



Advisories issued by the NHRC to protect human rights

National Human Rights Commission, India

December, 2024



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Manav Adhikar Bhavan
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New Delhi - 110 023, India

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विजया भारती सयानी

कार्यवाहक अध्यक्ष

Vijaya Bharathi Sayani

Acting Chairperson



राष्ट्रीय मानव अधिकार आयोग

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NATIONAL HUMAN RIGHTS COMMISSION

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Message

On this Human Rights Day, the National Human Rights Commission (NHRC), India has decided to bring out this compendium by including 13 advisories issued by the Commission from time to time to protect and promote the human rights of people who are often forgotten. These advisories address critical human rights issues affecting some of the most marginalized and vulnerable groups in our society.

Since its inception in 1993, the Commission has worked tirelessly towards the realization of human dignity, ensuring that the fundamental rights of individuals, irrespective of their social or economic status, are safeguarded. Through these advisories, we aim to address some of the most pressing challenges, such as the rehabilitation of those engaged in begging, the protection of children from abuse, the welfare of the transgender community, the mental health of prisoners, and the rights of women and differently-abled individuals, among others.

Each advisory reflects the NHRC's unwavering commitment to safeguarding human rights and promoting inclusive development. The Commission remains resolute in its mission to empower individuals, protect their rights, and foster a society where human dignity is upheld above all else. It is our staunch belief that the growth of the country lies in the welfare and empowerment of the most vulnerable sections of society. We firmly believe that a nation's progress is intrinsically linked to the welfare and empowerment of its most vulnerable citizens. At the NHRC, we strive to ensure that those furthest behind are not only heard but also afforded the dignity of life they rightfully deserve.

As we release this compendium today, we recognize and value the collaborative efforts of all stakeholders, including governmental bodies, non-governmental organizations, and civil society, in supporting these essential causes. It is only through collective action that we can create a just and equitable society for all.

I hope that this compendium will serve as a guiding light in our continued efforts to protect and promote the human rights of all especially vulnerable and marginalized sections of society.

S. Vijaya Bharathi
(Vijaya Bharathi Sayani)

भरत लाल
महासचिव
Bharat Lal
Secretary General



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Foreword

The National Human Rights Commission (NHRC), India, issues advisories to address pressing human rights concerns, and recurring challenges faced by the most vulnerable and marginalized sections of society. These advisories provide guidelines and recommendations aimed at encouraging the Union and state governments, and their parastatal organizations as well as Union Territory administrations, to take prompt actions to improve the lives as well as ensure the dignity of such vulnerable sections of society.

Since its establishment, the NHRC has released 21 advisories on COVID-19 and 13 advisories on other critical human rights themes, reflecting the Commission's concerns and consistent efforts to ensure 'no one is left behind'.

The release of this compendium of the 13 advisories on the occasion of Human Rights Day underscores our unwavering commitment to the protection and promotion of human rights of all human beings in the country. These advisories also reflect the Commission's proactive approach to addressing the diverse human rights challenges that persist in our society.

These advisories are not mere documents; they represent a call to action. Through these, the Commission has highlighted critical issues such as the rights of children subjected to exploitation, the mental health of individuals within correctional facilities, the dignity of the transgender community, and the urgent need to protect the environment from degradation that affects the fundamental human rights of all.

The NHRC has also focussed on issues that often remain invisible, such as the plight of bonded labourers, the discrimination faced by individuals affected by leprosy, and the risks of ocular trauma. By focussing on these areas, the Commission has strived to create awareness and encourage concerned authorities to take firm steps towards ensuring the full realization of human rights for every citizen of India.

As the guardian of human rights, the NHRC remains steadfast in its commitment to addressing these pressing concerns in collaboration with various stakeholders. Our efforts are vital to shaping policies that promote human dignity, equality, and justice. By bringing all advisories in one place, I am sure this compendium will help authorities take necessary steps and monitor their impact on the targeted groups. I urged the authorities as well as other stakeholders to utilize this compendium to improve the lives of these vulnerable sections of society and ensure a life of dignity for all.

[Bharat Lal]

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संयुक्त सचिव

Devendra Kumar Nim
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From the Editor's Desk

Under the Protection of Human Rights Act of 1993, the National Human Rights Commission (NHRC) is entrusted with protecting and promoting the Human Rights of all human beings in the country. Human rights are the foundation of any society aspiring to equality, justice, and dignity. The National Human Rights Commission of India (NHRC) has consistently worked to address critical human rights challenges by issuing advisories that not only identify systemic gaps but also provide actionable solutions to address them.

Advisories issued by NHRC serve as guiding frameworks for state governments, institutions, policymakers, and stakeholders to ensure that human rights remain central to governance and development. We are honoured to present this compilation of thirteen advisories issued by the Commission from 2021 to 2024 in line with this mandate. The publication of a compilation of these thirteen advisories underscores our unwavering commitment to addressing human rights violations in all their forms.

The advisories presented herein highlight critical areas where human rights vulnerabilities persist and urgent attention is required. They address pressing concerns such as the protection and rehabilitation of impoverished children, women, and differently abled individuals engaged in begging; the rights of widows; the elimination of Child Sexual Abuse Material (CSAM); the welfare of transgender persons; and mental health concerns. In addition, they provide guidance on prisoners' rights, the prevention of ocular trauma, the protection of human rights of truck drivers, the mitigation of environmental pollution, and the elimination of discrimination against individuals affected by leprosy and bonded labourers.

The advisories presented in this collection reflect the Commission's ongoing efforts to address emerging concerns and provide actionable guidance to government bodies, institutions, and civil society. Through these advisories, the NHRC highlights violations and areas of concern and offers concrete recommendations for reform and improvement. The NHRC's role extends beyond monitoring; it actively engages with stakeholders to ensure that human rights are respected and upheld at all levels of governance.

Each advisory represents not only the NHRC's commitment to addressing specific grievances but also the larger structural issues contributing to human rights violations. Through these advisories, the Commission calls upon various stakeholders such as the government, civil society, and the public to recognise their responsibilities and work together towards a society where human rights are universally protected.

By consolidating these advisories into a single compendium, we aim to create a resource that serves as a guide and reference for addressing human rights challenges in a dynamic and evolving landscape. This publication, "NHRC Advisories on Human Rights: Addressing

Contemporary Challenges,” is a step towards consolidating these efforts into a single resource.

I would like to express my sincere gratitude to the Hon'ble Acting Chairperson, Smt. Vijaya Bharathi Sayani, for her unwavering guidance and support.

This initiative would not have been possible without the visionary guidance of Shri Bharat Lal, Secretary General of NHRC, whose encouragement and leadership were instrumental in conceptualizing and executing this project. I extend my heartfelt thanks to Shri Bharat Lal, the Secretary-General for conceiving this idea and for contributing a thoughtful Foreword to this volume.

It is an honour for us that this compilation is going to be released on the Human Rights Day in the year 2024. I hope this publication proves to be a valuable resource for all stakeholders and inspires collective action towards the realization of human rights for everyone.

In conclusion, I also wish to express my sincere gratitude to the Research Consultant Dr. Rajul Raikwar and Junior Research Consultants Shri Raghwendra Singh, Ms Jessica Swamy, Ms Swarna Singh, and Ms Aishwarya S. Kumar, for their invaluable assistance in compiling the content of this publication.



[Devendra Kumar Nim]

Advisory for Protection and Rehabilitation of Impoverished, Uneducated Children, Women, and Differently-Abled Individuals Engaged in Begging

Issued on: 05.07.2024

As per the 2011 census, there were more than 413 thousand beggars and vagrants in India. The presence of individuals engaged in beggary serves as a reminder of the challenges faced by marginalised and vulnerable communities. Beggary is not just a result of poverty, but it is a socio-economic problem, where people are forced to beg to eke out their livelihood due to the absence of education and employment opportunities. It is a social issue that is prevalent in the urban areas of many countries. In both cities and smaller towns, many individuals, including women, children, transgender and elderly, are forced to beg for survival. Further, as a result of societal neglect, physically challenged individuals have no choice but to depend on others for survival and daily sustenance. However, beneath the surface of poverty lies a humanitarian crisis where the dignity and rights of these individuals are compromised. While traditional views might blame begging on individual failings, a closer look reveals systemic deficiencies and structural inequalities that perpetuate poverty.

To address these issues, a comprehensive approach is needed, including social welfare interventions, access to basic facilities, strong legal frameworks and enforcement to protect their rights and help them reintegrate into society.

The soul of the Constitution of India is the Preamble which postulates amongst others, '*Justice - social, economic and political*', and '*Fraternity, assuring the dignity of the individual*'. In conformity with the solemn ideas enumerated in the preamble, Article 21, read with Article 23 of the Constitution, mandates the State to uphold the fundamental rights of the citizens by ensuring that no person shall be deprived of his life and dignity. Additionally, the State should strive to prohibit all forms of human trafficking, beggary and forced labour by enacting penal laws in case there is any contravention of such prohibition.

As per the Section 2(1)(i) of **Bombay Prevention of Begging Act, 1959**, **begging is defined as –**



- a. *Soliciting or receiving alms, in a public place whether or not under any pretence such as singing, dancing, fortune telling, performing or offering any article for sale;*
- b. *entering on any private premises for the purpose of soliciting or receiving alms;*
- c. *exposing or exhibiting, with the object of obtaining or extorting alms, any sore, wound injury, deformity of diseases whether of a human being or animal;*
- d. *having no visible means of subsistence and wandering, about or remaining in any public place in such condition or manner, as makes it likely that the person doing so exist soliciting or receiving alms;*
- e. *allowing oneself to be used as an exhibit for the purpose of soliciting or receiving alms;*

but does not include soliciting or receiving money or food or given for a purpose authorized by any law, or authorized in the manner prescribed by [the Deputy Commissioner or such other officer as be specified in this behalf by the Chief Commissioner]”

Similarly, as per Section 2(8) of Juvenile Justice (Care and Protection of Children) Act, 2015 'Begging' means—

- a. *soliciting or receiving alms in a public place or entering into any*

private premises for the purpose of soliciting or receiving alms, under any pretence;

- b. *exposing or exhibiting with the object of obtaining or extorting alms, any sore, wound, injury, deformity or disease, whether of himself or of any other person or of an animal”.*

Despite a number of initiatives and welfare programmes implemented by both the Central and State Governments, the issue of begging persists across the country. Organized groups often manipulate vulnerable children into begging, not for their benefit, but to enrich the groups' leaders. In some cases, individuals engaged in beggary are abducted and coerced into begging, generating substantial money for their captors.

To ameliorate the situation, the elderly and those with disabilities may be accommodated in specialized care facilities. Others who are involved in begging require access to education and vocational training to help them find meaningful employment. Consequently, it is imperative to develop strategies aimed at eliminating the need for begging and enhancing the quality of life for those involved in it.

With the motto that 'no one should be left behind' and to promote a paradigm shift in the attitude of interventions from the welfare approach to an entitlement approach, the National Human Rights Commission (NHRC), India issues this advisory to the government authorities, and accordingly, makes the following recommendations:

1.) Survey, identification, Mapping and preparing Data Bank

- i.) A standardized survey format to be developed by the Ministry of Social Justice & Empowerment (MoSJE) for collecting detailed information to build a national database, which should be updated regularly. All the data to be collected and uploaded on an online portal/ dashboard which will be accessible to various stakeholders such as authorities at state/ district level, nodal agencies, and shelter homes, wherein they can access the necessary information. They may be encouraged to maintain soft copies of the collected data.
- ii.) In preparing the database for identification of individuals engaged in begging, a number of parameters are to be included, such as gender, age, whether they have children, whether they live with families, whether they are orphans, whether they are in conflict with law, whether they are into substance abuse, whether they have disabilities or physical health issues, whether they have mental infirmities, their place of origin, whether they reside in slums, whether they reside at religious places, whether they reside at traffic signals, whether they reside at dumping yards, whether they reside at bus stands, whether they reside railway stations, whether they perform the act of beggary inside trains, whether their family members are engaged in beggary, whether they have resorted to begging in any other place/ city, whether they were earlier engaged in any economic

activity and if so details of the activity, etc.

- iii.) Municipal Corporations or designated government agencies to conduct the survey on the above indicators to identify beneficiaries engaged in begging. Non-Governmental Organizations (NGOs) or voluntary groups with expertise in this area may contribute to the survey efforts.
- iv.) Upon completion of the identification process, the State to ensure that individuals engaged in beggary are brought to shelter homes (as mentioned under SMILE Scheme - Support for Marginalized Individuals for Livelihood and Enterprise Scheme) located within cities or districts and are registered as residents.

2.) Rehabilitation of Individuals Engaged in Beggary

- i.) Every resident of the shelter home to be registered and an identity card to be issued by the relevant departments/ nagarpalikas/ gram panchayats in the states/ union territories (UTs) or authorized agencies. The card to include their names, approximate age (if exact age is unavailable), address of the shelter home, and health status (if differently-abled, etc.). Mandatory entry/ record of these details are required on the online portal.
- ii.) The State to ensure that shelter homes offer essential services, including registration, issuance of identity cards (such as Aadhar card, Ration card, or any other form of identification), and



assistance with opening bank accounts. If necessary, authorities may organize camps to issue and disseminate information on Aadhar Cards, Ration Cards, Ayushman Cards, Jan-Dhan account scheme and benefits of other welfare schemes.

- iii.) The State to identify avenues such as religious congregations to organize awareness generation camps for discouraging begging, and disseminate information on the various government welfare schemes and employment opportunities including those for self-employment.
- iv.) The beneficiaries to also be educated, sensitized and provided necessary assistance to avail benefits of different schemes/ services provided by the state/ UT and union government such as those related to food security, health, housing, financial security, drinking water, cooking gas, electricity, etc. One such scheme is SMILE, which is a Central Sector Scheme designed for the comprehensive rehabilitation of individuals engaged in begging.

3.) Healthcare

- i.) The State to ensure that shelter homes provide all residents with proper boarding and lodging facilities.
- ii.) The State to ensure that shelter homes offer healthcare services to residents as needed, including medical check-ups, tests, and access to treatment through government-operated clinics and hospitals and/ or are covered under Ayushman Bharat or any schemes of the state governments. Particular emphasis

to be placed on catering to the needs of children, women, the elderly, and persons with disabilities (PwDs) and those addicted to substance abuse as per the already existing provisions of law applicable to these specific groups.

- iii.) The State to ensure that the shelter homes provide for mental health counselling, de-addiction and rehabilitation services. Shelter homes may avail facilities of Mobile Mental Health Units (MMHUs) for mental health services.
- iv.) The residents to be linked with government schemes for medical assistance and insurance, such as the Universal Health Insurance Scheme (UHIS), National Rural Health Mission (NRHM), National Urban Health Mission (NUHM), Rashtriya Swasthya Bima Yojana, and AYUSH.

4.) Education

- i.) As mandated under Article 21 A of the Constitution of India, the State to ensure free and compulsory education to all children between the ages of 6-14 years, including those involved in begging. The State to register and enroll such children in government or private schools under the Right to Education Act, 2009.
- ii.) The State to provide early childhood care and education for children up to 6 years of age whose parents are involved in begging in accordance with Article 45 of the Indian Constitution.

5.) Legal and Policy Framework

- i.) Article 21 guarantees a dignified life to all the citizens and thus, it is imperative

for the State to ensure that the people who sustain themselves by begging receive adequate shelter, sufficient nutritious food and appropriate clothing to enable them to live with dignity until begging is eliminated from the society.

- ii.) Prevention and elimination of all forms of begging warrants the State to establish an anti-begging framework. This may begin by first drafting a National Policy for the protection and rehabilitation of individuals involved in beggary, followed by preparing and implementing welfare schemes for them with targeted financial assistance, vocational training, poverty alleviation and employment opportunities, and continuous monitoring and supervision by executive actions for implementation of those frameworks.
- iii.) The State to work towards decriminalising begging.
- iv.) The State to undertake a sociological and economic impact assessment and thereafter legislate an anti-human trafficking law to curb any racket of forced begging. This law should identify beggary as one of the root causes of human trafficking and insert penal offences against the perpetrators, including cartels and pimps, to ensure complete prohibition of trafficking in human beings. The State to also ensure obliteration of beggary or other similar forms of forced labour as prohibited under Article 23 of the Indian Constitution.
- v.) The State to undertake anti-poverty and poverty alleviation measures in preven-

tion and elimination of beggary. They must be provided access to schemes meant for poverty alleviation

6.) Collaboration with NGOs, Civil Society Organisations, Private Sector, Charitable Trusts, etc.

- i.) The State to provide skill development and vocational training to residents of shelter homes according to their abilities, capabilities, and preferences. This will enable them to pursue self-employment or wage employment, ensuring they can sustain themselves and live a life of dignity.
- ii.) The shelter homes to collaborate with government-recognized vocational centres endorsed by the State to enroll residents for skill training programmes.
- iii.) NGOs/ civil society groups may assist the residents in forming Self-Help Groups (SHGs) and provide assistance in accessing loans for self-employment.
- iv.) Different departments of the State and other stakeholders can collaborate to offer skill development training. Since Corporate Social Responsibility (CSR) can be an alternative source of funds, shelter homes may reach out to corporate to facilitate such partnerships.
- v.) The State to explore the possibility of employment opportunities to the individuals engaged in begging, once they have been trained or imparted skills by the government recognised institutes.



vi.) After school hours, provision for assistance in studies and homework to be provided. NGOs/ District administration operating the shelter homes to call for volunteers from schools/ colleges/ nearby places and incentivise them for successfully helping the children in their studies and homework.

7.) Access to Financial Services

- i.) Beggars at shelter homes and/ or after rehabilitation to be encouraged to form Self-help Groups (SHGs). Authorities to coordinate with banks to provide loans to these SHGs by considering group guarantee as a collateral. The State to also facilitate benefits of governments' schemes meant for the welfare of SHGs.
- ii.) The State to provide them with financial assistance for their future sustenance by involving the banking sector. To ensure this, the State may also consider providing incentives or subsidies to banks for lending to these residents/ SHGs. These incentives could include, loan guarantees, interest subvention or reimbursement for losses on loans to banks

8.) Awareness Generation, Sensitization and Monitoring

- i.) The State to develop relevant information, education, communication (IEC) and training materials, and organise awareness programmes.

ii.) The State to provide follow-up and after care services to monitor progress, awareness generation, and address gaps in order to prevent any relapse into begging.

iii.) The State and municipal authorities to establish an outreach & mobilization mechanism to sensitize individuals engaged in beggary on their rights and entitlements to prevent their exploitation.

iv.) The State to also reach out to common public to create awareness on the welfare of individuals involved in begging in order to seek their cooperation in implementation of protection mechanisms.

v.) The state/ UTs administration to start campaigns, both digitally and in the print media, to ensure that the social menace of organized/ forced begging be eradicated in all forms. To achieve this goal, anti-begging cells (organised and unorganised) may be initiated by involving various stakeholders including NGOs/ CSOs and human rights defenders. All endeavours to be made to sensitize officers and public officials to enable them to transform into a public movement for complete eradication of all forms of begging.

Advisory on Protection of Human Rights of the Widows

Issued on: 31.05.2024

The loss of a spouse is a period of extreme emotional and psychological turmoil for any individual. Women who lose their spouses often fare worse than their male counterparts. The number of widows across the world is nearly 258 million. Across societies, widows remain vulnerable and are often unable to participate in mainstream society as equal citizens.

In the case of India, women who lose their husbands, apart from having to face the emotional distress of losing a spouse, are also faced with numerous other challenges including, but not limited to social exclusion, loss of income, and often, even loss of residence. According to the 2011 Census data, there are 5.6 crore widowed persons in India and women account for nearly 78% of the total widowed population.

Widows are often left to fend for themselves after the loss of their spouse. Without adequate support from their families and financial independence, and subjected to isolation from the community, these women are often forced to leave their homes and seek refuge at shelter homes/Ashrams. Prevalence of illiteracy and the economics of aging increase the probability of widowed women having to live this kind of secluded life after the loss of their spouse.

With an expectation to see a paradigm shift in the attitudes to interventions from the welfare approach to an entitlement approach, the National Human Rights Commission issues this advisory to the government authorities, and accordingly, makes the following recommendations:

1.) Ensuring Access to Proper Identification Documents:

- i.) AADHAAR cards of all widows residing in and around the allotted public and private shelter homes should be made to ensure that the benefits of various schemes are made easily accessible to them and are also monitored.
- ii.) A dedicated “Widows' Cell” should be constituted in each district that can serve as a single window for schemes for widows. All shelter homes should be registered with the Widows' Cell.
- iii.) User friendly and easy processes should be put in place for widows who are not digitally literate to facilitate the access to schemes.
- iv.) Documents like Pradhan Mantri Jan Arogya Yojana (PM-JAY) health cards, ration card, Voter ID, PAN Card; etc. should be provided, and existing cards to be updated for all the widows.



- v.) Given that the shelter homes and Ashrams have the details of all the residents, they should bear the responsibility to enroll destitute widows in welfare schemes to which they may be eligible including PM-JAY, Mudra Yojana, Mahila Samridhi Yojana, and other such schemes.
- vi.) A centralized team should be set up in each area to take charge of such duties; also, to monitor the implementation of welfare schemes, distribute pension, maintain records of recurring issues and requirements, and thereafter, arrange for services wherever applicable.
- vii.) A digital common database of all the widows may be created and monitored at the state level to facilitate the aforementioned processes.
- viii.) It should be ensured that the Aadhaar card of widows should be linked to their mobile number to facilitate full autonomy and to ensure the pension is credited to their account.
- ix.) It is to be ensured that widows operate their own accounts.
- x.) The procedure for submitting applications for Widows pensions should be simplified.
- xi.) Widows should not be denied the benefit of social welfare schemes for want of registration of marriage certificate.
- xii.) The widows should be provided with proper identity cards to enable them to have access to the social welfare schemes.

2.) Development and Maintenance of Shelter Homes:

- i.) Care should be taken to ensure that shelter homes and Ashrams do not exceed their capacity to avoid overcrowding. Furthermore, residents of shelter homes exceeding their capacity may be transferred by the authorities to other nearby homes which may be able to accommodate them.
- ii.) There should be a centralized database of all government-run homes for widows on the website of the Ministry of Women & Child Development (MoWCD), as well as on the websites of all concerned state departments.
- iii.) More new homes should be set up and made operational on a priority basis for homeless widows who live without any proper space in existing shelters, government-run homes and other Ashrams, particularly in cities that see a big influx of widows.
- iv.) Timely and proper maintenance of certified Ashrams and homes should be ensured. Availability of basic amenities like cleanliness, food, clean drinking water, hygiene, and sanitation to be checked on a regular basis.
- v.) Proper implementation of the guidelines of 'Swadhar Greh - a scheme that caters to the primary needs of women in difficult circumstances (2015)' released by the MoWCD should be ensured and monitored.

- vi.) Timely disbursements of grants for the purpose of development and maintenance of new and old shelter homes should be released.
- vii.) Regular visits to these Ashrams and homes may be undertaken on a quarterly basis by a Monitoring Team deployed by the (MoWCD) at the district level to inspect the living conditions. The details of the visit report may be uploaded on the website of the Ministry for proper monitoring at the state and national level.
- viii.) Duration for which widows can stay in a shelter home, whether government-run or those run privately to be regularized in a way that those having no other place should not have to relocate, if not willing.
- ix.) An independent monitoring committee comprising of district authorities and selected civil society organizations should be set up. Timely visits by these committees should be conducted with an aim to assess and improve facilities in shelter homes.
- x.) All shelter homes and Ashrams should have some recreational facilities including television sets, radio, a small library, etc.
- xi.) The Temple trust in holy cities may explore the possibility to provide food and shelter homes to the widows and fulfill other needs. This will help in alleviating the condition of the widows in a substantial manner.

3.) Equal Access to Property; Prevention of Ousting from their Homes and Protection from Exploitation:

- i.) While widows have the right to succession of the property, its implementation needs to be legally protected and ensured by providing legal aid.
- ii.) The rights of widows to the matrimonial home to be protected and enforced in practice. It is to be ensured that she is not ousted from her home/dwelling. If they have been ousted, legal aid to be provided to them to secure uninterrupted living in their home/dwelling.
- iii.) Forcing widows to fend for themselves should be discouraged by making it punishable by law, which may be applicable to her children, her family members, and others benefitting from her property.
- iv.) Appropriate shelter homes should be provided to such widows with the space for recreation and other activities is made to strengthen them and maximize their potential to make them self-dependent. They should be engaged in suitable income-generating activities to maintain livelihood.
- v.) Police patrolling should be done regularly at the shelter homes and a detailed report on the status, along with grievances should be communicated specifically to the Women's Help Desk. The Senior Citizen Cell model of Delhi Police can be duplicated for this purpose.



- vi.) Special drives to be made to create awareness amongst the widows that they have equal right to live with human dignity and enjoy the property rights in the family property.
 - vii.) An effort to be made to reunite abandoned widows with their families, if necessary, with the help of the court, for which a database should be prepared. A nodal officer may be appointed to supervise reunion of the widows with their families.
- 4.) Provision of Skill Development and Access to Sustainable Livelihoods:**
- i.) Many widows residing in shelter homes and Ashrams come from marginalized families and have had little to no access to formal education. Efforts should be made to enroll them in education programmes like New India Literacy Programme (NILP) and other programmes to give them at least foundational literacy, including financial literacy. Homes and Ashrams may partner with local NGOs to encourage and provide education to widows.
 - ii.) Widows should be made self-reliant through self-employment by way of providing the necessary skill training.
 - iii.) Creation of Self-Help Groups (SHGs) to serve as a catalyst for self-employment and entrepreneurial activities by widows may be encouraged.
 - iv.) Additionally, local organizations and training centers that can provide initial training and basic support should be involved.
- v.) The skill training programmes may be tailored to meet the needs of the widows. The concerned authorities may take regular feedbacks from them to ensure that the skill training programmes are meeting their expectations.
 - vi.) Regular sessions should be organized by experts and para-legal volunteers in order to create awareness amongst the widows about their legal/ fundamental rights, and constitutional and other remedies.
 - vii.) Digital access and digital literacy should be encouraged and supported for widows through regular training programmes.
 - viii.) Since many widows do not reside in shelter homes, such widows should also have the full opportunity to enroll in skill development and training programmes for their socio-economic upliftment and participation in mainstream society.
 - ix.) Educated widows should refrain from doing menial jobs. Suitable jobs should be provided to them so as to enable them to earn their livelihood.
 - x.) The widows should be ensured access to decent employment and they should not be dependent upon their family.
 - xi.) The widows should not be involved in begging.

5.) Access to Easy Banking and Financial Independence

- i.) Concerned agencies should ensure that all widows have a personal bank account under Pradhan Mantri Jan Dhan Yojana.
- ii.) Simple measures like access to banking services, small savings, access to easy loans, and financial literacy to be ensured by the concerned agencies.
- iii.) Mobile banking service options may be made available to older widows who are confined to their spaces due to age and health. However, prior to providing them the services of mobile banking, their financial literacy should be ensured to save them from financial frauds and theft.
- iv.) The government should review the amount given as monthly pensions to abandoned/destitute widows in order to ensure that the same is sufficient to meet their basic needs, with or without self-employment. State governments may similarly review the pension amounts given to abandoned/destitute widows.
- v.) The widows should be made self-reliant by providing necessary socio-economic help through financial incentives like loans and subsidies.

6.) Healthcare Accessibility, Affordability, and Availability:

- i.) Free, regular medical health check-ups should be organized for all the residents of all the shelter homes and Ashrams.
- ii.) For destitute widows residing in shelter homes who require specialized healthcare services, scheduled visits by medical professionals should be arranged by the home and Ashram authorities at regular intervals.
- iii.) In cases where health emergencies occur for destitute widows, it is the responsibility of the caretakers and concerned agencies to arrange for support and medical interventions. During such emergencies, arrangements of vehicle should be made in Ashrams and homes.
- iv.) No cost for medical check-ups should be charged and in cases wherever applicable, support from external organizations should be sought and arranged accordingly.
- v.) It should be ensured that the benefits of Ayushman Bharat Yojana are availed by the widows.

7.) Mental Health:

- i.) For widows in need of mental health support and care, specialized care should be arranged and recovery should be enabled. Stigmatization and segregation related to mental illness should be discouraged.
- ii.) When any new resident is registered in an Ashram or shelter home, a counseling session should be undertaken to assess their mental condition.
- iii.) The shelter homes/Ashrams should promote activities that boost the morale, brings about social integration



and reduces the feeling of isolation among the widows. Celebrating festivals and cultural activities is essential to encourage the participation of widows, and bring about a sense of meaning in their lives.

- iv.) For widows who are diagnosed with chronic mental illnesses, dedicated and long-term provisions should be arranged and taken care of.

8.) Community-based Networks:

- i.) The support and satisfaction that an individual garners from being a member of a community is irreplaceable. Community-based networks and support groups to promote festivities, gatherings, community-based activities, etc. should be strategically designed and administered.
- ii.) The knowledge and experiences of widows are vital in spreading and inculcating Indian ethos among children. Their services can be utilized by Aanganwadis, orphanages, and primary schools, where these women can share their skills and knowledge, contributing to the enhancement of children's life skills. This initiative will, in turn, create a sense of purpose among the widows.
- iii.) Widows desiring to remarry or find partners should be linked to appropriate agencies/NGOs.
- iv.) At the time of remarriage from a shelter home, the widow should have the option of returning to the home without undergoing fresh formalities in case the marriage or relationship fails, or the spouse or partner dies.

- v.) The state government may provide suitable funds for marriage under existing schemes for widow remarriage also.

9.) Lack of Data about Issues of Destitute Widows:

- i.) Research and data lacunae in terms of the demographics, issues, requirements of widows' demands to be addressed as prerequisites.
- ii.) More studies and surveys should be conducted in order to bring into focus the areas where interventions are needed on an urgent basis.

10.) Utilization of the Literature and Suggestions made Previously:

- i.) There is a need for suitable legislation to deal with the plight of abandoned widows, such as that against Sati Pratha.
- ii.) The government may like to review 'The Widows (Protection and Maintenance) Bill, 2015' introduced by Shri Janardan Singh Sigrimal, Hon'ble M.P. at the 17th Lok Sabha so that legislation could be brought about the welfare of the widows.
- iii.) The report of the Committee constituted under the direction of the Hon'ble Supreme Court of India submitted in 2017 proposed a Common Working Plan with a list of executing agencies - all the agencies should work in synergy to achieve execution and implementation of the

guidelines and suggestions wherever applicable.

11.) Other Important Measures:

- i.) Widows often struggle to find legal support due to various factors like lack of knowledge, lack of family support, and absence of financial support. This makes them more vulnerable because they are unable to seek remedy if their rights are violated. Legal aid should be provided to widows in need. The shelter homes and Ashrams should connect them to NGOs and the District Legal Services Authority (DLSA) to provide them with the necessary assistance.
- ii.) The concerned District Legal Service Authority should design and launch campaigns to sensitize people about the various benefits and schemes available for the widows in their states. An example of a good practice is DLSA Kurukshetra's Campaign namely "Atamnir Bharat Mera Adikhar" for widows, under which a team of youth were trained by empanelled advocates to disseminate important information and organize camps for widows.
- iii.) Widows should be made aware of various enabling provisions of Acts, viz. The Hindu Succession Act, 1956; The Code of Criminal Procedure, 1973/ Bharatiya Nagarik Suraksha Sanhita, 2023; Hindu Adoptions and Maintenance Act, 1956; The Protection of Women from Domestic Violence Act, 2005, The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, etc. so that they are aware of their rights. From time to time, concerned authorities should review the cases related proprietary rights or rights of residence, right of maintenance, right against any form of violence against widows for ensuring adequate relief in a time-bound manner.
- iv.) Last rites of the widows should be carried out in a dignified manner by the shelter homes/ Ashrams. It should be done in accordance to the rituals and faith of the destitute widows.
- v.) The destitute widows should be encouraged to participate in social and political activities, if necessary, by providing horizontal reservation in panchayats and municipal bodies.
- vi.) Section 80G of the Income Tax Act in India provides exemptions for donations made to specified charitable institutions and funds, making donations to registered shelter homes applicable to tax exemptions. Similarly, under Schedule VII of the Companies Act, 2013, as part of their Corporate Social Responsibility (CSR) activities, companies can contribute to initiatives that promote gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, etc. Towards this, awareness building programmes should be undertaken to encourage private entities and individuals to support widows and donate to shelter homes/Ashrams.
- vii.) Poverty indicators tailored to widows should be developed. Qualitative data should be prepared to understand the challenges faced by widows.



- viii.) The Collector & District magistrate/ Deputy Commissioner should be made accountable for the implementation of various welfare schemes regarding food, shelter, dignity and for protection of property.

Advisory for Protection of the Rights of Children against Production, Distribution and Consumption of Child Sexual Abuse Material (CSAM)

Issued on: 27/10/2023

Advancements in Information and Communications Technology (ICT) provide optimal conditions for creating an ecosystem that supports proliferation of Child Sexual Abuse Material (CSAM). While role of the Internet in modern society is that of an indispensable positive social force, it cannot be denied that in few areas, like child sexual abuse, it has enabled significant harm. Production, distribution and consumption of CSAM is one of the most terrible forms of sexual abuse and exploitation faced by children and, consequently, a grave violation of their human rights. Statistics indicate a colossal rise in the proliferation of CSAM across the globe. According to the National Center for Missing and Exploited Children (NCMEC) 'CyberTipline2022 Report', out of the 32 million reports received by NCMEC, 5.6 million reports pertained to CSAM uploaded by perpetrators based out of India. A total of 1,505 instances of publishing, storing and transmitting CSAM under Section 67B of Information Technology (IT) Act, 2000 and Sections 14 and 15 of the Protection of Children from Sexual Offences (POCSO) Act, 2012 had been reported in the year 2021.

Production of CSAM creates a permanent record of sexual abuse while its subsequent transmission and consumption via Internet and other means results in perpetual victimization of children thereby having a lasting psychological impact on the child leading to further disruption of his/her overall development. Effective identification and blocking of CSAM content, timely sharing of data among stakeholders and expedited prosecution of offenders is the need of the hour. However, it is easier said than done as the discourse surrounding the human rights and dignity of children is intertwined with issues relating to right to privacy of individuals in the digital environment. In this regard, the role of various national as well as international stakeholders, including governments, law enforcement agencies, Internet intermediaries and civil society, is indispensable in effectively collaborating and curbing this menace.

The Government of India has ratified the United Nations Convention on the Rights of the Child (1989) and its Optional Protocol on the 'Sale of Children, Child Prostitution and



Child Pornography' (2002). The Information Technology (IT) Act, 2000 and the Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 along with the Protection of Children from Sexual Offences (POCSO) Act, 2012 and the POCSO Rules, 2020, the Indian Penal Code, 1860 and the Juvenile Justice (Care and Protection of Children) Act, 2015 constitute the legal framework for addressing CSAM. The Government of India, through NCRB, has signed a Memorandum of Understanding (MOU) with National Centre for Missing and Exploited Children (NCMEC), a non-profit organization in USA, for receipt of Cyber Tipline Reports (CTRs) on CSAM from the latter. The CTRs received by NCRB are shared with the respective States/UTs on line via National Cybercrime Reporting Portal for further action. The Cyber Crime Prevention against Women and Children (CCWC) scheme for capacity building of Law Enforcement Agencies (LEAs) and the Indian Cyber Crime Coordination Centre (I4C) scheme for coordinating compliances, undertaking R&D activities and all-India drives against CSAM have been launched. Lastly, the Supreme Court of India had constituted a committee of experts to assist and advise it on feasibility of ensuring that CSAM and Rape/Gang Rape (RGR) content is not made available to general public.

The National Human Rights Commission is mandated under Section 12 of the Protection of Human Rights Act, 1993 to protect and promote human rights of all persons, including children. The Commission has endeavored to protect the human rights of children in the digital environment. Now, the Commission issues the following Advisory, consisting

of four parts, to supplement the efforts of the Government in ensuring the protection of rights of children vis-a-vis proliferation of online CSAM. Part I deals with addressing legal gaps and issues of harmonization of laws pertaining to CSAM. Part II contains measures for monitoring and regulating Internet intermediaries, including use of technology to monitor CSAM content online, sharing of information and cooperation with the Government. Part III pertains to creation of a specialized mechanism of law enforcement for addressing CSAM as well as strengthening the existing mechanism involved in detection, investigation and monitoring of CSAM. Lastly, Part IV recommends measures for capacity building and training of officials, sensitization, awareness and support to survivors of CSAM.

I. Legal Challenges and Addressing the Gaps

1.) Terminology:

- a.) The phrase "Child Pornography" in Section 2(1)(da) of the POCSO Act, 2012 should be replaced with "Child Sexual Abuse Material" (CSAM). Terms like "use of children in pornographic performances and materials", "child sexual abuse material" and "child sexual exploitation material" to be preferred over "Child Pornography".
- b.) The term "sexually explicit" needs to be defined under Section 67B of the IT Act, 2000 to ensure prompt identification and removal of online CSAM.

- 2.) **Definition of Intermediary:** The generic definition of "intermediary" under Section 2 (w) of the IT Act, 2000 should expressly include Virtual Private Network (VPN) service providers, Virtual Private Servers (VPS) and Cloud Service Providers to avoid ambiguity and reinforce compliance of the CSAM related provisions of the IT Act by them.
- 3.) **Harmonization of Laws:** Harmonization of laws across jurisdictions through bilateral agreements may be explored as CSAM might be created, uploaded, shared and viewed from multiple jurisdictions.
- 4.) **International Treaty:** Government of India (GOI) to pursue the adoption of UN draft Convention on 'Countering the Use of Information and Communications Technologies for Criminal Purposes', containing provisions pertaining to addressing CSAM and cyber grooming, by the General Assembly.
- 5.) **Enhancing Punishment:** Considering the gravity of the offence, the current quantum of punishment for offences pertaining to online CSAM under Section 14 of the POCSO Act and Section 67B of the IT Act (seven years or less) may be relooked or exempt the application of Section 41A CrPC by making appropriate legislative changes.
- 6.) **Certificate under Section 65B of the Indian Evidence Act:** The requirement of issuing a certificate under Section 65B of the Indian Evidence Act, 1872 in online CSAM may be

relooked in cases relating to CSAM to prevent delay in investigation.

II. Monitoring and Regulating Intermediaries

- 1.) **Use of Technology:** Intermediaries, including Social Media Platforms, Over-The-Top (OTT) applications and Cloud Service Providers, must deploy technology, including content moderation algorithms, to proactively detect CSAM on their platforms and remove the same. Similarly, platforms using End-to-End Encryption services may be mandated to devise additional protocols/technology to monitor circulation of CSAM. Failure to do so to invite withdrawal of 'safe harbor' clause under Section 79, IT Act, 2000.
- 2.) **CSAM Specific Policy:** Intermediaries be mandated to develop a CSAM specific policy that clearly outlines a user-friendly in-house reporting mechanism, notification of a dedicated point of contact (the details of which may be adequately advertised), standardized response time (considering the speed of circulation of online CSAM) and use of technology for detection and removal of CSAM from their respective platforms. The said policy should be made in consultation with Government and conveyed to the users by prominently displaying the same.
- 3.) **Removal of CSAM:** Considering the speed of circulation of online CSAM, the time taken for removal of content by Intermediaries after getting information



from appropriate government/ authorized agencies should not be more than 6 hours, as against 36 hours under Rule 3 (1) (d) of the Intermediary Guidelines, 2021. Further, de-indexed content must be removed every time it resurfaces without another authorization for the same.

- 4.) Partnerships:** Intermediaries must explore having partnerships amongst themselves to enable sharing of real-time information pertaining to CSAM content detected on their platforms in the same way as they share data for advertising. On receipt of the same, the recipient intermediary must remove the said content.
- 5.) Information-sharing:** Intermediaries should be directed to share information regarding CSAM content detected on the irrespective platforms with NCRB/any other GOI mandate authority. Presently, Intermediaries share CSAM content with NCMEC, USA, which, in turn, shares it with NCRB.
- 6.) Pop-up Messages:** ISPs, web browsers and OTT players to ensure that pop-up warning messages are displayed for searches related to CSAM.
- 7.) Availability of Records:** ISPs to ensure maintenance of complete Internet Protocol Detail Record and IPDR (with destination Internet Protocol, IP/Port} of specific Internet connections/ source IP/ destination IP. Moreover, in case a subscriber shifts from one IP to another, the earlier ISP should maintain the history of Internet connection for at least one year. The ISPs should provide requisite data to LEAs in a reasonable time frame, particularly in CSAM related crimes.
- 8.) KYC and Availability of Records:** ISPs and intermediaries to ensure compliance of KYC norms of their subscribers and easy traceability and availability of records for use by LEAs in CSAM related crimes.
- 9.) Domain Registration:** Ensure compliance of KYC norms in the domain registration process. This be particularly applied to the registrants of .in domain names, including entities based abroad. NiXi (National Internet Exchange of India), which maintains the in Registry, should develop a web portal enabling LEAs to easily access the registration details of in domains.
- 10.) Quarantining posts to enable technology/ Artificial Intelligence (AI) to detect CSAM before publishing must be made mandatory.**
- 11.) Certificate for Digital Evidence:** Ensure Social Media Platforms, including those based abroad, provide a certificate for producing Digital Evidence of online content u/s 65B of the Indian Evidence Act. Presence of Social Media Intermediaries (SMIs) in courts during trial through Grievance Officer to be ensured.
- 12.) Cooperation with the Government:** Government of India should develop a uniform format to seek data from intermediaries which can be used by the LEAs, in consultation with them.

Grievance Officer of Intermediaries be held responsible for providing requisite data as evidence to the LEAs in a time bound manner, instead of seeking the same through the Mutual Legal Assistance process.

- 13.) VPN Regulations:** Since VPN allows obfuscation of identity of users, ISPs may use Deep Packet Inspection (DPI) to analyze the packets passing through their network to identify the details of VPN users, which should be provided to the respective LEAs, particularly in cases relating to CSAM. Ensure compliance of the Notification dated 28.04.2022, titled 'Directions under sub-section (6) of section 70B of the IT Act, 2000, relating to information security practices, procedure, prevention, response and reporting of cyber incidents for Safe and Trusted Internet' (VPN Regulations) by the ISPs.

III. Detection, Investigation and Monitoring of CSAM

- 1.) Specialized State Police Units:** Every State/UT to have at least one Specialized State Police Unit for detection and investigation of CSAM related cases and apprehension of offenders. The Government of India to assist the setting up and equipping these units, for instance, through grants under Modernization of State Police Forces (MPF) Scheme, Police Technology Mission and Nirbhaya Fund.
- 2.) Specialized Central Police Unit:** A Specialized Central Police Unit in the GOI to deal with CSAM related matters, including detecting CSAM content,

maintaining its repository, analyzing patterns, assisting investigative agencies, initiating the process for takedown of content and so forth, be established. It should consist of experts in identification and investigation of CSAM in order to focus on identifying and apprehending CSAM offenders both in dark web and open web and developing a comprehensive and coordinated response of investigation and law enforcement agencies towards monitoring, detection and investigation of CSAM.

- 3.) Nodal Point:** The proposed Specialized Central Police Unit should also act as a nodal point for collaboration with stakeholders, international cooperation, liaison with LEAs of states, coordination of all-India drives against CSAM, generation of awareness and creation of deterrence. It will also keep a track of the national database of hash values of known CSAM and manage blocking of the same by intermediaries.

4.) Database of CSAM:

- i.) A national database of CSAM with hash values of known CSAM be created by the proposed Specialized Central Police Unit so that the required content be blocked by intermediaries. This should be maintained by the proposed Specialized Central Police Unit.
- ii.) The proposed Specialized Central Police Unit must ensure collection of disaggregated data pertaining to prevalence, trends, and patterns of CSAM, involving gender, age, caste, ethnicity, or other socio-economic parameters to better understand



the issue and inform policy-based interventions.

- iii.) NCRB receives Cyber Tipline Reports (CTRs) from the NCMEC, USA, which are transmitted to the concerned state Police. This data be maintained in a structured form to enable search and analytics.
- iv.) The Central Bureau of Investigation (CBI) has access to the International Child Sexual Exploitation (ICSE) data base maintained by INTERPOL. Access of the same may be shared with NCRB (since it already receives similar reports from NCMEC for forwarding the same to all state Police. Alternatively, access to the ICSE database maybe provided to all states for reducing delays in investigation. However, as a prerequisite, the state Police may be required to setup ICT enabled Specialized State Police Units for CSAM related investigations.
- v.) The National Database on Sex Offenders maintained by NCRB, MHA, be expanded to include CSAM offenders convicted under Section 67B, IT Act, 2000 and Sections 14 and 15, POCSO Act, 2012.
- vi.) A separate dashboard on CSAM related offences be incorporated in the Inter Operable Criminal Justice System (ICJS)/ Crime and Criminal Tracking Network & Systems (CCTNS) database which is used by NCRB for Investigation Tracking System for Sexual Offences (ITSSO).

5.) Reporting Portal

(www.cybercrime.gov.in): The requirement of uploading a valid national ID of the victim under the 'Report and Track' feature be done away with as the identity of the victims may not be known in many instances.

6.) Use of Technology

- i.) The Specialized Central and State Police Units should use technological methods like hotspot mapping, predictive policing, Geographic Information System (GIS), and identity resolution to identify repeat offenders and alert potential victims of online child sexual abuse, for instance, in cases of suspected online grooming.
- ii.) Government to direct and incentivize development of indigenous technological tools to detect CSAM, for instance, by organizing hackathons or through grants under Modernization of State Police Forces (MPF) Scheme, Police Technology Mission and Nirbhaya Fund. Pertinently, some cloud Application Programming Interface (API) based software tools are being used by Intermediaries, including, Cloud Flair, Safer, Google's AI tool, Griffey, etc., to detect CSAM on their platforms.
- iii.) Registrants of .in domain names be mandated to have in-built software for proactively detecting CSAM before the same is uploaded on the portal.

iv.) NCRB should develop software for auto-resolution of IP Address, date and time from Cyber Tipline Reports (CTRs) received by it from NCMEC. Until then, one may consider using foreign software tools like the Internet Crimes Against Children Child On-line Protection System (ICACCOPS) for monitoring CSAM.

7.) **Repository of Software Tools:**

Develop a national repository of software tools, including tools for scanning of CSAM, extracting IP address, etc., to be made available for use by LEAs. Pertinently, the NCRB is in the process of developing a tool to address manual scanning of CSAM because the latter can overwhelm the investigators.

8.) **Forensic Investigators:** The number of forensic investigators needs to be substantially increased because online child abuse related cases are proliferating. Since proliferation of CSAM is a specialized crime, forensic investigators and examiners entrusted with such cases must also be proficient to handle them.

9.) **General Consent to CBI:** It takes considerable time in receiving consent for CBI investigation from the concerned State as there is no general consent to CBI for investigation by most of the states. States should give consent for investigation by CBI of cases pertaining to online CSAM under the IT Act, 2000 and the POCSO Act, 2012.

10.) **Monitoring and Evaluation:**

Mechanisms to continuously monitor

and evaluate the effectiveness of policy interventions pertaining to CSAM be established by the proposed Specialized Central Police Unit to identify gaps to enable improvement of the same.

IV. **Capacity Building, Sensitization, Awareness and Victim Support**

1.) **Training Courses and Sensitization of Officials:**

- a.) The National Cybercrime Training Centre (CyTrain) portal to devise a training course/Standard Operating Procedure (SOP) for investigation and disposal of CSAM related cases by LEAs, public prosecutors and judges. This should be regularly upgraded with evolving technology.
- b.) Officials of the state Police managing the CTRs be provided technical training to handle the same.
- c.) Police officials dealing with cases pertaining to CSAM to be imparted sensitization training on rights of children in the digital environment, their specific vulnerabilities on the Internet, the extent and emerging manifestations of CSAM and the use of child-friendly procedures in investigation.
- d.) States to take up capacity-building programmes for Police forces to effectively address cyber crimes against children, including cyber exploitation and CSAM.



2.) **Awareness and Sensitization of Parents, Children:**

Schools, colleges and institutions to ensure continuous education and generation of awareness among students, parents and teachers on the modus operandi of online child sexual abusers, specific vulnerabilities of children online, reporting mechanisms, recognizing early signs of online child abuse and grooming through emotional and behavioural indicators, use of parental control apps, Internet safety among children through different means, like conducting workshops in schools, involving civil society, etc.

3.) **Cyber Curriculum:** Central and State Education Boards to draft and incorporate cyber curriculum in schools, including cyber safety, personal safety, relevant child care legislation (including Section 67B, IT Act, 2000 and Sections 11, 13, 14 and 15, POCSO Act, 2012), national/ local policies and legal consequences of violating the same, etc.

4.) **Psycho-social Care and Support:** Survivors of CSAM be provided support services and opportunities for rehabilitation through various means, like partnerships with civil society and other stakeholders. Psycho-social care centers may be established in every district of

facilitate need-based support services and organization of stigma eradication programmes.

V. **Lexicon in Vernacular Languages:**

- 1.) Encourage the development of a cyber security lexicon in a language so than English so that people are well educated and aware of the same.
- 2.) Lexicon is used to search CSAM online and be translated into vernacular languages. It may be used to develop algorithms to detect CSAM shared online in vernacular languages.

VI. **Recurring SMS Services:**

SMS alerts are to be sent to every mobile phone through Telecom Service Providers every quarter/ month cautioning users about CSAM.

VII. **Chief Information Security Officers:**

The Chief Information Security Officers (CISOs) of organizations should be sensitized to proactively identify cases where CSAM is stored or accessed in their respective organizations.

Advisory on Mental Health

Issued on: 10/10/2023

Mental health is the foundation for well-being and leads to a meaningful and productive life. In Mental Health Institutions, the emphasis is often placed on medication and therapy alone. Integrating mental health care into the community creates opportunities for individuals to engage with peers, participate in meaningful activities, and contribute to society.

The Mental Healthcare Act, 2017, is 'An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto'. The Commission is concerned about the implementation of the Mental Healthcare Act 2017 on the ground and is actively working to identify and address the lacunae. To address the same, the Commission issues this Advisory, containing a set of recommendations, for the welfare and rights of persons with mental illnesses.

1.) Implementation of Existing Laws and Policies

- i.) All States/ UTs must prioritize constituting the Mental Health Authority and Mental Health Review Boards and framing Rules and Regulations as mandated under sections 45, 73, 121 and 123 of the Mental Healthcare Act, 2017 (Act, 2017).
- ii.) Insurance policies and schemes should include treatment of mental illnesses to increase accessibility and affordability to mental health care.
- iii.) (a) As envisaged in the National Mental Health Programme (NMHP), State Governments may emphasize public-private partnerships in the Mental Health sector and public awareness generation activities to deal with social stigma, discrimination and lack of awareness about mental illness in society.
(b) A structured programme for every district called the District Mental Health Programme (DMHP) may be prepared, involving community workers.
- iv.) To boost accessibility to treatments for mental disorders for financially disadvantaged populations, it is necessary to include mental illness in the "Aayushman Bharat" scheme.
- v.) In States where the State Mental Health Authority (SMHA) has been constituted and Mental Health Review Boards (MHRBs) have been set up, allocated funds may be provided to the Authorities to ensure effective functioning.
- vi.) All Mental Health Establishments (Establishment) must be registered as mandated under Sections 65 and 66 of



the Act, 2017. If the minimum standard has yet to be specified as envisaged under Sections 65 (3) and 65 (4), the same be done expeditiously.

- vii.) Provisions contained under Section 103 (6) of setting up of Establishment in one prison in each State/ UT are complied with expeditiously.

2.) Infrastructure and Amenities

- i.) (a) Most Establishments are timeworn. Therefore, it is necessary that they be restructured as per the contemporary requirements of technology, amenities and services
- (b) Establishments be maintained and enhanced in general amenities, including number of beds, water, sanitation, food, bedding, clothing, provision of recreational activities, etc.
- ii.) Capabilities with special care for the geriatric population with mental illness be created in all Establishments.
- iii.) A separate ward for children and adolescents should be provided in all Establishments.
- iv.) As mandated under Section 18 (5)(a) of the Act, 2017, efforts be made to integrate mental health services and general health services.
- v.) Community care should be ensured by all Establishments as specified in Section 19 of the Act, 2017. Patients should not be kept in isolation or locked up conditions in Establishments. They should be provided with group entertainment and be engaged in other activities. Every effort should be made to take the patients for outings at least once a week.
- vi.) Emergency ward units in Establishments should have necessary equipment and medicines as mandated under Section 21 of the Act, 2017. Facilities of immediate transfer to special medical facilities in nearby hospitals and vice versa should be available.
- vii.) CCTVs at appropriate places should be installed and maintained regularly.
- vii.) Cleanliness, hygiene, sanitation, proper ventilation, clean bedding, pillows, clothes, and clean drinking water must be ensured at all times at all Establishments. Bathrooms should be at a distance from the wards, and foul smells from the wards should be eliminated with utmost priority. Essential basic amenities should be provided to all the patients with modernized facilities.
- viii.) Balanced and nutritional food containing appropriate calories should be provided to all the patients.
- ix.) Establishments need to consider increasing the number of family wards to provide better mental healthcare to the patients in proximity to their families, ensuring adequate support.
- x.) Digitized record keeping be developed duly ensuring the patient's right to privacy. Data security and confidentiality be maintained at all times.

- xi.) Facilities like diagnostic and pathological labs should be established in-house. Psychiatric Social Workers, and Psychiatric Nurses be ensured.
- xiii.) All Establishments must have the availability of medicines and necessary equipment. v.) A proper human resource plan may be developed and implemented by concerned government agencies.
- xix.) Grievance redressal cells be established in Establishments, and a record of every complaint and outcome should be maintained digitally. vi.) All professionals involved in the healthcare system should be sensitized to various mental health problems, especially common mental illnesses, for timely diagnosis and treatment.

3.) Human Resources

- i.) More PG seats be created in proportion to the requirements, including DPM, MD, DNB, MPhil, PhD in Psychiatry, Psychology, PSW, and DPN and other diplomas, degrees, fellowships, etc. As mandated under Section 31(3) of the Act, 2017, efforts must be made to meet internationally accepted guidelines for a number of mental health professionals based on population by 2027.
- ii.) As a separate subject, psychiatry be included in the undergraduate medical curriculum. Every opportunity must be utilized to train doctors in basic psychiatry.
- iii.) Training modules be developed to train non-psychiatric doctors, ASHA workers, and other frontline workers in basic diagnosis. Community health officers, services providers at health and wellness centres, frontline workers, ASHA workers and they be trained to acquire mental health first-aid skills.
- iv.) The requisite professionals, the availability of Psychiatrists, Clinical Psychologists, Counseling Psychologists, vii.) Meetings of Review Boards and Mental Health Authorities be held regularly.
- viii.) The vacant positions, including doctors and other staff, in all Establishments should be filled up immediately.
- ix.) Security personnel employed in the Establishments should be sensitized towards patients' rights. 24x7 security personnel, including women, may be posted to provide better security to patients and staff.
- x.) Occupational therapists be ensured in all Establishments.
- xi.) Posts of counsellors with qualified staff must be filled expeditiously at the school/college level and also at the NMPH/DMPH level by the Government.

4.) Outreach and Community Services

- i.) (a) Efforts to be made to create yoga awareness and educate the general public on mental health issues.
- (b) Yoga therapy should invariably be provided to patients.



- ii.) A common web portal for registering all mental health professionals be provided in the public domain so that to facilitate the target under Section 31 (3) of 10 years is achieved.
- iii.) Norms for Apps and other virtual services imparting mental health advice be framed and scrupulously observed.
- iv.) Digital programs, such as tele-psychiatry and tele-counseling be provided to persons with mental health issues.
- v.) Awareness about Tele-MANAS and other programmes be made available to the public, especially patients with mental illnesses and their families.
- iv.) Patients should not be retained in Establishments even for a day after declaring fit for discharge.
- v.) As per Section 18 of the Act 2017, rehabilitation provisions for geriatric patients should be provided because many patients above 60 years remain in the hospital even after they have recovered. In order to provide essential services within the framework of appropriate legal rules and policies, rehabilitation provisions for geriatric patients need to be revised.
- vi.) To strengthen rehabilitation activities, it is recommended that audio-visual activities be included with the recreational activities in the Establishments to provide the necessary positive stimulus to patients.

5.) Rehabilitation of Recovered Patients

- i.) To expeditiously provide the halfway homes system, as mandated by Section 19 (3) of the Act 2017, rehabilitation efforts must be coordinated with multiple departments.
- ii.) 'Mental Health' may also be included as a subject matter to which Corporate Social Responsibility Funds may be given under Schedule VII (i) of the Companies Act, 2013.
- iii.) A more comprehensive approach should include physical exercise, Yoga, meditation, psychological counselling, medicine, and drug treatment. A comprehensive SOP should be developed for constructing a multi-modal approach to treatment.
- vii.) The development of new abilities and involvement in occupational activities should be promoted in patients, helping a speedy recovery and social rehabilitation.

6.) Services of the States

- i.) A person should be specified in each establishment to ensure free legal aid is provided, as mandated under Section 27 of the Act, 2017.
- ii.) Camps may be organized and set up in Establishments to provide Aadhaar cards to patients and to update their details mandatorily.
- iii.) It has been observed that opening bank accounts and obtaining Aadhaar cards for patients who cannot recall their

names is difficult. Consequently, they don't get benefits from the Government in the absence of bank accounts/ Aadhaar cards. This may be taken up with the concerned authority, and appropriate decisions must be taken. Help be provided to patients to open their bank accounts/ obtain Aadhaar cards, and they should be made aware and facilitated with various social benefits.

- iv.) All fatalities on the premises of a hospital, institution, sheltered home, shared housing, rehabilitation home, halfway house, mercy house, etc., must be reported to the local police within 24 hours and to NHRC within 48 hours of the death.

- v.) Establishments should not be used as cover-up institutions to delay the trial.

7.) Mass awareness and sensitization

- i.) Mass awareness and sensitization must be carried out via campaigns, television, newspapers, and other media in all local languages to increase public awareness of issues relating to mental health.
- ii.) Appropriate help be provided to patients and their family members to open their bank accounts and they should be made aware and facilitated with various benefits and social schemes.

Advisory for Ensuring the Welfare of Transgender Persons

Issued on: 15/09/2023

1.) Education

- i.) Necessary steps may be taken to ensure access to education for transgender persons. Authorities may consider formulating a policy to address the issues of violence, discrimination and harassment at educational institutions. The Education Department of all States/ UTs, as an interim measure to advise educational institutes in their respective jurisdictions to protect gender-nonconforming students from bullying, harassment or other forms of violence.
- ii.) The State Governments/ UTs to ensure that in every district, an anti-discrimination cell is set up at the district level for transgenders, and also, to ensure the setting up of a monitoring committee/ cell at educational institutions to address the issues of prejudices, discrimination, sexual abuse and other violence against transgender persons.'
- iii.) The State Governments to take necessary steps to make all educational institutions "inclusive" for transgender students.
- iv.) Transgender students are not to be discriminated against in higher studies, and suitable provision for providing financial assistance to Transgender students pursuing Degree/ Diploma/ PG courses may be ensured.
- v.) Provision for scholarship and free education be formulated for transgender students.

2.) Healthcare:

- i.) Set up medical boards at the district level to assist transgenders.
- ii.) In every district civil hospital, necessary provisions to be made for consultation, treatment, and counseling for sex reassignment surgery, and, the following steps may also be considered;
- iii.) A suitable amount may be provided to the members of the transgender community who want to opt for a sex change operation; or,
- iv.) Free sex reassignment surgery in government hospitals may be provided.

3.) Employment:

- i.) "Third Gender" as an identity category may be added for people of the transgender community seeking civil service jobs to enable them to apply and appear in entrance examinations.



- ii.) All the agencies involved in document verification may be advised to verify and accept the document even if the name or photo of the transgender person varies with the original documents in a time-bound manner, provided the candidate has obtained the Transgender Certificate.
- iii.) Adequate steps may be taken to protect transgender persons from any form of violence or harassment at workplaces, and anti-discrimination policies be implemented at all levels.
- iv.) Sensitization programmes for other employees on sexual orientation and gender identity may be organized regularly.
- v.) A Grievance Redressal Cell be set up in the organization wherever they are employed to deal with the issues of transgender employees, in which at least one transgender person may be included, wherever possible.
- vi.) State to prioritize skill development training and better occupational opportunities to transgender persons.
- vii.) Wide publicity to the National Career Service Portal be given amongst transgender community.
- viii.) Loan at interest subvention basis may be extended to transgender persons to help them set up their own businesses.
- ix.) District administration to extend help to enable transgender persons to form Self Help Groups through which they can get bank loans to start livelihood activities.

4.) Promoting Inclusivity:

- i.) All forms for whatever purpose, which require candidates to indicate their sex, must provide 'third gender' as a category in the options.
- ii.) All public places should have separate washrooms for transgenders.
- iii.) Provide an exclusive platform for transgender persons to showcase their talent in cultural events.
- iv.) Old age home facilities be considered for the transgender community.

5.) Welfare

- i.) Single trans child of a deceased government employee or pensioner, may be treated as an unmarried daughter for the family pension and other benefits.
- ii.) Transgender persons should be allowed to inherit ancestral agricultural land.
- iii.) The transgender welfare board may be established as mandated under Section 10 (1) of the Transgender Persons (Protection of Rights) Rules, 2020, framed for implementing the Transgender Persons (Protection of Rights) Act, 2019.
- iv.) The concerned Ministry should ensure the timely release of the funds allocated to Garima Greh. In addition, the queries concerning the disbursement of funds may be dealt with by proper mechanisms and handholding support be given to complete the requisite formalities to resolve such grievances.

- v.) The Insurance Companies may be advised to consider and accept the Transgender Certificate issued by the appropriate authority for document verification purposes.
- vi.) The Ministry of Corporate Affairs may consider incorporating welfare activities of transgender persons explicitly in Schedule VII of the Companies Act, 2013, which provides the list of activities that can be included for making expenditures for Corporate Social Responsibilities activities.
- vii.) Adequate steps may be taken to deal with the complaints of sexual harassment of transgender persons.
- viii.) Multi-purpose identity cards may be provided to the transgenders to help them access government schemes and other benefits.
- ix.) Reach out to the family member of Transgenders through Anganwadi workers to sensitize them about trans-children.
- x.) The public to be sensitized through educational campaigns.

6.) Grievance Redressal

- i.) Set up a Transgender Protection Cell under the Director General of Police or his/her nominee in the State to monitor cases of offences against Transgender Persons in accordance with the provision of the Transgender Persons (Protection of Rights) Act, 2019 and the Transgender Persons (Protection of Rights) Rules, 2020.
- ii.) One officer in every police station be designated as a focal point for Transgenders.

Advisory to Mitigate Deliberate Self-Harm and Suicide Attempts by Prisoners

Issued on: 20/06/2023

Prisons in India have seen a significant number of deaths through suicide in recent years. Suicide in prisons is multifactorial, which includes medical and mental health issues, particularly the stress of adjusting to imprisonment as well as those involving family, lack of purposeful activity and certain conditions present in the prison environment.

A number of unnatural deaths are taking place in Indian Prisons. More than 80% of these deaths take place due to suicide. The predominant mode of committing suicide is by hanging (93%) followed by poisoning, self-inflicted injury, drug overdose and others.

Prison authorities are responsible for protecting the health and safety of the inmates and the continuing suicides constitute a gross violation of human rights. Therefore, making adequate provision for suicide prevention would be beneficial for improving the living conditions in the Prison.

The National Human Rights Commission (NHRC) has been working towards preventing avoidable loss of life by exploring various measures to save lives. Detailed guidelines on "Prevention of Suicide in Prison", were issued by NHRC in 2014 (**Annex - IV**). However, since the incidence of suicides in the prisons has not come down and considering the legislative changes and recent trends in a number of

suicidal deaths, the NHRC is issuing the following Advisory to mitigate deliberate self-harm and attempts at suicide by prisoners.

1.) Filling up the Vacancies & Augmenting the Staff Strength

- i.) Existing vacancies of Prison staff should be filled up particularly those of Prison Welfare Officers, Probation Officers, Psychologists and Medical Staff.
- ii.) The strength should be suitably augmented to include Mental Health professionals.
- iii.) The government should review the sanctioned strength of the Prison staff every five years.

2.) Training of Prison staff

- i.) Existing vacancies of Prison staff should be filled up particularly those of Prison Welfare Officers, Probation Officers, Psychologists and Medical Staff.
- ii.) A component of mental health literacy must be included in the basic training of Prison staff. This needs to be supplemented with refresher training every three years. A suitable supervisory



officer to be designated as the Mental Health Officer and assigned to ensure such training.

- iii.) The curriculum of such a component of mental health literacy in the basic and refresher training of Prison staff must be prepared at the State level in collaboration with a government mental health institution and other experts.
- iv.) The Prison staff be trained for administering PFA (Psychological First Aid). PFA is a training program to identify, understand and respond to signs of mental illnesses and substance abuse disorders to enable trainees to develop "the skills to reach out and provide initial help and support to an inmate developing a mental health or substance use problem or experiencing crisis"
- v.) Selected Prison staff in each Prison barrack be trained in providing Cardiopulmonary Resuscitation & First Aid (CPR), particularly for handling attempted hanging, bleeding through self-inflicted cuts or ingesting toxic substances.
- vi.) They also are trained to inform the trained medical staff immediately and to shift the patient to the closest medical facility.

3.) Screening at the Admission Stage

- i.) Mental health screening be included in the initial health screening report of every prisoner.

- ii.) Where a mental health professional is not available, the available medical staff be provided training by mental health professionals in conducting screening of prisoners.
- iii.) If the preliminary screening identifies signs and symptoms of mental health disorder, a mental health professional should be consulted.

4.) Supervision and Monitoring of At-risk Prisoners

The State should have two levels of monitoring by Mental Health/trained Medical Staff assisted by Prison staff as detailed below:

- i.) Relevant information of at-risk prisoners should be appropriately shared with concerned Prison staff, particularly with reference to the following:
 - a.) Does the prisoner have any medical/mental health condition?
 - b.) Is the prisoner taking any medication?
 - c.) History of substance abuse?
 - d.) The previous background of the prisoner, which may trigger or exacerbate his existing mental health conditions?
- ii.) **Observation of Inmates:**
 - a.) Assessment and treatment by trained mental health professionals.
 - b.) Regular observation by Prison staff and assignment of a prisoner 'buddy, trained in psychological first aid.

- c.) Susceptible prisoners are not to be employed in work which involves the use of sharp or heavy instruments. The custody of knives, agricultural sharp or pointed objects should be carefully counted and managed post-use.
- d.) Telephone contact with friends or family of the prisoner to be ensured, in accordance with relevant regulations. Further, an adequate number of telephones are to be installed in the prisons considering the number of prisoners.
- f.) Prison staff should secure the location of the attempted suicide and preserve the spot for subsequent investigation

5. Training of Prisoners

(iii) Suicide Watch:

- a.) In order to provide supportive service and treatment to prisoners at the risk of deliberate self-harm or those expressing suicidal thoughts, they are referred to the appropriate mental health officer/ expert.
- b.) High-risk prisoners be shifted to premises that enable 24x7 monitoring with the help of CCTV cameras.
- c.) Access to material which can be used for suicide by hanging or inflicting self-injury by sharp-edged instruments or toxic material must be prevented in such cases.
- d.) Family members of the at-risk inmates must be contacted to give them the required assurance, counselling and mental support.
- e.) Priority be assigned to shifting the injured to a medical facility without delay. If this is not possible, life-saving efforts should be initiated and continued until the arrival of trained medical staff.
- ii.) All prisoners be made aware of fellow prisoners trained in Cardiopulmonary resuscitation and first aid.
- iii.) Gatekeeper Model: (devised by the World Health Organization, WHO), to strengthen mental health care in Prisons be implemented for training of carefully selected inmates to identify prisoners at risk of suicide:
- iv.) It be ensured that fellow prisoners do not mistreat prisoners with mental health issues.
- v.) Programmes on mental health be organized to sensitize prisoners.

6.) Collaborative Framework for Mitigation

The Prison Administration, in collaboration with local Mental Health Institutions, should:

- i.) Appoint a nodal expert to assist with risk assessment and treatment.



- ii.) Connect with community-based initiatives, like the District Mental Health Programme, and
- iii.) Engage with willing private mental health care professionals/NGOs working in the field of mental health.

7.) Addiction Among Prisoners

- i.) Measures to tackle the issue of addiction among prisoners be undertaken by regular visits of mental health care professionals and de-addiction experts.
- ii.) The issue to be seen as a health and rehabilitation issue rather than that of security.

8.) Compliance with the Relevant Statutory Provision

Appropriate governments and Prison administration to ensure compliance with the extant legal provisions including the following:-

- i.) Section 103 of The Mental Healthcare Act, 2017; related to treatment facilities for prisoners with mental health issues (**Annex - I**).
- ii.) Rule 7 & 10-11 of The Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018 related to free legal aid, modalities of transfer, minimum standards, etc., in custodial institutions (**Annex - II**).
- iii.) The State/UT to identify one prison for setting up mental health establishment under Section 103(6) of the Act and Rule 11 (**Annex - III**)

9.) Prison House Keeping

- i.) Abrasive and corrosive chemicals, such as phenyls, acids, etc., used for cleaning toilets and surfaces, to be beyond the reach of prisoners.
- ii.) Tools used for building maintenance, such as ropes, glass, wooden ladders, pipes, etc., to be kept in the safe custody of the concerned Prison staff. Carelessness tends to lead to unforeseen eventuality.
- iii.) Regular check and vigil on the bed sheets and blankets of inmates be exercised to ensure that these are not used to make ropes, etc., to attempt suicide.
- iv.) The place/area in Prison prone to such acts be identified and corrective actions, including installations of CCTVs, to be ensured.
- v.) Barracks to be kept free of objects which can be used for hanging, e.g., Iron Rods/Grills, Fans, Hooks, or similar objects.
- vi.) Since most suicides take place in Prison toilets, there should be no iron rod, ventilation grill, fan or hook in the toilet which can be used for hanging.
- vii.) Further, the door of the toilet should be designed in such a way that strict vigil can be kept to avoid possible risk of suicide attempts while maintaining the privacy of the users.

10.) Strengthening Visitor System

- i.) The Prison administration should encourage visits by family members to provide emotional support for prisoners.
- ii.) Prison staff should reduce, to the extent possible, the waiting time of visitors.
- iii.) E-Mulakat and the National Prisons Information Portal to enable relatives/friends/ advocates of prisoners to book prior appointments for meeting prisoners be used.
- iv.) In addition, to cover gaps of poor cyber literacy or language issues, easy ways be worked out by arranging visits of relatives in the Prison.
- v.) Prison rules relating to searches need to be strictly followed.

- vi.) Visitors should be treated with courtesy at all times, and the conduct of the Prison officials should be exemplary.

11.) Prison Environment

- i.) **Recreational Facilities:** Prisoners must be provided with life-skill-based education and activities like yoga, sports, crafts, drama, music, dance and suitable spiritual and optional religious instructions to channelize their energies positively and occupy their time. This can be done with the help of reputed NGOs, if required.
- ii.) **Vocational Training:** the facilities for up-skilling, vocational guidance and means for financial independence to be increased. Long-term skilled prisoners may be linked with government schemes for entrepreneurship.



Extracts from Mental Healthcare Act, 2017

Sec. 103 : Prisoners with mental illness.- (1)

An order under section 30 of the Prisoners Act, 1900 or under section 144 of the Air Force Act, 1950, or under section 145 of the Army Act, 1950, or under section 143 or section 144 of the Navy Act, 1957, or under section 330 or section 335 of the Code of Criminal Procedure, 1973, directing the admission of a prisoner with mental illness into any suitable mental health establishment, shall be sufficient authority for the admission of such person in such establishment to which such person may be lawfully transferred for care and treatment therein:

Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section:

Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.

- (2) The method, modalities and procedure by which the transfer of a prisoner under this section is to be effected shall be such as may be prescribed.
- (3) The medical officer of a prison or jail shall send a quarterly report to the concerned Board certifying therein that

there are no prisoners with mental illness in the prison or jail.

- (4) The Board may visit the prison or jail and ask the medical officer as to why the prisoner with mental illness, if any, has been kept in the prison or jail and not transferred for treatment to a mental health establishment.
- (5) The medical officer in-charge of a mental health establishment wherein any person referred to in sub-section (1) is detained, shall once in every six months, make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.
- (6) The appropriate Government shall setup mental health establishment in the medical wing of at least one prison in each State and Union territory and prisoners with mental illness may ordinarily be referred to and cared for in the said mental health establishment.
- (7) The mental health establishment setup under sub-section (5) shall be registered under this Act with the Central or State Mental Health Authority, as the case may be, and shall conform to such standards and procedures as may be prescribed.

Extracts from Mental Healthcare (Rights of Persons with Mental Illness) Rules, 2018

Rule 7: Custodial institutions -The person in charge of custodial institution, including prison, police station, beggars homes, orphanages, women's protection homes, old age homes and any other institution run by Government, local authority, trust, whether private or public, corporation, cooperative society, organization or any other entity or person, where any individual resident is in the custody of such person, and such individual resident is not permitted to leave without the consent of such person, shall display signage board in a prominent place in English, Hindi and local language, for the information of such individual or any person with mental illness residing in such institution or his nominated representative informing that such person is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and shall also provide the contact details of the availability of services.

Rule 10: Method, modalities and procedure for transfer of prisoners with mental illness -Transfer of a prisoner with mental illness to the psychiatric ward of the medical

wing of the prison or to a mental health establishment set up under sub-section (6) of Section 103 or to any other mental health establishments within or outside the State shall be in accordance with the instructions issued by the Central Government or State Government, as the case may be.

Rule 11: Standards and procedures of mental health services in prison - The mental health establishment referred to in sub-section (7) of Section 103 shall conform to the minimum standards and procedures as specified in Schedule

Schedule

(See rule 11)

Minimum standards and procedures for mental health care services in prisons

Minimum Standard for Mental Health Care in Prison

1. Prompt and proper identification of persons with mental health problems should be done.
2. Screening of all inmates during the time of entry to prison including the following:
3. Mandatory physical and mental status examination



4. Questionnaire screening for substance use
5. Urine testing for common drugs of abuse
6. Periodic random urine drug testing
7. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
8. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
9. Availability of psycho-social interventions for prisoners with a range of mental health problems.
10. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.
11. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
12. Implementing of National Mental Health Program inside the central prisons
13. Dealing with the psychological stress of prison life
14. Counseling for stress needs to be provided to all prisoners in both individual and group settings.
15. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
16. Training the prison staff in simple counselling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counselors.
17. One-to-one counselling upon entry, during periods of crises and upon need or request.
18. Addressing substance use problems
19. Identification of substance use problems through questionnaires, behavioural observation and urine drug screening.
20. Detoxification services and making suitable pharmacotherapy available for detoxification.
21. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counselling.
22. Specific interventions to be made available include the following:
 - i.) Tobacco cessation services (behavioural counselling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy.

- ii.) Alcohol - benzodiazepines for detoxification, vitamin supplementation for associated nutritional problems, counselling and long-term medication.
- iii.) For Opiates - buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
 - a.) All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
 - b.) There is a need for urgent human resource enhancement.
 - c.) Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:
 - d.) 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care - physician, psychiatrist, dermatologist, gynaecologist and surgeon.
 - e.) 2 nurses for every 500 prisoners
- iv.) 4 counselors for every 500 prisoners. These trained counsellors (with a degree in any social sciences/any recognized degree with counselling experience (medical counselling/legal counselling/ psychosocial counselling/ rehabilitation/education) can carry out the following tasks:
 - a.) Assessment
 - b.) Counseling
 - c.) Crisis intervention (family crisis, bail rejection, verdict pronounce-ment, interpersonal difficulties, life events, serious physical or psychiatric illness)
 - d.) Legal counselling, pre-discharge counselling
 - e.) Rehabilitation counseling
 - f.) Substance use counselling
 - g.) Training prison staff and peer counsellors
 - h.) Inpatient services
 - i.) At least a 20-bedded psychiatric facility for every 500 prisoners
- v.) Prison aftercare services
 - a.) All prisoners should have pre-discharge counseling on coping strategies, healthy life style practices and support systems they can access.
 - b.) For persons with mental illness they shall be referred to any mental health establishment for after care in community
 - c.) Documentation
 - d.) Computerized data base and tracking system for all prisoners
 - e.) Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the prisoners
 - f.) Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release



- g.) This information must be given to the prisoner to facilitate continuing health care after release.
- h.) All central prisons shall have dedicated telemedicine services to provide healthcare
- i.) The following medicines shall be made available:
- Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorezepam, Diazepam, Oxazepam, Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline, InjFluphenazine, Inj Haloperidol, InjFlupenthixol, InjLorezepam, Inj Diazepam, Inj Promethazine Inj Thiamine/ Multivitamin.

Annex - III

103. Prisoners with mental illness. (1) An order under section 30 of the Prisoners Act, 1900 (3 of 1900) or under section 144 of the Air Force Act, 1950 (45 of 1950), or under section 145 of the Army Act, 1950 (46 of 1950), or under section 143 or section 144 of the Navy Act, 1957 (62 of 1957), or under section 330 or section 335 of the Code of Criminal Procedure, 1973 (2 of 1974), directing the admission of a prisoner with mental illness into any suitable mental health establishment, shall be sufficient authority for the admission of such person in such establishment to which such person may be lawfully transferred for care and treatment therein:

Provided that transfer of a prisoner with mental illness to the psychiatric ward in the medical wing of the prison shall be sufficient to meet the requirements under this section:

Provided further that where there is no provision for a psychiatric ward in the medical wing, the prisoner may be transferred to a mental health establishment with prior permission of the Board.

- (2) The method, modalities and procedure by which the transfer of a prisoner under this section is to be effected shall be such as may be prescribed.
- (3) The medical officer of a prison or jail shall send a quarterly report to the

concerned Board certifying therein that there are no prisoners with mental illness in the prison or jail.

- (4) The Board may visit the prison or jail and ask the medical officer as to why the prisoner with mental illness, if any, has been kept in the prison or jail and not transferred for treatment to a mental health establishment.
- (5) The medical officer in-charge of a mental health establishment wherein any person referred to in sub-section (1) is detained, shall once in every six months, make a special report regarding the mental and physical condition of such person to the authority under whose order such person is detained.
- (6) The appropriate Government shall setup mental health establishment in the medical wing of at least one prison in each State and Union territory and prisoners with mental illness may ordinarily be referred to and cared for in the said mental health establishment.
- (7) The mental health establishment setup under sub-section (5) shall be registered under this Act with the Central or State Mental Health Authority, as the case may be, and shall conform to such standards and procedures as may be prescribed.

Guidelines of NHRC on "Prevention of Suicide in Prison"

1. A comprehensive suicide prevention programme must be introduced in all prisons by the State/UT Government, involving training of staff involved in correctional home services, health care and mental health of prisoners. The staff should be fully aware and proficient in initiating emergency response to a suicide attempt along with keeping vigil and adopting measures for prevention also. Periodic mock drills/rehearsals should be carried out to sensitize the stakeholders and to reduce reaction time in assessment and providing professional assistance.
2. The State Prison Directorate should ensure the enhancement of constructive and supportive relationships between prison staff and inmates. Particular emphasis should be placed upon improvement in regimes, staff training and fostering arrangements to enhance these relationships to suit all needs.
3. The newly admitted prisoners should be interviewed by a trained medical officer along with a qualified Psychologist for identification of inmates who appear to be psychologically abnormal and who could be prone to suicidal tendencies. The key to identifying potentially suicidal behaviour in inmates is through careful inquiry/interview and assessment during the initial screening of the inmates. The pre-entry/initial health screening report of the prisoner must be filled up in detail and signed by both the medical officer and Psychologist after filling in all the mandatory information. Initial health assessment must be followed by regular follow-up assessment as well.
4. CCTVs should be installed at the reception area and monitored 24x7 through a control room for monitoring effective initial screening.
5. The bandwidth of opportunities for inmates to interact with the outside world may be expanded through the provision of newspapers, television and movies in addition to periodic meetings with family and friends to maintain their social contacts. The prison environment could also be made less stressful by the introduction of Yoga programmes and providing soothing music through speakers installed at appropriate places in consultation with prisoners.
6. Each prisoner/inmate should be provided with the opportunities to participate in constructive activities such as employment, education and skill development programs that build competence levels and address cure depressive tendencies while simultaneously preventing aggressive behaviour. The introduction of outdoor and group activities would bring a positive attitude and group bonhomie among the inmates.

7. All aspects of prison operations and programs must be designed to cater to the diversity of the prison population in terms of culture, ethnicity, gender and sentencing status.
8. Priority should be given to providing comprehensive mental health services to prisoners, including:
 - a.) Regular multidisciplinary screening and assessment of the mental health of the prisoners. Post of regular medical officers at the central prison and weekly visits of a psychiatrist/doctor to the District jails must be ensured.
 - b.) Adequate mental health treatment and management, resources and systems should be made available within the prison including a qualified psychologist so that dependence on external agencies is minimized to extreme cases only.
 - c.) Acute mentally ill prisoners must be shifted to Mental Hospital u/s 29 of the Mental Health Act, 1987, and
 - d.) Provision should be there in prisons for continued mental care facilities even after specialist management and treatment of a mentally ill prisoner is over so that regular follow-up is maintained even after the prisoner returns into the prison environment and gets reintegrated into the community.
9. The following points may be covered by suicide awareness training provided to prison officers and staff:
 - a.) How to identify inmates with signs of suicidal tendencies and rate them according to the level of their problems.
 - b.) Precautions to be taken by the staff monitoring these
 - c.) Basic understanding of human behaviour and ability to identify psychosomatic illnesses by observing prisoners' sudden changes in behaviour.
 - d.) Basic training in medical emergency response to all jail officials to respond and provide immediate medical first aid like cardio-pulmonary resuscitation (CPR) in cases of suicide attempts and other such emergencies till professional help is sought.
 - e.) Identification of good Samaritans among the jail inmates who can keep an eye on prisoners and warn the staff to preempt suicides.
10. Conduct a thorough audit of the jail premises to find out the probable places/areas and items that are prone to be used while committing suicide. This should help in identifying and re-designing 'suicide-resistant cells' with the intention of replacing potential hanging and anchoring points.
11. It is also important to strengthen the grievance redressal system in prisons and get regular feedback on the quality of food, entertainment and other facilities from prisoners. It is imperative to engage prisoners in positive and constructive activities and also in socially useful productive work, religious activities and motivational therapy through discourses. A complaint



box inside the prison could be a useful tool for the redressal of complaints and to obtain feedback of inmates. Integration of the records of all the prisoners should be done so that if an under-trial prisoner had been previously incarcerated in a different jail then information about his background, behaviour and treatment records could be obtained from there and the same will be useful to

the jail officials in his screening and assessment.

12. There should be a rigorous review and intensive follow-up of each suicide case to find out and alleviate the particular reasons behind the suicide and the steps to be taken so that such an occurrence in future is prevented.

Advisory to Prevent, Minimise and Mitigate Ocular Trauma

Issued on: 11/10/2022

Eyes are an important part of our health. We rely on our eyes to see and appreciate the world around us. Eighty percent of what we perceive comes through our sense of sight. Eye injury (Ocular Trauma) constitutes 7% of all bodily injuries and 10% to 15% of all eye diseases. Ocular trauma is responsible for about 5% of irreversible or permanent blindness. Eye injury commonly affects the young male population during their most productive age (55% of victims are below 25 years of age) and hence can have a significant socio-economic impact on the families of the victims and the country. Eye injury is recognized as one of the major causes of disabilities in India. However, the most important and reassuring fact is that eye injury is a preventable cause of blindness. Major contributors of eye injury are road accidents (34%), sports (29%) and occupations (21%). However, the most important and reassuring fact is that eye injury is a preventable cause of blindness.

With a view to prevent and minimize the impact of ocular trauma and to ensure appropriate standardized treatment and rehabilitation of victims of ocular trauma, the Commission issues this Advisory:-

I. In Re.: Creation of a Database (Registry) Platform on Ocular Trauma

1.) Union Government should:

- i.) Establish an online (web-based) portal or make provision in any existing portal, to record details of each case of ocular trauma; the details should include the mechanism, circumstances and objects causing the ocular trauma and the outcome of treatment;
- ii.) Make every case of ocular trauma a notifiable event across the country by making appropriate rules/ regulations/ guidelines to make it mandatory for each hospital or medical practitioner to upload details of each case of ocular trauma dealt by them;
- iii.) Involve Integrated Child Development Scheme (ICDS) workers and school teachers to identify the victims of ocular trauma, counsel such victims to avail treatment and upload details of such victims on the online portal;



- iv.) Create awareness about the online portal among Ophthalmologists and other health professionals involved in eye care or any other health care by organization of seminars, workshops, meetings, etc.; and
 - v.) Work closely with the Ocular Trauma Society of India (OTSI) and All India Ophthalmological Society of India on generating data and analysing data and periodically present the data/ statistics related to eye trauma to the NHRC and appropriate government offices/ ministries.
- ## II. In Re.: Prevention and Minimization of Ocular Trauma
- ### 1.) Union and State Governments should make efforts to prevent and minimize ocular trauma. These efforts may *inter-alia* include:
- i.) Creating public awareness of major causes of ocular trauma and the care and precautions to be taken to address these causes, by:
 - a.) Launching publicity campaign in print, electronic and social media;
 - b.) Installing posters and hoardings at hospitals, dispensaries, schools, colleges, stadiums, gymnasiums, industries/establishments prone to ocular trauma and other prominent places;
 - c.) Including a chapter on ocular trauma in the curriculum of schools and Industrial Training Institutes (ITIs) for the trades having the potential to cause ocular trauma;
 - d.) Mandatorily printing a warning about dangers on items/products having the potential to cause ocular trauma;
 - e.) Regularly organizing seminars, workshops and meetings on ocular trauma for high-risk persons such as lathe and other machine tool operators, welders, carpenters, persons handling hazardous chemicals/alkalis, farmers involved in spraying and handling of insecticides/pesticides etc.;
 - f.) Observing trauma awareness week/fortnight once a year; and
 - g.) Creating eye injury awareness videos and dissemination of these videos through news channels or television networks by working closely with the Ministry of Information & Broadcasting.
- ii.) Identifying the fire-crackers which have the potential to cause eye trauma and impose a ban on the use of such fire-crackers:
 - a.) in public places;
 - b.) by children below twelve years of age, except under direct supervision of an adult; and
 - c.) close spaces and large public gatherings.
 - iii.) Imposing ban/restriction on the sale of bows, arrows, pellet guns, toys having sharp edges, and such other toys having the potential to cause eye injuries to children below twelve years of age;

- iv.) Critically examining existing laws providing for mandatory use of safety eye protection by workers engaged in activities having the potential to cause eye injuries and initiating appropriate measures to plug gaps in these laws to ensure that appropriate safety eye protection is used by all workers engaged in such activities. Working with the British Standards Institute to update and align eye protection standards with ISO and communicate with employers to ensure that their employees are using eye protection that complies with these standards;
- v.) Sponsoring projects for development of low cost indigenous safety eye protection for persons engaged in activities prone to eye injuries;
- vi.) Installing display boards and hoardings containing name, address, and contact details of nearby eye care and treatment facilities in the places where activities having potential to cause eye injuries are carried out;
- vii.) Making it mandatory to ensure availability of first-aid box containing medicines, bandages and reagents to neutralize chemicals which may cause ocular trauma at all places where activities having potential to cause ocular trauma are carried out;
- viii.) Organizing eye check-up camps in schools, colleges, slums, industrial clusters and rural areas to detect cases of untreated ocular trauma and also the cases of lazy eye (Amblyopia);
- ix.) Promoting clean fuel and well ventilated kitchen to prevent eye damage to persons engaged in cooking at homes, restaurants and community kitchens;
- x.) Regulating chemicals identified as hazardous by dual packaging, restriction on sale to children and proper disposal of used chemicals and containers;
- xi.) Prohibiting sale of lime powder in thin plastic sachets;
- xii.) Making it mandatory that all chemicals for domestic use should be packed in safe containers and all such containers should be marked with caution symbols;
- xiii.) Reducing in ocular trauma due to road accidents, by:
 - a.) Making eye check-ups mandatory for grant and renewal of driving license;
 - b.) Identifying single-eyed drivers;
 - c.) Mandating safety standard certification in addition to the driving license;
 - d.) Organizing regular health/eye check-up for commercial drivers;
 - e.) Providing spectacles to commercial drivers having vision impairment;
 - f.) Using technology to prevent erratic driving and over speeding. These technologies may *inter-alia* include:
 - I.) Installing a tamper proof governor in each commercial vehicle;
 - II.) Installing a vehicle location tracking device in each vehicle to detect over-speeding;



- III.) Installing speed cameras at regular intervals along highways for detection and auto-generation of challan for over-speeding;
 - IV.) Installing automated driving test tracks to assess driving skills before grant and renewal of driving license;
 - V.) Making provisions in the motor vehicle design rules for safety requirements including of toughened laminated or any other type of safety glass in windshields and windows of all vehicles, seat belts and airbags to help prevent splinter injuries to eyes in case of road accidents; and
 - VI.) Piloting a legislation to govern the use of full-face helmets on two wheel vehicles
- xiv.) Creating appropriate structures such as underground shelters to prevent human death and injuries, including eye injuries, during wars and armed conflicts.

III. In Re.: Treatment of Ocular Trauma

- 1.) The Union and the State Governments should endeavour to upgrade and expand the facilities for the treatment of ocular trauma, by:
 - i.) Developing ocular trauma as a separate sub-specialty in Ophthalmology in addition to the existing eyespecialists;
 - ii.) Ensuring availability of an adequate number of Ophthalmologists in the country by increasing the number of postgraduate seats in Ophthalmology with specialized sub-specialty fellowship in ocular trauma;
 - iii.) Provide an adequate number of equipment and other facilities in government-run Eye Care Centres and Ophthalmology and Trauma Wards of other government-run hospitals. And creating Standard Operating Procedures (SOPs) for the management of patients with eye injuries/ocular trauma;
 - iv.) Creating a post of Ophthalmologist in each Community Health Centre and increasing the number of posts of Ophthalmologists in District Hospitals, Medical Colleges, All India Institute of Medical Sciences (AIIMS) and other Specialty Health Care Centres. Each ophthalmologist in community health centres and district hospitals should have a mandatory three-month training in the field of ocular trauma;
 - v.) Sponsoring research in the field of ocular trauma to facilitate the development of low-cost eye care technologies. To encourage major eye centres across the countries to take up ocular trauma as master's research thesis topic and also have PhD programs on ocular trauma with special emphasis on eye injury prevention; and
 - vi.) Establishing and upgrading eye/cornea banks by:
 - a.) creating awareness about eye donation;

- b.) creation and up-gradation of physical infrastructure for safe storage of the donated eye/cornea; and
- c.) creation of an online portal to register voluntary pledges for eye donation on the death of the donor.

IV. In Re.: Development of Integrated ophthalmic trauma units:

- 1.) The Union and the State Governments should endeavor to set-up integrated ophthalmic trauma care units across the entire country with the following objectives:
 - i.) Streamlining the care of patients with ophthalmic trauma by:
 - a.) providing for emergency attendance and management of patients with ophthalmic trauma conditions with other departments like neurology, plastic surgery etc.;
 - b.) sharing/reducing the workload of other sub-specialty colleagues; and
 - c.) improving the quality management of trauma patients.
 - ii.) creating a database for research, which will subsequently propose guidelines for the prevention of ocular trauma to reduce the incidence of preventable ophthalmic trauma;
 - iii.) imparting training and fellowship to young ophthalmologists;

- iv.) conducting public forum / CME for awareness about ophthalmic trauma;
- v.) fostering collaboration and ties in the field of ocular trauma with international organizations; and
- vi.) A model structure of a standard trauma centre at a tertiary level eye care centre, as suggested by the Ocular Trauma Society of India (OTSI), is at **Annex - I**.

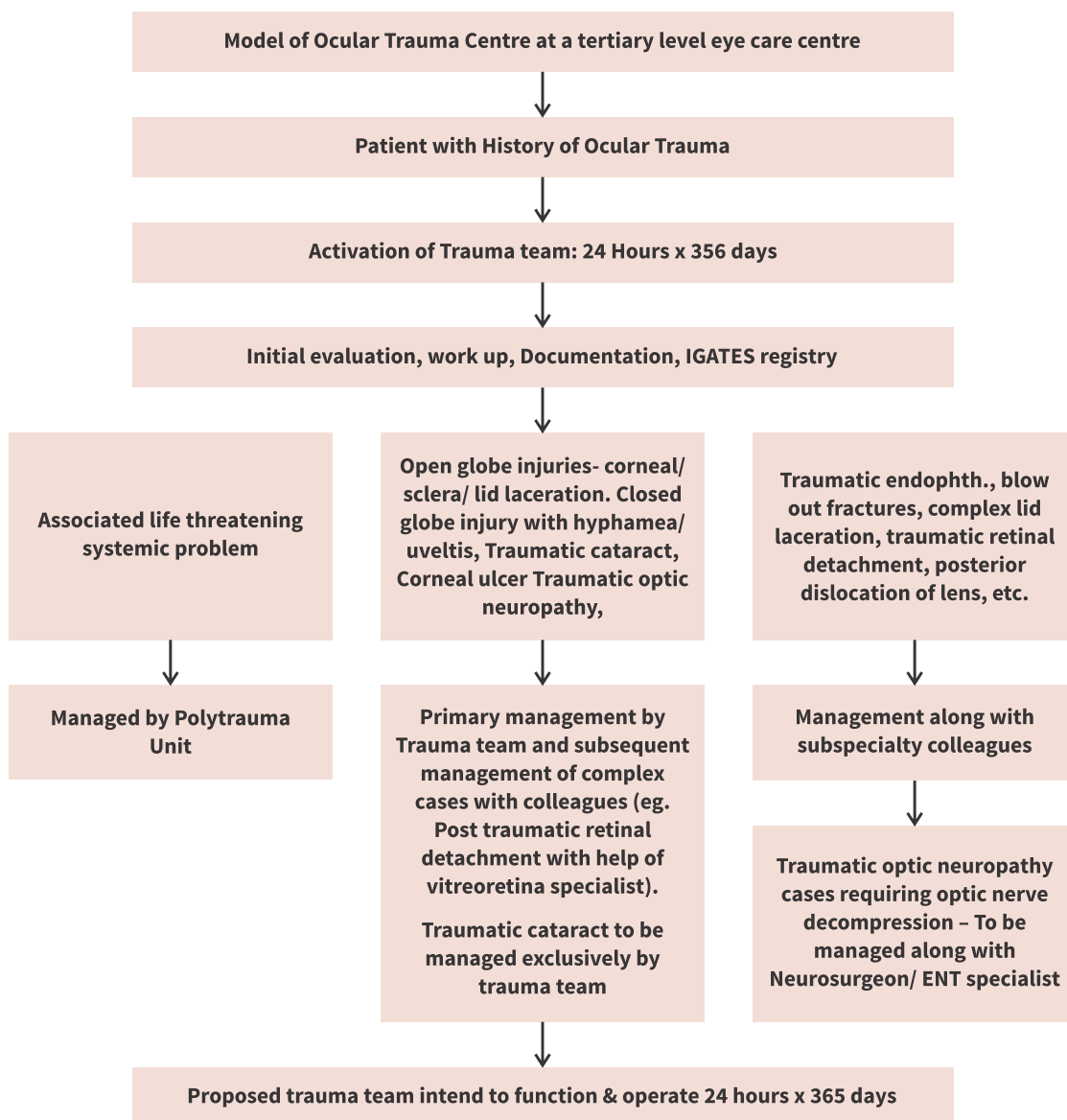
V. In Re.: Rehabilitation of Victims of Ocular Trauma

- 1.) The Union and the State Governments should endeavour to rehabilitate victims of ocular trauma, by:
 - i.) organizing adjustment training for victims of ocular trauma, including the low-vision persons, through coordinated efforts by different Government institutions;
 - ii.) linking online portal to be established for registration of victims of ocular trauma with the Unique Disability ID (UDID) Portal for persons with disabilities for expeditious issue of UDID to victims of ocular trauma who meet benchmark disability norms;
 - iii.) establishing district-level rehabilitation centers for visually impaired persons;
 - iv.) establishing a special fund to provide financial assistance to victims of ocular trauma; and



- v.) identifying the industries having high potential of ocular trauma and other industrial accidents and making it mandatory for owners of all such industries employing a minimum of fifty (50) workers to purchase personal accident cover of minimum Rs. 15 lakh for each worker engaged by them.

Sketch of Proposed Ocular Trauma Unit



Advisory to Protect the Human Rights of Truck Drivers

Issued on: 27/06/2022

Road transport carries about two-thirds of the country's freight traffic. The road transport sector plays a significant role in our economy. Due to the fragmented, informal and unorganized nature of the truck business, truck drivers experience a variety of problems and difficulties. In spite of playing a very important role in making available essential goods in various parts of the country, truck drivers are subjected to exploitation by various agencies and anti-social elements.

Truck drivers are an important component of the country's labour force. The majority of them, however, do not get social security benefits, such as provident fund, pension, health insurance, life insurance, gratuity, etc.

Long working hours, lack of adequate rest and sleep, long absence from family, low salary, non-availability of clean and healthy food in time, the constant threat of exploitation by law enforcement agencies and anti-social elements and high risk of road accidents make truck drivers prone to physical and mental stress, drug addiction and irresponsible sexual behaviour.

To protect the human rights of truck drivers, the Commission issues this advisory.

I. In Re: Protection from Exploitation

1.) The Union and State Governments should endeavour to:

- i.) Minimise physical interface between truck drivers and law enforcement agencies by providing online facilities for:
 - a.) Grant and renewal of registration certificates, fitness certificates, permits and licences.
 - b.) Payment of taxes, fees, penalties and other levies.
 - c.) Centralized storage and retrieval of vehicle-related documents.
 - d.) Extension of validity of e-way bills.
- ii.) Designate areas for inspection of trucks and other commercial vehicles by law enforcement agencies; provide CCTV coverage to toll booths, inter-state checkpoints and all such inspection areas.
- iii.) Prohibit collection of fine in cash.



- iv.) Use technology to enforce discipline in truck business by:
- a.) Installation of weigh-in-motion weighbridges at regular intervals, especially at toll booths and integrated check gates, to detect overloading.
 - b.) Mandatory offloading of excess pay load in case it exceeds five percent (5%) of the permissible limit.
 - c.) Establishment of warehouses at toll booths for safe custody on payment basis of the offloaded excess payload.
 - d.) Making it mandatory for law enforcement agencies to wear body camera while undertaking inspection of trucks and other commercial vehicles.
 - e.) Installation of speed cameras at regular intervals along highways for detection and auto-generation of challans for over-speeding.
 - f.) Mandatory installation of tamperproof speed governors in each truck and other commercial vehicle.
 - g.) Mandatory installation of vehicle location tracking devices in each truck to track and detect over-speeding.
 - h.) Installation of automated driving test tracks to assess driving skill before grant or renewal of driving license.
 - i.) Making it mandatory to undergo basic driving course organised free of cost by the Government before issue and renewal of a driving licence for a heavy motor vehicle.
- v.) Establish an online portal and a round the clock helpline to receive complaints along with evidence (photographic, videographic and documentary) from truck drivers.
- vi.) Develop a standard operating procedure (SoP) to deal with complaints and evidence received on the online portal and helpline. The SoP may, *inter-alia*, provide for public disclosure of actions taken on the complaints received on portal and the helpline.
- vii.) Display at conspicuous locations on toll booths, parking areas and prominent places along the highways, the procedure to submit complaints on online portal and helpline.
- viii.) Provide facility to drivers to record online feedback on physical interaction with the inspecting officers and use of the feedback in annual performance appraisal of such officers.
- ix.) Install signboards at conspicuous locations to display no-entry zones for trucks to prevent accidental entry of drivers.
- x.) Install signboards displaying permissible speed for vehicles of different types at regular intervals.

- xi.) Provide road signage in at-least three languages, viz., Hindi, English and local language.
- xii.) Install CCTV cameras at parking lots along the highways and in city centres.
- xiii.) Appropriate amendment of the Motor Vehicle Act, 1988 to provide for imposition of penalty on the consignors and/or booking agents who overload trucks at the point of dispatch.
- xiv.) Create awareness on perils of irresponsible and drunken driving, documents to be obtained from the consignee while accepting payload of different types, care to be taken to prevent loading of illegal consignment and remedies available against harassment.
- xv.) Deployment of highway patrols in the areas vulnerable to exploitation by anti-social elements.
- xvi.) Initiate punitive measures against financial institutions involved in engagement of bouncers for recovery of outstanding installments.
- xvii.) Do away with the current practice to fix monthly, quarterly and annual targets for collection of fines by law enforcement agencies.
- xviii.) Formulate all SoP to govern seizure of trucks and arrest of drivers, co-drivers and helpers in cases involving road accident, overloading and violation of other laws. The SoP may contain, inter-alia, an exhaustive list of cases where arrest of drivers or seizure of truck may be made.
- xix.) Amend the Criminal Procedure Code, 1973 to dispense with the requirement to furnish surety/security by a local resident for release of vehicle/driver.
- xx.) Undertake review of all existing laws providing for confiscation of trucks.
- xxi.) Establish a central database to record information on all relevant parameters such as traffic violations, accidents, driving pattern etc. to rank and rate the drivers.
- xxii.) Institute awards and cash incentives to honour drivers obtaining higher ranks.

II. In Re.: Provision of Amenities to Drivers

1.) The Union and State Governments should endeavour to:

- i.) Establish and maintain driver rest stops and lay byes consisting of the parking area, furnished restrooms, toilets/washrooms, restaurants providing food and beverages at reasonable rates in clean hygienic environments, mechanic shops, medicine shops, doctor's clinics, etc., at regular intervals, not exceeding 40 kilometers, along National Highways and at promi-



ment locations along the State Highways and other major district roads.

- ii.) Establish and maintain driver amenities zones consisting of parking area, furnished rest rooms, wash rooms, restaurants providing food and beverages at reasonable rates in clean hygienic environment, mechanic shops etc at each notified Industrial area, individual industry and truck terminals (transport nagars) dealing with more than 100 trucks in a month.
- iii.) Establish fully equipped Trauma Centres at regular intervals along highways to extend emergency treatment to victims of road accidents.
- iv.) Make appropriate rules to the effect that earmarking of adequate land for the establishment of truck terminals at appropriate locations shall be an essential requirement for approval of a Master Plan for Towns and Industrial areas.

III. In Re: Socio Economic Security

1.) The Union and State Governments shall endeavour to:

- i.) Amend the Motor Vehicle Act, 1988 to provide for mandatory purchase of personal accident cover for an amount not less than Rs. 15 lakh for each driver, co-driver and helper of a commercial truck.
- ii.) Monitor the timely purchase of insurance cover, including personal

accident cover for driver, co-driver and helper by linking insurance portals with the online Vahan portal.

- iii.) Ensure that, in case of accidental death or permanent incapacitation, insurance benefit to the affected driver, co-driver and helper or their next of kin, as the case may be, is disbursed within fifteen days of the receipt of the death/disability certificate.
- iv.) Provide cashless treatment to drivers, co-drivers and helpers injured or incapacitated in road accidents.
- v.) Launch a special drive to register all truck drivers, co-drivers and helpers to avail benefits of Pradhan Mantri Ayushman Bharat Jan Arogya Yojana (PM-ABJAY). Commercial driving licence should be considered as an admissible documentary proof to avail benefit of PM-ABJAY.
- vi.) Notify establishments employing minimum ten (10) drivers for commercial transportation located in areas having adequate Employees State Insurance support facilities for applicability of the Employees State Insurance Act, 1948.
- vii.) Create a mechanism to link driving licence, bank account, ESI and EPF database to monitor timely payment of minimum wages and ESI and EPF contribution of com-

mercial truck drivers and take appropriate remedial measures in case of any default or delay or shortfall in payment.

- viii.) Launch a Group Insurance Scheme providing for life as well as health cover for commercial truck drivers, co-drivers and helpers on payment of a nominal subsidised subscription.
- ix.) Launch a special drive to register all truck drivers, co-drivers and helpers on e-Shram portal. Commercial driving license should be considered as an admissible documentary proof for registration on e-Shram portal.
- x.) Create awareness among truck drivers, co-drivers and helpers to avail benefits of social security schemes such as Life and Disability cover under Pradhan Mantri Jeevan Jyoti Bima Yojana (PM-JJBY), Pradhan Mantri Suraksha Bima Yojana (PM-SBY) and Old Age Protection under Pradhan Mantri Shram Yogi Mann Dhan (PM-SYM).
- xi.) To ensure and enforce provisions for monthly paid holidays to truck drivers, co-drivers and helpers.
- xii.) Make it mandatory to make payments of monthly wages to drivers, co-drivers and helpers through bank accounts.
- xiii.) Create a special fund to provide loans to truck drivers at liberal

terms (low interest rate, long repayment period and liberal procedural requirements) to purchase his own truck.

- xiv.) Provide a facility to truck drivers to cast postal ballots during elections.

IV. In Re: Physical and Mental Well Being

1.) The Union and State Governments should endeavour to:

- i.) Monitor the driving pattern of trucks by installation of vehicle location tracking device and arrange special counseling for drivers who are found to drive continuously for long hours.
- ii.) Amend the Motor Vehicles Act, 1988 to provide for mandatory provision of air conditioned driver cabin and installation of first aid box, fire extinguisher and tool box in all commercial trucks.
- iii.) Encourage owners to install automotive crash avoidance system in commercial trucks.
- iv.) Create awareness about ill effects of tobacco chewing, smoking, drinking and consumption of drugs and other psychotropic substances, continuous driving for long hours without adequate rest and sleep and irresponsible sexual behavior by installation of sign boards at toll booths, parking lots and other prominent locations along highways.



- v.) Counsel truck drivers addicted to tobacco chewing, smoking, drinking, drugs and other psychotropic substances to avail treatment at de-addiction centre.
- vi.) Undertake regular preventive health checkup and testing of truck drivers and counsel the drivers to avail proper treatment in case preventive health checkup reveals any physical or mental disease.
- vii.) Expand the existing network of intervention centers dealing in distribution of condoms and information booklets on precautions to be taken to prevent HIV infection and other sexually transmitted diseases to cover all high risk/vulnerable areas.
- viii.) Create awareness among drivers about the need to avail regular rest/leave.

Advisory to Prevent, Minimise and Mitigate Impacts of Environmental Pollution And Degradation on Human Rights

Issued on: 09/05/2022

A clean, healthy and functional environment is integral to the enjoyment of basic human rights. Every individual has a right to breathe clean air and drink clean water free from contamination. The well-being of the human race is dependent on the health of the planet. Both are inextricably linked. In spite of having one of the world's best statutory and policy framework for environment protection, India is experiencing a serious problem of air and water pollution and ecological degradation.

The Commission issues this advisory to prevent, minimize and mitigate the impacts of environment pollution and degradation on human rights without impairing genuine developmental needs of the country.

I. In Re: Punishment of Polluters and Violators of Environmental Laws

1.) **The Union and State Governments should make efforts to ensure effective and expeditious punishment of polluters and violators of environmental laws. These efforts should include:**

- i.) Strengthening of Pollution Control Boards (PCBs) and other regulatory authorities by:
 - a.) Appointment of persons, having adequate knowledge and past experience in implementation of environmental laws, as Chairperson, Member-Secretary and on other key positions.
 - b.) Creation of separate investigation and prosecution wings in Pollution Control Boards.
 - c.) Regular training and skill up-gradation of officials posted in the investigation and prosecution wings.
 - d.) Expansion of the existing network of monitoring stations to cover each area vulnerable to pollution and degradation in each district to detect air and water pollution and to maintain statistics.



- ii.) The Union and State Governments should ensure that in the cases where an industry/project has started establishment and/or operations without obtaining mandatory prior consent/clearance, application for grant of such consent/clearance should be considered only after complaint before the competent court under relevant provisions of the environmental laws is filed against the persons and/or authorities responsible to initiate the work.
- iii.) Union and State Governments as well as the Pollution Control Boards should endeavor to ensure public involvement at State and district levels for adherence to the prescribed environmental norms and prosecution of offenders by:
 - a.) Creating public awareness through print, electronic and social media, as to provisions of environmental laws including duties and responsibilities of the Pollution Control Boards and harmful impacts of environmental pollution/degradation on enjoyment of basic human rights.
 - b.) Establishment of an online portal to receive information and evidence (documentary, photographic, audio, video) regarding pollution and environmental offenders and making it mandatory for the concerned Pollution Control Boards to examine each information/ evidence received on the portal and to display the outcome of examination of each such information/ evidence. The Union Government should endeavour to make the portal operational as early as possible.
- c.) Making it mandatory for the Pollution Control Boards to include in their annual reports a chapter containing details of:
 - I. Investigation of cases involving violation of environmental laws and prosecution and conviction of environmental offenders.
 - II. Information and evidence received by the Board, inter-alia on online portal, complaints filed and where complaints have not been filed by the Board along with reasons thereof.
- d.) Making it mandatory for the State Pollution Control Boards to place on their website, a copy of each Consent to Establish (CTE) and Consent to Operate (CTO) issued by it.
- e.) Making it mandatory for the Union Government, State Pollution Control Boards and State Environment Impact Assessment Authorities to place on their websites a copy of:

- I. Regulatory approvals accorded by them;
 - II. Periodic self-monitoring reports on compliance of conditions stipulated in the regulatory approvals received from the project proponents;
 - III. Reports on periodic monitoring of conditions stipulated in the regulatory approvals; and
 - IV. Reports on actions taken on shortcomings noticed during monitoring.
- f.) Making it mandatory for the concerned project proponent to display at prominent places on the site and in the vicinity of each industry/project a copy, both in the official language of the State Pollution Control Board and the local vernacular language, of Consent to Establish/Operate.
- iv.) State Governments should undertake annual performance audits of the State Pollution Control Boards by independent expert auditors to be appointed by a selection committee consisting of the Chief Minister, Leader of the Opposition and Chief Justice of the concerned High Court or his nominee. The Auditor should, inter-alia identify all cases where the State Pollution Control Board has failed to file complaints against the polluters and environmental offenders.
- v.) The State Judicial Academies, State Legal Services Authorities and District Legal Services Authorities in collaboration with the Pollution Control Boards should organize workshops, seminars and training programs on various provisions of environmental laws and harmful impacts of pollution and environmental degradation for all stakeholders.
- vi.) High Courts should establish Special Environmental Courts and ensure speedy trial of the cases involving violation of environmental laws.

II. In Re: Prevention and Minimization of Vehicular Pollution

1.) The Union and State Governments should:

- i.) Monitor the performance of agencies entrusted to issue pollution under control (PUC) certificates and take appropriate punitive measures in case of false, fabricated or fraudulent certificates.
- ii.) To establish a separate new mechanism to undertake random checks of vehicular emissions, even of those having pollution under control certificates, and take appropriate punitive and corrective measures in cases where emission does not conform to the prescribed standards.



- iii.) Undertake regular inspection of fuel quality and take appropriate punitive and corrective measures in cases where fuel quality does not conform to the prescribed standards.

III. In Re: Processing of Proposals Seeking Clearances/ Approvals Mandated by Various Environmental Laws in an Informed, Transparent and Non-Partisan Manner

- 1.) The Union Government should endeavour to complete, as early as possible, the ongoing project to establish a geographical information system (GIS) based decision support system (DSS) containing updated layers on each parameter considered for grant of Consent to Establish/ operate and Environmental/ Forest/ Wildlife/ Coastal Regulation Zone Clearances to facilitate the concerned regulatory authority to verify the contents of applications, documents, reports and plans submitted for obtaining these consents/clearances and regularly update the portal.
- 2.) Union and State Government to ensure that persons of impeccable integrity having special knowledge and post experience in the matters relating to the environment are only appointed as non-official Chairperson and Members of the Expert Appraisal Committee State Environment Impact Assessment

Authority, State Expert Appraisal Committee, National Board for wildlife, Forest Advisory Committee, Regional Empowered Committees and Pollution Control Boards. It would be appropriate that the Union and State Government make rules or orders or guidelines to disqualify a person from being appointed as a non-official member of the afore-mentioned Committees/Authorities/Boards if he:

- a.) Has been convicted and sentenced for an offence, which in the opinion of the Union or the concerned State Government involves moral turpitude; or
- b.) Is of unsound mind and stands so declared by a competent court; or
- c.) Is an undischarged insolvent; or
- d.) Has been removed or dismissed from service of the Government or organization or undertaking owned by the Government; or
- e.) has in the opinion of the Union or the concerned State Government such financial or other interest in any of the projects to be considered by the concerned Committee or the Authority or the Board.

- 3.) The Union Government should formulate objective, unambiguous and transparent guiding principles/ parameters and cite norms for acceptance and rejection of proposals seeking prior Consent to Establish/ Operate, Environmental/ Forest/ Wildlife/ Coastal Regulation Zone Clearance.

IV. In Re: Measures Required for Development, Promotion, Propagation and Replication of Cost- Effective Innovative Measures to Prevent, Minimise and Mitigate Environmental Pollution and Degradation

- 1.) The Decision Support System for processing applications seeking prior consent/ clearance should have a section on environment management knowledge, containing details of all available best practices on prevention, minimization and mitigation of environmental pollution and degradation.
- 2.) The Union and State Governments should create public awareness through print, electronic and social media about best practices for prevention, minimization and mitigation of environmental pollution and degradation.
- 3.) The Union and State Governments may launch schemes/programmes to provide financial assistance for the adoption and mass propagation of the identified best practices.
- 4.) The Union and State Governments may endeavour to establish environmental innovation funds at the centre and state levels to sponsor research on the prevention, minimization and mitigation of environmental pollution and degradation.

- 5.) The Union and State Governments may institute appropriate awards to recognize and felicitate the industries and entrepreneurs for the development, promotion and adoption of good practices in the prevention, minimization and mitigation of environmental pollution and natural degradation.

V. In Re: Strengthening Capacity Building of Local Bodies

- 1.) Each Local Body should establish an environmental cell to plan, supervise and monitor various activities to prevent, minimize and mitigate environmental pollution/degradation and for waste management.
- 2.) Each local body should earmark a certain minimum percentage of its annual budget for activities relating to the prevention, minimization and mitigation of environmental pollution/ degradation and waste management.
- 3.) The State Finance Commissions may undertake an assessment as to the requirement of funds by local bodies for prevention, minimization and mitigation of environmental pollution/ degradation and waste management and make appropriate recommendations and encourage studies for the purpose by expert institutions/ organizations.

Advisory on Identification, Treatment, Rehabilitation and Elimination of Discrimination of Persons Affected by Leprosy

Issued on: 14/01/2022

Leprosy, also known as Hansen's disease is an infection caused by slow-growing bacteria called *Mycobacterium leprae*. It mainly affects the skin and the nerves of the hands and feet as well as the eyes and the linings of the nose. If left untreated, leprosy can cause irreversible deformities of the hand, feet and face, blindness and kidney failure. Apart from the physical and bodily discomfort, persons affected by leprosy suffer serious stigma and social isolation.

With advances in medicine, leprosy is now completely curable and can be rendered non-contagious by administering the first dose of Multi-Drug-Therapy (MDT). India accounts for 57% of the Global leprosy caseload. Most of the persons affected by leprosy live in deplorable conditions and suffer serious discrimination.

To ensure timely identification, and treatment and for elimination of discrimination against the persons affected by leprosy, the Commission issues this advisory.

I. Early Detection

- 1.) State Government should establish a helpline to ensure prompt reporting and medical attention to new cases of leprosy as well as the development of acute signs and symptoms of lepra reaction/new nerve function impairment in existing patients
- 2.) Union and/or State Governments should undertake periodic surveys to maintain an updated district-wise database of the leprosy-affected persons. Such databases should be prominently displayed on the websites of the Ministry of Health and Family Welfare and each State. Grass root level organisations, civil society organisations and Accredited Social Health Activists (ASHA) should be involved in such surveys.

II. Treatment and Management of Leprosy and Associated Complications

1.) State Government should:

- i.) Formulate guidelines and protocols for addressing the healthcare



- needs of the persons affected by leprosy.'
- ii.) Upgrade and augment existing healthcare facilities in each district by providing an adequate number of doctors and paramedical staff having expertise and knowledge to treat the persons affected by leprosy and associated complications.
 - iii.) Ensure availability of adequate stock of drugs and other accessories including the MDT drugs for treatment and management of leprosy and associated complications.
 - iv.) Make available treatment and drugs including the correction of leprosy-induced deformities through surgical procedures free of cost to persons affected by leprosy.
 - v.) Endeavour to provide dressing material, supportive medicines and microcellular rubber (MCR) footwear to all leprosy-affected persons free of cost.
 - vi.) Launch a special program to provide counselling to the persons affected by leprosy and their family members, especially children, to help them overcome stigma and mental stress and to integrate them with society.
 - vii.) Extend the directly observed treatment (DOT) methodology, presently used for the treatment of Tuberculosis, to the persons affected by leprosy to ensure that all such persons receive and take all medications as prescribed in time and to monitor response to treatment.
 - viii.) Make efforts to provide and expand mobile-based tele-consultation services to persons affected by leprosy.
 - ix.) Ensure home delivery of all essential services, including supply of groceries and medicine to persons severely affected by leprosy.
 - x.) Ensure the availability of a nutritious diet to persons affected by leprosy.
- 2.) The Union Ministry of Health and Family Welfare should launch a special programme for the development of a leprosy vaccine within a specified time frame.**
- III. Rehabilitation**
- 1.) State Government should:**
- i.) Endeavour that while implementing employment generation schemes such as MGNREGA, persons suffering from leprosy and leprosy-induced disabilities are given the option to undertake home-based activities.
 - ii.) Provide due attention to ensure that persons affected by leprosy are provided with BPL card, Aadhar card, Job card and other identity proof on priority to facilitate such persons to avail benefit of Govern-

ment welfare schemes such as Pradhan Mantri Awas Yojna (PMAY), MGNIEGA etc.

- iii.) Launch special programs to wean away persons affected by leprosy from begging. Such programs may include a lump-sum monthly financial assistance to such persons.

2.) Union and the State Governments should:

- i.) make efforts to improve healthcare, sanitation, electricity and other civic amenities in leprosy colonies and leprosy homes.
- ii.) Make efforts to ensure property/tenure rights to the residents of leprosy colonies residing therein for a long time in a time-bound manner.
- iii.) Ensure that no resident of the leprosy colony is removed or evicted without being rehabilitated and adequately compensated.
- iv.) Launch special programs to provide vocational training, employment benefits, unemployment benefits, parental leave, health insurance, funeral benefits etc. To the persons affected by leprosy and their family members.
- v.) Extend provisions of section 8 of the Rights of Persons with Disability Act, 2016 providing for protection and safety in situations of risks, armed conflicts, humanitarian

emergencies and natural disasters to persons with disability to be extended to all persons affected by leprosy and their family members.

- vi.) Formulate separate parameters for assessing the disability quotient for leprosy-affected persons for the purpose of issuing disability certificates. Body parts affected by sensory loss shall be given due weight in the disability quotient

3.) The Unique Identification Authority of India (UIDIA) should ensure that while issuing Aadhar cards to such persons, the use of iris scans may be promoted as many such persons suffer from finger impairment.

IV. Elimination of Discrimination and Social Integration

1.) State Government should:

- i.) Ensure that treatment of leprosy is integrated with general healthcare so that the same may be made available in a non-discriminatory manner.
- ii.) Ensure that doctors and paramedical staff should desist from any discriminatory behaviour while examining and treating persons suffering from leprosy.
- iii.) Make serious efforts to integrate leprosy colonies with the society. All such colonies should be appropriately re-named to prevent their identification/tagging with the disease.'



- iv.) Endeavour that as far as possible all new leprosy patients are treated at their respective homes without shifting them to leprosy colonies.

2.) Union and the State Governments should:

- i.) Ensure that no public authority or Government discriminates against any person suffering from leprosy or his family members on the ground of such ailment and no such person is deprived of any of human rights and shall not be deprived of the right to treatment and other health care facility.
- ii.) Organise awareness programs by involving print and electronic media, grassroots-level functionaries and civil society organisations to create awareness among the public that leprosy is fully curable and a person suffering from leprosy no longer remains contagious after receipt of the first dose of MDT and may lead a normal married life, can have children, can take part in social events and go to work or school/college as normal. Awareness programs should also highlight that persons affected by leprosy are not required to be sent to any special clinic, hospital or sanatorium and should not be isolated from their family members or the community. The same should be included in the school curriculum too.
- iii.) Amend 97 Laws providing for discrimination of leprosy-affected persons in a time-bound manner to

end discrimination of such persons. Details of the discriminatory provisions of the laws are in **Annex - I** to this advisory.

- iv.) Ensure confidentiality of medical and other records of persons affected by leprosy and associated complications.
- v.) Ensure that no person suffering from leprosy or any of his family members is discriminated against and denied all or any of the following rights merely for the reason that such person is suffering from leprosy:
 - a.) To access health care facilities for the treatment of leprosy and associated complications or any other disease or ailment.
 - b.) To access and enjoy public goods and services including public transport services.
 - c.) To employment, both public and private.
 - d.) To marry, form a family and have children including through adoption or assisted procreation (including donor insemination).
 - e.) To access education.
 - f.) To be nominated, selected, or elected to a public office.
 - g.) To own, purchase, hold on lease, rent, reside or otherwise occupy or use any property.
- v.) Ensure that no person is removed from any public office or employ-



ment merely for the reason that such person is suffering from leprosy.

3.) The Union Government should consider enacting a Law to provide for the substitution of derogatory terms used to describe persons affected by leprosy.

4.) The Chief Secretary of each leprosy State/UT and Secretaries in charge of the concerned Ministries in the Central Government should review, at regular intervals, the number of persons affected by leprosy in the State/ country and the efforts made for treatment and welfare of the persons affected.

Laws Containing Provisions Discriminatory to Leprosy-Affected Persons

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|---|--|--------------------|
| A. | Laws Setting UP Universities | | |
| 1. | Visva Bharati Act, 1951 | Section 38 (3) (a) Dismissal or removal from service without holding any enquiry about any adhyapak or other member of academic staff suffering from contagious leprosy | Central Government |
| 2. | Sri Venkateswara Vedic University Act, 2006 | Section 37 (1) (a) Disqualification of persons suffering from leprosy for election or nomination as a member of any of the authorities of the University. | Andhra Pradesh |
| 3. | Dravidian University Act, 1997 | Section 40 (1) (a) Disqualification of persons suffering from leprosy for election or nomination as a member of any of the authorities of the University. | Andhra Pradesh |
| 4. | Andhra Pradesh Universities Act, 1991 | Section 29 (a) Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University. Section 34 Removal of persons suffering from leprosy from membership of any authority of the University | Andhra Pradesh |
| 5. | University of Health Sciences Act, 1986 | Section 41 (1) (a) Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University. | Andhra Pradesh |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|--|--|--------------------|
| 6. | Pondicherry University Act, 1985 | <p>Section 27 (1) (a) Removal of employees other than teachers of the University by the authority which is competent to appoint the employee. If he suffers from contagious leprosy.</p> <p>Section 36 (1) (a) Disqualifications of persons suffering from contagious leprosy for being chosen as, and for being, members of any of the authorities of the University.</p> | Central Government |
| 7. | Potti Sreeramulu Telugu University Act, 1985 | <p>Section 39 (1) (a) Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University.</p> | Telangana |
| 8. | Telugu University Act, 1985 | <p>Section 39 (1) (a) Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University.</p> | Telangana |
| 9. | Alagappa University Act, 1985 | <p>Section 7 (1) (a) Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University.</p> | Tamil Nadu |
| 10. | Goa University Act, 1984 | <p>Section 23 (l) (a) Removal of employees other than teachers of the University by the authority which is competent to appoint the employee. If he suffers from contagious leprosy.</p> <p>Section 30 (l)(a) Disqualifications of persons suffering from contagious leprosy for being chosen as, and for being, member of any of the authorities of the University.</p> | Goa |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|--|--|------------------|
| 11. | Mother Teresa Women's University Act, 1984 | Section 6 (1) (a) Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University. | Tamil Nadu |
| 12. | Dr. B.R. Ambedkar Open University, 1982 | Statute 12 (a) of the Schedule to the Act Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University. | Telangana |
| 13. | Bharathiar University Act, 1981 | Section 6 (1) (a) Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University. | Tamil Nadu |
| 14. | Tamil University Act, 1982 | Section 39 (2) Removal of persons suffering from leprosy from membership of any authority of the University. | Tamil Nadu |
| 15. | Bharathidasan University Act, 1981 | Section 6 (l) (a) Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University. Section 49 (2) Removal of persons suffering from leprosy from membership of any authority of the University. | Tamil Nadu |
| 16. | Sri Krishnadevaraya University Act, 1981 | Statute 24 (l) (a) of the Schedule of the Act Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy. Statute 31(1)(a) of the Schedule of the Act Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University. | Andhra Pradesh |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|---|--|--------------------|
| 17. | Nagarjuna University Act, 1976 | <p>Statute 23(1) (a) of the Schedule of the Act Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p>Statute 30(l)(a) of the Schedule of the Act Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> | Andhra Pradesh |
| 18. | University of Hyderabad Act, 1974 | <p>Statute 28(l)(a) of the Schedule of the Act Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p>Statute 35(a) Disqualification of persons suffering from leprosy or nomination as a member of any of the authorities of the University.</p> | Andhra Pradesh |
| 19. | North-Eastern Hill University Act, 1973 | <p>Statute 28 (l) (a) of the Schedule of the Act Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p>Statute 37 (1) (a) Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> | Central Government |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|--|---|--------------------|
| 20. | Jawahar Lai Nehru University Act, 1966 | <p>Statute 23 (1) (a) of the Schedule of the Act</p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p>Statute 31(1) (a)</p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> | Central Government |
| 21. | Madurai Kamaraj University Act, 1965 | <p>Section 6 (1) (a)</p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> | Tamil Nadu |
| 22. | Osmania University Act, 1959 | <p>Section 29 (a)</p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p>Section 34</p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> | Andhra Pradesh |
| 23. | Madras University Act, 1923 | <p>Section 5 (2) (a)</p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p>Section 40</p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy</p> | Tamil Nadu |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|--|--|--------------------|
| B. | MUNICIPAL LAWS, INCLUDING PANCHAYATI RAJ ACT | | |
| 24. | Banaras Hindu University Act, 1915 | <p>Section 12B (l) (a) Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p>Section 32 (l) (a) Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> | Central Government |
| 25. | Orissa Municipal Corporation Act, 2003 | <p>Section 70 (33) (b) Disqualification of persons suffering from leprosy for election as a Corporator.</p> | Odisha |
| 26. | Coimbatore City Municipal Corporation Act, 1981 | <p>Section 390 Persons suffering from leprosy are prevented from entering/ expelled from markets.</p> | Tamil Nadu |
| 27. | Punjab Municipal Corporation Act, 1976 | <p>Section 340 Persons suffering from leprosy are prevented from entering/ expelled from markets.</p> | Punjab |
| 28. | Puducherry Municipalities Act, 1973 | <p>Section 378 Persons suffering from leprosy are prevented entry/expelled from markets</p> | Central Government |
| 29. | Karnataka Municipalities (Regulation and Inspection of Lodging and Boarding Houses) (Model) Bye Laws, 1966 | <p>Bye Laws 32 (a) (b) & (c) The person suffering from leprosy is not to be allowed to be received in the premises or any portion thereof; permitted to enter or occupy the premises or any portion therein; and employed in the business or assist in carrying on the same.</p> | Karnataka |
| 30. | Karnataka Municipalities Act, 1964 | <p>Section 245 Persons suffering from leprosy are prevented from entry/ expelled in markets.</p> | Karnataka |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|---|--|--------------------|
| 31. | Andhra Pradesh Municipalities Act, 1965 | <p>Section 15 (2) (a) Disqualification for election as a member, if he suffers from leprosy.</p> <p>Section 16 (l) (c) Disqualification for being a member, if he suffers from leprosy.</p> <p>Section 287 Persons suffering from leprosy are prevented from entering/ expelled in markets.</p> | Andhra Pradesh |
| 32. | Madras Panchayats Act, 1958 | <p>Section 25(2) (a) Disqualification for election or nomination as a member, if he suffers from leprosy.</p> <p>Section 26 (b) Disqualification for continuing as a member, if he suffers from leprosy.</p> | Tamil Nadu |
| 33. | Delhi Municipal Corporation Act, 1957 | <p>Section 414 Persons suffering from leprosy are prevented entry into the markets and expelled therefrom.</p> | Central Government |
| 34. | Greater Hyderabad Municipal Corporation Act, 1955 | <p>Section 22 (l) (b) Disqualification for being a Member, if such a person suffers from leprosy.</p> | Telangana |
| 35. | Delhi Land Reforms Act, 1954 | <p>Section 153 (b) Disqualification for election as member or remain a member of the Gaon Panchayat, if he suffers from leprosy.</p> | Central Government |
| 36. | Delhi Panchayat Raj Act, 1954 | <p>Section 44 (4) (c) Disqualification for election or remain a Panch of the Circle Panchayat, if he suffers from leprosy.</p> | Central Government |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|---|--|--------------------|
| 37. | Orissa Municipal Act, 1950 | <p>Section 16(l)(iv) Disqualification for election as a Councillor of a Municipality, if he suffers from leprosy.</p> <p>Section 17(l) (b) Disqualification for remaining a Councillor of a Municipality, if he suffers from leprosy.</p> <p>Section 306 Persons suffering from leprosy are prevented entry in the markets and expelled there from.</p> | Odisha |
| C. | LAW RELATING TO TRANSPORT | | |
| 38. | Chennai Metro Railway (Carriage And Ticket) Rules, 2014 | <p>Section 7 (k) Persons suffering from leprosy are not allowed to travel by the metro railway, unless a closed (non-infective] leprosy patient carrying a certificate from a registered medical practitioner certifying him to be non-infective.</p> | Tamil Nadu |
| 39. | Metro Railways (Carriage And Ticket) Rules, 2014 | <p>Rule 6 Persons suffering from leprosy are not allowed to travel by the metro railway, unless a closed (non-infective] leprosy patient carrying a certificate from a registered medical practitioner certifying him to be non-infective.</p> | Central Government |
| 40. | Bangalore Metro Railway (Carriage And Ticket) Rules, 2011 | <p>Rule 6 Persons suffering from leprosy are not allowed to travel by the metro railway unless a closed (non-infective] leprosy patient carries a certificate from a registered medical practitioner certifying him to be non-infective.</p> | Central Government |
| 41. | Jammu And Kashmir Motor Vehicles Act, 1998 | <p>Stature (10) of the Second Schedule of the Act r/w Section 7 (5) of the Act Absolute disqualification of persons suffering from leprosy for obtaining a licence to drive a public service vehicle.</p> | Central Government |



| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|--|---|------------------|
| 42. | Inland Steam Vessels (Madhya Pradesh) Rules, 1952 | Rule 83 Disqualification of persons suffering from leprosy for carrying on board any vessel licensed to carry passengers. | Madhya Pradesh |
| D. | MARRIAGE LAWS | | |
| 43. | Hindu Marriage (High Court of Meghalaya) Rules, 2013 | Rule 7 (vii) (f) Content of petition for Judicial separation, nullity of marriage and divorce under Sections 9 and 13 of the Act, If the relief is sought in the ground of matrimonial offence, or offences or other grounds- the time and place of the acts of facts alleged with sufficient material particularly but not the evidence by which they are intended to be proved such as for virulent and incurable form leprosy or venereal diseases in communicable form - when such ailment began to manifest and the nature and the period of curative steps taken. | Meghalaya |
| 44. | Family Courts (Patna High Court) Rules, 2000 | Rule 7 (Q) (iii) Every plaint/application for judicial separation shall contain in the case of virulent leprosy or general disease in a communicable form, the time when the disease began to manifest itself, the nature of curative steps taken, the name and address of the person or persons who treated such disease Rule 7 (g) (iii) If the petition is for divorce, the matrimonial offence alleged or other grounds upon which the relief is sought with full particulars so far as known to the petitioner, In the case of virulent and incurable form of leprosy or venereal disease in a communicable form, the time when the disease in a communicable form, the time when the disease began to manifest itself, the nature of curative steps taken with the name and address of the person or persons who treated for such disease. | Bihar |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|--|---|--------------------|
| 45. | Jammu And Kashmir Hindu Marriage Act, 1980 | Section 13 (l) (vi) Allowing dissolution of marriage if the husband or wife is suffering from a virulent and incurable form of leprosy. | Central Government |
| 46. | Jammu And Kashmir Hindu Adoptions And Maintenance Act, 1960 | Section 18 (2) (c) A Hindu wife shall be entitled to live separately from her husband without forfeiting her claims to maintenance if her husband is suffering from a virulent form of leprosy. | Central Government |
| E. | BEGGARY LAWS | | |
| 47. | The Rajasthan Rehabilitation of Beggars or Indigents Act, 2012 | Section 35 A Beggar suffering from leprosy, instead of being admitted to the Rehabilitation Home, to be sent to the Lepers Asylum as per provisions of the Lepers Act, 1898 (Central Act No. 3 of 1898"). | Rajasthan |
| 48. | Andhra Pradesh Prevention of Begging Act, 1977 | Section 6 (a) (i) Recording of being leprosy affected in the inquiry report and will be detained in a leper asylum appointed under Section 3 of the Lepers Act, 1898. | Andhra Pradesh |
| 49. | Uttar Pradesh Prohibition of Beggary Act, 1975 | Section 21(1) Detention of any beggar suffering from leprosy in a leper asylum. | Uttar Pradesh |
| 50. | Madhya Pradesh Bhiksha Vrittinivaran Adhiniyam, 1973 | Section 26 Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum. | Madhya Pradesh |
| 51. | Goa, Daman And Diu Prevention of Begging Act, 1972 | Section 26 (1) Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum. | Central Government |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|---|---|------------------|
| 52. | Haryana Prevention of Beggary Act, 1971 | Section 23(1) Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum. | Haryana |
| 53. | Maharashtra Prevention of Begging Act, 1959 | Section 26 Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum. | Maharashtra |
| 54. | Assam Prevention of Begging Act, 1964 | Section 24 (1) Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum. | Assam |
| 55. | Gujarat Prevention of Begging Act, 1959 | Section 26 (1) Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum. | Gujarat |
| 56. | The Telangana Prevention of Begging Act, 1977 | Section 6 (6) (a) Recording of being leprosy affected in the inquiry report and will be detained in a leper asylum appointed under Section 3 of the Lepers Act, 1898. | Telangana |
| 57. | Bihar Prevention of Beggary Rules, 1954 | Rule 6 (2) (b) The medical officer shall, where necessary, arrange in the Certified Home, Special Home, or Work House, as the case may be, for any immediate medical treatment of the person found to be contagious leper, pending further orders of the Court. | Bihar |
| 58. | Tamil Nadu Prevention of Begging Act, 1945 | Section 10A Powers of Magistrate to order indefinite detention of lepers Section 12A Power of Juvenile Court to order indefinite detention of juvenile lepers | Tamil Nadu |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|--|--|--------------------|
| 59. | Bengal Vagrancy Act, 1943 | Section 9 (3) (A) Any detained beggar suffering from leprosy be segregated from other vagrants who do not suffer from leprosy. | West Bengal |
| F. | LAWS REGARDING REPRESENTATION IN RELIGIOUS INSTITUTIONS | | |
| 60. | Jammu And Kashmir Shri Amarnath Ji Shrine Act, 2000 | Section 7 (a) Disqualifications for membership of Board, if he suffers from contagious leprosy. | Central Government |
| 61. | Hindu Religious Institutions And Charitable Endowments Act, 1997 | Section 25 (5) (ii) Disqualification for being appointed or continuing as a member of the Committee of Management of any notified Institution, if he suffers from leprosy. | Karnataka |
| 62. | Shri Sanwaliaji Temple Act, 1992 | Section 6 (3) (iv) Disqualification for nomination as the President or a member of the Board, if he suffers from leprosy | Rajasthan |
| 63. | Haryana Shri Mata Mansa Devi Shrine Act, 1991 | Section 8 (b) Disqualification for nomination as the President or a member of the Board, if he suffers from leprosy. | Haryana |
| 64. | Jammu And Kashmir Shri Mata Vaishno Devi Shrine Act, 1988 | Section 8 (b) Disqualification for nomination as the President or a member of the Board, if he suffers from leprosy. | Central Government |
| 65. | Andhra Pradesh Charitable and Hindu Religious Institution And Endowments Act, 1987 | Section 19 (l) (b) Disqualifications for trusteeship of any charitable or religious institution or endowment if he is suffering from leprosy. | Andhra Pradesh |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|--|--|--------------------|
| 66. | Nathdwara Temple Act, 1959 | Section 5 (2) (d) Disqualifications for appointment as the president or member of the Board if he is suffering from leprosy | Rajasthan |
| 67. | Tamil Nadu Hindu Religious And Charitable Endowments Act, 1959 | Section 26 (l) (d) Disqualifications for trusteeship of any charitable or religious institution if he is suffering from leprosy. Section 53 (2) (f) The appropriate authority may suspend, remove or dismiss any trustee, if he is suffering from Leprosy | Tamil Nadu |
| 68. | Madhya Bharat Shri Mahakaleswar Temple Act, 1953 | Section 8 (l) (b) Removal of any person suffering from the Chairman or members of the Committee, if he is contagious Leprosy. Section 23 (2) (c) Debarment of a person working as Pandas at the Temple, if he is suffering from leprosy. | Madhya Pradesh |
| 69. | Shri Shiv Khori Shrine Act, 2008 | Section 8 (b) Disqualification for nomination as a member of the Board, if he/ she is suffering from contagious leprosy. | Central Government |
| G. | LAWS RESTRAINING REPRESENTATION IN PROFESSIONAL ASSOCIATIONS | | |
| 70. | Kerala Fishermen Welfare Societies (Determination of Strength of Committees And Conduct of Election) Rules, 1980 | Section 6 (l) (a) Disqualification for election or nomination as a member of the Committee, if he is suffering from leprosy. | Kerala |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|---|--|------------------|
| 71. | Andhra Pradesh Medical Practitioners Registration Act, 1968 | Section 6 (b) Disqualification for election or nomination as a member of the Council, if he is suffering from leprosy. | Andhra Pradesh |
| 72. | Bye-Laws of Pradeshik Co-operative Dairy Federation Limited, 1979 | Bye-law 32 (b) Disqualification for becoming or continuing as a member of the Board of Directors of the Federation, if he is suffering from leprosy. | Uttar Pradesh |
| 73. | Andhra Pradesh Public Libraries Act, 1969 | Section II A(l) (c) Disqualification for being a member of the Zilla Grandhalaya Samstha, if he is suffering from leprosy. | Andhra Pradesh |
| 74. | Kerala Khadi And Village Industries Board Act, 1957 | Section 6 (1) (b) Disqualification for appointment or continuing as a member of the Board, if he is suffering from leprosy | Kerala |
| 75. | The Andhra Pradesh [Andhra Area] Ayurvedic & Homeopathic Medical Practitioners Registration Act, 1956 | Section 9 (2) (a) Disqualification of persons for election as, or for being a member, if he is suffering from leprosy. | Andhra Pradesh |
| 76. | Nurses And Midwives Act, 1953 | Section 6 (c) Disqualifications for election or nomination for being a member of the Council, if he is suffering from leprosy. | Kerala |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|--|---|--------------------|
| 77. | Andhra Pradesh Co-Operative Societies Act, 1964 | Section 21 (A) (1) (e) Disqualification for being chosen as, and for being a member of the committee, if he is suffering from leprosy. | Andhra Pradesh |
| 78. | Uttar Pradesh Co-operative Societies (Forty-fifth Amendment] Rules, 2006 | Section 453 (l) (c) Disqualifications for continuing as a member of the Committee of Management of any co-operative society, if he is suffering from leprosy. | Uttar Pradesh |
| H. | LAWS REGARDING PRISONS/LEPER ASYLUMS | | |
| 79. | Delhi Prisons (Treatment of Convicts Sentenced To Simple Imprisonment, Death, Female Prisoners, Youthful Prisoners, Leper Prisoners And Lunatic Prisoners) Rules, 1988 | Section 43 Whenever the Medical Officer records that a prisoner is suffering from leprosy and that his separation from other prisoners, is necessary, will transfer the prisoner to a place where there is accommodation for leper convicts. Section 44 Any under trial or convicted prisoner suffering from leprosy shall be confined in a cell but care shall be taken that such confinement is not solitary. A cell or other, compartment occupied by a leper shall be thoroughly disinfected, the floors renewed and the walls re-plastered before any other prisoner is confined in it. | Central Government |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|---|---|------------------|
| 80. | Andhra Pradesh Habitual Offenders Rules, 1965 | <p>Rule 28</p> <p>If a registered offender who is suffering from leprosy desires to be sent to a leper asylum established under the Lepers Act, 1898, [Central Act 3 of 1988] or otherwise, the Superintendent of Police of the district where the registered offender resides or is settled for the time being, may grant him a pass in Form XXI for the purpose of enabling such registered offender to be sent and to reside in such asylum.</p> <p>Such a pass may contain a condition that the holder of the pass shall reside at the asylum for such time as may be specified in the pass or until further orders, and shall not leave the asylum without the sanction of such person as may be indicated in the pass. All orders passed by the Superintendent of Police shall be subject to revision by the District Collector concerned.</p> | Andhra Pradesh |
| 81. | Kerala Habitual Offenders Rules, 1963 | <p>Section 8 (xxii)</p> <p>If a registered offender who is suffering from leprosy desires to be sent to a leper asylum established under the Lepers Act, 1898, (Central Act 3 of 1988) or otherwise, the Superintendent of Police of the district where the registered offender resides or is settled for the time being, may grant him a pass in Form XXVIII for the purpose of enabling such registered offender to be sent and to reside in such asylum.</p> <p>Such a pass may contain a condition that the holder of the pass shall reside at the asylum for such time as may be specified in the pass or until further orders, and shall not leave the asylum without the sanction of such person as may be indicated in the pass. All orders passed by the Superintendent of Police shall be subject to revision by the District Collector concerned.</p> | Kerala |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|--|--|------------------|
| I. | LAWS RESTRAINING PROFESSION | | |
| 82. | Telangana Micro Brewery Rules, 2015 | Rule 7 (ii) Disqualification for grant of licence, if he is suffering from leprosy, where such persons have to handle the stocks of liquor or beer in premises or elsewhere personally. | Telangana |
| 83. | Orissa Professional Typists For Civil And Criminal Courts (Registration) Rules, 1981 | Rule 6 (ii) Disqualification for being a registered Professional Typist and for continuance as such, if he is suffering from leprosy. | Odisha |
| 84. | Orissa (Licensing Of) Deed Writers' Rules, 1979 | Rule 5 (f) Disqualification for grant of licence, if he is suffering from leprosy. | Odisha |
| 85. | Andhra Pradesh Indian Liquor & Foreign Liquor Rules, 1970 | Section 27 (iii) Disqualification for grant of licence, if he suffering from leprosy, where such persons have to handle the stocks of liquor or beer in premises or elsewhere personally. Section 53(2) Disqualification for employment in any capacity of any person suffering from leprosy for the purpose of sale, import, export or transport of Indian Liquor or Foreign Liquor within or without the licensed premises. | Andhra Pradesh |
| 86. | Bihar Document Writers Licensing Rules, 1968 | Rule 4 (e) Disqualification for grant of licence, if he is suffering from leprosy. | Bihar |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|-----------|---|--|----------------------|
| 87. | Kerala Document Writers' Licence Rules, 1960 | Section 7 (g) Disqualification for grant of licence, if he is suffering from leprosy. | Kerala |
| 88. | Allahabad High Court Rules, 1952 | Section 16 (2) Disqualification for enrolment as Pleader or Mukhtar, if he is not suffering from leprosy. Section 22 Change of district of enrolment is permission only if the applicant is not suffering from leprosy. Section 23 Enrolment after discontinuing practice is allowed if the applicant is not suffering from leprosy. | Allahabad High Court |
| 89. | Delhi Petty Offences (Trial By Special Metropolitan Magistrates) Rules, 1998 | Section 4 (4) Disqualification for holding an office as mentioned in sub-rule (2), is suffering from leprosy | Central Government |
| J. | EXCISE LAWS | | |
| 90. | Andhra Pradesh Excise (Grant Of Licence Of Selling By In-House and Conditions Of Licence) Rules, 2005 | Section 6 (iii) Disqualification for grant of licence, if he is suffering from leprosy, only in cases where such persons have to handle the stocks of liquor or beer in premises or elsewhere personally. | Andhra Pradesh |
| 91. | Tamil Nadu Excise Act, 1971 | Section 18 (2) Disqualification for employment, either with or without remuneration, of any person who is suffering from leprosy. | Tamil Nadu |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|----------|---|--|--------------------|
| 92. | Pondicherry Excise Rules, 1970 | Section 141 (16) Discontinuation of licence/ permit, if the licensee/ permit holder is suffering from leprosy. | Central Government |
| 93. | Andhra Pradesh Excise (Lease Of Right To Sell Liquor In Retail) Rules, 1969 | Rules 7(c) Prohibition of persons suffering from leprosy to enter the place of auction. Section 9(1) (a) Disqualification for grant of lease, if he is suffering from leprosy, who either in the shop, tope, or any place, discharge personally such functions as would entail personal handling of liquor. | Andhra Pradesh |
| 94. | Andhra Pradesh Excise Act, 1968 | Section 19 (2) Prohibition of employment, either with or without remuneration, of any person who is suffering from leprosy. Section 36 (l) (h) Penalty upon conviction for employing or permitting employment of a person suffering from leprosy on any part of his licensed premises. | Andhra Pradesh |
| K | LAWS CURTAILING ENTRY INTO SPECIFIC AREAS | | |
| 95 | Madhya Pradesh Gram Panchayat (Regulation Of Slaughter House) Rules, 1998 | Section 22 (1) Prohibition of entering the slaughterhouse premises, if he is suffering from leprosy | Madhya Pradesh |

| Sl. No | Act/ Rules | Discriminatory Provisions | Centre/State Act |
|--------|--|---|------------------|
| 96. | Kerala Places of Public Resort Rules, 1965 | <p>Rule 34 (6)</p> <p>Every license granted under the Act shall be subject to the prohibition of persons suffering from leprosy inside the licensed premises. If such a person is found in any such premises, the licensee shall immediately report the fact to the nearest Health Officer, Health Inspector or other Officer not below the rank of a Health Assistant of the Health Services Department or to the licensing authority and the licensee shall at his own cost take such steps as may be required by such officer or authority to disinfect the place and to prevent the further spread of the infection.</p> | Kerala |
| 97. | Travancore Cochin Public Health Act, 1955 | <p>Section 82</p> <p>Person suffering from leprosy not to use public conveyance.</p> <p>Section 83</p> <p>Prohibition of persons suffering from leprosy from attending school, college or taking out books or newspapers from public or circulating libraries.</p> <p>Section 84</p> <p>Segregated accommodations for person suffering from leprosy.</p> | Kerala |



Advisory 2.0 to Identify, Release and Rehabilitate Bonded Labourers

Issued on: 08/12/2021

The National Human Rights Commission had circulated an Advisory dated 31.05.2021 to identify, release and rehabilitate the bonded labourers during the Covid-19 pandemic. The Commission has further considered the issue of identification, release and rehabilitation of the Bonded Labourers and is issuing the Advisory for compliance by the stakeholders. This Advisory be read and implemented in conjunction with the earlier advisory.

I. Prevention

- 1.) The State Government should provide free ration, healthcare and other social security cover to the vulnerable and marginalised communities and also direct the district administration to identify households in extremely vulnerable conditions to prevent any instance of bonded labour.
- 2.) The District Magistrate should ensure maintaining a database of the brick kilns or other industries, including informal work sectors, where there are possibilities of the prevalence of bonded labour within his District. He shall ensure that all the workers working in brick kilns etc. Are registered in the e-Shram portal. The data available on the e-Shram portal may be effectively utilized for tracking rescued bonded labour for rehabilitation too.
- 3.) The District Magistrates should identify the locations within their Districts where the prevalence of cases of bonded labour is high. He should conduct mandatory meetings at the district level, every six months, to review the status of bonded labourers in particular areas.
- 4.) Vigilance Committees be operationalized and made functional in all States/UTs where their constitution is reflected on the State Labour Department website. Data and other relevant information related to Vigilance Committees be uploaded to enable review of the status and functioning of the Committees in every District. The DM should ensure the meetings of Vigilance Committees once every three months.
- 5.) The proposed National Portal on Bonded Labour should, inter-alia, include Rehabilitation Data, details of visits and functioning of Vigilance Committees, data obtained from the State Labour departments, data relating to surveys, data on advancement of cash and non-cash benefits to Bonded Labour, pending criminal cases and date of initiation and outcome and features of case management.



II. Identification

- 6.) Survey teams may be constituted with the Central Assistance, as mentioned in the Central Sector Scheme for Rehabilitation of Bonded Labourer-2016 (hereinafter read as CSS-2016) and it should focus on bonded labour-prone areas/districts.
7. Periodic surveys for identification of bonded labour should be done as mandated under the CSS-2016.
- 8.) The focus of the State and District level functionaries, as regards the prevalence of bonded labour, should not only be limited to brick kilns alone but also in domains where bonded labour system has manifested itself in newer forms like in Construction Industry, Shopping Malls, Call Centres, Massage Parlour, etc. The newer forms of bonded labour need to be identified to provide relief to them as per the existing Act and Scheme.

III. Rescue

- 9.) The District Magistrate/Sub-Divisional Magistrate should investigate as soon as possible within 24 hours upon receiving a complaint of the bonded labour system. In case the process for rescue is not initiated as per the Standard Operating Procedure for Identification and Rescue of Bonded Labourer and Prosecution of Offender-2017 (hereinafter read as SOP-2017) the concerned public servant be held accountable.
- 10.) The DM/SDM should ensure that the Release Certificates are issued within 24 hours of the rescue and efforts should be

made to issue Release Certificates in digital forms also.

- 11.) As mandated under SOP-2017, the rescue team shall be multi-disciplinary. A member of Civil Society Organizations or Social Workers is included for rescued labourer support including counselling and other roles.

IV. Repatriation & Rehabilitation

- 12.) The District Magistrates shall ensure that adequate funds are always available in the District Corpus Funds so that immediate cash assistance up to Rs. 20,000/- as prescribed in the CSS-2016 is provided immediately to the rescued person. Corpus Fund under the CSS-2016 be created with immediate effect in the Districts where it has not been created.
- 13.) There is an inordinate delay in the release of the cash and non-cash component to the released bonded labourer as the release of the Rehabilitation Package has been linked with the conviction in which the rescued labourer has no control nor is associated with the trial. Efforts be made to delink dependency on Rehabilitation Packages to Bonded Labour under the schemes on conviction in criminal cases. Once bonded labour is freed, he should be compensated and rehabilitated.
- 14.) As mandated in SOP-2017, the Summary Trial should be initiated within 24 hours of the identification or rescue, whichever is later, and the designated Magistrate should conclude the Summary Trial within 3 months. In case the Summary Trial is not initiated and

completed as per the SOP-2017, where the SOP is operational, the concerned public servant be held accountable.

- 15.) The District Administration should bear the expenses of providing food and safe transportation facilities to the released labourers. The process must comply with the travel norms and health care instructions issued by the government.
- 16.) In the context of Non-Cash Assistance, the District Magistrate to ensure that the benefits available under CSS-2016 such as allotment of house-site and agricultural land, land development, provision of low-cost dwelling units, animal husbandry, dairy, poultry, piggery, etc., wage employment, enforcement of minimum wages etc. Collection and processing of minor forest products, supply of essential commodities under the Targeted Public Distribution System and education to children should be given to the families of released bonded labourers.
- 17.) There is a need to provide timely compensation from the earmarked funds to the affected bonded labourer belonging to SC/ST communities in accordance with the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 and the associated rules thereof. Benefits under the Act shall be independent of other benefits under the existing schemes and programmes for that particular group.

In all the above actions, the District Administration/State Government should direct its officials to treat the bonded labourers with dignity and respect.

Recommendations for the Central and State Governments

- a.) The Ministry of Labour and Employment, Government of India to ensure that the proposals for reimbursement of cash assistance be cleared immediately after receipt of the proposal by the State and also ensure that the format for submission for Utilization Certificates (UCs) and other reports be simplified and standardized.
- b.) The Ministry of Labour and Employment, Government of India to sensitize the Police and District Authorities for ensuring invocation of requisite provisions of SC/ST (PoA) Act, 1989 wherever the victims belong to the SC/ST communities and further steps thereon for relief be extended as mandated under the Prevention of Atrocities Act and Rules made thereunder.
- c.) The Ministry of Labour and Employment, Government of India, to ensure that the process of registration at the e-Shram portal be simplified as per the requirements for enrolment for Aadhar or making of Electoral Photo Identity Card (EPIC) so as to enable timely registration of the informal workers specifically the rescued bonded labourers.
- d.) The Ministry of Labour and Employment, Government of India may take steps to simplify the processes for creation of corpus Funds and



- recoupment thereof and to ensure creation of funds at the State/ District level.
- e.) The State and District authorities to ensure that the Cash and Non-Cash benefits are extended to the released bonded labourers expeditiously.
- f.) The State and District authorities should utilise the funds allocated for identification, rescue and rehabilitation of bonded labour.

Advisory on Right to Food Security and Nutrition

Issued on: 06/10/2021

The Right to Food has been recognized as a basic human right in both international instruments and domestic laws. It is enshrined in the Universal Declaration of Human Rights of 1948 (Article 25), the International Covenant on Economic, Social and Cultural Rights of 1966 (Article 11) and other international covenants. It can be read into both chapters 3 & 4 of the Indian Constitution, being Fundamental Rights and Directive Principles, respectively. Being a fundamental right, it is enforceable through the constitutional remedies under Articles 32 and 226 of the Constitution. The Directive Principles having statutory expression or in policies are also enforceable. Further, various judgments of the Supreme Court have also upheld this to be a fundamental right.

The Right to Food is interdependent with other Human Rights. Its components include availability, stability of supply, accessibility, sustainability and adequacy of food. It incorporates the right to freedom from hunger and starvation and access to nutritious food. Its equitable application entails suitably tailored schemes for different segments of society depending on their need, including women and children. It is also an integral part of the Sustainable Development Goals.

The National Food Security Act 2013 (NFS Act) has shifted the right to food from the domain

of benevolence of the State to that of the right of citizens. It seeks to ensure food and nutritional security to the targeted needy people. It combines and expands the scope of some existing food-based welfare schemes like the Targeted Public Distribution System (TPDS), the Supplementary Nutrition Programme (SNP) of Integrated Child Development Services (ICDS), Mid-day Meal (MDM) and a conditional cash transfer scheme called the Maternity Benefit Programme. The Mid Day Meal scheme and a part of ICDS, related to preschool children, are now subsumed in the PM Poshan Shakti Nirman or PM POSHAN scheme.

India has the largest nutritional programmes in the world with the coverage of around 81.35 crore beneficiaries under the Public Distribution System and 20 crore beneficiaries under the Integrated Child Development Services (ICDS) and Mid-Day Meal Scheme (MDMS). These schemes are an important support system for many households in our country. Historically, there is no doubt that these schemes have helped to improve the levels of nutritional indicators.

The National Human Rights Commission, being deeply concerned about the Right to Food, has intervened at regular intervals to supplement the country's nutritional and food security situation. Through this Advisory, the Commission brings another set of



recommendations for the Government(s) and other stakeholders.

I. Recommendations related to the NFS Act, 2013

- 1.) As per the NFS Act, the provision of PDS entitlement extends up to seventy-five per cent of the rural population and up to fifty per cent of the urban population. As the Census 2021 may take some time, during the interregnum period, the Central Government may determine the total number of persons to be covered under the NFS Act, based on official population estimates for 2021
- 2.) **State Food Commissions:** State Food Commissions should regularly monitor and evaluate the implementation of the NFS Act, including nutritional programmes.
- 3.) **Vacancies:** States/UTs to ensure the filling up of all the vacant positions in the State Food Commissions and posts of District Grievance Redressal Officers (DGROs).
- 4.) **Social Audits:** Social audits of all the schemes should be conducted in accordance with provisions of the NFS Act.

II. Public Distribution System (PDS) and One Nation One Ration Card Scheme (ONORC)

- 1.) It has been observed that the allocated numbers of ration cards are not being issued in some of the States/UTs, whereas issuing of ration cards should be a continuous process.

- 2.) Unfair practices at the level of Fair Price Shops and during transportation be addressed effectively by using advanced technology.
- 3.) The Public Distribution System is presently based on cereals. It is necessary to include pulses, millet and edible oils to improve the nutritional level.
- 4.) Considering the fallout of the pandemic, for the next year or such time as the Government considers necessary, PDS must include all those who are needy, notwithstanding their non-inclusion in the beneficiary list under the NFS Act.
- 5.) The portability issues of inter-state migrant workers under the ONORC need to be addressed comprehensively.
- 6.) Given biometric and network difficulties in remote areas and otherwise, appropriate alternatives should be explored in place of an Aadhaar-based Point of Sale (PoS) system, such as manual distribution of PDS items.

III. Integrated Child Development Services (ICDS) and Maternity Entitlements

- 1.) State Government/UTs need to consider opening of Schools and Anganwadi centres factoring in the local situation of COVID-19 and its protocols.
- 2.) ICDS functioning including supplementary nutrition, growth monitoring, health and referral services be strengthened.
- 3.) The vacancies in all posts under the ICDS be filled up on priority.



- 4.) Supplementary nutritional standards under the ICDS need to be adhered to by the State Government(s)/UTs.
- 5.) Entitlement under the prevailing schemes and programmes earmarked for pregnant women and lactating mothers to be enforced by the States/UTs.
- 6.) Necessary coordination and appropriate monitoring mechanisms at Anganwadi level to be in place for effective monitoring of the programme. Wherever possible, best practices, such as Mothers' Committee, may be replicated.

IV. PM POSHAN (Erstwhile Mid-Day Meal scheme-MDMS)

- 1.) The mid-day meal must include food items of high nutritional value, e.g., eggs, milk products, fruits, etc. The nutritional standards should be strictly enforced.
- 2.) Ensure an adequate number of recognised and accredited laboratories with the objective of speedy testing of all food samples, according to the Food Safety and Standards Act, Rules and Regulations. It would ensure the requisite nutritional standard.
- 3.) The preparation and supply of food in mid-day meals must be at the local level in conformity with the Scheme.
- 4.) The honorarium to mid-day meal cooks (wherever employed) may be periodically reviewed by the States/UTs.

- 5.) Social Audit and evaluation by third parties should be conducted at regular intervals.
- 6.) Social Audit reports should be published at State portals/ websites and the action taken reports be widely disseminated.'

V. Health and Micronutrient Supplementation

- 1.) Continuity of routine immunisation and other essential child health services should be ensured even during the pandemic.
- 2.) Ensure health and nutrition requirements of adolescent girls through regular supply of iron supplements, Reproductive and Child Health (RCH) services and menstrual hygiene items.
- 3.) The State Department of Education, State Commission for Protection of Child Rights, State Food Commission, State Monitoring Committees and Village Vigilance Committees at various levels, as per NFS Act, should proactively monitor the uninterrupted delivery of such services on the ground.

VI. Children in Need of Care

- 1.) There is a need to trace, track and register all children living in extremely vulnerable conditions to ensure that their nutrition, healthcare and protection needs are being fully met.
- 2.) Children with Severe Acute Malnutrition (SAM) should be identified to provide additional nutrition and energy-dense



food along with regular monitoring. Further, they need to be adequately rehabilitated.

- 3.) Best practices for the management of children with SAM should be replicated.

VII. Drinking Water, Sanitation and Hygiene

- 1.) States/UTs to ensure access to potable water, sanitation and hygiene (WASH) at the household and community level to prevent mortality and improve nutritional levels.

VIII. Data Compilation and Management

- 1.) Comprehensive data on calorie consumption, food expenditure, ration card ownership, etc, particularly for migrants and other weaker sections of society to be collected, compiled and analyzed for

monitoring, evaluation and inclusion and exclusion of the targeted groups.

IX. Best Practices

- 1.) Nutrition Gardens (**Poshan Vatika**) envisaged under PM POSHAN (**erstwhile MDM**), enables children first-hand experience with nature and gardening and also uses the harvest for providing additional micronutrients to them.
- 2.) The concept of '**Tithi Bhojan**' being implemented since 2018 in some of the States/ UTs has provided supplementation of the nutritional value of the mid-day meal and inculcated a sense of belonging within the community.

The Government of India and all the States/UTs are advised to follow the schemes to provide food security and nutrition to the targeted population and to implement the above recommendations to achieve the objectives of the scheme.

Advisory on the Protection of Human Rights of the Persons Engaged In Manual Scavenging or Hazardous Cleaning

Issued on: 24/09/2021

The Commission issues this advisory to the Union State Government and local authorities with the objective of ensuring the provision of security cover to workers involved in scavenging and other allied matters including hazardous cleaning of sewer and septic tanks, and accordingly, make the following recommendations:

1.) Ensuring Proper Protective Gear/ Safety Equipment for Sanitary Workers:

- i.) All sanitary workers entering/ cleaning septic tanks/ sewer lines must be provided with a helmet, safety jacket, gloves, mask, gumboots, safety eye-glasses, and torchlight along with an oxygen cylinder. Employers to ensure that no body part of the sanitary worker remains exposed while undertaking hazardous cleaning.
- ii.) It should be the responsibility of the local authority/ hiring agency to provide all necessary personal protective gear/ safety equipment to the sanitary workers irrespective of their type of employment, i.e., permanent, temporary, part-time or contractually hired/ engaged.

2.) Leveraging the use of Suitable and Worker-friendly Technology and Robotic Machines:

- i.) The States/ UTs and local bodies need to invest adequately in the use of the latest technology and totally mechanize the cleaning of septic tanks, sewer lines sewage treatment plants, etc.
- ii.) Use of duly acknowledged and recognized technological equipment e.g., Bandicoot, Sewer Crocs, KAMJET GR, Mobile septage Treatment Unit (MTU), etc., be encouraged by all stakeholders.
- iii.) The Ministry of Urban and Housing Affairs needs to regularly update the Directory on Sewers and Septic Cleaning Equipment.
- iv.) The Government of India to explore the possibility of manufacturing such equipment under the Production Linked Incentive (PLI) scheme or other schemes for providing such mechanized equipment at affordable cost.



3.) Welfare Schemes: Responsibility and Accountability of the Hiring Agency/ Employer

- i.) The State Governments/ local bodies should engage sanitary workers formally as required. Only trained workers should be engaged in carrying out hazardous cleaning work. Training program for this may be undertaken and certificate be provided.
- ii.) The hiring authority/ employer must ensure that all sanitary workers are covered under the Ayushman Bharat Scheme.
- iii.) The hiring agency/ employer should be made responsible for the risks associated with the job. Necessary precautions must be taken for the complete safety of the works. The welfare/ developmental schemes including the life insurance schemes should be extended to them.
- iv.) Considering the risk of infection associated with the work, the sanitary workers be treated as frontline health workers for all purposes.

4.) Fixing the Responsibility and Accountability of the Concerned Authorities:

- i.) The States/ UTs should investigate all reports of non-conversion of dry/ insanitary latrines into sanitary latrines by both individual households and the local authority. Necessary action against the defaulters for non-compliance of the law be initiated.

- ii.) In case of the death of any sanitary worker while undertaking hazardous cleaning work, the local authority and the contractor/ employer are to be held responsible and accountable, jointly and severally, irrespective of the type of hiring/ engagement of the sanitary worker.
- iii.) Considering the risks and technicalities associated with the cleaning of sewer and septic tanks, the local authorities should exclusively take up the responsibility of getting the work done under their direct supervision. If the said work is to be outsourced, it should be given to only those contractors who fulfil the requisite criteria. However, the responsibility of ensuring the safety of the sanitary workers will primarily remain with the local authority
- iv.) The State Governments/ Local authorities should be fully responsible for ensuring that the payment of on-time compensation and rehabilitation of all identified manual scavengers are completed in a time-bound manner.

5.) Rehabilitation

- i.) Providing one-time cash assistance and credit support is mandatory in accordance with “The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013” (hereinafter referred to as the Act of 2013). However, this should be in addition to access to the livelihood support necessary to be provided on both an immediate and long-term basis.

- ii.) All cash assistance under the rehabilitation schemes must be provided through DBT (Direct Benefit Transfer) to check for any pilferage.
- iii.) Suitable NGOs/ community organizations may be identified/ selected for assisting in rehabilitation and finding alternate livelihood opportunities, and for continued long-term support to ensure sustainable alternative livelihood to such workers.
- iv.) Livelihood programs should be gender sensitive as well as considerate of the local conditions.
- v.) Requisite efforts be made to integrate the livelihood program with the necessary training to enhance the capability for earning a livelihood. The existing schemes of various Ministries, National Urban Livelihood Mission, National Rural Livelihood Mission, etc., may be optimally used for the training of beneficiaries. The identified manual scavengers be given priority in all such skill development training programs of Central/ State Governments.
- vi.) Educational advancement of the children of all identified and rehabilitated manual scavengers should be given priority in coordination with the educational institutions for utilizing the available scholarship schemes and other benefits.
- vii.) A nationwide database to be put in place for rehabilitated and trained/ skilled manual scavengers for providing requisite assistance.
- viii.) The private sector should be encouraged to provide employment to the identified/ rehabilitated/ trained/ skilled manual scavengers and incentives may be provided to them.

6.) Access to Justice

- i.) The Act of 2013 lays down the offences & penalties in Chapter III (see 5 to 9) and the role and functions of the implementing authorities in Chapter V. The District Magistrates and the authorized officers under Section 18 to ensure that persons contravening the provisions of Section 5, 6 & 7 of the Act are investigated & prosecuted as per the mandate of Section 20 of the Act of 2013.
- ii.) The State Government to ensure that a sufficient number of Inspectors are appointed as per Section 20 of the Act of 2013.
- iii.) The District Magistrates/ notified Executive Magistrates to ensure expeditious trial of offences in accordance with the provisions of the Act of 2013.
- iv.) As per the directive of the Supreme Court in *Safai Karamchari Andolan & Ors v. UoI & Ors*, WP (Civil) 583/2003, 27th March 2014, entering sewer lines without safety gear be made a crime even in emergency situations.
- v.) In case of death of such worker, police to promptly register FIR without fail, investigate and take action against the offenders under relevant sections of IPC and for violation of any other law in force.



- vi.) As held by the Supreme Court in Safai Karamchari Andolan (supra), the families of all persons who have died in sewerage work (manholes, septic tanks, etc.) since 1993 to be identified and awarded compensation of Rs. 10 lakhs for each such death to the family members in accordance with the law, and the concerned authority should be held accountable in case of failure on their part in compliance of the same.
 - vii.) Any other crime such as threat, inducement, criminal intimidation, bonded labour, or atrocity under the SC/ST Act in respect of such work, FIR be registered and investigated in a time-bound manner.
 - viii.) In accordance with Section 31 of the Act of 2013, the National Commission for Safai Karamcharis may ensure timely enquiries into the complaints and should recommend appropriate measures for compensation/punitive action against the offenders/errant State/local authorities.
 - ix.) A suitable scheme be formulated for providing compensation to the family of the victim in the event of accidental death/ injuries that occur due to falls in potholes/ open manholes/sewer/ septic tanks, etc.
- ii.) The concept of bio-toilet may be introduced in the water-stressed regions. In order to stop all forms of open defecation, proper toilet facilities be ensured with water as well as proper collection/ containing arrangements for all homeless persons and people living in slums and informal settlements.
 - iii.) In pursuance of the ODF++ protocol, the necessary steps be taken to ensure that faecal sludge/ septage and sewage are safely managed and treated, with no discharging and/ or dumping of untreated faecal sludge/ septage sewage in drains, water bodies or open areas.
 - iv.) Railway infrastructure be modernized in a phased manner so that no toilet in the coaches would dispose of the faecal matter on the railway tracks.

8.) Awareness/ Sensitization

- i.) All the officials in the concerned departments as the Central, State and local bodies should be sensitized properly so that they develop and empathetic attitude towards the sanitary workers. Necessary workshops should be arranged at regular intervals to make them well conversant about the ongoing schemes meant for welfare, development and also the provision of the Act of 2013.
 - ii.) All local bodies to sponsor street plays, etc., to portray the difficulties faced by such workers.
 - iii.) All schools and colleges may be advised to include events highlighting the issues
- i.) Sewers and drains should be designed in such a way that no difficulty arises in mechanized cleaning. The Ministry of Housing and Urban Affairs to prescribe a model design for the said purpose.

of manual scavengers in their Annual Day Function or on the occasion of World Toilet Day, i.e., 19th November.

- iv.) All local bodies to undertake requisite Information, Education and Communication (IEC) activities for sensitization of all stakeholders.

9.) Replicating the Best Practices

- i.) The best practices followed in various parts of the country to be identified and publicized through various means so that the same may be replicated by other States/ Local authorities, e.g., the Garima Scheme of the State of Odisha.
- ii.) All the State Governments/ Local bodies should constitute a Responsible Sanitation Unit and Sanitation Response Unit at the earliest in accordance with the “National Action for Mechanized Sanitation Ecosystem” issued by the Ministry of Social Justice and Empowerment.

10.) Ensuring Proper Identification of Persons Engaged in Manual Scavenging

- i.) As and when a fresh survey is undertaken, it should be ensured that all the persons

who are cleaning un-decomposed septage manually are identified and listed as manual scavengers.

- ii.) A survey for checking the existence of dry latrines may also be carried out and, if found in existence, should be immediately demolished in compliance with the Act of 2013

11.) Monitoring of Implementation of the PMSR Act, 2013

- i.) The Central and State Monitoring Committee must hold their meeting at least once in six months as mandated under the Act of 2013.
- ii.) All States and UTs should establish the State Monitoring Committee as required under the provision of the Act of 2013.
- iii.) The State and UTs who are yet to notify the constitution of the Vigilance Committee as mentioned under the Act of 2013 should constitute it without any further delay.



राष्ट्रीय मानव अधिकार आयोग गान

मानव के सम्मान की रक्षा,
है संकल्प हमारा।
है संकल्प हमारा॥
मानव के सम्मान की रक्षा,
है संकल्प हमारा।
है संकल्प हमारा॥

हों गरीब, दिव्यांग, आदिवासी, बच्चे या नारी,
धर्म कोई हो, हैं सब मानव समता के अधिकारी।
मानव गरिमा के सूरज का सब पाएं उजियारा.....
है संकल्प हमारा॥
है संकल्प हमारा॥
है संकल्प हमारा॥

शासन भी बने निरंकुश तो उनको टोकेंगे,
अत्याचार कहीं भी हो, आगे बढ़कर रोकेंगे,
हर पीडित, शोषित, वंचित को हमसे मिले सहारा
न्याय, नीति, नियम, नियत हो, यही हमको गवारा.....
है संकल्प हमारा।

मानव अधिकार आयोग हमारा.....

सर्वे भवन्तु सुखिनः
सर्वे भवन्तु सुखिनः
सर्वे भवन्तु सुखिनः



सर्वे भवन्तु सुखिनः।
सर्वे सन्तु निरामयाः।
सर्वे भद्राणि पश्यन्तु।
मा कश्चित् दुःख भाग्भवेत्।

May all be happy
May all be healthy
May all see auspiciousness
May none suffer
Peace be unto all.



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