been made.
- ❖ Institutional arrangement for Repair and Maintenance -

The repair and maintenance work of the building are being done by P.W.D., O.S.P.H. & W.C, P.H.D., and G.E.D. from time to time.

05. STAFF.

Name of the Post	Sanctioned strength	Actual Position
Superintendent	01	Vacant since 31.01.2010
Jailor	01	01
Asst. Jailor	01	01
Sub- Asst. Jailor	02	01 on deputation 01 post vacant
Chief Head Warder	01	01 (On Leave)
Head Warder	05	04 (01 vacant)
Warder	29	23 (06 vacant)
Temp. Warders from Home Guard	Nil	Nil
Female Warder	02	02
Temp. Female Warder	Nil	Nil

Clerk-Cum-Typist	01	01
School Teacher	01	01
Carpentry Instructor	01	01
Dying & Weaving Mistry	01	Vacant
Data Entry Operatiior-cum - Electrician	01	01
Sweepers	03	03
Temp Sweepers	01	01
Peon	01	01

Medical Staff.

Name of the Post	Sanctioned strength	Actual Position
Jail Medical Officer	01	01
Pharmacist	01	01

CORRECTIONAL STAFF.

Name of the Post	Sanctioned strength	Actual Position
Prison Welfare Officer	01	Vacant Since 11.10.08
Clerk-Cum-Typist	01	01
Peon	01	01

06. HUMAN RESOURCE DEVELOPMENT .

Institutional arrangements for training of Officers and staff in various categories

Jail Officer and Guarding Staff have been provided basic training at Orissa Jail Training School, Berhampur in Drill, P.T., Judo, Karate and First Aid etc. as practical training and theory in Orissa Jail Manual, Law, Accounts, Sociology, Psychology and Correctional Services etc.

Duration of Training for each category.

For Officers 6 Months

For Guarding Staff 9 Months

Arrangements for Re-training.

1. Refreshers Training for both the Officers and Guarding Staff have been conducted at O.J.T.S. Berhampur.
2. Orientation Training have also been conducted for the Officers by the NISD.

Evaluation of the content, quality & impact of training of Correctional behaviour in side and on rehabilitation of convicts after release.

Most of inmates of the Jail have realized their offence and change their attitude and behaviour. Their behaviour towards staff of Jail and Co-prisoners are satisfactory. After release interested convicts staying in the after care shelter at Cuttack for a period of 3 months for their rehabilitation and also rehabilitated by engaging different type of works and they are managing day-to-day livelihood in the society as well as manner.

Need for further strengthening .

Training to be given to the Jail staff for use of arms, drill practice, correctional behaviour and development of performances in duty in a regular intervals.

07. SANITATION AND HYGIENE.

- (a) No. of Toilets
- i) Cage Latrine – 17 (One in each Ward)
 - ii) Day Latrine - 20 + 12 = 22
- (b) No. of Bath – Rooms

There is no bath room available in this Jail. Only 4 Nos of bathing plat forms with water vat available in this Jail.

- (c) State of cleanliness and personal hygiene :

The General sanitation and personal hygiene is properly taken care of. Bleaching powder and phenyls are issued for cleaning of cage, day latrines and drains etc.

- (d) Drinking Water Facilities :- Are the samples sent for testing, if so What is the result.

Water supplied by the P.H.E.D. through pipe line has been used for the purpose of drinking and cooking. Water also provided through over head tank which

have been lifted from Boring tubewell through pump. There are two nos of deep boring tubewell available in this Jail.

The Samples of water is being tested by P.H.authorities whenever necessary.

08. FOOD.

(a) Per Head daily Expenditure on food

For labouring prisoners Rs. 35/

For non-labouring prisoners Rs. 34/

(b) Quantity and Quality of Food - Extent to which the nutritional requirements and nutritive value (in Kilo calorie) are being met.

Quite adequate and good quality.

09. CLOTHING AND BEDDING.

All male prisoners sentenced to R.I. is supplied with two blankets, one durry, One M.net, two pyzama, 2 Janghia, 2 Kurta, One Gamucha, One Chadar. One Aluminum plate and two cups. Each U.T. Prisoner is supplied with 2 Blankets. One Aluminium Plate and 2 Aluminium Cups and mosquito net.

Each female prisoner is supplied with 2 blankets, One durry, One M. Net one chadar, one aluminium plate and two aluminium cups.

During winter season one extra prison blanket is supplied to each prisoner of all classes.

In case of poor female prisoners who have brought no adequate clothing , Saree, Saya and blouse are also supplied by the Office.

In case of poor U.T. Prisoner who have not sufficient clothing U.T. Paizama and U.T.P. Kurta are also been supplied by the Jail.

(b) Facilities for washing of cloths.

40 gms of Detergent power and 14.5 gms. of washing soap are being issued in a week for the purpose. Extra quantity of 20 gms of detergent powder are being issued to each female prisoner in a week for the purpose.

10. HEALTH , HOSPITAL AND MEDICAL FACILITIES.

Male

(a) No. of Doctors One

- (b) No. of Paramedical personnel
(Pharmacist) One
- (c) Daily average of OPD 36
- (d) No. of beds 06
- (e) Availability of Medicines Adequate
- (f) Visits by specialist.

The Medical Officer of Jail Hospital treated the inmates in time every day. In case of necessity ailing inmates are being referred to D.H.H. Bhawanipatna, V.S.S. Medical College & Hospital, Burla for specialised treatment. Some times Specialist of different faculty of D.H.H. Bhawanipatna are being visited on requisition.

- (g) Isolation/Segregation of Patients
Suffering from infectious disease.

There is no such ward available in this Jail. Existing 2 nos of cells are being used for this purpose.

- (h) No. of Prisoners suffering from T.B. - Nil
- (i) No. of Prisoners suffering from HIV/AIDS - Nil.
- (j) Arrangement for detection and prevention
Of HIV/AIDS :- D.H.H. Bhawanipatna.
- (k) Are instructions about Medical examination
Of every prisoner on Admission being followed :- Yes
- (l) Ambulance Service being :- One vehicle is
used for the purpose on
monthly hire basis.
- (m) Drug de-addiction and Counseling
Services :- Not available in this Jail

11.- MENTAL ILLNESS :

- (a) How many mentally ill persons have been detained in the jail and for what duration :-

Convict - 16 Nos.
U.T.P. - 02 Nos

- (b) How many times the I.G. of Prisons has visited them U/S 29 (1) of Mental Health Act 87:- During his Visit / Inspection to the Jail.
- (c) What are the main observations:- To take better care.
- (d) How many times these persons have been visited by Psychiatrist or where a Psychiatrist is not available by a Medical Officer empowered by the State Government U/S 39 (4) of Mental Health Act. 1987 :-

The Jail Medical Officer / Pharmacist has provided Medicines and take care of the patient prisoners as per advice of the psychiatrist of Circle Jail , Sambalpur.

12. CHILDREEN STAYING WITH MOTHERS (CONVICTS)

No Children is now confined in this jail

13. EDUCATION, RECREATION AND WELFARE .

- (a) Comments on educational programmes and literacy classes with reference to the following.

Curriculum, Course content and textual materials, who designs them, where and how, evaluation of their suitability:-

Who appoints the teachers, mode of selection.

Training of Teacher.

Evaluation of Learning outcome in terms of achievement of minimum levels of learning,

A School is running inside the Jail to impart literacy programme for illiterate prisoners by a trained School teacher appointed by the Govt. of Orissa. and a life Convict Suratha Sahu . Mythological, social and moral books are available in the Library Daily local News papers such as Samaj, Pragatibadi and The Bhaskar are provided to the prisoners for their reading.

- (b) State of prison library and its utilization by prisoners.

A Prison Library is being maintained inside the Jail by the Jail Teacher. The library books are being utilized by the inmates and staff. Illiterate prisoners got literate. However the running of the library is not up to expected standard due to non availability of Spl. Library room, furniture and other related infrastructure.

- (c) Availability of journals, Periodicals, Local News Papers for Prisoners.

As stated above.

(d) Facilities of Vocational Training

Vocational training have been imparted in Carpentry, weaving of clothes, bed sheets, Gamucha, Durries and tailoring to the inmates in side the Jail.

(e) Comments of recreation activities such as games and sports, radio, T.V. films etc.

Outdoor games such as Volley ball, ring ball and Kabadi also played by the inmates.

Indoor games such as Carrom, Ludo, Chess are available for the inmates. For such games equipments have been provided by the Jail authorities. In every ward colour T.V. sets with cable connection have been provided for their entertainment and listening the news.

(f) Yoga, Pranayam and Meditation.

About 40 to 50 inmates organized Yoga and Meditation them selves in the morning.

(g) Canteen Facilities.

Available..

Only Tea and Tiffin's are prepared in the canteen for the inmates and staff.

14. WORK PROGRAMME.

(a) Type of Prison Industry

- i) Weaving of clothes, Bed sheet, Gamucha, Duster and durries of different sizes.
- ii) Tailoring
- iii) Carpentry
- iv) Gardening.
- v) Dairy farming

(b) Daily average No. of Convicts engaged in each type of Industry

i) Weaving work shops	-	38
ii) Tailoring	-	02
iii) Carpentry	-	04
iv) Gardening	-	10
v) Dairy farming	-	02

(c) Daily wages prescribed both time rate and place rate for

- i) Trainees - Nil
- ii) Semi-Skilled workers Not required.
- iii) Unskilled workers Rs. 10.00 per day.
- iv) Skilled workers Rs. 12.00 per day.

15. DETENTION OF UNDERTRIALS.

a) Detention Period.

		Numbers		Total
		Male	Female	
i)	Up to 6 months	85	07	92
ii)	6 - 12 Months	21	---	21
iii)	1 - 2 years	12	---	12
iv)	2 - 3 years	05	---	05
v)	3 - 5 years	02	---	02
Total		125	07	132

- b) Are under trials kept separate from Convict prisoners :- YES.
- c) No. of undertrial granted bail but unable to seek release because of failure of arrange sureties:- NIL
- d) Is there any problem of providing escorts to under trials for court appearance :- No
- e) Holding Lok Adalats in jail premised :- Nil

16. CUSTODIAL DEATH.

a) Annual statements of deaths for last 3 years.

Year	Total No. of Death	Natural	Unnatural	Remarks
2007	Nil	Nil	Nil	Nil
2008	4	---	---	---
2009	1	---	---	---
2010	NIL	NIL	NIL	NIL

- b) Annual Statement of escape from the Prisons/ escorts for the last 3 years :- Nil
- c) Have these deaths been investigated, if so what are findings and general observation :-

2 Cases of 2008 and one case of 2009 have not been investigated so far. Other cases are investigated.

- d) What checks and safeguards have been adopted to prevent suicides of prisoners :-

The guarding staff have been instructed to perform their duties with due alertness and as per provision of the Orissa jail Manual. The Jailor and other Supervisory staff have also been instructed to perform surprise round at odd hours round the clock to supervise the duties of the guarding staff.

17. WOMEN PRISONERS.

a)	Sanctioned capacity	-		17
b)	Actual strength	-	Convicts	01
			U.T.P.	07
			Total	08

- c) No of children with women prisoners and their age groups: Nil
d) Are women prisoners kept in separate accommodation:- Yes
e) General comments on health facilities for women prisoners and children staying with them with special mention of availability or other wise of a separate female ward in prison hospital and inoculation.

The General Health Condition of the female prisoners are good. The jail Medical Officer has visited the female ward at daily to check up the health condition of the female inmates. No separate Indoor Hospital ward for female prisoners is available in this Jail.

- f) No. of women prisoners suffering from T.B and psychiatric problems.
T.B - Nil Psychiatric problems - Nil

18. SYSTEM OF PAROLE.

What is the procedure which is in vogue for grant of Parole:-

Convicted prisoner sentenced to more than one year but less than five years are eligible to avail parole after undergoing actual imprisonment of one year and a prisoner sentenced to more than 5 years or more are eligible for parole on completion of actual imprisonment of 2 years. In both cases a convict is eligible for parole for a maximum period of 30 days once in a year granted by the District magistrate of the district under jurisdiction where the convict is lodged subject to the approval of the State Govt on the grounds of illness or death of any member of the prisoner's family or to attend marriage in

the family or construction/reconstruction or repair of the dwelling house.

What is the status of observance of the said procedure:-

In the existing procedure there is delay in obtaining opinion of the concerned Superintendent of Police for which the very purpose of the rule cannot be fulfilled. If the power of the investigation for grant of parole leave will be vested on a probation officer, he can able to submit his report within a short period after conducting proper investigation and enquiry.

Besides, the Superintending of Jail may be permitted to grant special leave at least for a period of 7 days once in a year on emergency cases such as death of any member of the family or to attend the marriage ceremony in his family after through enquiry and investigation.

19. SYSTEM OF INTERVIEW WITH FAMILY MEMBERS AND LAWYERS.

What is the procedure which is in vogue for grant of such interviews:-

At present interview of prisoners with their family members friends and relatives, legal advisor are being conducted as per provision laid down in Rule 607 and 628 of the Orissa Jail Manual.

How many such requests on an average are being receive :-

Average 20 Nos. Of interviews are conducted daily excluding Sunday.

20. NO. OF VISITS / IN ECTIONS DURING THE LAST ONE YEAR BY

- | | | | |
|-----|--------------------------|---|---------|
| i) | Judicial authorities | - | 2 times |
| ii) | Non-judicial authorities | - | 5 times |

21. INVOLVEMENT OF NGOs AND SOCIAL ACTIVITIES IN PRISON ACTIVITIES.

An Ngo called John Augustus Prison and Welfare Services, Athagarh has helped for the educational development of Children of poor convicts by distributing Text Books and reading and writing materials.

22. FUNCTIONING OF BOARD OF VISITORS.

When was the Board of visitors last constituted :- 31.01.2007

What is the frequency of Visits of the jail by the BOV:- Once in a month

Are the observations recorded by the BOV soon after visit :- Yes

23. PAROLE RELEASE

4 Nos. of Convicts were released on parole during the year 2009.

24. FURLOUGH RELEASE .

There are 71 Nos. of convicts were availed furlough leave/Special leave duly sanctioned by the Addl. D.G. of Police-Cum-Inspector General of Prisons and Director of Correctional Services, Orissa during the year 2009.

25. PREMATURE RELEASE .

Six Convicts were released from this Jail on premature during the year 2009 by the orders of the Govt. Of Orissa.

Proposal of 02 Life convicts for release on Premature have been submitted for consideration which are pending at government level.

26. GENERAL REMARKS.

On the functioning of the Prison administration, problems and grievances and suggestions for improvement.

The conduct and behaviour of the Prisoner confined in the Jail are satisfactory. There is no case of escape, hunger strike etc. occurred during last 2 years. There is no discontentment among the inmates in connection with diet, health care and personal hygiene.

For infrastructural development construction of 4 Nos. Watch tower at the vulnerable point to strengthening the security of the Jail is under progress. Similarly the construction work of 1 Dining hall inside the jail is completed and being used for the inmates. The Superintendent of jail may be empowered to grant special leave at least for a period of 7 days in favour of eligible convicts on emergent ground after due verification. To improve the person hygiene of inmates provision for issue of Tooth Powder, Tooth Bush and Plastic Tongue Cleaner in place of existing provision of tooth stick may kindly be taken into consideration by the Hon'ble Commission. Delay in disposal of cases particularly criminal appeals pending in the Hon'ble High court for years together is the principal cause of discontentment among the convicts.


Superintendent,
District Jail, Bhawanipatna.

BRIEF REPORT ON CHILD LABOUR SCHEME & WORKING OF KALAHANDI NATIONAL CHILD LABOUR PROJECT

The Government of India, Ministry of Labour Sanctioned one National Child Labour Project in Kalahandi District in the Year 1995-96 with 40 Child Labour Schools each having 50 Child Labour Students strength. Subsequently, 10 additional Child Labour Schools were sanctioned in the year 2000. At present 50 child labour schools are functioning having 2500 students.

From the very beginning of the project all the schools are being run through the reputed NGO's of the district and funds are released to them as per the budget sanctioned by the Government of India on different items. As per the scheme, the NGOs are authorised to engage local youths in these schools. In each child labour school there are 2 Educational instructors, One Vocational teacher, One Clerk - cum-accountant who gets Rs. 1500/- per month as fixed honorarium. Besides there is one peon - cum - cook who gets Rs. 800/- per month. As the local youths are engaged in the child labour schools, there is no absenteeism and the relationship between the students - parents, NGOs and the staff is quite good.

FEEDING PROGRAMME :

The Government of India was releasing Rs 5/- per students per day as Mid-day meal programme. But have since withdrawn the same w.e.f. 1.1.2010 and have issued instructions to cover the mid-day meal programme as far as with State Government Schools. Accordingly the mid-day meal programme is now taken under the MDM Scheme of the State Government.

MAINSTREAMING OF CHILD LABOUR STUDENTS :

As per the National Child Labour scheme, the child labours who work in hazardous activities and who are aged 9-11 years are withdrawn from the work field and admitted in the child labour schools. They are taught up to Class - V in 3 years after that they are mainstreamed to the regular State Government Schools in to Class-VI. Special care is taken by this NCLP to admit SC/ST students in residential Ashram/Kanyashram schools of the district so that they can continue their studies by getting all the facilities available from the Central/State Governments. Till the end of the year 2008-09, 9059 Child Labour students as detailed below have been mainstreamed to the various State Government Schools.

	ST	SC	OBC/ OTHER	TOTAL
Boys	1746	1068	1770	4584
Girls	1530	1176	1769	4475
Total	3276	2244	3539	9059

ADMISSION OF CHILD LABOUR STUDENTS IN TO JAWAHAR NAVODAYA VIDYALAYA :

This NCLP has prepared a special Curriculum so that the Child Labour Students can easily make up 5 years course in 3 years. Due to introduction of this curriculum, the Child Labour Students of NCLP, Kalahandi have been able to compete with other normal students of Government Schools and till now 59 of our Child Labour Students have been admitted in Jawahar Navodaya Vidyalaya at Narla which is a residential School up to +2 Standard run by the Government of India Ministry of HRD free of cost.

	General	SC	ST	TOTAL
Boys	04	06	28	38
Girls	07	01	13	21
Total	11	07	41	59

A random survey conducted by us revealed that out of Child Labour Students admitted in to regular State Government Schools 173 have passed the matriculation examinations, 139 reading in Colleges, one is reading in Medical College, 4 Government D.I.E.T. Schools, 7 in State Government Sports Hostels and most of others are self sufficient in managing their family.

SHIFTING OF CHILD LABOUR SCHOOLS :

As per the Scheme, the Child Labour Schools are shifting in nature. It is shifted to another place considering the concentration of Child Labour working in hazardous activities after completion of 3 years in a particular place.

HEALTH CARE :

Every month the Medical Officers of PHC/Dispensary and Zilla Saswathya Samiti are visiting the Child Labour Schools and check up the health of the Child Labour Students and supply them necessary medicines In case of any serious ailment, they are referred to the District Headquarters Hospital and the expenditure of treatment is borne by the District Red Cross Society.

FINANCIAL ASSISTANCE TO THE PARENTS :

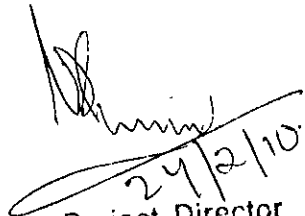
To improve the financial condition of the child labour parents, special arrangement has been made to cover them under different Anti Poverty Programmes taken up by the Central/State Governments. In the process we have already covered parents numbering 980 under IAY, 62 under JRY, 482 under IRDP/SGSY, 74 under Jeevandhara, 78 under ST/SC Scheme and 86 in all other Schemes. Besides, 494 Self Help Groups of the mothers of the Child Labour students have been organised in all the child labour schools of the district.

PROBLEMS :

1) The Project staff including the staff of the Child Labour Schools are getting very meagre amount towards fixed honorarium sanctioned by the Government of India. The Educational Instructors, Vocational Teacher and Clerk of the schools gets Rs.1500/- per month fixed honorarium since last 7-8 years. Therefore there is a dis-satisfaction among the school staff since the Sikhya Sahayak in State Government schools gets Rs. 4,000/- per month. Therefore it is urged that the Government of India should consider for revising the fixed honorarium of the staff. Similarly the Project staff are also getting very meagre amount as honorarium. This also needs immediate revision.

2) Previously apart from Rs. 5/- which was sanctioned by the Government of India per student per day and with the MDM Rice which was released from the State Government a good mid-day meal was being provided to the students and each child labour students were being given cooked rice of 200 gms. every day. Since the child labour students come from work field and are aged than other students of other schools, they need more cooked rice than others. After introduction of the MDM Scheme we have been able to give cooked rice of 125 gms. per student per day which is not sufficient for them. Therefore the Government of India should re-consider their decision and release Rs. 5/- per student per day as was being given previously.




24/2/10
Project Director
National Child Labour Project
Kalaikundi, Euxanipatna

***CRIME FIGURE
UNDER 10 MAJOR HEADS
OF
KALAHANDI DISTRICT
FOR LAST 3 YEARS i.e. 2007, 2008 & 2009
AND OF JANUARY' 2010
FOR PERUSAL OF
HON'BLE MEMBER OF N.H.R.C., NEW DELHI.***

COMPARATIVE CRIME CHART OF LAST 3 YEARS UNDER 10 MAJOR HEADS OF KALAHANDI DISTRICT

Crime Heads	Cases Reported			TA	Percentage of increase/decrease	CS	FRT	MF/ML	NC	False	Transfer	PI	LCS	True cases	Percentage of detection including LCS cases.	Persons Arrested	
	2009	2008	2007													Male	Female
Total Cog.	1661	1597	1626	1626.3	+ 2.1 %	1328	54	11	02	07	01	258	199	1624	93.1 %	2191	142
Murder	28	23	26	26.6	+ 4.8 %	16	-	-	-	-	-	12	10	28	92.8 %	17	-
Dacoity	03	06	05	5.0	-40.0%	01	-	-	-	-	-	02	01	03	66.6%	03	-
Robbery	32	25	23	25.6	+24.6%	21	02	-	-	-	-	09	06	32	84.3%	35	-
Burglary	49	56	59	56.6	-13.4%	17	14	-	-	-	-	18	08	49	51.0%	34	-
Theft	78	75	93	85.3	-8.5%	43	16	02	-	01	-	16	07	75	66.6%	70	-
Swindling	49	40	77	58.0	-15.5%	30	-	-	-	01	-	17	12	47	89.3%	54	02
Rioting	50	93	71	84.0	-40.4%	29	-	-	-	-	-	21	20	50	98.0%	218	28
M. V. Accd.	191	152	184	172.6	+4.8 %	153	15	01	-	-	-	22	20	190	91.0%	132	-
Rape	30	38	30	39.3	-23.6%	22	-	-	-	-	-	08	08	30	100%	21	01
Misc.	1151	1089	1058	1073.0	+7.2%	996	07	08	02	05	-	133	107	1136	97.0%	1607	111

CRIME FIGURE UNDER 10 MAJOR HEADS OF KALAHANDI DIST. FOR THE MONTH JANUARY' 2010.

Crime Heads	Cases Reported	FA	Percentage of increase/decrease	CS	FRT	MF/ML	NC	False	Transfer	PI	LCS	True cases	Percentage of detection including LCS cases.	Persons Arrested	
														Male	Female
Total Cog.	161	131.6	+22.2%	25	-	-	-	-	-	136	122	161	91.3%	143	07
Murder	05	2.6	+88.4%	-	-	-	-	-	-	05	04	05	80.0%	03	-
Dacoity	01	-	+100%	-	-	-	-	-	-	01	-	01	-	-	-
Robbery	01	2.0	-50%	-	-	-	-	-	-	01	-	01	-	-	-
Burglary	06	3.6	+63.8%	-	-	-	-	-	-	06	02	06	33.3%	02	-
Theft	09	4.6	+93.4%	01	-	-	-	-	-	08	03	09	44.4%	05	-
Swindling	07	4.0	+75.0%	-	-	-	-	-	-	07	05	07	85.7%	07	02
Rioting	04	7.3	-45.2%	-	-	-	-	-	-	04	04	04	100%	05	-
M.V. Accd.	15	14.0	+7.1%	01	-	-	-	-	-	14	14	15	100%	10	-
Rape	06	3.3	+78.7%	-	-	-	-	-	-	06	06	06	100%	05	-
Misc.	107	90.0	+18.8%	23	-	-	-	-	-	84	83	107	99.0%	106	05

A brief information note....

On

District Head Quarters Hospital

Bhawanipatna

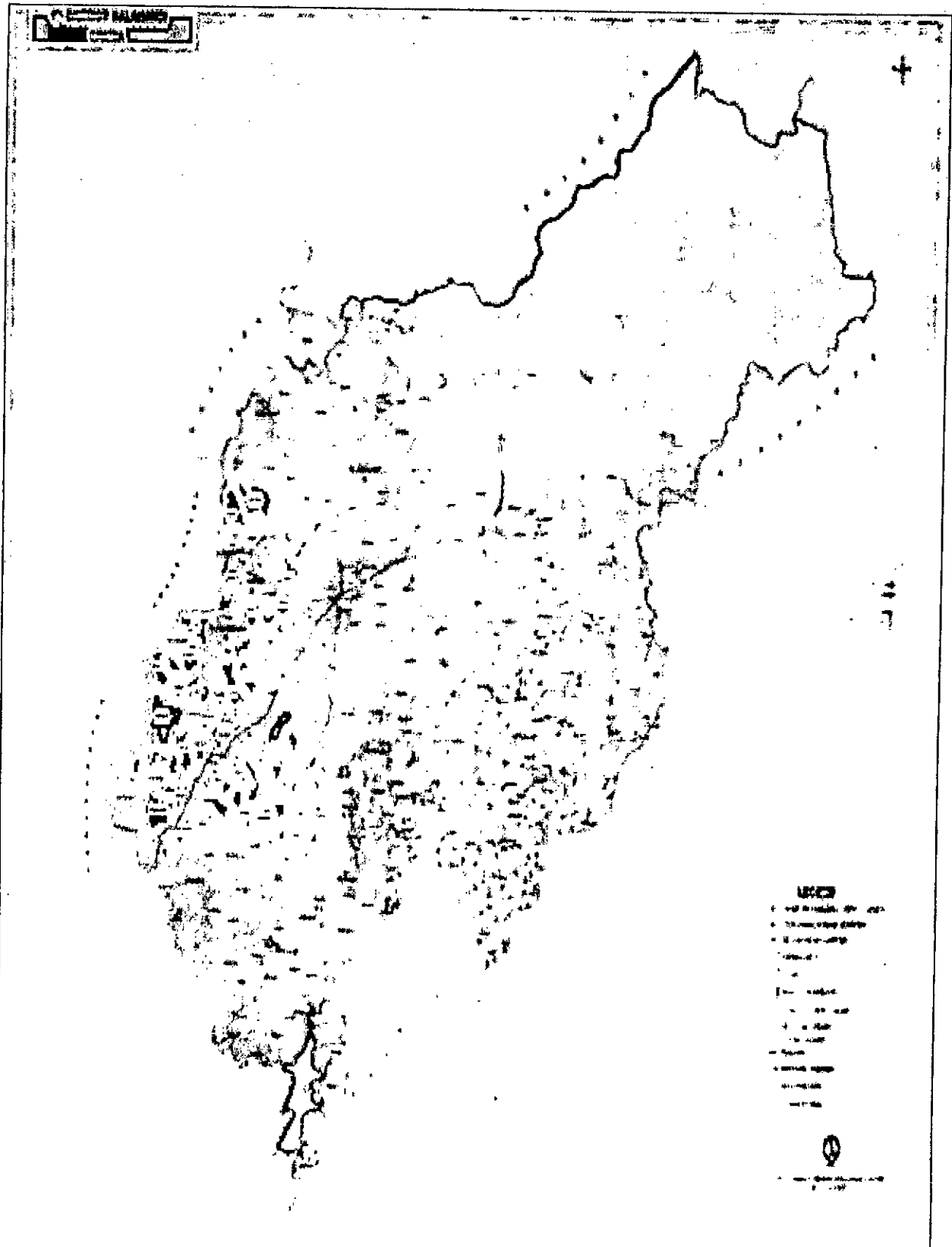
District Kalahandi

Presented by:

Dr. Ashok Kumar Mund

(A.D.M.O., Med.)

Kalahandi



Kalahandi District Map

**INFORMATION SHEET OF DISTRICT HEAD QUARTERS HOSPITAL
BHAWANIPATNA, KALAHANDI.**

The District Head Quarters Hospital Bhawanipatna is functioning since 1910 and Children Hospital is functioning since 1972 with 165beds.

TOTAL BEDS AVAILABLE

Female ward	26beds
Surgical ward	31beds
Male Medicine ward	23beds
Children ward	25beds
Maternity ward	22beds
TB ward	18beds
Eye ward	20beds

Infectious ward with 20beds inside the hospital campus constructed by M.P. Lad not yet sanctioned. Proposal has been sent to directorate.

DAILY AVERAGE OF PATIENTS

Indoor	120
O.P.D.	410

Staff Position of Doctors at DHH, Kalahandi

VACANCY POSITION OF DOCTORS IN KALAHANDI DISTRICT AS ON 30.09.09
District- Kalahandi

Sl No	Name of the Block	Name of the Medical Institutions where different category of post of Doctors are now vacant	Category of post	Sanctioned strength	In position	Vacancy	Period of vacancy	Remarks
1		2	3	4	5	6	7	8
1	SADAR BLOCK	CDMO Office Bhawanipatna	Jt. DHS-I (CDMO)	1	1	0		
			Addl. CDMO Cl-I Sr.	1	0	1	3.9.07	Transferred & posted as ADMO(FW)Koraput
			ADMO(FW & I)Cl-I Sr.	1	0	1	4.11.07	Transferred & posted as CDMO, Koraput
			ADMO(PH)Cl-I Sr.	1	1	0		
		DHH Bh.patna	ADMO(Med)Cl-I Sr.	1	1	0		
			Med. Spl. JT DHS I	1	1	0		
			Surg.Spl. JT DHS I	1	1	0		
			Surgery Spl cl I	1	0	1		
			Surgery Spl Cl II	1	0	1		
			Paed. Spl JT DHS I	1	1	0		
		O & G Spl. Cl-I Sr.	1	0	1	29.3.05.	Promoted to the post of Cl. I Sr. Branch & posted as spl. in O&G, DHH, Bolangir	

Cont...

SADAR BLOCK

Anaesth. Spl. Cl-I Jr.	1	1	0		One Consultant Specialist is working
Radiologist Cl-I Jr.	1	0	1		One Radiologist from T.B. Hosp. Uditnayanpur deputed to work 3 days in a week
ENT Spl. Cl-I Jr.	1	1	0		
Skin & VD Spl. Cl-I Jr	1	0	1		vacant since 4.6.1999
Pathologist, Cl-I Jr.	1	1	0		One Cl.II Spl. posted, but unauthorised absent since 6.9.07, Draft charges sent to DHS Orissa vide lt.No. 4823 dt.17.10.07
Ortho Spl. Cl-I Jr.	1	1	0		One Cl-II Ortho. Spl. is officiating
Eye Spl., Cl-I Jr	1	1	0		One Consultant Specialist is working
Eye Spl., Cl-II Spl.	2	1	1	1.5.04	Transferred
Spl. Chest & TB Cl-II	1	1	0		Unauthorised absent since 03.04.08 Draft charges sent to DHS Orissa vide lt.No. 4689 dt.16.09.08
Neuro Surgery Cl-II Spl.	1	0	1		Vacant Since Creation of post by OHSDP
Dent. Surgeon, Cl-I Jr.	1	1	0		One contractual Dental Surgeon is working against this post.
A/S (incl.AHO & MO LEU)	25	19	6	30.4.05 22.2.06 25.1.07 20.5.09	Unauthorized absent 01
Medicine Spl Cl II	1	0	1		
PPC Bh.Patna Spl. O & G, Cl-II	1	1	0		
Asst Surgeon	2	0	2	1.9.06	On transfer

SL. NO.	NAME OF THE DOCTOR WITH DESIGNATION	PLACE FROM WHICH TRANSFERRED	PLACE TO WHICH TRANSFERRED
1	Dr. Mahesh Prasad Rout, Spl. O & G	UGPHC, Khamar, Dist.-: Anugul	DHH Bhawanipatna
2	Dr. Manash Ranjan Sahu, Asst. Surgeon	SCB Medical College & Hospital, Cuttuck	DHH Bhawanipatna
3	Dr. Dezy Swain	New Appointed	DHH Bhawanipatna
4	Dr. Satyasish Kabi	New Appointed	DHH Bhawanipatna
5	Dr. Maitreyee Panda, MD Skin & VD	Un Authorized Absent	DHH Bhawanipatna
6	Dr. Somanath Dash, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna
7	Dr. Sima Chouhan, Spl. In Pathology	Un Authorized Absent	DHH Bhawanipatna
8	Dr. Swati Samant, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna
9	Dr. Pranamita Pujhari, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna
10	Dr. Bibhudatta Routray, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna
11	Dr. Bansidhara Mulia, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna
12	Dr. Lallismruti Sahu, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna
13	Dr. Rudra Prasad Panigrahi, Asst. Surgeon	Un Authorized Absent	DHH Bhawanipatna

BUILDING POSITION & ACTIVITIES

Renovation work of hospital building has been started, for the financial year 2009-2010.

ICU and administrative block constructed by OHSDP is already completed and handed over. Administrative block is functioning. ICU is not yet operational.

RDC block is already completed and handed over and machines are installed. Partially operational CT scan machine is not operational; the AMC cost has been approved by the Collector & District Magistrate, Kalahandi. The cost for the CMC has been paid for the Ultrasound machine, the Engineer will be coming in the first week of the March 2010. (Many Machines are lying idle due to lack of staff or non installation)

Drainage system of the hospital premises and building works has been started, though drainage system has to be renovated as soon as possible. Proposal has been sent to the proper quarter.

Note: The drain prepared by the PWD was not properly sloping leading to the blocked here & there. It has to be repaired. At many areas the cover are lying damaged, centering plates are not being removed, the drain constructed by the PWD is not covered at male medical ward & entire area near by the newly under construction of the baby ward. Centering of the drains is not removed leading water logging. Whatever funds has been allotted to the PWD under NRHM, the concern department is most of the time is not informing to the authorities. **Here by submitting the details of the letter sent to the E.E. R&B to take the corrective action:-**

1. (Letter No:1128/1129/1130 dated 28.09.2009)
(subject: Completion of pending works/lacuna of the previous work under funds allotted) from NRHM (O) for DHH, Kalahandi.
2. (Letter No:1065/1066 dated 13.09.2009)
(Subject: Declaration of safety of wards at DHH, Kalahandi)
3. (Letter No:972/973 dated: 18.08.2009)
(Subect: Declaration & Repair of baby ward (old) roof cast on urgent basis)
4. (Letter No:967/968 dated: 17.08.2009)
(Subject: Repair of septic tank/soak pit/inspection chamber of E & F type quarters at DHH, Kalahandi)
5. (Letter No: 307/308 dated: 14.03.2009)
(Subject: Completion of Pending works under PWD at DHH, Kalahandi)
6. (Letter No:797/798 dated 01.08.2008)
(subject: Regarding removal of garbage/malba after construction/renovation from District Headquarter Hospital, Kalahandi)
7. (Letter No:795/796 dated 01.08.2008)
(subject: Regarding declaration of unsafe building & construction inside the District Headquarter Hospital, Kalahandi)

Renovation & minor repair work has been started. Parking area has been renovated & reconstructed. White washing/weather coat of RNTCP, Infectious ward has been completed. Patient Waiting space is under renovation. Infectious ward repair has been completed. O & G ward repair has been completed. Only Toilet remains to be completed.

Space for ASHA GRUH, Rashtrya Swathya Bima Yojana & District KIOSK for the RSBY has been decided, along with the list of institutions to be empanelled under the scheme. Construction of new shops has been started to shift the exiting shops, at the

existing shops. ATTEND REST SHADE may be constructed under the funds allotted from NRHM. Plantation activities are in progress. New Green Zone/park has been constructed. One new park is under construction

In the last year the new tiles & cota stone flooring was done by the PWD at Male, Female, Surgery wards & bay areas. The doors in the toilets are not installed properly; the stone was neither grinded nor polished properly. The condition of the toilet is like no one can use it. Exhaust fan installed in the toilets are at the sky light area, which is of no use.

OPD, Medicine Specialist room, Surgery Specialist room, orthopedic specialist room, ENT specialist chamber, Ped. Spl. Chamber, pharmacy, and registration counter has been renovated.

In the last year the New Ware House was constructed by the Police Housing the building was handed over to the Hospital authority. & operational racking system is not being installed, it has been taken up centrally.

Only 32 nos. of old quarters of the staff available which requires major repair in all aspects. Though block has repaired, some of them in different ways. For construction of new staff quarters the funds has been allotted to the PWD.

Six no's of E & F type quarters has been constructed by the PWD & PHD/GPHD (Under NRHM fund). The quarters have been allotted to the different category of the staff.

Water supply to the hospital is available, supplied by PHD.

Electricity is available in the hospital building as well as staff quarters.

OT is functioning in newly constructed building. The old OT requires renovation, which has been started.

One new OT is constructed by PWD. Building is yet not handed over to the concern. The toilet constructed in the OT area is such there is no roof. The main OT has seepage in the last rainy season. The door entrance is like a stretcher can hardly enter; it should be at least 1.5 meter of width.

Laboratory services are available round the clock. All types of common specimen are examined. AIDS test are done in the laboratory (ICTC). QBC machine is functioning.

Blood bank is available inside the hospital campus managed by Dist. Red Cross Authority. Collection 70 to 80 bottles in a month.

Generator is available. The old generator has to be repaired on urgent basis to have backup supply. New generator has been installed. As of now to cater the need of the hospital requires 45 KVA new generators as per increasing load day by day.

Four no's Ambulances are available in running condition. The NRHM has supplied eleven new ambulances to the Kalahandi district. Out of this DHH has two ambulances, the registration etc has been done, the new ambulances are on the road. Two ambulances are old needs major repair.

One powerful 300MA X-ray machine is available in running condition. Another 2nos. X-ray machines are installed and in running condition.

"Rashtriya Swathya Bima Yojana" counter has been functional one staff from Telemedicine has been deputed for the day to day coordination.

Nutrition Rehabilitation Centre:

The building is operational with full strength staff since October 2009. The sanctioned bed strength of the NRC is 10 (Ten).

VCCTC / PPTCT / STD/ICTC

Clinics of VCCTC/ PPTCT/STD clinic functioning counselor and LT are posted are functioning. STD doctor is available.

OPHTHALMOLOGY

Cataract operation camps are conducted regularly and IOL operation done successfully.

POST MORTEM

Post mortem center constructed by OHSDP and PM cases are done regularly.

PPC

PPC is functioning inside the hospital campus. Immunization camps/ Sterilization operation are done regularly. Building position of PPC Bhawanipatna:-

- The PPC Building consists of two segments. First segment consists of O.T. & the specialist chamber. The second segment consists of the Immunization Hall & small room, where office of PPC works.
- The first segment is in good condition, but windows are damage condition. The second segment of the building is the old one than the first.
- There is no facility for safe drinking water for patient as well as staffs.
- There is no Urinal at PPC for female Pts and staffs.
- There is one waiting hall for meeting & Training purpose at PPC.
- There is no vehicle at PPC Bhawanipatna.
- The windows of the second segment is also damaged.

HOSPITAL WASTE MANAGEMENT

Waste management handling is obeyed as per rules. Demonstration to the staff is given regularly along with the induction meeting. But municipality authorities do not help the institution for disposal of general waste materials from the hospital premises. All the hospital waste materials disposed as per rules. Pits and septic area constructed. General waste dumping yard has been constructed.

The new deep burial pits are under construction. The machines were supplied by the OHSDP are in the process of installation. The e-mail was sent to the supplier to install the machine. New Biomedical waste Management building has been completed by PWD, but there is no drainage system & plinth protection.

(The letter has been sent to the DMET for approval of the rate for disposal of the different items under biomedical waste management)

STOCK AND STORE

1. Medicines are adequate.
2. Panchabyadhi treatment is going on.
3. HIV test is being done
4. QBC test is done
5. Pathology investigation are done round the clock
6. USG machine is not operational since august 2009. CMC money has been paid to L&T company his Engineer will be coming in the month of the March first week 2010.
7. ECG done.
8. TMT installed and not operational.

REQUIREMENTS

- Posting of staff to ICU and RDC.
- Construction and repair of staff quarters.
- Mobile Accident Squad with Ambulance.
- As of now to cater the need of the hospital requires 45 KVA new generators as per increasing load day by day.
- There is no attendant rest shade in case of extremes of winters/summer it leads lot of difficulties to the patient attendants. The existing shop owners may be relocated to some other area & new attend rest shade may be constructed.
- Help desk may be constructed.
- Taking into the consideration of the Patient load in the Obs & Gynea ward 30 more beds are required to be sanctioned.
- IPHS standard of the bed Strength should be at least 303 beds.
- The present strength of the doctors posted at DHH is very low, hence for the functioning of the casualty round the clock & attending the call in the wards assistant surgeon from the periphery are being directed to work at the DHH, often being objected by the elected members of the locality. Besides this provision may be made to from the NRHM for the payment of the TA & DA to the doctors from the periphery working in the DHH.

Spl.Note:- 20 beds of Inf. ward at DHH Bhawanipatna has been constructed M.P. LAD. Is being managed by existing staff. It needs to be sanctioned from Govt. and post such as:-

Sl.No.	Post	No. of Post
1	Asst. Surgeon	4
2	Pharmacist	6
3	Staff Nurse	6
4	Attendant	6
5	Sweeper	6

May be created.

2. Baby ward has got sanction 25beds but practically we are having 70 to 75 patients daily as such it needs to be enhanced to 100beds and staff such as:-

Sl.No.	Post	No. of Post
1	Pead. Specialist	1
2	Asst. Surgeon	2
3	Pharmacist	3
4	Staff Nurse	6
5	Attendant	8
6	Sweeper	8

May be created.

3. O & G Wards has got sanction 22beds but practically we are having more than 50 patients at one hospital day.

Sl. No.	Post	No. of Post
1	O & G Specialist	2
2	Asst. Surgeon	2
3	Pharmacist	3
4	Staff Nurse	6
5	Attendant	8
6	Sweeper	8

May be created.

Calculation of Requirement of Bed strength under IPHS standard

Calculation A: -

The total number of admissions per year=

17,00,000 (District Population) X 1/50 (Based on the assumption of annual rate of admission as one per 50 population)=34,000

Bed Days per year= 34,000 X 5 (Average length of Hospital Stay) =1,70,000

Total No's of Bed required when occupancy is 100 per cent: Bed days/365

IPD (Admission in the last month) 4069/30= 136 patient per day present in Hospital (Abstract)

Occupancy Rate: $136/165 \times 100 = 82.42$ Per cent (Abstract 83 per cent)

Total No's of Bed required when occupancy is 83 per cent=

$1,70,000/365 \times 83/100 = 386$ Beds

Calculation B: -

(Old Census Data available on NIC web site)

The total number of admissions per year=

13,35,494 (District Population) X 1/50 (Based on the assumption of annual rate of admission as one per 50 population)=26709.8

Bed Days per year= 27109.8 X 5 (Average length of Hospital Stay) = 1,33,549.4

Total No's of Bed required when occupancy is 100 per cent: Bed days/365

IPD (Admission in the last month) 4069/30= 136 patient per day present in Hospital (Abstract)

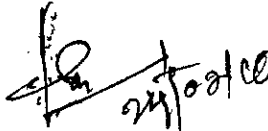
Occupancy Rate: $136/165 \times 100 = 82.42$ Per cent (Abstract 83 per cent)

Total No's of Bed required when occupancy is 83 per cent=

$133549.4/365 \times 83/100 = 303$ Beds (Abstract)

(The above mentioned data was calculated on the basis of the IPHS standard)

- Based on the above mentioned calculation as of now the hospital needs to have minimum 303 beds, to cater the needs of the population of the district, as per old census. Based on the new census 386 beds are required for the District Headquarter hospital.


24/02/20
Dist. Dist. Medical Officer
Med. & K. Chand

**VACANCY POSITION OF PARAMEDICAL STAFF AT DIST. HEAD QUARTER
HOSPITAL BHAWANIPATNA, KALAHANDI DISTRICT**

Sl. No.	Name of the Institution	Category of post	Sanctioned Strength	In Position	Vacant	Remarks
1	2	3	4	5	6	7
1	District Headquarter Hospital Kalahandi	Pharmacist	8	7	1	
		Staff Nurse (including PH Wing)	26	26	0	
		V.D. Investigator	2	0	2	
		Jr. Clerk	1	0	1	
		Asst. Matron	2	0	2	
		Nursing Sister	5	4	1	
		Prosth.Orth.Tech.	1	1	0	
		M.R.Asst.	1	1	0	
		Dent. Asst.	1	1	0	
		Jr. Radiographer	1	0	1	
		Sr. Radiographer	1	1	0	
		Sr. L.T.	4	2	2	
		Jr. L.T.	4	4	0	
		Driver	3	3	0	
		Zamadar	1	1	0	
		Lab. Attd.	1	1	0	
		Dresser	1	1	0	
		St. Bearer	2	2	0	
		Cook cum Bearer	3	3	0	
		Attd.	25	25	0	
		Peon	1	0	1	
		Jr. Helper	2	2	0	
		Class IV	1	1	0	
Sweeper (M)	18	13	5			
Sweeper (F)	11	10	1			
Female Attd.	3	3	0			
MPHS (F) MCWC	1	1	0			
NW Sweeper	1	0	1			
2	District Tuberculosis Centre Bhawanipatna Kalahandi	Staff Nurse	1	1	0	
		Health Visitor	2	0	2	
		Jr. Radiographer	1	1	0	
		Driver	1	1	0	
		B.C.G.Tech.	8	2	6	
		Jr. Lab Tech.	2	1	1	
		Sr. Clerk	1	1	0	
		St. Clerk	1	1	0	
		Cook	1	1	0	
		Attd.	4	4	0	
		Sweeper	3	2	1	
3	Postpartum Centre Bhawanipatna Kalahandi	Staff Nurse	2	2	0	
		H.W. (M)	1	1	0	
		H. W. (F)	1	1	0	
		MPHS (F)	1	1	0	
		Attd.	1	1	0	
		Fem. Attd.	1	1	0	
		Driver	1	1	0	
		Sweeper	1	1	0	
Sr. Clerk	1	1	0			

ANTI RABIES Vaccine/CASES MARCH 2009

- | | |
|--|------------|
| 1. No. of cases attended from 01.04.2008 to 31.03.2009 | 713 |
| 2. No. of cases attended from 01.04.2009 to 10.06.09 | 248 |
| 3. No. ARV used from 01.04.2008 to 31.03.2009 | 1064 vials |

[Handwritten signature]
24/07/10

Dist. Dist. Med. Officer
(Medical) Kalabandi

NO. OF BEDS UNDER C.D.M.O. KALAHANDI

Sl. No.	Name of the Institutions	No's Of Bedded	Remarks
1.	DHH, Kalahandi	145	
2.	SDH, Dharamgarh	55	
3.	CHC, Juanagarh	30	
4.	AH kesinga	30	
5.	UGPHC, Jaipatna	30	
6.	CHC, M Rampur	16	
7.	UGPHC, Biswanathpur	16	
8.	UGPHC, Koksara	16	
9.	CHC, Borda	16	
10.	CHC, Narla	6	
11.	PHC, Karlamunda	6	
12.	CHC, Pastikudi	6	
13.	CHC, Th. Rampur	6	
14.	CHC, Chapuria	6	
15.	PHC, Kalampur	6	
16.	PHC, Chiliguda	6	
17.	PHC, Parla	6	
18.	Lanjigarh Hospital	6	10 Bedded were added by the Vedanta Aluminum
19.	Risida Hospital	6	
20.	Barabandha Hospital	6	
21.	Ranmal Hospital	6	
22.	Police Hospital, Bhawanipatna	6	
23.	Ladugaon (PHC) New	6	
24.	Adri PHC (N)	6	
Sub Total		440	
	TB Hospital, UN Pur	65	
25.	PPC, Bhawanipatna (Sterilization Bed)	10	
26.	PPC, Dharamgarh	4	
Sub Total		79	
27.	Eye Hospital, Bhawanipatna	20	
28.	Eye Hospital, Dharamgarh	10	
	Total:	549 Beds	

RKS & USER'S COLLECTION & EXPENDITURE OF DHH (2005- December 2010), KALAHANDI

Year	Collection							Expenditure				
	Pathology	OPD/IPD	X-Ray	CT Scan/USG	Ambulance	Misc.	Total	Path	X-ray/CT-Scan	Ambulance	Misc.	Total
2005-06	156357	-	115405	-	161423	170600	603785	71387	-	192605	77461	341453
2006-07	199579	-	150430	17800	248935	183771	800515	183455	14589	237825	38346	494215
2007-08	265104	233771	181210	192100	213866	278493	136454	48994	62812	281715	463082	856603
2008-December 2009	1171516	768304	1539820	121400	518902	611828	930730	76987	76745	228965	345678	6390875

[Handwritten Signature]

Asst. Dist. Medical Officer
(Medical) Kalahandi

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, KALAHANDI

No. Out Door Patient's (OPD) & Indoor Patient's (IPD) visited to the District Headquarter Hospital (DHH), Kalahandi (April 2007 to August 2009)

OPD Record:

Sl. No.	Year	New Cases	Old Cases	Total	Remark
1	2006-2007	283355	43637	326992	
2	2007-2008	141903	42654	184557	
3	2008-2009	136009	54396	190405	
4.	April2009-Jan 2010	91230	36925	128155	

IPD Record:

Sl. No.	Year	New Cases	Old Cases	Total	Remark
1	2006-2007	19850	31947	51797	
2	2007-2008	20714	16654	37368	
3	2008-2009	26352	44395	70747	
4.	April2009-January 2010	15245	24860	40105	

Total No's Death's during April 2008 to January 2010 at DHH Kalahandi

Sl.No.	Year	No's of Death (General)	Pediatrics	Remark
1.	2008-2009	677	184	
2.	April2009-January 2010	591	168	

Status of Quarter's At District Headquarter Hospital, Kalahandi

Sl.No	No's of Quarter's	Vacant	Occupied	Dilapidated
1	34	02	31	01

Status of the District Headquarter Hospital Normal Deliveries

Sl.No.	Year	No's of Deliveries	Remarks
1	2006-2007	1986	
2	2007-2008	2327	
3.	2008-2009	3277	
4.	April2009-January2010	2621	

Status of the District Headquarter Hospital C.S.

Sl.No.	Year	No's of C.S.	Remarks
1.	2007-2008	342	
2.	2008-2009	236	
3.	April2009-January 2010	245	

INFORMATION FROM APRIL 08 TO JANUARY 2010

Still Birth (2008-09) 245
 (2009-2010 January) 209
No's of Diarrhoea Cases

Sl.No.	Year	OPD	IPD	Death
1.	2007-2008	3669	1719	23
2.	2008-2009	2898	2048	13
3.	April 2009- January 2010	1943	1193	07

No's of Malaria Cases

Sl.No.	Year	Total Slide Collection	Positive OPD cases	Positive IPD Cases	Death
1.	January 2007- December 2007	14078	1885	3047	nil
2.	Jan 2008- Dec 2008	15256	2105	3220	03
3.	January 2009- January 2010	16061	1247	3389	06

Bed Occupancy Rate at District Headquarter Hospital Kalahandi

Sl. no.	Year	Percentage
1	2006-2007	86.01%
2	2007-2008	96.44%
3	2008-2009	94.24%

- ✓ J.S.Y. Beneficiaries (2008-09) 3746
- ✓ Total No. of X-ray done 4997
- ✓ P.M. Examination Conducted
- ✓ Medico legally cases conducted

N.B.-: Other information in separate sheets.

Year wise Funds Received for Kalahandi district under NRHM

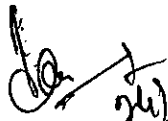
Sl No.	Programme Head	Year		
		2007-2008	2008-2009	2009-2010
1.	RCH	53675568	35927420	36739000
2.	Immunization	4209358	2056444	
3.	IPPI	1801941	2180996	
4.	NRHM Initiatives	31671368	36515230	3278732
	Total	91358235	76680090	69522732

Year Wise funds received for Kalahandi District under Public Health

Sl No.	Programme Head	Year	
		2008-2009	2009-2010
1.	Salary	10944491	8122292
2.	Non Salary	166410	110700

Year Wise funds received for Kalahandi District under Medical Section

Sl No.	Programme Head	Year
		2008-2009
1.	Salary	18051229
2.	Non Salary	
2.1	Phone	16000
2.2	Electricity	800000
2.3	M.V.	30000
2.4	Water	175000
2.5	Diet	360000
2.6	RCM	33000
2.7	TE	15000


 Asst. Dist. Med. Officer
 (Medical Kalahandi)

FUND POSITION OF NRHM FOR THE YEAR 2006-07.

Sl.No	Head	Opening Balance	Received	Fund Available	Expenditure	Balance
1	2	3	4	5 = (3+4)	6	7 = (5-6)
1	RCH	6889175.00	20380770.00	27269945.00	22327596.00	4942349.00
2	NRHM	7489745.00	23076884.00	30566629.00	11235384.00	19331245.00
3	IMMUNISATION	1239200.00	2486680.00	3725880.00	1200388.00	2525492.00
4	IPPI	602637.00	1654678.00	2257315.00	2199912.00	57403.00
	Total :-	16220757.00	47599012.00	63819769.00	36963280.00	26856489.00

FUND POSITION OF NRHM FOR THE YEAR 2007-08.

Sl.No	Head	Opening Balance	Received	Fund Available	Expenditure	Balance
1	2	3	4	5 = (3+4)	6	7 = (5-6)
1	RCH	4942349.00	48733219.00	53675568.00	4011824.00	13563744.00
2	NRHM	19331245.00	12340123.00	31671368.00	21459493.00	10211875.00
3	IMMUNISATION	2525492.00	1683866.00	4209358.00	1738418.00	2470940.00
4	IPPI	57403.00	1744757.00	1802160.00	1738923.00	63237.00
	Total :-	26856489.00	64501965.00	91358454.00	65048658.00	26309796.00

FUND POSITION OF NRHM FOR THE YEAR 2008-09.

Sl.No	Head	Opening Balance	Received	Fund Available	Expenditure	Balance
1	2	3	4	5 = (3+4)	6	7 = (5-6)
1	RCH	13563744.00	52942420.00	66506164.00	64368080.00	2138084.00
2	NRHM	10211875.00	53358230.00	63570105.00	19399784.00	44170321.00
3	IMMUNISATION	2470940.00	2056444.00	4527384.00	2129915.00	2397469.00
4	IPPI	63237.00	2180996.00	2244233.00	1037979.00	1206254.00
	Total :-	26309796.00	110538090.00	136847886.00	86935758.00	49912128.00

FUND POSITION OF NRHM FOR THE YEAR 2009-10.

Sl.No	Head	Opening Balance	Received	Fund Available	Expenditure	Balance
1	2	3	4	5 = (3+4)	6	7 = (5-6)
1	RCH	2138084.00	37631129.00	39769213.00	24427583.00	15341630.00
2	NRHM	44170321.00	32783732.00	76954053.00	60332485.00	16621568.00
3	IMMUNISATION	2397469.00	-	2397469.00	2390532.00	6937.00
4	IPPI	1206254.00	-	1206254.00	-	1206254.00
	Total :-	49912128.00	70414861.00	120326989.00	87150600.00	33176389.00

FUND POSITION OF JSY FOR THE YEAR 2008-09

Sl.No	Head	Opening Balance	Received	Fund Available	Expenditure	Balance
1	2	3	4	5 = (3+4)	6	7 = (5-6)
1	JSY	3352150.00	26210000.00	29562150.00	24200056.00	5362094.00

FUND POSITION OF JSY FOR THE YEAR 2009-10.

Sl.No	Head	Opening Balance	Received	Fund Available	Expenditure	Balance
1	2	3	4	5 = (3+4)	6	7 = (5-6)
1	JSY	5362094.00	11900000.00	17262094.00	10357256.00	6904838.00

DIARRHOEAL OUTBREAK REPORT 2000-2009

SL.NO	YEAR	NO. OF ATTACK	NO. OF DEATH	REMARK
1.	2000	186	12	No Epidemic
2.	2001	534	53	Do
3.	2002	209	11	Do
4.	2003	350	28	Do
5.	2004	121	Nil	Do
6.	2005	Nil	Nil	Nil
7.	2006	37	01	Do.
8.	2007	253	31	Epidemic
9.	2008	529	34	Do
10.	2009			Epidemic


 24/10/10
 Asst. Dist. Medical Officer
 (Med. & H) Kalahandi

Health for All (Vision 2020)

The health of a nation is difficult to define in terms of a single set of measures. At best, we can assess the health of the population by taking into account indicators like infant mortality and maternal mortality rates, life expectancy and nutrition, along with the incidence of communicable and non-communicable diseases.

According to these measures, the health of the Indian population has improved dramatically over the past fifty years. Life expectancy has risen from 33 years to 64 years. The infant mortality rate (IMR) has fallen from 148 to 71 per 1000. The crude birth rate (CBR) has declined from 41 to 25 and the crude death rate (CDR) has fallen from 25 to under 9. The couple protection rate (CPR) and total fertility rate (TFR) have also improved substantially.

Despite these achievements, wide disparities persist between different income groups, between rural and urban communities, and between different states and even districts within states. The infant mortality rate among the poorest quintet of the population is 2.5 times higher than that among the richest. Maternal mortality remains very high. More than one lakh women die each year due to pregnancy-related complications.

Like population growth and economic growth, the health of a nation is a product of many factors and forces that combine and interact with each other. Economic growth, per capita income, employment, levels of literacy and education—especially among females—age of marriage, birth rates, availability of information regarding health care and nutrition, access to safe drinking water, public and private health care infrastructure, access to preventive health care and medical care, health insurance, public hygiene, road safety, and environmental pollution are among the factors that contribute directly to the health of the nation.⁵³

Communicable diseases such as malaria, kalaazar, tuberculosis and HIV infection remain the major causes of illness in India. During the next five to ten years, existing programmes are likely to eliminate polio and leprosy and substantially reduce the prevalence of kalaazar and filariasis.

However, TB, malaria and AIDS will continue to remain major public health problems. India has about 1.5 million identified cases of TB that are responsible for more than 3,00,000 deaths annually. Improved diagnostic services and treatment can reduce the prevalence and incidence of TB by 2020. About 2 million cases of malaria are reported in India each year. Restructuring the "malaria workforce" and strengthening health infrastructure can reduce the incidence of this disease by up to 50 per cent within a decade. Assessing the impact of HIV epidemic is more difficult; according to an estimate, there are about 4 million persons infected with HIV. The National Health Policy aims

at achieving a plateau in the prevalence of HIV infection by 2007. Childhood diarrhoea, another major cause of illness, is largely preventable through simple community action and public education, and deaths due to diarrhoea can be eliminated by 2010.

Childhood under-nutrition, the other major area of concern, can be addressed by targeting children of low birth weights and employing low-cost screening procedures to detect under-nutrition at an early age. Given the projected improvement in living standards, food security, educational levels and access to health care among all levels of the general population, substantial progress can be made in reducing the prevalence of severe under-nutrition in children by 2020. China's remarkable success in combating disease over the past two decades is proof that a determined commitment to improving public health can dramatically reduce the incidence of infectious diseases within one or two decades. With the demographic and epidemiological transition taking place in the coming years, non-communicable diseases are also likely to emerge as major public health problems. Modernisation of life styles will further aggravate health problems. The rapid proliferation of two and four wheel motor vehicles, increasing congestion on city roads and intercity highways have all contributed to an increasing number of deaths and serious injuries from traffic related accidents. Greater emphasis on education and enforcement of road safety rules by both drivers and pedestrians is an urgent need of the hour. As already noted, there will be a massive increase in population in the 15-64 age group. Reproductive and Child Health care programmes must meet the needs of this rapidly growing clientele. The population in

LIST OF INSTRUMENT & EQUIPMENT , KALAHANDI

Sl. No.	Name of the Item	Quantity	Page no & Date of Receive	Installation Yes/No
1	Electrolyte Analyzer	02nos	1/9.03.05	Yes
3	Deep Freezer Cap 4.5 cup	1no	5/9.03.05	Yes
5	Wintrob's Faematocrit tube with	10nos	9/9.03.05	Yes
7	D.C. Manual Counter	3nos.	13/9.03.05	Yes
9	Apnea Monitor	1no	17/9.03.05	Yes
11	New born Incubator	4nos.	21/9.03.05	Yes
13	Bipolar & Monopolar Coutry (Diatheramy machine)	1no	25/10.03.05	Yes
15	Opti CCA Blood Gas Analyzer	1pkt	27/16.03.05	No
17	Treadmill Stress Testing machine	1 no	31/21.03.05	No
19	O.T. Light Ceiling Model	1nos	55/12.05.05	No
21	100MA X-ray Machine (model 1010) (X-ray generator, 5 position- manual Bucky grid Table)	1nos	49/12.05.05	Yes
23	ECG Machine	1no	33/26.04.05	Yes
25	Instrument Table	4nos.	37/7.04.05	Yes
27	Ultra Sound Machine	1set	41/4.05.05	Yes
29	Pediatric Endoscopes	1no.	45/4.05.05	Yes
31	Plain Forcep Large	4nos.	59/16.05.05	Yes
33	Sponge Holding Forcep	4nos.	61/16.05.05	Yes
35	Plain Forcep medium	4nos.	63/16.05.05	Yes
37	Tooth Forcep Medium	4nos.	65/16.05.05	Yes
39	Allesh Forcep Medium	4Doz	67/16.05.05	Yes

Sl. No.	Name of the Item	Quantity	Page no & Date of Receive	Installation Yes/No
2	Cop Infuse on Pump	1set	2/9.03.05	No
4	Westerner Tube with Stand	5pkts	7/9.3.05	Yes
6	Rotary Microtome with suitable knife	1no	11/9.03.05	Yes
8	Histokinete	1no	15/9.03.05	Yes
10	pulse cximeter	1no	19/9.03.05	Yes
12	Resucitation Unit	1no	23/09.03.05	Yes
14	Hemoglobin Meter (German Irake Ori)	10nos.	57/15.03.05	Yes
16	Digital ECG Machine	02nos	29/21.03.05	No
18	Orithopedic Table with attachment	1no	53/12.05.05	No
20	Dental X-ray Machine (Model PDX 1070)	1no	51/12.05.05	Yes
22	C.V. Scanner and accessories (6nos. Of close ply box and Sl.No. 01 is without close box)	1no	77/19.06.05	No
24	Blood Cell Counter	1no	35/22.04.05	Yes
26	Cardaic Monitor with Pediatric Defibrillator	1no	39/05.04.05	Yes
28	Video Gastro Scope	1set	43/04.05.05	Yes
30	Leica Power Assisted Rotary Microtome	1set	47/04.04.05	Yes
32	Towel Clip	2Doz	60/16.05.05	Yes
34	Hegg. Diator Set	1no	62/16.05.05	Yes
36	Chittle Forcep	4 Nos	64/16.05.05	Yes
38	Tooth Forcep Large	4 Nos	66/16.05.05	Yes
40	Mosquito Artery Forcep	02 Nos	68/16.05.05	Yes

41	Artety Forcep small (St & Cu)	2Doz	69/16.05.05	Yes
43	Retractor	2nos	71/16.05.05	Yes
45	Suction Apparatus	02nos	73/16.05.05	No
47	Vital Sign Monitor	1no.	75/31.05.05	Yes
49	Auto pipette with tips	12nos	81/26.07.05	Yes
51	All glass Distillation plant	01no	85/27.07.05	Yes
53	Octa Channel Pipette	02nos	89/27.07.05	Yes
55	Pipette Tarsons make	06nos.	93/27.07.05	Yes
57	Ro or Feadi 8tubesx15ml model - R-8 : B	01no	105/13.04.05	Yes
59	Centrifuge Machine (Remi) Model R-8 (plus)	02nos	107/13.04.05	Yes
61	VDRL shaker (model- RS-12) Shaking System	01no	109/13.04.05	Yes

42	Artery Forcep Mecium (St.Cl.)	2Doz	70/16.05.05	Yes
44	Photo Therapy Unit	3Pkt	72/16.05.05	Yes
46	Bird Ventilator	1no	74/31.05.05	Yes
48	Haemodialysis Machine	1no	79/01.07.05	Yes
50	PH Meter	1no	83/27.07.05	Yes
52	Haemocy Ormeter	10nos.	87/27.07.05	Yes
54	Binocular Biological microscope	3nos.	91/27.07.05	No
56	Roter Head (8tubes x 15m) Model-R-244	1no	104/13.04.05	Yes
58	Angle Head (12Tubes x 15m) model-R-244	2nos.	106/13.04.05	Yes
60	Reni High Speed Cooling Centrifuge	2nos.	108/13.04.05	Yes

LIST OF INSTRUMENT & EQUIPMENT RECEIVED FROM OHSDP

Sl. No.	Name of the Item	Quantity	Page no & Date of Receive	Installation Yes/No
1	Instrument Sterilizer (Electrical) ISI Mark Medium	8Nos.	57/15.10.04	Yes
3	Forcep Mosquito	50Set	61/15.10.04	Yes
5	Counting Chamber (Homecyto Meta) (Compete in Box)	02nos.	65/15.10.04	Yes
7	Fixation of Radius & Ulna	1No	69/15.10.04	Yes
9	B.P. Apparatus (Mercury)	08Nos	73/15.10.04	Yes
11	Needle Holder SS 8" (TSC)	08Nos	77/16.10.04	Yes
13	Instrument Tray	10Nos.	81/16.10.04	Yes
15	Basin stand Double with 2nos. - Basin 14"	16Nos	85/16.10.04	Yes
17	O.T. Table Hydrolic Complete with standard accessories Model - ISS291, Make Cognate	02nos.	89/02.11.04	Yes
19	Forcep Tissue Biospsy	07Set	99/25.11.04	Yes
21	Forcep Gall Blader	02nos.	103/25.11.04	Yes
23	Forcep Volellum	03Nos	107/25.11.04	Yes
25	Forcep lion	04Nos	111/25.11.04	Yes
27	X-ray View Box	10Nos.	116/16.11.04	Yes
29	Centrifuge (Haematocrite)	01no	118/16.11.04	Yes
31	Weighting Machine with Hight Measuring	05nos 54Nos	120/16.11.04 369/23.04.05	Yes
33	Retractor Genral Operation	02nos.	122/16.11.04	Yes
35	Uterine Sound	02nos.	124/16.11.04	Yes
37	Scissor Stich Cuting	05nos.	126/16.11.04	Yes
39	Scissor Fine Pointing St-6", 8" Cu-6", 8" (20nos in set each)	04set	128/16.11.04	Yes
41	Scissor Plaster Cutting	02nos.	130/16.11.04	Yes

Sl. No.	Name of the Item	Quantity	Page no & Date of Receive	Installation Yes/No
2	Forcep Artery	50set	59/15.10.04	Yes
4	Sponge holding Forcep	30set	63/15.10.04	Yes
6	Larygescope SS Mark, Small, Meium & Large	03nos	67/15.10.04	Yes
8	Bowl (250mm)	50Nos.	71/15.10.04	Yes
10	Universal BoneDrill with Chuck & Key with complete set	01no	75/15.10.04	Yes
12	Dressing Trolley	04nos	79/16.10.04	Yes
14	kidney Tray SS 10"	20nos	83/16.10.04	Yes
16	S.S.Sterilisation Drum	20nos. 108nos.	87/16.10.04 87/05.03.05	Yes
18	Haemoglobinometer	02Nos	97/25.11.04	Yes
20	Forcep Tongue	03nos	101/25.11.04	Yes
22	Forcep Uterine Dressing	02nos	105/25.11.04	Yes
24	Forcep Bone nibbling	01no	109/25.11.04	Yes
26	Forcep Nasal Dressing	02Set	113/25.11.04	Yes
28	Remi Centrifee (Electrical)	02Nos	117/16.11.04	Yes
30	Angle pise lamp	04Nos	119/16.11.04	Yes
32	Retractor Abodominal	01No	121/16.11.04	Yes
34	Uterine Curetter	02Nos	123/16.11.04	Yes
36	Scissor Discecting Size St-4" 6", 8" Cu-4", 6", 8" (20Nos. In 1set Each)	06Set	125/16.11.04	Yes
38	Scissor Dressing	10nos	127/16.11.04	Yes
40	Scissor Operating 8", 10" (10nos. In 1set)	02Set	129/16.11.04	Yes
42	Scissor Tailor	05Nos	131/16.11.04	Yes

43	Scissor IRIS 8cm , 10cm (2Nos. In 1set)	02set	132/16.11.04	Yes
45	Knief Amputation	04nos	134/16.11.04	Yes
47	meter Catheter	04nos	136/16.11.04	Yes
49	Forcep Cheattle 10" & 12"	06+06 12nos	138/16.11.04	Yes
51	Forcep Dressing St-6", 8". Cu-6", 8"	56Nos 14nos each	140/16.11.04	Yes
53	Tooth Forcep	02nos.	142/16.11.04	Yes
55	Forcep Sinus	06Nos	144/16.11.04	Yes
57	Instrument Cabinet 1600H X 900W x 50D Double Door 5Shelve	20Nos. 54Nos	149/16.11.04 149/09.03.05	Yes
59	Ventilator Sl.No. IVENT 201	01set	157/25.12.04	Yes
61	Back Rest	50Nos	161/25.12.04	Yes
63	Foetal Moniro	03Nos	175/10.09.04	Yes
65	microlit Micropipette	03Set	179/17.01.05	Yes
67	Suction Evacuation Machine	02nos.	188/20.12.04	Yes
69	Suction Apparatus for ENT OPD & Canula	01No	187/20.12.04	Yes
71	Nitrous Oxide- Cylinder	06nos	191/30.12.04	Yes
73	Gaslight aitomic 200 Lux	02nos.	197/23.02.05	Yes
75	Plastic Moulded Chair	105Nos	203/08.03.05	Yes
77	Revolving Stool	20Nos. 54Nos	167/20.12.04	Yes
79	Video Gastroscope	1set	207/12.05.05	Yes
81	Hypedermic needle 20Nos., 26Nos.	828Unit	211/09.03.05	Yes
83	Head Box (oxygen Head)	4nos	215/09.03.05	Yes
85	Slide Box	3nos	217/09.03.05	Yes
87	Stretcher Canvas	4nos	219/09.03.05	Yes
89	needle lumber Puncture	4Set	221/09.03.05	Yes
91	Syringe Dental	2Nos	223/09.03.05	Yes

44	Forcef Alice Tissue 6",10" (50nos. In 1set)	2set	133/16.11.04	Yes
46	Knife skin Graiting	1No	135/16.11.04	Yes
48	Forcep Bone Holding	4nos	137/16.11.04	Yes
50	Forcep Dissecting 8" & 8"	06 +06 12Nos	139/16.11.04	Yes
52	Forcep Intestinal Clam	02Nos	141/16.11.04	Yes
54	Ovum Forcep		143/16.11.04	Yes
56	Cardiac Monitor- Bedside with accessories and wall mould stand Model No-Star 50(L&Mark) S.No. A04S550275	01no	147/17.12.04	Yes
58	Trademill Sl no.704PAZ018109 Model-770CE/BMS	01Set	155/25.12.04	Yes
60	Wheel Chair	06Nos	159/25.12.04	Yes
62	Fowlers Bed	20Nos	165/25.12.04	Yes
64	Electrocardiograph model Magic R	03Nos	177/07.01.05	Yes
66	Ventues Cup	04Set	181/20.12.04	Yes
68	Nasal Set (29 Items)	01set	185/20.12.04	Yes
70	Strecher on Trolley)	10Nos	189/27.12.04	Yes
72	Ultrasound Scanner & UPS	01No	195/05.02.05	Yes
74	Cysto-Urethroscope Set	01Set	199/03.03.05	Yes
76	Emergency Light	5nos	205/09.03.05	Yes
78	Bed side Screen	30Nos	168/22.12.04	Yes
80	Water Bath	1No	209/09.03.05	Yes
82	Distilled water Plant	2Nos	213/09.03.05	Yes
84	Contifuge (Manual)	1No	216/09.03.05	Yes
86	Bed Head Ticket holder	170Nos	218/09.03.05	Yes
88	Nasal Elevator	1No	220/09.03.05	Yes
90	Pilers with cutting	2Nos	222/09.03.05	Yes
92	Suringe EAR	1No	224/09.03.05	Yes

93	Tongue Depressor	4nos	225/09.03.05	Yes
95	Autoclave (For Waste Management)	1No	227/09.03.05	Yes
97	Oxygen Cylinder with Bullnose valve and Cap	12Nos	235/28.03.05	Yes
99	Diet Trolley (S.S.)	4nos	245/03.04.05	Yes
101	Spectrophotometer (Microprocessor base)	1No	281/02.05.05	Yes
103	Baby Incubator	4nos	284/06.05.05	Yes
105	radiant Warmer	1No	286/15.09.05	Yes
107	Faradic Generator	2nos	288/06.05.05	Yes
109	Electric light Cautery	3nos	290/21.02.05	Yes
111	Executive Table	14nos	292/08.05.05	Yes
113	Ambubag	10Nos.	302/06.06.05	Yes
115	Spirit Lamp	04Nos	304/06.06.05	Yes
117	Otoscope	01no	306/06.06.05	Yes
119	Diagnostic set with ophthalmoscope	04Nos	307/06.06.05	Yes
121	bed pans & Urinal	50Set	308/06.06.06	Yes
123	Forceps skin Holding	07nos	309/06.06.06	Yes
125	Scissor's Fenulum	02nos.	310/06.06.07	Yes
127	Forceps wilets scalp holding	01no	311/06.06.07	Yes
129	forcep suringe lifting	05nos	312/06.06.08	Yes
131	forcep mild wirery	01no	313/06.06.08	Yes
133	suturing tray	02nos.	315/06.06.09	Yes
135	floor mounted groutin chair	48nos	319/21.06.05	Yes
137	X-ray machines 60MA	01set	321/23.06.05	Yes
139	Phorolectric Colorimeter	01no	334/23.07.05	Yes
141	Air Conditioner with stabiliger capacity 1.5ton with grill model - CA1500S	04Nos	343/05.08.05	Yes
143	needle Cutter (Elec.)	15nos	346/25.07.08	Yes
145	Delivery table with standard accessories	02nos.	349/25.12.04	Yes
147	Instrument Trolley	10Nos.	351/10.08.05	Yes
149	Fire Extinguisher	07Set	354/23.08.05	Yes

94	refrigerator single Door, Cap-175lit Make LG Voltage stabiliger	1No	226/09.03.05	Yes
96	Air Ether Machine	1No	229/14.03.05	Yes
98	5Kva Voltage stabilizer (Servo) single phase type AUR	2Nos	237/31.03.05	Yes
100	P.H. Meter	1No	247/28.04.05	Yes
102	Flame Cell Photometer	1No	282/02.05.05	Yes
104	Phototherapy unit	3nos	285/06.05.05	Yes
106	Shortwave diathermy	1No	287/15.09.05	Yes
108	Oxygen mask	14nos	289/06.05.05	Yes
110	Emergency Resusciation kit	4nos	291/06.05.05	Yes
112	Conference Table	1No	293/06.05.05	Yes
114	Prootoscope	4nos	303/06.06.05	Yes
116	Stetoscope	4nos	305/06.06.05	Yes
118	suction nozzle	3nos	306/06.06.05	Yes
120	Head light	3nos	307/06.06.05	Yes
122	Masloid retractor	2Nos	309/06.06.05	Yes
124	lucs forceps	2Nos	310/06.06.05	Yes
126	Uterine clamp	6nos	311/06.06.05	Yes
128	stomach clamp	4nos	312/06.06.05	Yes
130	babcocks forcaps	4nos	313/06.06.05	Yes
132	stomach holding forcep	4nos	314/06.06.05	Yes
134	I.P. Tray	1No	315/06.06.05	Yes
136	denta X-ray Machine	1Set	320/23.06.05	Yes
138	Foot Operated Bins (30lit)	47nos	331/02.07.05	Yes
140	Fracture Table (Deepak Mark)	2Nos	339/30.07.05	Yes
142	Needle Cutter (manual)	27nos	345/25.07.05	Yes
144	Medicine Cabinet	5nos	348/10.08.05	Yes
146	Saline stand	60nos	350/10.08.05	Yes
148	Semi Auto Analyzer	1No	352/10.08.05	Yes
150	incubator (Bacteriological)	3nos	355/27.08.05	Yes

151	Binocular Microscope	06Nos	356/27.08.05	Yes
153	stainless steel stool	100nos	358/06.09.05	Yes
155	suction apparatus, electrical (as per BID/DOC specification)	05nos	360/09.09.05	Yes
157	Schaclowless lamp mobile	4nos	362/12.09.05	Yes
159	Airotr	1set	364/28.10.05	Yes
161	Dental Chair	1set	365/28.10.05	Yes
163	Dental lab set	1set	366/28.10.05	Yes
165	Steel Racks	25nos	368/17.11.05	Yes
167	Operation Table (Ordinary)	1No	370/20.11.05	Yes
169	Body Cold mortury	2Nos	372/09.02.05	Yes
171	Center Table	3nos	ii-3/22.08.05	Yes
173	Plaster Cutting Saw (Electrical)	2Nos	ii-29/13.04.05	Yes
175	Foot Operated Suction Apparatus	2Nos 54Nos	ii-31/13.04.05 ii-31/23.04.05	Yes
177	Emergency Recovery Tolley	02nos.	II-34/23.04.05	Yes
179	Circle Absorber	03Nos	II-36/23.04.05	Yes
181	i.m. Nailing	05sets	II-38/10.08.05	Yes
183	X-ray Machines 300MA	01set	318/19.11.05	Yes
185	Steel Cupboard	02nos.	II-1/22.06.05	Yes

152	Instrument steriliser (Stove Heated 430 x 200x 150mm)	69nos	357/06.09.05	Yes
154	Oxygen Trolley	16nos	359/06.09.05	Yes
156	Autoclave (as per BID DOC specification)	1No	361/09.09.05	Yes
158	Basinet	02Nos	363/24.09.05	Yes
160	Comfort stool	1No	364/28.10.05	Yes
162	Dental unit	1Set	365/28.10.05	Yes
164	Iron Table	28nos	367/17.11.05	Yes
166	Weighing machine with Hight Meassurement	54nos	369/20.11.05	Yes
168	Caurtery Machine (Surgical Diathermyy)	02Nos	371/03.12.05	Yes
170	Executive Chairs with Arms	100nos	II-2/22.06.05	Yes
172	Plaster Cutting Saw (Mannul)	02Nos	II-28/13.04.05	Yes
174	Traction System	03nos	II-30/13.04.05	Yes
176	O.T. light Shadowless	03nos	II-33/25.12.04	Yes
178	Linen Trolley	10nos	II-35/23.04.05	Yes
180	Suction Apparatus (Elec.)	15nos	II-37/23.04.05	Yes
182	S.P. Nailing)	05sets	II-39/10.08.05	Yes
184	L.P.-20Defibrilator / Monitor	1No	338/20.02.05	Yes

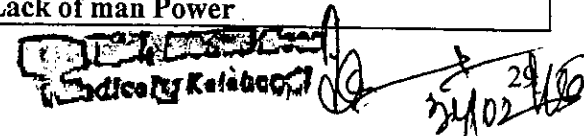
[Handwritten signature]
24/02/08

[Handwritten signature]

**List of Instrument/ Equipments at Regional Diagnostic Centre, DHH, Kalahandi
Supplied by the Eleventh Finance Commission**

Si No.	Name of Articles	Quantity Supplied	Name of Supplier	Reason for non- Operationalization
1.	ECG Machine	1	M/s Maestros Medline, Mumbai	The machine has been shifted to DHH, Now operational.
2.	TMT Machine	1	M/s Nasan, Pune	Lack of man power & wires are damaged by the Rodents
3.	EEG Machine	2	M/s Nasan, Pune	Lack of man power
4.	X-Ray Machine 100mA	1	M/s Picks	Machine is being used as on today since the Old radiology room is under renovation.
5.	Ultra Sound Machine	1	M/s Shimadzu, Chennai	Machine is not operational.
6.	C.T. Scan	1	M/s Blue Star Ltd. Kolkata	Machine is not operational.
7.	Orthopedic Table	1	M/s Medico International	Machine is Operational
8.	Heamodialysis Machine	1	M/s Sustra, Chennai	Machine is not installed as on today. Lack of man power.
9.	Video Gastroscope	2	M/s Sisco, Chennai	Machine is not installed as on today. Lack of man power.
10.	Electrolyte Analyser	2	M/s C. L. Micromed Pvt. Ltd. New Delhi	Machine is not installed as on today. Lack of man power
11.	Digital PH Meter	1	M/s National Scientific, Bhubaneswar	Lack of man power
12.	Auto Pipettes with tips fixed volume Glaxo/E.Mereck / Sigma	12	M/s National Scientific, Bhubaneswar	Lack of man power
13.	Centrifuge Machine (Remi)with Rotor head	2	M/s Mediplus ,Bhubaneswar	Lack of man power
14.	Blood Cell Counter	1	M/s S. D. Consortium, Kolkata	Lack of man power
15.	Rotary Microtome with suitable Knife & cachets	1	M/s Lab India, Kolkata	Lack of man power
16.	Rotary Microtome with suitable Knife	1	M/s Yorco Sales, New Delhi	Lack of man power
17.	Histo Kinete (Automatic Tissue Processor)	1	M/s Yorco Sales, New Delhi	Lack of man power
18.	Binocular Biological Microscope(Olympus)	3	M/s National Scientific, Bhubneswar	Operational

19.	Slide Cabinet	1	M/s Yorco Sales, New Delhi	Lack of man power
20.	D.C. Manual Counter	3	M/s Yorco Sales, New Delhi	Lack of Manpower
21.	Wintrob's Heamatocrit tubes with stand	10	M/s Yorco Sales, New Delhi	Lack of Manpower
22.	Westergren tubes with stand	3	M/s Yorco Sales, New Delhi	Lack of Manpower
23.	Heamoglobino-meter	10	M/s Mediplus, BBSR	Lack of Manpower
24.	Heamato-cytometer	10	M/s. National Scientific, BBSR	Lack of Manpower
25.	All Glass double distillation plant	1	M/s national Scientific, BBSR	Lack of man power
26.	Autoclave	2	M/s. Super Cardiac, New Delhi	Lack of man power
27.	High speed centrifuge with rotor head	2	M/s Mediplus, BBSR	Lack of man power
28.	Deep Freezzer	1	M/s Yorco Sales, New Delhi	Lack of man power
29.	Pipette	1	M/s. National Scientific, BBSR	Lack of man power
30.	Octa Channels	1	M/s. National Scientific, BBSR	Lack of man power
31.	VDRL shaker	1	M/s Mediplus, BBSR	Lack of man power
32.	Operation table	1	M/s Surgicojn, New Delhi	
33.	OT Light	1	M/s Medico International,	
34.	Suction Machine	2	M/s Medico International	
35.	Cautary Machine	1	M/s Delta Medicals, Mumbai	
36.	Minor OT table	2	M/s Surgicojn, New Delhi	Lack of man Power
37.	Minor OT light	2	M/s Surgicojn, New Delhi	Lack of Man power
38.	OT Instrument (Set)	1	M/s Medico International, M/s Surgicojn, New Delhi, M/s Sisco, Chennai	
39.	Peadistic Endoscope (Fibre optic with light)	1	M/s Sisco, Chennai	Lack of man power
40.	IV Infusion Pump	1	M/s Surgiplus, Cuttack	Lack of man power
41.	New borne incubator	4	M/s Mediterin, Mumbai	Lack of man power
42.	Phototherapy unit	1	M/s Medico Interenational Ltd.	Lack of man power
43.	Resuscitaton Trolley	1	M/s Mediterin, Mumbai	Lack of man power
44.	Ventilator	1	M/s Instromedix, Kolkata	Lack of man Power
45.	Pulse Oxymeter	1	M/s Mediterin, Mumbai	Lack of man power
46.	Apnoeamonitor	1	M/s Mediterin, Mumbai	Lack of man power
47.	Cardiac Monitor with peadiatric Defibrillator	1	M/s rabindra Medicals, BBSR	Lack of man Power
48.	Vital sign Monitor	1	Instromedix, Kolkata	
49.	Blood gas Analyzer	1	M/s Sower, New Delhi	Lack of man Power
50.	Dental X-Ray	1	M/s Picks, Mumbai	Lack of man Power



 Medico Kalyan
 24/02/20

Group-I

Issues:

1. Right to food should be treated as a human right.
2. Right to food should be inherent in the right to life.
3. It should include nutrition at an appropriate level. It should imply that the quantum of relief to those in distress must meet those levels in order to ensure that Right to Food is actually secured and does not remain a theoretical concept.
4. Starvation deaths in Koraput, Bolangir and Kalahandi (KBK) districts, reasons thereof.
5. Steps should be taken to ensure that everyone is free from hunger.
6. Need to outline the need for constituting Committees at various levels in every State of the country and to act as Watch Committees so as to ensure Right to Food.
7. Monitoring of access and availability of food grains to the eligible and most vulnerable sections of the society.
8. Constitution of three members Committee one from each Panchayat.
9. Emphasis on monitoring the schemes, particularly, those in poverty alleviation and employment generation.
10. Ensure greater transparency in the implementation of existing schemes. It should include reporting of physical and financial performance.

GROUP-II

TOPIC: - RIGHT TO CUSTODIAL JUSTICE & EVALUATION/OF MEASURES TO ENSURE THE SAME

1. Food cost of the persons in jail custody should be increased at least 3 times of its present cost as this present cost is fixed at the 2007 index.
2. Medical measures specifically for mentally ill people for whom there is no psychiatrists.
3. Hygiene should be maintained more vigorously.
4. Hygiene and health atmosphere should be maintained in Hazat, Police Station and Court.
5. CCTV in Hazat/Police Station that can protect human rights.
6. Parole or subsequent frequent visit release should be granted to 1st time offenders.
7. Detention in police custody for not more than 24hrs should be ensured.
8. Arrangement of ambulance.
9. Determination of age of arrested person should be determined by a board.
10. Measures of compensation to a case where the detention of the accused in jail custody becomes more than punishment prescribed for due delay trial period review (quarterly) should be made.
11. Strict adherence to the procedure of arrest as directed by the Supreme Court.
12. Awareness programme may be organised twice in a year.

The following members deliberated and discussed in detail in the backdrop of the topic to arrive at the above measures.

1. Sri Chudamani Seth, ADM, Kalahandi
2. Sri Biren Sahoo, Jail Superintendent, Bhawanipatna
3. Sri Kalicharan Patti, SDPO, Bhawanipatna
4. Sri Haresh Chandra Pandey, IIC, Bhawanipatna
5. Sri Gagan Bihari Sahu, Executive Magistrate
6. Sri S.C. Srichandan, Executive Magistrate
7. Sri Anup Ku. Sarangi, Assistant Public Prosecutor, Bhawanipatna
8. Sri Jayashree Das, NGO Member(SWADHAR)
9. Smt. Sarita Mahakud, Chairman Sadar Block
10. Smt. Aruna Sethi,
11. Sri A.B. Pattnaik, GANGADHAR YUBAK SANGHA
12. Sri Chhabilal Naik. Advocate
13. Sri Nimanchal Naik, Advocate
14. Sri Asutosh Mishra, Advocate
15. Sri Praksh Harpal, Advocate
16. Sri Santosh Ku. Mund, Advocate
17. Miss Rajarani Jaal
18. Sri Ramesh Chandra Behera, Additional Superintendent of Police
19. Smt. Susama Majhi, Chairman, Kesinga Block
20. Smt. Jaba Manjari Sahu, Sarpanch, Gaigaon, Kesinga Block

Group-III

Issues :

1. Lack of facilities and communication in inaccessible pockets.
2. No regular teacher in the school and least number of teachers in the schools.
3. Teachers so appointed are not qualified.
4. Involvement of the teachers in other activities other than the activities of the schools like poll, surveys etc.
5. BEC teachers are not properly educated.
6. Official interference in the education matters like transfer of teachers frequently.
7. Residential facility for teachers in tribal areas.
8. No specific transfer policy.
9. MDM is not regular.
10. MUA, PTA are not strengthened.
11. Drop out rate in the schools.

Solutions:

1. Appointment of qualified teachers.
2. Retired teachers who are willing should be appointed on temporary basis on vacation posts.
3. Residential facilities for the teachers in tribal pockets.
4. Timely and regular transfer of the teachers atleast within three years time.
5. One teacher must be appointed in each class in tribal pockets.
6. Residential school at the GP level.
7. Pre-schooling activities should be transferred from Anganwadi to the regular schools.
8. Quality of the existing school must be taken care in all while opening new schools.
9. Teachers attitude towards their job should be improved.
10. Subject-wise teachers should be appointed.
11. Teachers must be made free from other activities like census and survey duties.
12. District level committee should be constituted to identify schools and suggest remedial measures.
13. Transparency in transfer matters.
14. Gap between salary component.

Interventions:

1. Employment to the educated persons should be district-wise.
2. Qualified teachers for every stage.
3. Teacher do not remember national anthem.
4. Staff training should there given to the teachers.
5. There is continuous discussion about absence of teachers in the school.
6. Only by upgrading schooling system the education system will improve.

Health

1. Health Service Provider

a. Shortage of Doctors

Out of 180 sanctioned post 80s posts are vacant

Of 31 newly posted to Kalahandi District, 6 have joined and 2 are in position

Paramedical:

Staff nurse: 90 not in Position

Technician:

Lab technician: 6 post vacant

X Ray Technician: One (We don't have trained personnels even retired technician are not joining)

CT Scan technician: Not available in the district

Pharmacist:

Adequate number of pharmacist in the district but the workload is more on them

Recommendation:

1. Doctors who are joining and leaving, they should not be allowed to work in any other medical facilities
2. Doctors and paramedics who are working in the remote areas should be given time bound transfer and wattage in the PG entrance
3. Staffs working in the far way place should get special incentives
4. Pharmacist should be allowed to prescribe and treat all kind of patients in the absence of Medical Officer. They should be trained on all health activities like SAB training and refresher training
5. Quantity of medicines which is supplied to all health institutions presently should be doubled or as per need

Infrastructure:

1. Well road connectivity to each medical institutions.
2. Quarter facility to all staffs working in the health institution
3. The ANM quarter should be within the habitation of the village
4. Water and electricity and telecommunication facilities to all health institution

Public issues:

1. No proper co-ordination between the PRI members and Govt staffs
2. Create awareness among the community on various health issues Salary:
3. Simplification of Janani Surakshya Assistance.

The salary of health workers needs to be paid on regular basis

Special recommendations:

1. Sardar Raja Medical College, Jaring should be made functional immediately
2. Mobile Medical Units with well equipped ambulance in all blocks with specialized service
3. Appointment of one Bio-Medical Engg in District Hospital

Sanitation:**Problems:**

1. Lack of safe drinking water in newly created small habitations./ inaccessible Pocket

Recommendations:

1. The normal norms should be made flexible for Kalahandi district
2. More piped water supply scheme should be encouraged to use surface water in more sustainable manner
3. Ensure safe drinking Water not only installation of Tube Wells.

Rural sanitation:**Problems:**

1. There is no incentives for APL Household for Individual Household Latrines construction.
2. Due to poor financial conditions, the BPL families are unable to give matching contributions.
3. Present subsidy for BPL families are not sufficient.

Recommendations:

1. there should not be discrimination in giving subsidy to APL and BPL
2. Incentives to BPL families should be enhanced to Rs 3000/ and APL at least 50% of the construction of IHL
3. Involvement of PRI members and community in Installation of IHL
4. Massive awareness campaign for construction and use of IHL

Environment

1. Proper Environmental Police should be implemented in every developmental Project (Example Bhawanipatna Khariar Road – One side Tree can be cut instead of both side).

Notes on the second leg of field visits by Sri Damodar Sarangi, Special Rapporteur NHRC (East Zone-1) to Kalahandi district in connection with the workshop on 'Human Rights Awareness and Facilitating Assessment of Enforcement of Human Rights' held at Bhabanipatna, on 26.2.2010.

The workshop on 'Human Rights Awareness and Facilitating Assessment of Enforcement of Human Rights' for Kalahandi district in Orissa, was held at Bhabanipatna on 26th Feb 2010. The workshop was chaired by Hon'ble Justice Shri B. C Patel, member NHRC.

2. This workshop was to be held in early 2009. As directed by the commission, I had paid a visit to the district from 20.1.2009 to 25.1.2009 for verifying the status of school education, health services, public distribution system, custodial justice etc as were available to the residents of the district and to collect information/data that could be useful for discussion in the workshop. In course of the above exercise, I had visited four schools, five hospitals and health centres, two PDS outlets, the district jail and two police stations of the district. During these visits I had interacted with students and teachers, doctors and patients, the prisoners in the district jail, PDS beneficiaries and the local residents to familiarize myself with the quality of the services available and the grievances of the people, if any, regarding the delivery of these services to them. I also interacted with the officers of the district administration, in charge of implementing various welfare schemes launched by the state and central governments to get their views and to know their problems in implementing these schemes. I had submitted a report to the commission incorporating the information gathered during these visits and interactions, in my memo no DS/Spl.Rptr/NHRC 01(1)/2-09, dated 7.2.2009. A copy of the said report is enclosed at Annexure -1.

The workshop could not however be held in time, due to various other engagements of the Commission, and the preoccupation of the district administration with the Parliamentary Elections 2009.

3. On receipt of the programme schedule for the workshop from the Commission, I once again visited Bhabanipatna from 23.2.2010 to 27.2.2010, to participate in the workshop as also to collect further information/ data, that could be useful for discussions in the said workshop. On 24.2.2010 I visited a few schools, health centres, panchayat offices, and other units/institutions for the above purpose. On 25.2.2010 I visited the district hospital, the district jail, town police station Bhabanipatna, one Anganabadi centre and a school for rescued child labour at Bhabanipatna, accompanying the Hon'ble member.

Information and data collected during the second leg of my field visits, are summarized in the following paragraphs.

A. Kasturaba Gandhi Residential Girls UP School, Kiapadar

This school has 252 registered students in its rolls. The school provides for free lodging and boarding facilities in its hostel for 100 girl students. On 23.2.2010 the class wise attendance was as follows.

Name of the class	Enrolled strength	Attendance as on 23.2.2010
Class I	13	5
Class II	17	4
Class III	16	5
Class IV	23	15
Class V	17	9
Class VI	59	51
Class VII	60	50
Class VIII	47	30

As would appear from the above table, attendance in the lower primary classes is very low. Attendance in higher classes is some what better, apparently due to the availability of free lodging and boarding facilities for girl students studying in these classes. The Headmaster explained that the parents, most of whom are tribals are reluctant to send their children to school as they require them to work alongside them /to take care of younger siblings when they go out for work. The Head master said quite candidly that MDM is the main attraction for local children for attending school.

ii. All the 7 sanctioned posts of teachers were found to have been filled up. Of the 7 teachers 5 are regular government employees. Of the remaining two, one is a gana sikhyak and the other is a sikhya sahayak.

iii. In the absence of adequate class rooms, students of class IV and V have to sit together in one room. Likewise, students of class I & II are taught together in one room.

iv. The school was opened in 1981. Hostel for 100 girls of class VI, VII and VIII was opened on 1.9.2008. The government pays for the food, clothings and upkeep of these girls at the following rates. Food-Rs 20/ per day, clothings -Rs 150/ per year, personal care-Rs 150/ per month.

v. Though the school is more than 29 years old, so far only 6/7 students from this school have gone up to matriculation level.

B. Premangi Sankari Prakalpa Uchha Prathamika School

Of the 187 enrolled students, only 73 were present on the date of my visit. The class wise break up is as follows.

Name of the class	Enrolled strength	Attendance
Class I	43	20
Class II	16	7
Class III	32	14
Class IV	18	10
Class V	35	19
Class VI	15	3
Class VII	12	Nil

Four teachers are posted in this school. The two regular teachers are from costal districts of Orissa. The profile of the teachers is given below.

Sl.No	Name of the Teacher	Qualification	Home Address	Since when posted
1	Prabhakar Mahakud	Matric, C.T	Berhampore	2000
2	Udakar Nayak	I.A, C.T	Jajpur	2008
3	Rashmi Ranjan Sethi	B.A	Purunaguma	2007
4	Bibhuti Bhusan Singh	+2	-Do-	2008

Hostel facilities are available for 40 students, of whom only 34 were present on 24.2.10. The school was established in the year 1960. As stated by the Headmaster, so far only six students from this school have reached matriculation level.

One of the two tube wells of the school is out of order.

C. Mohangiri Primary School

Against an enrolled strength of 57 students, only 15 were present on the date of my visit. The class wise break up is as follows.

Name of the class	Enrolled strength	Attendance
Class I	10	9
Class II	14	2
Class III	17	1
Class IV	12	1
Class V	14	2

There is only one teacher (A Gana Sikhyak) in this school, in charge of all the five classes. Sri Harihara Bhuyan, assistant teacher was transferred on 3.11.2009. No replacement has been provided till now. There is only one class room in which all the five classes run. As mentioned by Sunarga Majhi, the gana sikhyak, most parents are not interested to send their children to school. Some of them come only during MDM hours.

D) Health sub centre, Kiapadar

The subcentre is running from a mud hut raised by the female health worker on a piece of land donated by a villager. One female and one male Health Worker are posted to this sub centre. The Male Health Worker, Sri Thabir Sahoo was found absent on the date of my visit. The villagers complained that he visits the sub centre only once or twice a week. ASHA worker Gomani Majhi was found present. Between 2008 and 2010 she has taken 13 pregnant mothers to hospital for delivery. Total number of deliveries reported during this period is about 131. Percentage of institutional deliveries has remained low (about 10%). Infant mortality rate has been high (16 out of 131).

E) Kiapadar Anganbadi

The Anganbadi is located in an old building. The walls and ceiling are leaking and require repairs. The Anganbadi is kept open from 0900 hrs to 1300 hrs. Thirty pre school children are in the charge of this Anganbadi. On the date of my visit only 19 were present. 17 old men and women are given emergency feeding. There is no power supply to the Anganbadi. Slates, chalks etc are not issued to the children. Uniform has been provided by Vedanta Aluminium Company to the children. Running of the Anganbadi is a state function. Receiving assistance from a company, whose activities in the districts have remained controversial and invited huge public protests, for the Anganbadi does not seem to be in order. The Anganbadi worker gets Rs2000/- as her monthly wage. Her helper gets only 1000/-. Only twenty paise per head is sanctioned for purchase of vegetables, salt, oil and condiments. The amount is very low and requires to be enhanced.

F) PHC, Narkundi

This PHC was established in 1988, but remained non functional due to the reluctance of the staff to work here and the inability of the government to enforce their attendance. It was handed over to NGO Sevajagat by the state government on 18th June 2008. Prior to the take over the condition of the PHC was miserable. The buildings were in bad

state of repairs. Staff quarters were completely damaged. Only one table, a chair and an almirah was available in the name of furniture. There was no equipment. After take over, the NGO has given the PHC a facelift. They have developed 6 beds and have treated 497 patients in the indoor and 7344 patients in the outdoor. 21 institutional deliveries have been effected. The government is paying Rs12 lakh for year to the NGO for running the PHC. One MO, one Programme Coordinator, one Pharmacist, one ANM, one LT, one sweeper, one Community worker and one security guard-cum-mali are posted in the PHC. Though they receive much less pay than their counter parts in the government hospitals they are much more dedicated and dutiful. But even so, it may not be desirable to handover government hospitals on that ground to private parties, as the privatization of health services may in the long run hit the poorer sections very hard. The right course should be to discipline the staff in the rolls of the government and create better living conditions for them in outlying areas.

G) Interactions with the villagers of Kiapadar

There are 88 families in this village (22 ST, 4 SC, 62 others). The PDS outlet is at Karlapada G.P. office, which is 25 Km from the village. They have to spend at least Rs20/- per family for collecting grains from the G.P. office. They have to hire a tractor spending money from their pockets each time they go to collect PDS rice from the GP office. They requested for opening an outlet nearer home.

ii. There has been no work under the NREGS. They are all idling, as work under private employers is hardly available in the area.

iii. The nearest PHC is at Bhabanipatna which is at a distance of 26 Kms. The attendance of the male Health Worker of the sub centre is quite irregular.

H) Interactions with the local villages at Nakrundi G.P office

This panchayat is part of Thuamul Rampur block which is undoubtedly the most backward block in the district. Roads to and from the panchayat are in miserable condition. Roads inside the panchayat area are even worse. Of the 10 primary schools in the panchayat, as many as 7 have only one teacher each. The school wise breakup is as follows.

Sl.No	Name of the School	Total Student Strength	Total Teaching Staff	Upto which Class
1	Nakrundi Upper Primary School	161	03	Class- I to IX

2	Talampadar Project Upper Primary School	106	02	Class -I to VII
3	Chulbadi Primary School	65	02	Class -I to V
4	Mohangiri Primary School	67	01	Do
5	Turi Vejiguda New Primary School	63	01	Do
6	Amjhala New Primary School	51	01	Do
7	Melghara New Primary School	78	01	Do
8	Kelua New Primary School	45	01	Do
9	Tarapadar New Primary School	35	01	Do
10	Suing New Primary School	41	01	Do

The PHC at Narkundi is functioning satisfactorily after take over by the NGO. There are two health subcentres, one at Narkundi and the other at Talmpadar. The male health worker of Talmpadar comes to the sub centre only once a week. Tube wells sunk in the panchayat area get frequently damaged. Though 900 job cards have been issued for NREGS, no work has been provided. There is no scope for any other employment in the locality. 20 families from the panchayat have migrated to other states for work. The local BDO however claims that 20 projects with an estimated cost of 79 lakhs have been taken up in the panchayat area. Rs 38.58 lakh has been spent so far. Even if we accept these figures, it would follow that in an average not more than 40/45 days work have been provided to a family during the year. 11 houses for the poor under Indira Awas Yojana have been sanctioned for the panchayat this year. Last year 9 such houses were sanctioned.

I) Bhannupali G.P

This panchayat is located in Jaypada block which is covered by the Indrawati canal system. Large stretches of their land has allegedly been water logged.

- ii. Of the 9 schools in the panchayat area, 4 are running with single teacher.
- iii. Of the 1596 families about 300 do not have any PDS card.

- iv. There is an Ayurvedic Dispensary. There is a sub centre with only one ANM. The PHC is at Jaypatna , which is at a distance of 15 Kms from the panchayat.
- v. Kerosene is in short supply. Roads are bad.

4. During the second leg of my visits I also interacted extensively with the district officers to verify from them the status of various services available to the residents of the district of which they were in charge. The overall impression gathered during the above visits and interactions are as follows.

i) Public Distribution System

a) Of the 347285 households of the district (as per the 2002 survey, the results of which have not been made public), 153388 families have BPL cards, 107299 families have APL cards, 55122 have Antoday cards and 2315 families have Annapunna cards. 29161 families do not have any card. Some of these families were erroneously omitted from the 1997 lists and the rest have come up following the splitting of joint families. The state government decided to issue 25 kgs of rice @ Rs 2/ per kg to all BPL and APL families in the district with effect from 1st August 2008. As of now, every listed family, irrespective of its financial position is entitled to draw 25 kgs of rice at the subsidized price. It is a pity that while many big farmers, who blocked the national highways on the date of the workshop demanding the purchase of their surplus paddy by the FCI, are drawing PDS rice, many poor families have been deprived of the benefits due to faulty listings.

b) In some areas beneficiaries have to travel long distances to collect rice and kerosene.

c) There were some complaints regarding shortages in weights of rice and the measurement of kerosene. There were also complaints that kerosene is being diverted to the black market. The district Civil Supply Officer claimed that the allocation of kerosene to the district is less than the demand

ii) Health Services

There are gaping vacancies in the sanctioned strength of doctors. Of the 180 sanctioned posts, 80 posts are lying vacant. At the time of my last visit 68 out of 176 of the sanctioned posts were lying vacant. There are many PHCs like Deodhar, Tipiguda, Kankeri, Kharipadar, Madhapur, Udri, Uchhala, Bapodaguda, Ampani etc, which have no doctor.

These vacancies have occurred due to unauthorised absence of MOs, resignations, reluctance of MOs posted to this district to join their posts and the delay in the filling up of vacancies. Medical officers are generally reluctant to join this district due to its remoteness from developed towns. Besides most qualified doctors hail from the coastal areas of the state and hesitate to work in western Orissa. No transparent transfer policy is in force. Doctors without socio-political clout are compelled to serve in the district indefinitely whereas those with the right connections are rarely posted to these areas.

The shortage of doctors has also led to a situation where available doctors have either been compelled or chosen to continue in the same hospital for years without transfer, which is not a healthy practice.

The lack of proper family accommodation and the poor standards of education in the district also discourage doctors from serving here. Shortage of equipments and infrastructure for treatment denies them the job satisfaction, so important for the morale of professionals. Taking advantage of the absence of doctors, a section of the paramedical staff have also become truant.

ii) The ICU at the district hospital is non functional, as no trained staff has been posted to run it.

iii) The Regional Diagnostic Centre is also not functioning to capacity as some of the equipments are lying out of order.

iii) Education

The literacy rate as per the 2001 census is 62.66 for male and 29.28 for female. For ST and SC it is as low as 28.64 and 17.67%. Literacy rates for Lanjigarh and Thua Rampur is 28.85 and 28.06 % respectively.

b) Enrolment rate of eligible children has been shown to be above 90% in most blocks. But the attendance figures are actually much lower as was found during field visits.

c) Completion rate in class V is as low as 46% in some blocks. During the current academic year 192584 students got admitted in class I. As against the above, there are only 75036 students in class VI, 33762 in class IX and 9771 students in class X. Only 3859 passed class X examination of whom only 632 were placed in 1st division. From these figures it would appear that though enrolment in class 1 has improved

over the years, very few of those admitted have continued schooling up to the school final level.

d) There are 9077 teachers in the district for 2514 schools. 303 Primary/Upper Primary schools are running with 1 teacher each. Whereas there are 9 such schools in Bhawanipatna, there are 74 in Thua Rampur. It is thus apparent that teachers are reluctant to work in remote areas where they are required the most. The administration has not been able to distribute available teachers uniformly among the primary schools. 114 schools have no class room.

e) The recruitment of teachers has stopped since 1998. Sikhya Sahayakas who were supposed to be posted for a short tenure are now being regularized against vacancies of teachers. For six years in the beginning of their career they are to be satisfied with a contractual wage of about Rs 4000/ per month.

f) Inspections by DIs and CIs are few and far between. This has contributed to the decadence of academic standards.

g) Transfer of teachers has not taken place in several years. The transfer committees for primary school teachers are headed by the local MLAs. These committees are not sitting for years.

h) In general, infrastructural support to the primary schools has been fairly satisfactory. New buildings are coming up, free books have been supplied, equipments for science education, sports kits etc have also been supplied. Teachers are being paid @Rs 500/ per annum to purchase/procure teaching aids from TLM grants. Midday meal scheme is working satisfactorily except for grievances regarding the very low wages given to the cook (Rs 200/- per month) and the helper (Rs 100/- per month) and stray complaints regarding the pilferage of ration.

i) The quality of education in government schools has however progressively decayed in recent years. A number of Saraswati Sikhya Mandirs (primary schools run by Hindu religious groups) have come up in the district and it was reported to me that the performances of students of these schools are far better than in government schools and parents who are comparatively well off, including teachers of govt schools are sending their children to these schools. I collected the list of students who have been awarded scholarships, based on the result of primary scholarship examinations held in the year 2006, 2007 and 2008 and found that most of these scholarships went to students of these Sikhya Mandirs. A comparative analysis is give below.

Year of the examination	Nature of the examination	No. of scholarship	Scholarships awarded to govt schools	Scholarship awarded to SSM
2006	Lower primary	18	6	12
2006	primary	49	31	18
2007	Lower primary	16	4	12
2007	primary	45	23	22
2008	Lower primary	18	7	11
2008	primary	49	22	27

From the above, it will appear that at the lower primary stage most of the scholarships have gone to SSMs. Primary scholarships are also increasingly going to the SSMs.

There could be three reasons for the fall of standards of students of primary schools.

- i) The local elite are sending their children to SSM and other private schools and are not interested in the state of govt schools. The less privileged, who are forced to send their children to govt schools are not enlightened enough to monitor the progress of their wards and the performances of the teachers. The president and members of the VECs in these areas are usually very meek and are not able to make any impression on the teachers. The teachers in the private schools are more dedicated and are also more accountable to the management.
- ii) The system of inspection of govt schools has weakened in recent years and teachers are not being held particularly accountable for poor performances of their pupils
- iii) The SIs of schools are busy with their 'other administrative functions' and are rarely holding annual inspections. If at all they hold such inspections they hardly give time for the verification of the academic standards of the students or the competence of the teachers. Under SS Abhijan, Coordinators engaged at the block and the cluster level are holding such inspections, but they do not enjoy the same degree of disciplinary authority which is vested with the SIs. They too spend very little time on testing the quality of teaching and the performances of the students.

iv) Welfare of SC/ST Communities

Restoration of alienated land has been very slow. Of the 261 cases reported from Lanjigarh and Thua Rampur P.S. areas (which have large tribal population), only in 13 cases land has actually been restored to their rightful owners. Shortage of field officers is being cited as the reason for delay in disposal of such cases. Of the 42 cases registered under the SC /ST (Prevention of Atrocities Act), 25 have ended in charge sheet. There are complaints regarding delay in payment of compensations to the victims, which were highlighted during the course of the workshop.

v) Custodial Justice

The living conditions of the prisoners were found to be generally satisfactory. The grievances of the prisoners were broadly as follows.

- i) The jail industries have practically become defunct. Payment of wages and grant of remission has been irregular.
- ii) There are a number of old prisoners who are finding it difficult to bear the rigors of prison life.
- iii) A number of appeals and trials are pending for long. Legal assistance to the undertrials has been insignificant.
- iv) There are a number of mentally ill patients in the district jail. There is no psychiatrist in the district hospital or any other government hospital in the district. A psychiatrist from Burla Medical College, Sambalpur visits them once in six months. The post of medical officer is lying vacant.
- v) Facilities for interview are inadequate. There is no visitors room. Relatives interact with the inmates through two netted windows on the jail office wall, standing literally on the road.
- vi) There is hardly any facility for education of the inmates. The library is non functional. The sanctioned teacher is working as a clerk. A convict prisoner is imparting education.

During the course of the workshop a few representations were received by the Commission regarding false implication in serious cases, and wrongful detention and torture of innocent residents of Langigarh PS areas by the local police, in collusion with Vedanta Aluminium Ltd to dilute dissent over their displacement and the pollution caused by the Alumina Refinery established by the company.

5. Recommendations

a) Health Services

For the time being (at least for the next 10 years) doctors posted to KBK districts (Kalahandi is one of the KBK districts) should be entitled to get benefits applicable to central government employees posted to the North Eastern Region of the country.

ii) All members of the service should be periodically rotated to serve in KBK districts. Future posting of doctors to government hospitals should be in proportion to existing vacancies.

iii) Rent free residential quarters with water and power connections should be made available in each PHC/CHC for the MOs and paramedical staff.

iv) The number of seats in govt medical colleges should be further increased. At least three more government medical colleges should be opened in the state. Scholarships should be liberally granted to poor and meritorious students to attract them to study in these colleges.

v) Diet money for indoor patients should be enhanced to at least to Rs 35/ per patient per diem.

vi) Health workers/ANMs should not be posted in their home blocks. Those provided with quarters at their work stations, should be compelled to reside in such quarters.

vii) Immediate action should be taken to operationalise the sanctioned number of beds in all CHCs.

viii) Arrangements may be made for placing at least 4 to 6 beds in each PHC for indoor patients. Such beds existed in the past.

ix) Rest sheds for ASHA workers and relatives of patients should be developed in all hospitals and Health Centres.

x) Opening of new PHCs should stop till adequate doctors are found to run existing PHCs

b) Education

The Inspection System should be strengthened. Officers of the Inspection cadre should be directly recruited from the open market, as the DIs and CIs, promoted from the rank of school teachers are quite reluctant to take any disciplinary action against their erstwhile colleagues.

ii) The decision to absorb sikhya sahayaks, after six years of their contractual engagements, against vacancies of regular teachers should be reversed/reviewed. Teachers should be recruited based on a state level competitive examination to be conducted by a proper selection board like a school service commission. The SSs may be permitted to appear in the said examination along with open market candidates.

iii) Teachers should have a state based cadre. They should be transferable anywhere in the state. The power to transfer teachers should vest with officers of the department. The transfer committees now headed by local MLAs are not functioning professionally and may be dissolved.

iv) Promotion and career advancement of teachers should be linked to their performances in class rooms.

v) Vacancies in remote schools should be filled up first before posting available teachers to urban/semi urban / roadside schools.

vi) Opening of new schools, without providing for required nos. of teachers should stop immediately.

c) Public Distribution system

The State government must take immediate measures for listing the 29161 families which are still outside the PDS network. Some of these families are extremely poor. To deny them the benefits of the public distribution system, when the government has extended such benefits to all APL families of the KBK region, would be grossly unjust. If the government has any problem in increasing the overall number of beneficiaries, it should accommodate such families by withdrawing the benefits from corresponding number of affluent families.

ii) Additional number of PDS outlets should be opened to ensure that the beneficiaries do not have to cover more than 5kms to draw PDS rice & kerosene.

iii) The vigilance committees should be activated to prevent black marketing of PDS kerosene. Persons associated with the selection of

kerosene dealers and distributors, should not be members of such vigilance committees.

d) Welfare of SC/ST Communities

Disposal of land alienation cases has been slow. In August 2009 the state government had issued certain directions setting a time frame for disposal of such cases. According to these directions all such cases were to be decided within six months from the date of issue of the circular. Clearly this has not been achieved. The state government must fill up all the vacancies in the LR units of the district. If necessary additional staff should be provided for completing this task. Preference should be given to fill up posts of teachers and doctors in the tribal belt. The implementation of NREGS in the tribal belt has been poor and must be given urgent attention. Investigation of pending cases involving atrocities against members of these communities should be completed soon.

e) Custodial Justice

Prisoners suffering from mental illness should be transferred to a station where services of qualified psychiatrists are available. The post of the medical officer in the prison should be immediately filled up.

ii) The post of the prison welfare officer should be filled up immediately.

iii) Most of the prisoners lodged in this prison are very poor. They are not professional criminals and have mostly been convicted of crimes committed impulsively. In most cases they have not been able to put up a proper defense due to lack of adequate means and awareness. Following their detention in prison their family members in many cases have been destituted. There have also been cases in which they have been assaulted and abused by their opponents. The state govt must take adequate measures for the protection and wherever warranted the rehabilitation of such families under various welfare schemes launched by the central and the state govt. The state govt should also give adequate stress on the improvement of the standard of general education including adult education of the local population which will go a long way in reducing the commission of such impulsive crimes in the district.

iv) The state government should issue necessary directions to the Forest Department for issuing timber to the prisons on priority basis for reviving the carpentry units.

v) PHD water supply is irregular. On half of the days the taps are dry. Prisoners pull water from the wells. Alternative arrangements for pumping and storing of water should be made.

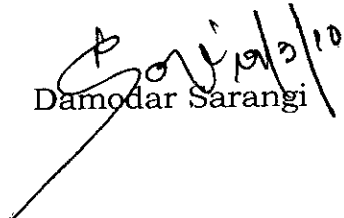
vi) Grant of parole has been few and far between. Those, whose appeals are pending, are not granted parole. Many appeal petitions are pending for years. Refusal to grant parole during the pendency of such appeals therefore appears to be unfair. IG prisons may initiate a review of the existing procedures and practices in this regard.

vii) Interview

There is no interview room. Visitors have to interact with the inmates standing on the road through netted windows on the jail office wall. A proper interview room requires to be constructed early.

viii) Wages paid to labouring prisoners is very low (Rs12/- per day to skilled and Rs10/- per day for unskilled labour) and must be enhanced at least to Rs20/- a day.

ix) Complaints of unlawful detention, false implications and torture in police custody should be seriously investigated and the guilty officers brought to book.


Damodar Sarangi

Note on the status of Health Services, Primary Education, Public Distribution System and Custodial Justice in Kalahandi district as verified during the field visits of Shri Damodar Sarangi, Special Rapporteur NHRC (East Zone-1) to Kalahandi district from 20.1. 2009 to 25.1. 2009

I visited Kalahandi district in Orissa from 20.1.2009 to 25.1.2009 to collect required information/data , relevant to the workshop on "Human Rights Awareness and Facilitating Assessment of Enforcement of Human Rights", proposed to be organized by the commission shortly at Bhabanipatna (headquarters of Kalahandi district).

2. During this period I visited district jail Bhabanipatna, four schools, five hospitals and health centres, two PDS outlets and two police stations in Bhabanipatna and Dharmagarh subdivisions of the district as per details below.

Sl. No.	Dates of the visits	Places visited
1.	21.1.2009	District jail, Bhabanipatna
2.	22.1.2009	Dedhar Project Upper Primary school, PDS outlet at the premises of Dedhar Gram panchayat office, primary health centre Dedhar, Ashram school Golamunda, Medinipur central primary school, PDS outlet at Panchayat office Medinipur.
3.	23.1.2009	Karlapada PHC, Health sub centre at Chahagam, Borda CHC, District jail Bhabanipatna.
4.	24.1.2009	Kiapadar govt upper primary school, district headquarter hospital Bhabanipatna, district jail Bhabanipatna, town police station, Bhabanipatna.
5.	25.1.2009	Kesinga police station, Kesinga

My observations on the working of these units/ institutions are summerised below.

1. Bhabanipatna district jail

I visited the district jail on 21.1.2009, 23.1.2009 and 24.1.2009 for the verification of the living conditions of the inmates and to determine if their human rights are being properly respected and adequately protected by the jail and other authorities. A comprehensive visit note, covering all aspects of the prison conditions, the grievances of the prisoners and my recommendations for improvement of the living

conditions and proper enforcements of the rights of the prisoners is under preparation and will be separately submitted to the commission in due course. The following broad observations may be useful for the purposes of the workshop mentioned above.

- i) There is a six bedded hospital in the jail with a sanctioned staff strength of one doctor and one pharmacist. The post of the doctor is lying vacant since 31.5.2008. The CDMO is sending one doctor for an hour everyday to attend to the patients in the absence of the regular doctor. There is no ambulance or any other transport in the prison. Sick prisoners are shifted to outside hospitals only with the approval of the collector. In emergencies such approval is obtained over phone. This procedure involves avoidable delay. There have been at least 2 cases of custodial deaths during the last three years, in which the subjects died on way to better hospitals. The existing procedure for shifting inmates to better hospital requires review. Perhaps the superintendent could be authorized to send patients outside for treatment on the recommendations of the MO.
 - ii) There is no shortage of medicines.
 - iii) There are 18 mentally ill prisoners in the jail. There is no psychiatrist in the entire district. A psychiatrist from the medical college in Sambalpur, visits them once in six months. This is a blatant violation of the provisions of the Mental Health Act 1987.
- ii) The weaving and carpentry units in the prison are lying idle due to dearth of raw materials. The local forest officials are reluctant to supply timber to the jail. Consequently the prisoners, some of whom are very good workmen are being deprived of wages and remissions.
 - iii) Fire wood is being used in the kitchen whose walls and ceilings are full of charcoal soot. Switching over to gas ovens is recommended. Cooked rice is piled over a tiled platform. This is not hygienic. Bamboo baskets may be used to store cooked rice. Rs 35/- per day per head is sanctioned for prisoners' diet. Hospital diet is as per the MO's recommendations. The diet scale is satisfactory.
 - iv) Some TV sets have been gifted by outsiders. A machine for supply of safe & cold water has been accepted from Vedanta Alumina Ltd. Items in aid of entertainment, welfare, games and sports should be provided by the department. Dependence on private industries in particulars, may not be desirable. The library is defunct. Available books are locked in an almirah and dumped in a godown. The teacher appointed for the jail is working as a clerk. A convict prisoner is in charge of education of the

inmates. No one has passed any board examination from the jail in recent years.

v) PHD water supply is irregular. On half of the days the taps are dry. Prisoners pull water from the wells. There was no serious complaint over the issue of soap, oil and detergent powders.

vi) Issue of uniforms is not quite regular.

vii) Grant of parole has been few and far between. Those, whose appeals are pending are not granted parole. Many appeal petitions are pending for years. The refusal to grant parole during the pendency of such appeals therefore appears to be unfair.

viii) Interview

There is no interview room. Visitors have to interact with the inmates standing on the road through netted windows on the jail office wall.

ix) There are a number of very old and infirm inmates in this prison. They find it extremely difficult to bear the rigors of prison life. Shifting them to an open jail/opening a separate ward with facilities that could ensure reasonable comfort could be considered

x) The post of prison welfare officer is vacant. Six posts of warders are also vacant. These posts are expected to be filled up soon.

xi) The sanctioned capacity of the jail is 355(338 males and 17 females). As on 21.1.2009, 404 prisoners were locked in the prison (convict 228, under trial prisoner-176). Two of the convicts (including a woman) have been awarded the death penalty which is yet to be confirmed by the High Court. They have been accommodated in common wards which is not in order. One child is staying with its convict mother. The prison is marginally overpopulated.

xii) The jail buildings were constructed in the year 1936 and are fairly old. A new block of wards (ward 1&2) has come up in the year 2007. The quarters available for the staff are inadequate. 18 old quarters meant for the subordinates are unfit for occupation. The warders' barrack is dilapidated. Part of the jail land is under unauthorized occupation. There is a proposal to construct a shopping complex in the jail land, on the ground that this would stop further encroachment and earn revenue. The proposal is clearly absurd and should not go through.

xiii) Grievances of the prisoners mostly related to delay in trial and appeal, refusal of parole, and concerns for the education and sustenance

of minor children and unemployed wives left behind. The absence of a trained welfare officer is a serious handicap.

xiv) 5 prisoners have been granted bail but have not been able to find sureties apparently due to penury. The assistance of public spirited persons/institutions may be enlisted for their release.

2. Project upper primary school, Dedhar

I visited the school on 22.1.2009. There are eight classes in this school (from class 1 to class 8). The headmaster, Sri Kailashnath Das is a regular employee of the govt and gets a gross salary of Rs 12000/- per month. His qualification is matric CT. Besides the head master, there are three Janasikhyaks who are paid wages @Rs 1750/- each per month. These three i.e. Ranjit Sabar, Pankaj Sabar and Kailash Majhi are matriculates from the local village. All of them were found absent at the time of my visit i.e. around 1120 hrs. Ranjit Sabar and Kailash Majhi appeared at about 1040 hrs. Pankaj Sabar did not turn up till we left the school. The local residents complained that the teachers come to the school around 1100 hrs and leave by 1300 hrs. Smt Rashna Majhi, also a matriculate from the local village is in charge of bringing dropout girl children to the school. She also teaches in the lower classes. She gets Rs 500/ per month.

153 students are enrolled in the school. The class wise breakup is as follows.

Class i	32
Class ii	27
Class iii	29
Class iv	20
Class v	14
Class vi	13
Class vii	10
Class viii	8

These figures suggest that a number of students drop out before they complete primary education. Attendance figures ranged from as low as 30% on certain days to more than 70% on some other days. These figures were 79/109, 46/130, 84/130 and 38/127 respectively on 26.2.2008, 26.2.2007, 9.1.2007 and 17.11.2006 respectively.

Students have been provided books free of cost. Girl students have been provided with uniforms free of cost. All the students are being served midday meals. Teaching aids and equipments like maps, charts and bone models etc, supplied to the school about two months back, have not been unpacked yet. Sports kits for cricket, badminton and

volleyball etc are also lying unutilized. Available buildings and class rooms are considered adequate. There is no source of water. A tube well requires to be dug. I took the tests of the students of class viii in mathematics, and class IV in Oriya and arithmetic. Their performances were found to be dismal. Not a single student of class viii could solve a single problem in mathematics listed in their course books. No one could write correctly "Do you know Alexander the great?", a line again from their course book. Only one boy from class (iv) could multiply 8 to 7 correctly.

The local residents complained about poor quality of midday meals and said that only a handful of rice was served to every child which is not enough to satisfy their hunger. The cook and her assistant complained that their wages i.e. Rs 200/- and Rs 100/- respectively per month, are too meager. Some residents complained that supply of books to the students of class i, ii and iii was irregular. Many complained that the teachers are not only irregular, but they did not have adequate skill and knowledge to teach even in the primary classes. These allegations appear to have substance.

It is interesting to note that Sri Kailash Majhi who teaches social studies to the upper primary students did not himself know what 'Industrial Revolution' means. Industrial revolution happens to be the first chapter in the text book. There is a Village Education Committee with Sri Krushna Chandra Sabar as its president. He is under the impression that his only responsibility is to verify whether the teachers are coming in time and if midday meals are being served regularly. Other villagers complained that the president was not selected democratically and does not represent majority of the guardians.

The overall impression I gathered from my visit to this school is that while physical infrastructure and material support to the school have improved in recent years following the introduction of Sarbasikhya Abhiyan and other schemes, quality of teachers and the standard of teachings leave much to be desired. The state government have stopped recruiting teachers since the year 1998. Part time teachers engaged on contractual basis, have hardly the competence to impart quality education to the students. The system of formal inspection of the schools has been all but discontinued. During flying visits, SIs and the project officers are merely verifying whether mid day meals are being served and funds allocated for buildings, materials and equipments have been utilized. They have rarely bothered to verify the quality and methodology of teaching available to the students.

3. Ashram school, Golamunda

This is a residential school run by the social welfare department meant primarily for the education of tribal students. The school has 8 classes (class I to viii), six teachers and 470 students of whom 350 (all tribals) live in hostels. The rest 120 are dayscholars drawn from all the communities. The govt pays a stipend of Rs 500/- per month per boarder towards expenditures on food, uniforms, sanitation etc. Yearly, two sets of uniforms are issued. Against 350 boarders there are only 40 beds. Most of the students sleep on the floor. The floors of the dormitories are broken and plasters are peeling off the walls and ceilings. The hostel buildings were constructed only in the year 2001. It is therefore apparent that the building materials used were inferior and the quality of construction poor.

Of the six teachers, three including the headmaster were absent. One of them was on leave. The other two were reportedly on official duty out of headquarters. In the attendance file I saw two leave applications for leave of absence on 17.1.09. Interestingly the attendance register for 17.1.09 was signed by both the applicants, which tempts one to believe that such applications are being filed merely to mislead inspecting officers and that unauthorized absence is quite common. No record of inspections was available. The teachers present in the school pleaded that the same could be with the Headmaster. I propose to visit the school again during my next visit for verification of the quality of teaching and the standard of performances of the students in the presence of the headmaster.

4. Medinipur central primary school

This primary school has five classes i.e. from I to class V. Class III and class V have two sections each. In all, there are 377 students (class I- 70, class II -73, class III -82, class IV -68 and class V- 83). On the date of my visit only 248 students, that is about 66% of the enrolled strength were present.

Eight regular teachers, one Sikhya Sahayak and one Gana Sikhayak are posted. Two of them were absent ostensibly on medical ground. The Headmaster Sri Balakrushna Nag is from Medinipur itself. The Sikhya Sahayak and the Gana Sikhayak are also locals. All the other teachers are from Bhabanipatna. It is difficult to justify posting of 8 regular teachers and 2 contractual teachers in a school with 5 classes whereas in Dedhar U.P school only one regular teacher and three Gana sikhayaks have been posted for eight classes. The district Inspector of schools could not give any cogent reason for such unequal distribution of teachers and pleaded that the district and block level transfer committees chaired by the collector and the local MLA respectively are authorized to order such transfers. He also mentioned that since the year 1998 no regular teacher has been appointed. The Sikhya Sahayaks

engaged by the Zilla Parishad are working against vacancies of regular teachers.

The disparity in the strength of teachers posted to different schools gave an impression that teachers are reluctant to work in the interior areas and have largely been posted in schools in the vicinity of the district and sub divisional HQs.

I took the tests of students of class V. Of the 31 students present, only two could correctly find the LCM of 2, 3&4. Not one of them could spell the word 'farmer' correctly. The school was last visited by the block resource centre co-ordinator on 17.7.08. On that day 246 of 368 students were present in the school. He gave instructions about book distribution, cleanliness of the campus and use of TLM, but did not test the academic standards of the students. I went through the inspection register of the school. It was a treat to find the objectivity and thoroughness of the inspecting officers who visited this school in the years between 1920 and 1970. They invariably spent sometime in taking the tests of the students and issuing advisories to the teachers for improving the standards of their pupils.

It is unfortunate that in spite of increasing material support from the govt, the quality of instruction in the primary schools has actually gone down. There is no playground in the school. Nor there is a library. Under the district primary education programme some books were issued which are locked in the almirah in the head master's room.

Pass - Fail system has been abolished. Only those students who remain absent for the greater part of the year from school are detained. No periodical progress report is issued. Mark sheets are issued after the annual examination.

5. Kiapadar government UP school

This school is located inside reserve forests close to Bhabanipatna. The primary section was established in 1965 which was upgraded to an UP school 1989.

The class wise student strength is as follows.

Sl.no	Class	No. of students
1	I	19
2	II	19
3	III	31
4	IV	19
5	V	20
6	VI	61
7	VII	30
8	VIII	14
Total		213

Only 126 students i.e. approximately 60% of the enrolled strength was present on the date of my visit. There were only 5 class rooms. Students of class I to class IV were herded into one tin shedded hall. 21 girls from class VI are also accommodated in this hall. They and the 14 students of class VIII were all drop outs and have recently been persuaded to rejoin and stay in the hostel for girl students. The academic standards of the students were found to be quite poor. Of the 8 class V students present on the day of the visit, four could not add 888 and 3. Three of them said the sum should be 1221. No one could reproduce correctly a line from the Oriya text which when translated reads 'Chakradhar and Chandrika are siblings'. There are six regular teachers and 3 Gana Sikhyaks in the school, against a total of 8 classes. It is therefore not understood why 5 to 6 classes should be herded to one hall for teaching simultaneously by two teachers.

Like in other school, accommodation and other physical support to the school were found to be satisfactory. The teachers have taken some interest in bringing back dropout girl students to the school. They have been provided uniforms and free boarding and lodging. But like in other schools the standard of instructions has remained poor.

6. PHC Dedhar

I reached PHC Deora at 1315 hrs on 22.1.2009 only to find that the PHC was under lock and key. Not a soul was found there. The local residents complained that the PHC remained closed on most of the days. Once or twice a month it is opened for one to two hours. The post of doctor is lying vacant since long. The paramedical staff remain mostly absent.

Later I verified from the CMOH that one pharmacist, two class IV employees and one health worker are posted here. The health worker is reportedly suffering from paralysis and has been sent on deputation to Karlapara PHC. The remaining three paramedical staff have remained unauthorisedly absent leaving the hospital under lock and key. The CDMO promised to take disciplinary action against them. It is however difficult to believe that the senior functionaries of the health administration in the district were unaware of the situation. The villagers complained that they had informed the CDMO and the BDO about the misconduct of the staff in the past without any result.

7. Kalapadar PHC

This PHC was opened in the year 1967 in buildings that belonged to the local panchayat samiti. The sanctioned strength of the Health Centre is 1 MO, 1 Pharmacist, 1 Health worker (woman), two attendants and one LH visitor.

This is single bedded hospital. Indoor patients are accommodated in a room in the right flank of the hospital building. There is no record of

admission of indoor patients. Women in labour are usually accommodated in this room for a few hours before and after delivery. This room does not have a toilet or any source of water. 7870 patients (including 1600 old cases) reported in the out door during the current financial year. The common complaints were malaria and Diarrhoea. There is no facility for any pathological tests in the hospital. Patients are referred to private clinics for such tests. There is no ambulance or any other transport in the PHC. The MO is however authorized to hire transport to transfer patients to the district hospital in emergencies. There is a Rogi Kalyana Samiti but proceedings of its meetings, if any are not available. The working hours of the hospital are from 0800hrs to 1200 and 1500 to 1700 hrs in winter and 0700 hrs to 1100hrs and 1600 to 1800hrs in summer.

There are two quarters for the staff. One is occupied by the MO and the other by the LAV. These quarters do not have any water connections. Water is fetched from a tube well in the bazaar. There have been shortage of vaccines. All the members of the staff were present during the visit. The MO appeared to be quite sincere to his job. His family is located in Bhubaneswar and he is residing alone in a quarter which does not have rudimentary facilities. While in case of the other PHC and the CHC visited by me, the local residents had many complaints regarding the conduct and performances of the MOs and the paramedical staff, the locals in one voice expressed unequivocally their praise and gratitude for Dr. Bhoi, the MO.

8. Health subcentre, Chahagram

This sub centre has two employees. Shri Tarakanta Sahoo and his wife Gitanjali Sahoo are both health workers. Both belong to Medinipur village and are regular employees of the government. They have both passed +2 science examination. Tarakanta and Gitanjali have taken training for one and one and a half year duration respectively in their trade. The sub centre runs from a two room single storied house which also serves as the residence of the staff. There is no water connection to the building. Electricity is available. Medicine for malaria, ORS substantive kits, delivery kits, BP instrument, a weighing machine and labour table have been supplied to the sub station. Funds have been provided for the purchase of phenyl, collection of water from the village tube well, whitewashing of the walls of the sub centre etc. Disposable syringes are issued. There is however no facility for cold storage. Shortage of vaccines was reported. The salary for the female worker often remains in arrears due to delay in receipt of funds from the govt. Both the health workers appeared to be quite sincere about their job and their morale was high. The command area of the sub centre has a population of 5500. Between April to December 2008 there have been 36 deliveries in the subcentre against a total of 87 deliveries reported from the area.

The percentage of institutional deliveries is still quite low. The sub centre is in charge of vaccination, health education and supervision of 3 Asha workers, 5 Anganwardis and 2 mini Anganwardis. The MO of the local PHC supervises the functioning of the sub centre. The sub centre requires an attached toilet for the labour room and internal water supply.

9. Borda CHC

This CHC has a sanctioned strength of 4 MOs, 1 pharmacist, 1 staff nurse, 1 DVR, 1 LT, 1 BE, 1 VS, 1 Junior clerk, 1 sanitary inspector and 1 LHV. 2 posts of MO are lying vacant as also the posts of VS, Junior clerk and the LHV. This is a 16 bedded hospital. On the date of visit there was only one indoor patient. The indoor wards gave a deserted look and did not appear to have been occupied in recent times. As per the hospital reports the bed occupancy rates has increased from 6.68% in the year 2003-04 to 13.77% during 2007-08 There were no bed sheets or pillows, dust had settled on the mattresses. The MO in charge pleaded that these items are stolen if not kept under lock and key. The local people however complained that neither the doctors nor the paramedical staff stay in the hospital premises even though residential quarters for most of them are available. Their attendance is irregular and they are reluctant to take care of indoor patients.

Most of the equipments installed in the hospital are out of order and indoor treatment is practically absent. There is a minor OT but no X-Ray. Test facilities for malaria and TB are available. Pipe water supply is irregular. The lone tube well gets dry in summer. Load shedding is frequent. The population of the command area is 1 lakh 62 thousand. Between April 2007 and March 2008, 24881 patients have been treated in the outdoor. Some patients from Balangir district also come to this hospital for treatment.

The MO in charge, Mana Majhi is posted here for the last 19 years. The villagers claimed that he lives in Bhabanipatna and rarely attends to his duties. Sri Majhi in turn pleaded that it is only for the last 9 months that he is commuting from Bhabanipatna. He is from Mayurbhanj district and his prayer for transfer to the coastal region is not being heard. The villagers however alleged that he has developed some vested interests and does not want a transfer.

Against 2899 home deliveries registered from the command area of the CHC between April 2007 and March 2008, there were only 385 institutional deliveries during the same period. Judging from the fact that there are as many as 26 sub centres, 15 male and 28 female health workers, 5 additional ANM and 120 ASHA workers under this CHC, the number of institutional deliveries appear to be very low and should improve.

.The conditions obtaining in the hospital are not quite conducive to proper treatment and care of the patients.

10. District HQ Hospital, Bhabanipatna

This hospital was established in the year 1910. The sanctioned bed strength is 165 (female ward- 26, surgical ward- 31, male medicine ward -23, children ward- 25, maternity ward- 22, TB ward -18 and eye ward-20). An infectious ward with 20 beds has been constructed out of MP LAD Fund but has not received government sanction till now for which a proposal has been submitted to the Health Directorate. In an average 120 indoor and 350 outdoor patients are treated daily at the hospital.

The sanctioned and actual strength of staff are reproduced below

Category of staff	Sanctioned strength	In position	Vacancy	Remarks
A.D.M.O(Medical)	1	1		
Medicine Specialist CL.I.Sr.	1	0	1	
Surgery Specialist	4	1		
Anesthesia	2	1	0	Contractual
O& G Specialist	1	0	1	
Paediatric Specialist	1	1	0	
TB & Chest Specialist	1	0	1	
Ophthalmology	2	1	1	
Skin & V.D Specialist	1	0	1	Contractual
Pathology Specialist	1	0	1	
Radio Specialist	1	0	1	
ENT Specialist	1	1		
Dentist	2	1		Contractual
Orthopedic Specialist	1	1		Managed by class II Spl.
Eye Specialist (CI.II)	1	0	1	Managed by contractual staff
Anesthetist	1	0	1	
Asst. Surgeon	11	11		
LTRMO	11	10	1	
Asst. Matron	1	1	1	
Nursing Sister	5	4	1	
Staff Nurse	23	25		
Pharmacist	8	8		
TSK	1	1		
Sr.Lab Technicians	2	3	1	
Jr. Lab Technicians	4	3	1	

Radiographer	3	1	2	
Jr.Clerk	1	0	1	
Sr.Clerk	1	1		
Attendant	40	23	17	
Sweeper	30	21	9	

As would appear from the above table, there is acute shortage in the ranks of specialists. The hospital is trying to tackle the situation with the services of retired specialists on contractual basis. Facilities for pathological tests for QBC, BCC are available. Electrolyte analysers, X - ray, ECG, USG, TMT and City scan machines are also available.

A Regional Testing Centre is functioning in the hospital premises. Many of the equipments installed in the Centre are either out of order or lying idle for a variety of reasons including the lack of trained technicians to operate them and the absence of maintenance contracts.

As per information furnished by the CDMO, during the last financial year i.e. from April 2007 to March 2008, 184557 patients were given outdoor treatment in the district hospital. During the said period 37368 patients were given indoor treatment. The number of patients given indoor and outdoor treatment dropped significantly compared to the previous year in which 51797 and 326992 were treated in the indoor and outdoor respectively. 497 of the patients (313 general and 184 pediatrics) died in the hospital.

2327 deliveries were recorded during the year 2007-2008 against 1986 in the previous year, which suggests increasing preference for institutional deliveries. The bed occupancy rate increased from 86.01% to 96.44% during the same period. As has been mentioned above the no. of indoor patients had actually decreased over the previous year. If that be so increased bed occupancy could only be possible if indoor patients were treated as such for much longer durations compared to the previous year. This requires confirmation and further clarification from the CDMO.

The paediatric wards of the hospital are particularly overcrowded. Against a sanctioned strength of 25 beds, 41 beds have been placed in this ward including cribs and bassinets. Only one paediatric specialist is posted in the hospital who is overburdened. A new extended ward is under construction. After the addition of extra beds, his work load will further increase.

The OBS & Gynecology ward has a sanctioned bed strength of 22 only. 31 beds however have been placed in this ward to manage over crowding. The post of O & G specialist is lying vacant. The specialist posted in the PPC is managing this ward in addition to her own duty.

Only 34 quarters are available for the staff against a sanctioned strength of over 160 doctors and paramedical staff.

Cleaning of linen is done in washing machines using detergents and bleaching powder. The raising of a steam laundry unit is recommended. Shortage of medicine is often reported. Govt supply is not adequate. The CDMO is however authorized to make local purchase of medicines with the approval of the collector.

There are 2 OTs. The older one requires renovation. Super specialists are not available. There is no pathologist in any of the govt hospitals in the whole of western Orissa which should cause some concern. There is a blood bank in the hospital premises which is run by the RedCross.

VCCTC/PPTCT/STD clinics are available. HIV patients are however referred to Berhampore for treatment. There are no waiting hall facilities for relatives attending to the patients. Many of them were found cooking in the open. There are two government ambulances with three drivers which could be hired by patients on payment of Rs 6.50 per Km. Three private ambulances also render services on payment of fuel charges.

Rs 2/- per patient is charged for registration of outdoor patients and additional Rs 5/- per indoor patient. For CT scan Rs 800/- is charged and for Ultra Sound Rs 200/-. There is a telemedicine centre located in the buildings of the Regional Diagnostic Centre.

I went round the wards. The paediatric and maternity wards were found to be overcrowded. Most of the women admitted in the hospital were found to be anemic. Diet charge is only Rs 20/- per day which is almost half of what is sanctioned for prisoners.

The ICU is non functional as the staff has not been given training required to run the same. There is no psychiatrist in the hospital. In fact there is not a single psychiatrist anywhere in the district. Patients are referred to Burla Medical College for consultations/treatment.

The following complaints were received from the patients' relatives

- i) Kaushalya Nayak, D/o- Kishore Kumar Nayak, aged six years is suffering from 'sickle cell disease'. Her father, who is a small shop keeper has been spending Rs 3000/- per month for the last three months for purchase of medicines etc for her treatment. He requested that the cost of treatment be borne by the govt.
- ii) Premalata a 13 days old girl child is admitted for treatment in the paediatric ward. Her weight was recorded as 1 ½ kg at the time of birth. Her father Bali Rana is a landless labourer. He has already spent Rs 1000/- for purchase of medicine. He does not have a BPL card. Requests for free treatment. The CDMO promised to place their cases before the Rogi Kalyana Samiti for redress.

A post partum centre is functioning in the district hospital for ANC registration, immunization of the mothers and infants and family planning activities. The performances of the PPC are reflected in the following table.

Sl.no	Items	2003-04		2004-05		2005-06 (upto Dec 05)	
1	ANC Registration	1515	1290	1492	1235	1535	870
2	TT to mother						
a	TT to 1 st dose	1515	1007	1492	1009	1535	610
a	TT to 2 nd dose	1515	807	1492	722	1535	489
c	Booster dose	1515	281	1492	287	1535	165
3	Infant immunisation						
a	B.C.G	1384	1227	1323	1185	1379	863
b	DPT	1384	1227	1323	1109	1379	906
c	Polio	1384	1227	1323	1109	1379	883
d	Measles	1384	1220	1323	1127	1379	1007
e	Vit. "A"	1384	1220	1323	1127	1379	1007
f	DPT Booster	1384	910	1323	782	1379	708
g	Polio Booster	1384	910	1323	782	1379	708
4	D.T. Booster	1290	1057	1353	1094	1166	739
a	D.T. Booster	1290	1057	1353	1094	1166	784
b	TT (16 years)	997	1032	1002	965	1084	834
5	Family Planning Activities						
a	T.O./V.O	269	308	286	370	285	111
b	IUD	125	90	144	90	152	94
c	O.P.	245	306	334	371	284	299
d	C.C	273	290	302	406	241	3540
Total population		E.C.	0-1yrs	1-2 yrs	2-3 yrs	3-4 yrs	4-5 yrs
63461		10073	990	1186	1176	1195	1190

From the above table it would appear that there is a huge gap between the number of ANC registered and the immunization given to mothers and infants. A number of mothers and infants dropout by the time the second and subsequent doses fall due.

The revised National Tuberculosis Control Programme was launched in the district in January 2002. 24 microscopic centres have since been opened in the district. In all 3250 patients were put on DOT during the years 2002 to 2004 of whom 2586 have been cured, 143 patients died. In 319 cases there was default in treatment which calls for better follow up in future.

The CDMO projected the following requirements, which require immediate attention.

- i. Posting of staff to the ICU
- ii. Development of a proper Drainage System
- iii. Construction and repairs of staff quarters

iv. Sanction of a Mobile Accident Squad with Ambulance.

11. PDS outlets, Deodhar

This outlet functions from the premises of the Gram panchayat office, and serves 866 families (BPL-327, APL-103, Antorday 103 and Arnapurna 12). The panchayat has a total number of 1184 families. 318 of them have not been issued any card and no one without card is being issued rice, though it is the declared policy of the govt to supply 25kg rice @ Rs2/- to all families in KBK districts even if they are above the poverty line. 26 of the existing cards were taken away by ABDO for verification of complaints. These have not been returned, but the beneficiaries are being issued rice without insisting on the production of these cards. Kerosene @ 2 to 3 litres is being supplied to all the residents including those without any card. This is a local arrangement for the benefit of the families who do not have any card and the BPL families from whose quota this additional demand is met are not complaining.

At the rate of 4 litres per family the requirement for 1184 family is 4736 litres against which only 3200 litres are being supplied. There were many complaints regarding BPL listings. Many old, infirm and apparently destitute men and women met me and complained that they have not even been issued with APL cards, whereas many rich people have been favoured with BPL cards. Many deserving old people have been denied old age pension again due to faulty listings. The seniors officers of the district acknowledged that many undeserving families have been included in the BPL lists but they are not authorized to modify the lists without the approval of the state govt. they are already in the process of correcting the lists.

Many residents, including the Sarpanch complained that the rice bags received from the storage agents, supposed to contain 50 Kgs of rice each are actually weighing 48 kgs and as such the beneficiaries are not being supplied with their full quota. Besides rice for APL families for August 2008 has not been supplied till now.

12. Ration store Medinipore Panchyat

Against 2565 families` residing in the panchayat only 1997 have cards (BPL-741, APL 999, Antordaya-223 and Annapurna- 14). All card holders have to come to panchayat office for collection of rice. Some beneficiaries have to track 6 to 7 kms to reach the distribution centre. Distribution of kerosene has however been entrusted to self help groups who operate in every village. The rice bags received in the distribution centre weigh about 49 kg. Kerosene @ 4 litres a month is issued to BPL card holders. Others including those without cards are issued 2 litres per family per month. The quality of rice was poor. There were 20 to 30 'dead' grains in a handful of rice. Here again many poor and old people, apparently destitutes, complained to me that they have not been issued

any card under any scheme whereas many affluent villagers have been issued BPL cards.

Smt Malati Sahoo, W/o- Late Raghu, Sri Prafulla Sahoo W/o- Shyamal Sahoo both land less labourers and Laxmidhar Sahoo S/o- Late Arjun Sahoo, a Rikshaw puller pleaded for their inclusion in the BPL list. They do not have any card as of now.

13. Town police station Bhabanipatna & Kesinga police station

There are separate lockups, with toilet facilities for male and female prisoners in both the police stations. But the walls are blind without any ventilators. The toilets have half height doors, but their placement in the town police station is such that it does not offer a direct view of the movement of prisoners in and out of the toilets to the sentry outside. The lockups require proper ventilations for light and air. The ventilators may be properly netted to prevent attempts to suicide by the prisoners. At both the police stations the all arrest registers, the arrest memo and the inspection memos were found properly maintained. The officers-in-charge are fairly well conversant with the rights of the prisoners and various directions issued by the Hon'ble Supreme Court on the subject. Lady police are available in both the police stations for guarding and escorting women prisoners.

Based on the information gathered in course of my field visits and my interactions with the officers of the district administration I would like to summarise my observations as follows

A. Health services

Out of the sanctioned strength of 176 medical officers for the district, as many as 68 posts are lying vacant. These vacancies have occurred due to unauthorised absence of 15 MOs, resignations, reluctance of MOs posted to this district to join their posts and the delay in the filling up of vacancies. Medical officers are generally reluctant to join this district due to its remoteness from developed towns. Besides most qualified doctors hail from the coastal areas of the state and hesitate to work in western Orissa. No transparent transfer policy is in force. Doctors without socio-political clout are compelled to serve in the district indefinitely whereas those with the right connections are rarely posted to these areas.

The shortage of doctors has also led to a situation where available doctors have either been compelled or chosen to continue in the same hospital for years without transfer, which is not a healthy practice. List of such doctors continuing in the same unit for more than 7 years is given below.

Sl. no	Name of the Medical institution	No of sanctioned post institution wise	Name of the MO in position	Designation	Qualification	Date of joining in the present station	Date of superannuation
01	DHH, Bhawanipatna	Asst. Surgeon	Dr. Lalishri Bhokta	LTRMO	MS(Ophth)	29.4.2000	31.12.2031
02	DHH, Bhawanipatna	Asst. Surgeon	Dr. Sidheswar Marandi	Asst. Surgeon	MBBS	4.4.2001	31.8.2030
03	DHH, Bhawanipatna	Asst. Surgeon	Dr. Jayantibala Naik	Asst. Surgeon	MBBS	9.8.2001	30.11.2027
04	DHH, Bhawanipatna	AHO	Dr. Subhransu Pradhan AHO, BPT	AHO, BPT	MBBS	18.4.2001	31.7.2033
05	Police hospital, Bhawanipatna	Asst. Surgeon	Dr. Debasis Das	Asst. Surgeon	MBBS	3.12.2001	31.7.2035
06	SDH, Dharmagarh	Jr.C.I Spl	Dr. Anantaram Tripathy, Class-II Spl	SPL.(Med)	MD. Med	9.11.2001	30.4.2009
07	SDH, Dharmagarh	Asst. Surgeon	Dr. Radhakanta gantayat	LTRMO	MBBS	30.6.1991	30.11.2017
08	UGPHC, Biswanath Pur	Asst. Surgeon	Dr. Malaya Kumar Tripathy	A/S(RFWC)	MBBS	27.9.1996	31.12.2027
09	UGPHC, M. Rampur	Asst. Surgeon	Dr. Banamali Sahu	A/S (RFWC)	MBBS	10.12.1993	31.7.2028
10	UGPHC, Jaipatna	Asst. Surgeon	Dr. Rabindranath Singh	A/S	MBBS	4.4.2001	30.11.2030
11	PHC, Chiliguda	Asst. Surgeon	Dr. Saliata Bihari Naik	MO	MBBS	1.12.1992	31.3.2009
12	PHC(New) Charbahal	Asst. Surgeon	Dr. Dinabandhu Sahani	MO	MBBS	24.12.1994	28.2.2023
13	CHC, Borda	Asst. Surgeon	Dr. Mono Majhi	A/S	MBBS	30.4.1990	30.6.2023
14	A.H Kesinga	Class.-II Spl.	Dr. Nirmal Chandra Sahoo	Spl.Paed.	MD. Paed	17.10.1990	31.3.2015
15	PHC(New) Belkhandi	Asst. Surgeon	Dr. Ashok Kumar Agrawal	MO	MBBS	1.4.1991	29.2.2016

16	CHC, Narla	Asst. Surgeon	Dr. Prafulla Kumar Sahoo	MO I/C	MBBS	30.11.2001	30.9.2033
17	PHC(New) Ullikuda	Asst. Surgeon	Dr. Santanu Jena	MO	MBBS	4.4.2001	31.5.2032
18	PHC(New) Bordi	Asst. Surgeon	Dr. Styasai Naik	MO	MBBS	29.9.2001	31.5.2032
19	PHC, Kalampur	Asst. Surgeon	Dr. Aswini Kumar Kar	MO I/C, PHC	MBBS	19.11.2001	31.5.2032

The lack of proper family accommodation and the poor standards of education in the district also discourage doctors from serving here. Shortage of equipments and infrastructure for treatment denies them the job satisfaction, so important for the morale of professionals. Taking advantage of the absence of doctors, a section of the paramedical staff have also become truant.

The department appears to be either incapable or unwilling to enforce discipline. The local CDMO has sent draft charges to the health department against all the doctors who have deserted their posts, but is not sure if charge sheets have actually been issued. That I found a PHC under lock and key and all its posted staff absent at mid hours of the day is indicative of the level of indiscipline pervading the department. Many of the equipments and machines installed in the district and other hospitals have either gone out of order or are lying unused due to lack of trained personnel to operate them. It is disturbing to find that the only ICU of the district has not been operationalised for want of trained manpower. Repairs are also delayed in the absence of maintenance contracts.

Care and treatment of the mentally ill is almost non existent. The district must get a psychiatrist quickly. Despite intervention by the state and central govt through many a welfare schemes undernourishment of the local residents, particularly women remains a serious problem. Most women admitted to the hospital were found anemic. The scale of diet supplied to them is inadequate. The diet money which is almost half of what is sanctioned for prisoners requires to be enhanced. The supply of need based diet as prescribed by the MO should be introduced as is done in the case of prisoners. The percentage of institutional delivery must improve as also immunization of mothers and infants.

B. Education

There are in all 124 schools in the district including primary, upper primary and UP schools which function conjointly with secondary schools. In all 6732 teachers are posted in these schools against a student strength of 302651. Of these teachers only 3839 were appointed

on regular basis. The rest 2893 are sikhya sahayaks & gana sikhyaks engaged on contractual basis and are being paid from funds sanctioned by the central govt under the SS scheme. Of these sikhya sahayaks, 238 have since been absorbed against regular vacancies of teachers following prolonged agitation by them.

The state government has discontinued the recruitment of regular teachers since 1998 and is now heavily dependent on the central govt in running primary schools with the help of SSs. Sarbasikhya Abhijan is scheduled to be closed in the year 2010. It is not known how the state govt will address the situation following the likely lay off of the sikhya sahayaks. They are likely to demand their absorption against posts of regular teachers. Some of these SSs and gana sikhyaks are not adequately qualified. Blanket regularisation of their services may cause permanent damage to the academic standards of future students.

On paper, the percentage of enrolment has been shown as 92.86 % in regard to students from all communities and 92.583 % for SC and 86.755 for ST communities. But judging from the attendance of the students as verified during my field visits and the sharp dropout figures in the higher classes, these figures may not be correctly representing the no. of children actually getting proper primary education. The quality of instructions imparted by some of the sikhya sahayaks and the gana sikhyaks has been found to be poor.

There has been some progress in the implementation of the National Programme for Education of Girls at the elementary level. This district has been allotted 147 MCS (Module Cluster Schools) and 494 CCC (Child Care Centres) under the above programme. The selection of MCS coordinators has also been finalized. 13 number of Kasturaba Gandhi Balika Vidyalaya have already been opened. I visited one of these schools (Kiapadar) where residential accommodation for girl children has been provided and some girls who had dropped out from school have been brought back for further education. Girl students have been provided with school uniforms in all the schools.

In general, infrastructural support to the primary schools has been fairly satisfactory. New buildings are coming up, free books have been supplied, equipments for science education, sports kits etc have also been supplied. Teachers are being paid @Rs 500/ per annum to purchase/procure teaching aids from TLM grants. Midday meal scheme is working satisfactorily except for grievances regarding the very low wages given to the cook (Rs 200/- per month) and the helper (Rs 100/- per month) and stray complaints regarding the pilferage of ration.

But the quality of education has definitely decayed in these government run schools. A number of Saraswati Sikhya Mandirs (primary schools run by Hindu religious groups) have come up in the district and it was reported to me that the performances of students of these schools are far better than in government schools and parents who

are comparatively well up are sending their children to these schools. I collected the list of students who have been awarded scholarships, based on the result of primary scholarship examinations held in the year 2006, 2007 and 2008 and found that most of these scholarships went to students of these Sikhya Mandirs. A comparative analysis is give below.

Year of the examination	Nature of the examination	No. of scholarship	Scholarships awarded to govt schools	Scholarship awarded to SSM
2006	Lower primary	18	6	12
2006	primary	49	31	18
2007	Lower primary	16	4	12
2007	primary	45	23	22
2008	Lower primary	18	7	11
2008	primary	49	22	27

From the above, it will appear that at the lower primary stage most of the scholarships have gone to SSMs whereas the number of scholarships awarded to the SSM students based on primary scholarship examinations has, over the years, over taken the figures for government schools.

There could be three reasons for the fall of standards of students of primary schools.

- i) The local elite sections are sending their children to SSM and other private schools and are not interested in the state of govt schools. The less privileged who are forced to send their children to govt schools are not enlightened enough to monitor the progress of their wards and the performances of the teachers. The president and members of the VECs in these areas are usually very meek and are not able to make any impression on the teachers. The teachers in the private schools are more dedicated and are also more accountable to the management.
- ii) The system of inspection of govt schools has weakened in recent years and teachers are not being held particularly accountable for poor performances of their pupils
- iii) The SIs of schools are busy with their 'other administrative functions' and are rarely holding annual inspections. If at all they hold such inspections they hardly give time for the verification of the academic standards of the students or the competence of the teachers. Under SS Abhijan, BRC and CRC coordinators have been engaged at the block and the cluster level. But they do not enjoy the same degree of disciplinary authority which is vested on the SIs. They too spend very little

time on testing the quality of teaching and the performances of the students.

Once the teachers are made accountable for the performances of their pupils and regular inspections to verify the quality and methodology of instructions are held by supervising officers, the performances of government schools will also improve.

C. Public Distribution System

This district has a population of 13, 35,494 as per census 2001. 17.6 % of the population belongs to the scheduled castes and 28.84% to the schedule tribes. As per the survey held in 1997, there are 1, 93,054 BPL families in the district. In all 316449 families have been given ration cards under the BPL, AAY, APL schemes. Those with BPL cards are issued 25 kg rice per card @ Rs 2/- per kg, AAY card holders are issued 35 kg of rice per card @ Rs 2/- per card. 108299 APL families are in receipt of 25 kgs of rice @ Rs 2/- per kg with effect from August 2008.

Judging from the number of cards and the size of average families, these cards should have been sufficient to cover the entire population. The fact that a large no of families were found to be without any card during the field survey, suggest that the distribution of cards might not have been very fair. BPL rice is largely being distributed through the panchayat. In many places the erstwhile VLWs have been entrusted with the task of distributing rice. Kerosene is being distributed through local self help groups. Earlier, these self help groups were also distributing rice. But due to shortage in measurement of rice received from the storage agents they become reluctant to take up the responsibility. The complaint of the local residents was largely over the alleged faulty enlistment of BPL beneficiaries and the shortage of 1 to 2 kg of rice in each 50 kg bag received from the storage agents.

D. Custodial justice

The living conditions of the prisoners were found to be generally satisfactory. The grievances of the prisoners were broadly as follows.

- i) The jail industries have practically become defunct. Payment of wages and grant of remission has been irregular.
- ii) There are a number of old prisoners who are finding it difficult to bear the rigors of prison life.
- iii) A number of appeals and trials are pending for long. Legal assistance to the undertrials is insignificant.
- iv) There are a number of mentally ill patients in the district jail. There is no psychiatrist in the district hospital or any other government hospital in the district. A psychiatrist from Burla Medical College, Sambalpur visits them once in six months. The post of medical officer is lying vacant.

- v) Facilities for interview are inadequate. There is no visitors room. Relatives interact with the inmates through two netted windows on the jail office wall, standing literally on the road.
- vi) There is hardly any facility for education of the inmates. The library is non functional. The sanctioned teacher is working as a clerk. A convict prisoner is imparting education.

The conditions of hajats of the two police stations visited by me and the maintenance of relevant registers relating to arrest, detentions and escort of prisoners has been discussed at para 13 above. I had requested the district SP to send me a list of complaints received by him during the last three years on custodial torture, wrongful confinement, malicious arrests etc and the result of enquiries, if any, initiated on the same. I had also sought information from him on incidents of atrocities against members of the scheduled caste and scheduled tribes, if any, reported to the police and the status of the cases registered over the same, the condition of hajats in the police stations/ out pots etc, whether separate hajats with toilet facilities for women are available in all the police stations and other related information. Unfortunately the SP had to suddenly proceed on leave due to bereavement in the family before he could meet me with the required inputs. Further information on the quality of Custodial justice, Right to culture and Protection of Community Assets etc will be collected during my next visit to the district.

Secretary General

Damodar Sarangi