

**National Human Rights Commission  
(PRP&P Division, JDR Unit)**

**Subject:** Visit of Dr. Vinod Aggarwal, Special Rapporteur, NHRC, to Ahmedabad, Gujarat from 20.02.2019 to 23.02.2019

Dr. Vinod Aggarwal, Special Rapporteur, NHRC visited the following institutions on the dates mentioned against each:

1. Hospital for Mental Health, Ahmedabad – 20<sup>th</sup> February, 2019
2. B.M. Institute of Mental Health – 20<sup>th</sup> February, 2019
3. Sardar Patel Integrated Rehabilitation Centre for Addict – 21<sup>st</sup> February, 2019
4. ICDS Program and Anaganwadi Kendras in Anand and Narmada Districts – 22<sup>nd</sup> - 23<sup>rd</sup> February, 2019
5. Children Homes for children in need of care and protection in Anand and Narmad District – 22<sup>nd</sup> -23<sup>rd</sup> February, 2019

The important observations/recommendations emanating from the visit report are given below:

**A. HOSPITAL FOR MENTAL HEALTH, AHMEDABAD**

**Observations**

1. The hospital has the sanctioned capacity of 317 beds, out of which 217 are for male patients and 100 are for female patients.
2. On the basis of the figures provided by the hospital management, occupancy rate of the beds has increased from 69% in 2014 to 98% in 2018. The hospital has 4 posts of psychiatrists, out of which 3 are filled. There are 6 honorary psychiatrists working in the hospital. In addition to this, there are 6 medical officers who assist the senior doctors of the hospital.
3. The number of indoor patients in a calendar year during the last 5 years has been hovering around 2000 patients per year. Patients, once admitted, stay for an average of about 15 days

in the hospital. In the acute ward, the stay is for about 65 days, in the chronic ward, patients stay for about 3-4 months. However, 7 patients have been in the hospital for more than 10 years, 10 patients have been admitted since more than 5 years, and another 9 patients have been in the hospital in between 2-5 years.

4. The hospital facilitates examination of 313 patients per day in the OPD, which is an increase from the 250 per day in 2014. Presently, 8300 new patients and 86000 old patients report annually for OPD services at the hospital. Average registration time for OPD is 5 minutes, examination time is 30 minutes to 1 hour and medicine dispensation takes another 10 to 15 minutes.
5. A free helpline and support service has been started by an MOU between Ahmadabad city police, the hospital and an NGO- Altruist and has been in use since January, 2011. The objective of the project is to rescue mentally ill persons, facilitate their safety and treatment, and their rehabilitation in their respective families. Since it became functional, the services under the project have been able to reach more than 21000 people.
6. Despite of a functional rehabilitation program in place, many patients have not been able to move back with their families because of lack of awareness among the family members of the victims regarding the treatments in place for curing mental illness. Due to this, many of these patients are still lodged in the 4 state mental hospitals even after being discharged.
7. The hospital has an Occupational Training Program in place, where 80 inmates are trained in tailoring, weaving, spinning, carpentry, door mat weaving, making jute bags and jute office files, making rakhi and greeting cards, agarbatti making, candle making, etc. These training programs are provided in consultation with the HR department of Gujarat University.

### **Recommendations**

1. The hospital campus is large and free from encroachment and at a central location. But the land could have been put to better use and at least a hospital with a capacity of 500 beds should have come up in the state capital. Although the 2011 census reports about 1 million persons who are mentally ill but it is grossly under reported. Mental illness is increasing and it is estimated that about 1 % population may be suffering from schizophrenia and psychotic

depression. Therefore it is imperative for the government to plan accordingly and increase the beds in the hospital to 1000 in next 3 years. There is enough space available for horizontal and vertical expansion of the buildings.

2. The number of Psychiatrists' post created is too little for the number of patients and for a teaching institution. 6 of such doctors are working on honorary basis which is not good at all for the system. The government must get the place inspected from the MCI and get the requisite no of posts approved by the State government and run the place as per the norms. This place, if developed properly can train 20 MD students in psychiatry.
3. The number of annual admissions is too low for a 317 bedded hospital and patient turnover time is too slow. Again it seems that professional approach is lacking. An expert committee headed by some higher professional body must make the annual targets for admission and average stay for acute and chronic patients. It seems that with 317 beds 10000 inpatients must be the norm at least in one year.
4. In the OPD, average has increased from 200 per day to 317 per day, but as about 90% patients are the old patients who don't require long time to be treated as the process is repeated for them, about 30-35 new patients per day is very low intake. It seems many mentally ill, are not able to reach the hospital or they prefer going to charlatan or private sector. Here the efforts of the management need to increase much more. This major hospital should have minimum 100 new patients and again the target should be revised based on a study to be conducted by the experts in the field.
5. The integration with the Disability Act provision is negligible as the hospital is run by the health department. There is requirement that the department arranges integration meetings among itself, department of disability empowerment and the mental hospital, so that there is full awareness about the benefit which flow out of the new Disability Act and in turn are utilized by mental hospital management.
6. The hospital management, patients and the relatives were also not aware of the National Trust Act-2001 and about the provision of legal guardianship under this act. People met me with problems of guardianship for which solutions are available under both these acts but the hospital administration was unaware about them.

7. The new Mental Health Act has also been passed in 2017. The hospital is yet to implement the new act, which must be implemented at the earliest.
8. The new disability act has provision of 1% jobs for the mentally ill and it has to be brought to the information of the public at large in general and person with mental illness and their families in particular which has not been done yet.
9. The National Trust Act provides for care giver trainings. There are many institutions recognized by NT Act to impart training to care givers but this hospital, despite of being a premier institution, was unaware about these program. These training programs are recognized by RCI which was also not known and not taken advantage of the act.
10. The Aadhar helpline is an excellent program which is being implemented in this town with the help of a NGO is a program which needs to be implemented in other towns of the country.
11. The rehabilitation program also need a relook with the help of the other department. The assistance of funds from the skill development program may be taken for this program to train the persons recovering from mental illnesses.
12. All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates and patients run by the hospital. Kitchen is using the inmates. Besides that, other requirements of civil hospital and district court, district office like files etc should be procured from the mental hospitals.
13. Although there is lot of land, no half way home has been created in this as of now.

## **B. B.M. INSTITUTE OF MENTAL HEALTH**

### **Observations**

1. The team of B.M. Institute for Medical Health (BMIMH) consists of 5 regular faculty members, 4 guest faculties, 4 special educators, 4 rehabilitation psychologists, 3 occupational

therapists, 1 speech therapist, 1 craft instructor, 1 psychiatric nurse and 1 MSW along with 5 other support staff.

2. The institute has a state of art computer centre which can be used for the training of professionals of graduate and post graduate program in the related field. The institute has 25 new computers.
3. The institute's work mainly focuses on mental disability rather than mental health. They have conducted many seminars on the same front.
4. Earlier, the institute used to have a residential facility but due to shortage of funds, the facility has been closed. No residential facility has led to the institute handling very few cases of mentally disabled. Not even 500 cases are being handled by the institute annually.
5. The fact that the decrease in funding has led to decline in activities carried out by the institute in terms of lesser patients being treated can be averted by increasing the efficiency and functionality of the institute. The institute also seems to be making money through imparting diploma and degree programs, which has been accorded Rehabilitation Council of India's approval (RCI).

### **Recommendations**

1. Although institute did not share the fund position including salary and other expenses it is receiving from the government and other institutions, it is my strong belief that very little work as compared to funds and personal is coming out for public good from the institution. Although the management committee is chaired by a retired Chief Secretary and 3 departments are represented but it seems the meetings are not held regularly or a review of things is not happening. Therefore it is recommended that department of social welfare or whichever is looking about disability empowerment should become the principal motivator and have a monthly review of its actions and achievements.
2. The institute had arrangement in patient treatment earlier, which has been stopped for many years. There is no other institute or hospital which handles the mentally challenged and disabled as a higher centre of focus. Government has also not set up any national institute to cater for this need. The place has enough land building and human resources. Only problem is the paucity of funds. With so many departments involved, it should be looked at how this

place could be brought to a level of an inpatient institute where the smaller NGOs in the same sector could come with cases of autism, cerebral palsy, mental retardation etc. with and without mental illness for higher level intervention and advice.

3. At present the output in terms of assets is very low and it seems at least 5 times more work can be performed by the personal if some funds for running the institute are provided.
4. The place is doing good work in teaching on disability. The HRD department could be upgraded further for more professionals in the field of mental disability could be created.
5. Last but not the least, my recommendation is that the state government is spending lot of funds on the institute, some additional funds could come from Government of India and department of disability, and this place could be remodeled into a regional centre of National Institute of Intellectual disabilities (NIMH), Secandrabad.

### **C. SARDAR PATEL INTEGRATED REHABILITATION CENTRE FOR ADDICT**

#### **Observations**

1. The centre has been in existence since 1985. The Government of Gujarat approved 15 bedded Integrated Rehabilitation centre for Addicts (IRCA) has a total of 185 sanctioned positions. Out of these positions, 6 positions are for the administration of the centre and 9 are for medical purposes. 90% of the running expenses in coming from the state government. The number of prescribed medical personnel is sufficient for running a 15 bedded de-addiction centre.
2. Since the centre is operating out of an apartment in Sweni Complex, Akbar, Nava Wadaj, Ahmadabad, rent of the flat is an issue with the management. Rent per month is Rs. 59000, but the grant is only Rs. 15000. The municipal tax of Rs. 72000 is also non-paid.
3. The total area available for comfortable accommodation of 15 beds is not ideal and concurrently, expensive. The centre should shift to a semi urban area where they have more space and less rent.
4. Proper maintenance of the place is not looked after by the building management where the place is operating from. The furniture and fixtures have become quite old. Half of the

furniture is in dire need of replacement and others in need of urgent repair.

5. On an average, the residents remain here for 2-3 weeks. The capacity utilization is less than 50% as mostly, half of the beds remain vacant. On an average, 200 cases are handled annually.

### **Recommendations**

1. The De-addiction centre is run in a flat at an expensive location. It is desirable that the NGO shifts its operation out of the city in a suburb, where bigger place is available. Male and female wards should be separated. The treatment room and office should be separate too.
2. Ideally the institution, now 30 years old, could be allotted some land to it for the purpose it is running, with a proper ward system and a hospital format to be run in much more systematic way. The space should be at the prescribed norm of 75 square feet per inmate & office space and sleeping area of watch and ward staff. A facility of 25 inmates shouldn't be less than 5000 sq feet, with a small library and recreational facilities, which were completely lacking in the present scenario. TV is also required in the dining area which was not there.
3. The capacity utilization is less than 50%. The department must discuss with the management to improve the functioning for capacity utilization. The staffing pattern also requires changes, which is slightly top heavy. With 2 doctors and 3-4 paramedic, a bigger set of patients/ inmates can be managed with increase in number of watch and ward staff.
4. It seems NGO is employing people according to its whims and there is no cook in the organization at present. The cleanliness of the centre also left much to be desired. The post of cook should not be left vacant and sweeper should be separately kept to achieve certain level of cleanliness which was not there.
5. Even the maintenance was very poor. It seems that the NGO has stopped spending from its own pocket and totally looking towards government for doing anything in this place. The NGO must give a relook to the place that it doesn't look a slum but a good hospital.
6. The government's rate of honorarium could be quite old and requires a revision by the concerned agency as they are very low and in many cases even below the minimum wage rate of the state which may be examined by the Social Justice Department.

## **D. ICDS PROGRAM AND ANGANWADI KENDRAS IN ANAND AND NARMADA DISTRICTS**

### **Observations**

1. In Anand district, there are 1993 anganwadi centres, 1488 anganwadi centres are running in their own building. Another 157 are working in government buildings and the remaining 348 are operating from rented places. Through the convergence scheme of the state government, AW centres are being built under MNREGA. Only 11 AW centres are without toilets, which is less than 1% of the total AW centres. All the AW centres has gas connection and 97% of them have electricity. 1963 have drinking water facility.
2. In Narmada district, there are 952 AW centres, out of which 922 are running from their own building. 18 are working from other government buildings and the remaining 12 are in rented buildings. The AW centres are being built under MNREGA through convergence scheme of the state government. All the centres have water facility, gas connections and electricity. 893 out of 952 are with RO water facility.
3. Gujarat is home to nearly 5% of population of children in the age group of 0-6 years (Census 2011). A large number of these children live under difficult and challenging conditions due to poverty, lack of education, information and health services. According to NFHS 2015-16, 28% of female children who are above 6 years of age have not attended school, 77% of the household doesn't have health insurance or health coverage and about 7% of women are married and pregnant before the age of 20. Gujarat also has 39.3% of children under 6 years of age who are underweight and other 9.5% of children under 6 years of age who are severely underweight.
4. Reasons for malnutrition and poor health indicators in Anand and Narmada are poverty, lack of education, poor access and availability of health care services, benign social infrastructure, low nutritional structure, low nutritional status, outdated traditional and cultural practices and lactating mothers in a state of denial and distress. However, the State Government, in collaboration with the Central Government, have undertaken and launched many noble initiatives recently and piloted many programs, focusing on women, predominantly pregnant



and lactating women and children for improving the services, leading to better and more effective intervention strategies for children, women and adolescents.

5. Although Gujarat has done well in institutional delivery, total fertility rates, infant mortality rate and under 5 child mortality rates compared to all India average, but lacks behind in nutrition and immunization compared to all India average.
6. As per NFHS-4, in Anand district, there are 41% under weight and 7.4% severely underweight. According to the district administration data, 3.48% are underweight and 0.94% is severely underweight in children between 0-6 years of age. There is a big difference between the NFHS data and the data provided by the district administration. Immunization is at 88% according to the district data and registration of pregnant mother is at 92%, although the actual figure is about 15% lower than the figure of 88% in case of immunization as the district has high minority population, who do not accept the immunization program even now. In Anand district, the growth charts are not being properly maintained and many of the children did not have the immunization schedule being followed as per requirement. Children shifting from moderately malnourished to normal weight range are very few. The ROs installed are barely functional as proper post purchasing services are not provided regularly. As per NFHS-4, in Narmada district, 53.6% children are underweight and 12.7% are severely underweight, whereas in the district administration's data, 22.03% are underweight and 12.7% are severely underweight in children between 0-6 years of age. Full immunization stands at 67% and annual registration of pregnant women is at 74%. The number of underweight children is lesser than is actually reported. ROs are generally not functional. Out of the four AW centres that were visited in the district, only one had working RO.

### **Recommendations**

1. The data provided by district project officers of ICDS is at a great variance from the NHFS-4. There could be some improvement in the parameter but reduction in numbers of malnourished cannot be that lesser as it has come down to less than 50% from what was reported only 4 years back. Further when coverage is only 50-70% than the poor who have higher % of malnourishment, the percentage of children coming to ICDS should have higher number of such children. But such a situation does not exist. Therefore selection of children for Aangan Wadi Centres should be done in a way that the poorest of poor should be able to

reach AWCs.

2. We must fix a period in which a moderately malnourished child is restored to normal weight range in 9-12 months since he starts attending the ICDS. But as such, very few children shift from category of malnourished or severely malnourished shows that the program is not very successful.
3. For severely malnourished children, their number should have been around 12 % in Narmada district but the figures of district administration is about 7.5% and in visited AWCs about 5%. This number is unacceptable but reasonable as compared to other parts of the country.
4. Almost 50% of severely malnourished children are being treated in NRC and that must be made mandatory, for 2-4 weeks should be brought from severe to moderate category in 6-9 months and that be the parameter of AWC work performance in ICDS, which is not being followed.
5. Out of more than 1.5 lakh, 0-6 years children in Anand district, almost 72 % are covered in the ICDS, which is very high. The coverage of pregnant and lactating mothers is also sufficient. I feel the ICDS program is doing quite a good work in both the districts. In these districts all AWCs have portable water, toilets, electricity and more than 85% in their own building. This is a finding which needs to be emulated by other states and other districts of the state. But when RO water filters have been provided, than their repair may also be done regularly which it seems that State government is not able to provide.
6. Improvement in nutrition status is not happening to the level required by coming to AWCs by the malnourished children. The full Immunization % is also not increasing at the speed at which it should increase.
7. It seems the Government of India has also realized that the ICDS program has failed in evoking the desired results and quietly started a new program with name of National Nutrition Mission, with a target to prevent and reduce. Stunting & Preventing Underweight prevalence in 0-6 children by 6 % at the rate of 2 % per annum. Further to reduce the prevalence of Anemia by 9% in 6-59 months of children and women and adolescent girls of age between 15- 49 years, the rate of 3% per annum. The reduction of low birth weight by 6% is also one additional target. Well these should have been the goals of the program

## E. CHILDREN HOMES IN ANAND AND NARMADA DISTRICTS

### Observations

1. **Children home for boys in Anand-** The home is located at Madhudeep Bunglow since 2011. It has sanctioned capacity of 25. There are 11 personnel running the home. During the time of the visit, there were 17 children as against the total capacity of 25. All children are going to school. 12 children are enrolled in class 1-5 in a primary school within one km from the home. 5 students are enrolled in class 6-12 at a Government secondary school situated at 2 kms from the home. The management has provided the students with cycle for conveying to the schools. The funding of the school is done with government's assistance. 11 personnel looking after the children are Shri Vishal K Dave, Superintendent and in charge, Shri Sunil B. Makwana, Probation Officer, an accountant cum store keeper to assist the Superintendent, a paramedical, 2 watchmen, a counselor, 2 house fathers, a cook and sweeper. The home has been inspected by various authorities including Additional District and Session Judge, Chairman- Juvenile Justice Board and Child welfare Committee.
2. **Girls home in Anand, Jiwan Anand Charitable Trust-** The Girls home is located at B.H. Dhara Food Factory, near ISCON county. The secretary of the trust is Joel Jonbhai Chauhan. It has a sanctioned capacity of 25 and there are 12 personnel running the home. There are 14 rooms, sufficient for stay of 16 girls in the home, and at the time of the visit, there were 9 girls in the room. During the visit, the place did not look neat and tidy. State government provides the funds for running the house. Transport facility is also available for the girls to go to school. The children are provided with toiletries, uniforms, shoes and other important products regularly. Among the personnel, the post of doctor is vacant, the posts of superintendent, examination officer, paramedic, home father and a caretaker is also vacant. There are 7 active personnel along with a part time doctor. Inspections has been conducted in near past by DCPO and Chairperson- Child Welfare Committee.
3. **Nasheman Orphanage in Anand-** It is being run by the trustee, Shri Saiyad Ali M. Saiyad. The orphanage is independent and looks after its one finance and is registered under Section 41(1) of Juvenile Justice Act for a period of 01.04.2017 to 31.03.2022. The organization is also registered with the Social Welfare Department of the State government. The home is run by 2 caretakers, 1 cook, 1 part time sweeper and watchmen. The trustee performs the

functions of the Superintendent, Probation Officer and the Councilor, as all of these posts have not been created. The assistance of the doctor and the paramedic is availed as and when required. In the same campus, the trustee also runs a hostel of more than 100 boys and girls. Thus, the orphanage also shares some of its facilities with the hostel. At present, only 9 girls are staying in the orphanage as against the capacity of 20.

4. **Children home for boys in Narmada-** The institution has been running since the last 70 years since 1949. The home is run by Shree Predeshik Bal Sanraxan Mandal, Raj Pipla. The NGO is recognized by the government and 90% of the funds required for running the place are coming from the State government. As against the sanctioned capacity of 50 boys, there were 37 boys in the home at the time of visit. The home has sufficient space but the constructed area is very congested for the number of children living there. Out of the available rooms at the home, 2 are being used by the JJB and CWC of the district for carrying out their official duties. There is a girls' home under construction in the same campus and once the work is completed, the JJB and the CWC will shift out of the campus. All the children living in the home are attending school except the ones who have been kept in the house for temporary or short duration. There is a strong need for the district administration and the DCPU to regulate the place and reduce the number of children living in the house as the space is not enough for them. Alternatively, some fund may be provided to the home for construction of necessary infrastructure in the campus. At the time of visit, the home is not even provided sufficient fund for the running and upkeep of the place. It seemed that the inspection of the place had been conducted recently but the details of any such visits were not available. There is no road in place for reaching the home.

### **Recommendations**

1. The guidelines fixed by Government are hard to achieve by the NGOs or even the government run children homes, but still the essential features must be worked out by the State ICPS and then those standards must be followed in letter and spirit by all the institutions. Government is even ready to pay for construction of 8745 sq feet of building for 50 children at the per child norm of 75 sq feet. If land is available with NGO and the NGO does not have funds, then the NGO should be given funds.
2. It is felt that funds should be made available for renovation of the building, as in the case of

NGO in Narmada which is running a home for last 70 years. The building requires major repairs and if done it is good enough for 75 children for another 30 years. After that a decision may be taken to rebuild as the building would complete 100 years.

3. It would be of utmost importance and imperative on the state government to show to others, that they run their children home as per the standard guidelines. Therefore in each district at least one home should be run by the government as a model for others to follow. In Narmada one girl's home is under construction and the district administration /state government should make sure that the building is as per the norms formulated by GDI.
4. There is a need for the vocational training component to be added in these institutions, which is at present non-existing. On this point, compliance may be obtained from district team looking after the home and involved in release of funds. Most of the institutes visited use didactic teachings which may not benefit the students unless they are extremely bright to get jobs in competitive market. It would be important that the linkages with ITIs must be developed to making them good in some job, like plumber, mechanic, tailor, embroider, electrician , mason , welder or carpenter so that they are able to secure jobs.
5. In Anand district, the Nasheman Orphange, at Napa about 20 kms from the district headquarters, which has been running for last 14 years, there is a need for some demarcation of the paid and non-paid and girls although shown to be kept separately to maintain a distinct identity, but need to have certain additional parameters. The local CWC should examine matter thoroughly. The audit of the institution has also not been done in near past. It is felt the affairs of this institution should be seen by a higher level functionary from the state level. The number of personal should also be increased and matter of this institute be set in a manner that they are fair and no one seems to have managed the things in his or her own way. As this is an institution where girls are staying whether free of cost or on payment, the supervision of the government and CWC is a must.
6. The boys' home at Madhudeep Banglow, near Gayatri Dining Hall, Nana Bazar, at Vidyanagar TA.Anand, has very little space for children living there. As the boys are lesser, therefore the shortage of space is not coming to fore too much, but as such more space is required for the children. Again the commercial training in trades is short coming. At present the staff complement is sufficient and it caters to all need of the boys.

7. The Girls Home Anand, Jiwan Anand charitable trust has also shortage of space for girls if all 25 girls for whom sanction is given are there to live. No vocational training is imparted. The personnel are much lesser than the prescribed norms and it is expected that the CWC should examine and get the recommendations implemented.
8. The boys' home at Raj Piplaha in Narmada district has lot of space but the government has taken 2 rooms from the management for running the CWC and JJB in the district. The management is not spending much, not even 10% which they are supposed to spend. Building needs renovation and building requires funds for renovation which it seems that the present trustees do not seem to be interested in spending. Government is using 2 rooms as mentioned for last few years. Based on fair rent for usage charges of 2 rooms, some funds should be given to the home. It seems new public figures be added in the management who are keen as present trustees are neither giving time and money and living on old laurels of their parents and grandparents who started this place 70 years back and must have ran this well for next 30-40 years but it seems that in last 10 years contribution of trustees is very little. The expenses of treatment of children and festivals suggest that very little is done by the trustees.

Annex-II

**Dr Vinod Aggarwal, IAS (Retd.)**  
**MBBS (AIIMS) PGDGM (Geriatric Medicine)**  
Special Rapporteur for Central Zone,  
9910093988(mobile)

Dated 8<sup>th</sup> March, 19

Dear Shri Jaideep,

Please to approval dated 11<sup>th</sup> Feb, for my 19<sup>th</sup>-23<sup>rd</sup> February, 19 to mental hospitals and other institutions in the state. As desired mental health institutions along with institutions for mentally challenged. There were some institutions working as drug addiction centres. These were covered for the first time and are reflected in first 3 reports.

1. Report-1 is about the State Govt Mental Hospital, from page 1-6
2. Report-2 is about the BM institute of Mental Health, from page 7-10
3. Report-3 is about the State govt supported SardarPatel de-Addiction centre, from page 11-13
4. Report-4 is about the ICDS report of 2 districts, from page 14-19
5. Report-5 is about the State Govt or other children homes in 2 districts, from page 20-26.

Each report is followed by recommendations for each of the scheme or institution visited.

Please give your comments if possible on the report.

*with regards*

Yours Sincerely,

*Vinod*  
Dr Vinod Aggarwal.

**Shri Jaideep Govind**  
**Secretary General,**  
**NHRC**

*402/1000/19*  
*13/2/19*

*3082/JP(R)*  
*12/3/19*

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*16*

*13/2/19*  
*82 Nishith*  
*14/3*

*Ms Pranjana*

**Report 1, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Mental Hospital In Ahmadabad of Gujarat on 20<sup>th</sup> February, 2019.**

The hospital began as a mental asylum in 1863 under the British rule by the than government, at a place called Shahibaug, which is 2kms from Railway Station and 5 km from the Ahmadabad airport. Originally it was in a pattern which is set for the prisoners. From 1912 up to 1982, the hospital was renamed as a Mental hospital and worked as per the Indian Lunacy Act 1912. In July 1982, it was renamed as Hospital for Mental Health. In January 1998, the foundation of new building was laid and started functioning from new building in 2001. From 2001 to 2008, additional wards and academic blocks have been added. The hospital is working under the administrative control of Health and family Welfare department, Govt. of Gujarat.

**Spread of the hospital and Area**

SN	PARTICULARS	AREA IN SQ METRES
1.	TOTAL AREA OF CAMPUS	40142
2.	AREA OCCUPIED BY HOSPITAL	16551
3.	OPEN LAND	19268
4.	OPEN AREA WITH IN HOSPITAL CAMPUS	4751
5.	CONSTRUCTED INCLUDING 2 <sup>ND</sup> FLOOR	25715

The hospital is located on main road and free of encroachments. The hospital has lot of green area and further it being maintained by the out sourced agency. The hospital has 317 beds sanctioned capacity. 217 beds for male wards and 100 for female ward. The hospital management has given figures of increase in bed occupancy from 69% in 2014 to 98% in 2018. Each ward has not more than 20-25 beds and minimum gap between 2 beds is 3 feet. Each patient is provided with a locker. The number of indoor patients in a calendar year during last 5 years, has been hovering around 2000 patients per year. The diet for each patient is provided at the cost of 59.60 rupee per day, fixed by the state government. Under this scale, normal, salt free, diabetic, liquid or high protein diet, varying from 2000 to 2800 calories are given to the patients. Thus the hospital is equipped to provide the special diets to the various patients. at the cost of 59.60 Rs/day

The kitchen of the hospital is equipped with chimney and exhaust fans. The kitchen has proper lighting and ventilation. The platform meant for cutting and washing vegetables is there in the kitchen. There is no electric kneader in the kitchen for making the dough and neither chapatti making machine as the patients are getting some work from at the process of rehabilitation. The food is stored in stainless containers and transported in the trolley and food is served on the dining table. The Diet committee, resident medical



officers, matron are routinely oversee the process of cooking and serving food. The quality of food is checked by head nurses and nursing staff who report about the patients suggestions and report to a diet committee.

✓ The hospital has 54 toilets, thus enough toilets are available to the patients. There is one fan per 2 patients. There are 10 water coolers for drinking potable water. Hospital has enough provision for drinking and other required water. 2 overhead water tanks of 1 lakh liters each capacity along with sump. Each building has an overhead water tank of 10000 liters each. Every month the water tanks are cleaned and water is tested for portability and the main overhead tank is cleaned once in three months. All wards have water cooler along with RO system for drinking water. each ward has a warm steam water heater installed.

There are acute patient wards for male and female patients. Similarly there chronic patient wards for male and female. There are emergency psychiatric care unit for male and female. Further there are separate male and female ward for recovered, post ECT, family ward and criminal patients.

Patients once admitted stay for quite long time. In the family wards, the average stay of patients is about 15 days. In the acute wards the stay is around 65 days. In the chronic ward the stay is between 3-4 months. There are 7 patients who are in hospital for more than 10 years. There are 10 patients who are there for more than 5 years. There are another 9 patients are who are between 2-5 years in the hospital. For a state top level hospital the average stay for patients is much longer and the management considering the number of people suffering with psychiatric illnesses, should think of means by reducing to increase the number of inpatients.

There are arrangement of minor physical illness are dealt with in the hospital but for any major illnesses, which include respiratory infections, immunological disorders, there is an arrangement with the civil hospital which is less than 3 km and attached to a medical colleges. Ambulance facility is available and out sourced to an agency. In emergency situation, a list of alternative hospitals are available to the patients to go for treatment.

A proper registration system of patients is being followed by the hospital. The computer software has been developed by Govt. of Gujarat with the help of TCS, which is being followed in all mental hospitals. This facility of software allows the hospital to give medical summary to the discharged patients and in even OPD, the demographic data is available for all the patients.

In the case of supportive services, there is color television, central music system, indoor and outdoor games. Celebration on all the national and religious festivals with traditional cultural activities is done at the hospitals as well as outside the city. Every 4-6 months patients are sent for movies at the multiplex theatres with 50-60 patients. Every month

picnic is arranged for patients where family members are also invited. Daily yoga, physical exercise, prayers are scheduled for all the inmates.

The library facility for students, doctors, nurses is there along with more than 2000 books and important journals in the field. A separate reading room for the patients, has been created, where English and Gujarati news papers, magazines and books are provided. A new library is under construction, in the hospital development program.

70% medicines are from the central medical store Gandhi Nagar, GOG and 30% are purchased based on local purchased by RC and quotations as per govt. rules. In pharmacy store generally 3 months stocks of all medication are stored. Generally in OPD patients are given medicine for 2 weeks but patients coming from long distances medicines are given for 2 months. The social workers write to the relatives of the patients or call on phone to remind them.

The hospital provides for Occupational training, for which the capacity of 80 persons is there. It can accommodate for training about 50 males and 30 females. Training can be provided in tailoring, weaving and spinning, carpentry, door mat weaving, jute bags, jute office files, file making and binding, rakhi and greetings cards, agarbati making, candle making, gift articles, polishing and color work on wood & iron, chock sticks making, paper dish making, embroidery work, screen printing. These training are provided in consultation with the HR dept of Gujarat university. It seems about occupational training is provided 600 persons each of the year out of them about 22-23 % people are getting opportunities to work from home and 8-9 % were able to secure placements. In the trades of Tailoring, screen printing, carpentry and best from waste gave better job opportunities. Earning from home again tailoring has given the best results. Fancy candle, Fancy rakhi, decorative diya(lamps) and hand work has resulted in better earning from home. On the other hand training jute office file, jute bags and diary making has not resulted in any incomes. It seems that the job training has to be dynamic and there is need to be some sort of the review and refocus. The hospital has the counter for the sale of products. Besides that counter the hospital participates in exhibitions and organizes sale at vantage points in the city. The prices are fixed by the price fixation committee for selling the products and the incentives of the patients.

Over last 5 years, 12 deaths and 4 escapes. There is no suicide or homicide over this period. Even among deaths and escape there is a decreasing trend. All cases of deaths, post mortem examination has been done.

Patient dress is changed on daily basis or it is changed whenever required, where linen is changed at alternate days. There are 5 dresses given to each patient and other linen in adequate amount is available. Proper measures are taken for anti-lice, anti bug, anti malaria and mosquito repellent are used in the hospital in sufficient amount.

At present about 17-18 routine blood tests are done but it seems that HIV test and X-ray are not being done although MRI and CAT scan are going to be installed. All psychological tests are available and most of these test are being conducted at this hospital. Hospital does not accept the physical emergency patients. Hospital claims that round the clock medical officer remain present in the hospital.

Daily average 313 patients per OPD day, is present annual average, which has increased from 250 daily average in 2014. At present about 8300 new and 86000 old patients annually report for OPD services. There are about 100 chairs for patients and relatives in the waiting area of OPD. There are arrangements of drinking water, toilet facilities, recreational avenues through news papers, color television have been made. The registration time is 5 minutes and examination time is 30 minutes to one hour. Record file for each patient is being maintained under HMIS system. Dispensing of medicines is done in the same OPD, which takes another 10-15 minutes. There is one café is running in the OPD with the help of Altruist NGO. The café's name is Parivartan from 2017, which is claimed to be neat and tidy.

This hospital provides satellite consultation services, to central Jail Ahmadabad, few CHCs such as Bavla, Dholka, Bagodara, Dhandhuka, Detroj, Mandal, Sanand and Viramgam, AWAZ Bapunagar and Narigruh odhav on 8 days in a month.

The hospital has about 4 psychiatrists out of which 3 posts are filled. 6 honorary psychiatrists are also working . 6 medical officers are in the hospital, who assist the senior doctors. There are sufficient number of head nurses matrons, nurses and attendants along with Psy social workers, and pharmacists. The shortage seems to be of Psychiatrists as 6 of them are working on honorary basis.

Despite of rehabilitation program there are more than 100 patients/ inmates who can go back to the families but because of less education or family not accepting such persons they continue to remain in 4 mental hospitals of the state.

#### Aadhaar- Helpline for wandering mentally ill


Aadhaar is a free helpline and support service for wandering mentally ill persons and is operational since January 2011. There is a tripartite MOU between, local Ahmadabad city police, hospital of mental health and NGO Altruist. The objective of the project is to rescue mentally ill persons, facilitate their safety, care, treatment and rehabilitate them in the family. Facilitate court/ legal procedure for custody and rehabilitation of persons with mentally ill patients, facilitate the process of disability certification and identity cards for persons with mental illness. Coordination with emergency services has been done, such as 108 for saving life of such persons. Aadhaar helpline is first of its kind in Ahmadabad city. It works on approach from the humiliation to humanity. The project got accepted and

recognition from the community and the police department. The project has been able to reach more than 21000 people within period of 8 years of its inception.

### Recommendations:

1. The hospital campus is large and free from encroachment and at a central location. But the land could have been put to better use and at least 500 beds hospital should have come up at the state capital. Although the 2011 census reports about 1 million persons who are mentally ill but it is grossly under reported. The mental illnesses are increasing and it is estimated that about 1 % population may be suffering from schizophrenia and psychotic depression. Therefore it is imperative for the government to plan accordingly and increase the beds in this State HQ capital hospital to 1000 in next 3 years. There is enough space available for horizontal and vertical expansion of the buildings.
2. The number of Psychiatrists' post created is too little for the number of patients and for a teaching institution. 6 of such doctors are working on honorary basis which is not good at all, for the system. The government must get the place inspected from the MCI and get the requisite no of posts approved by the State government and run the place as per the norms. This place if developed properly can train 20 MD students in psychiatry.
3. The number of annual admissions is too low for a 317 bedded hospital and patient turn over time is too slow. Again it seems that professional approach is bit missing. An expert committee headed by the some higher professional body must make the annual targets for admission and average stay for acute and chronic patients. It seems that at least with 317 beds 10000 inpatients must be the norm, in one year.
4. The OPD, average has increased from 200 per day to 317 per day, but as about 90% patients are the old patients who don't long time to treat as that is repeat medicine annually 9000 patient make it about 30-35 new patients per day is very low intake. It seems many mentally ill, are not able to reach the hospital or going to quacks or private sector. Here the efforts of the management need to increase much more. This major hospital should have minimum 100 new patients and again the target should be revised based on a study be conducted by the experts in the field.
5. The integration with the disability act provision of Jan 2017 act is negligible as the hospital is run by the health department. There is requirement that the department has an integration meetings with the department of disability empowerment with the mental hospital, so that there is full awareness about the benefit which flow out of the new Disability Act are known to the mental hospital management.
6. The hospital management, patients and the relatives were also not aware of the National Trust Act-2001 and about the provision of legal guardian ship under this act. People met me with problems of guardianship for which solutions are available under both these acts but the hospital administration was unaware about them.

7. The new mental health act has also been passed in 2017. The hospital is yet to implement the new act , which must be implemented sat the earliest.
8. The new disability act has provision of 1% jobs for the mentally ill and it has to be brought to the information of the public at large in general and person with mental illness and their families in particular which has not been done.
9. The National trust act, provides for care giver trainings. There are many institutions recognized by NT to impart training of care givers but this hospital despite of being a premier institution was unaware about these program. These training programs are recognized by RCI which was also not known and not taken advantage of the act.
10. The Aadhar helpline is an excellent program which is being implemented in this town with the help of a NGO is a program which needs to be implemented in other towns of the country.
11. The rehabilitation program also need a relook with the help of the other department. The assistance of funds from the skill development program may be taken for this program to train the persons recovering from mental illnesses.
12. All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates and patients. Kitchen is using the inmates. Besides that other requirement of civil hospital and district court, district office for file making, etc should be procured from the mental hospitals.
13. Although there is lot of land of land but no half way home has been created in this mental hospital.

  
8/3/19

Dr Vinod Aggarwal  
Special Rapporteur

**Report 2, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to B M Institute of Mental health In Ahmadabad of Gujarat on 20<sup>th</sup> February, 2019.**

The institute is a research institute for education and clinical work in the area of Mental Health and Disability. It was established in 1951 and is registered under Bombay Public Trust Act, Persons with Disability Act, Rehabilitation Council of India, National Trust and recognized by Government of Gujarat and Gujarat University.

Their vision was to bring change in the life of people related to mental illness and disability. The mission of the institute, to help special need children get integrated services. The institute has become an institute of importance for mental health education and services.

The institute has a multi disciplinary approach for clinical diagnosis, training and care for mental health related problems and disability rehabilitation and an interdisciplinary approach for research, professional education and training.

BMIMH has quite a big chunk of land and over it a beautiful building which has been renovated by the Sarabhai trust recently. The institute in late seventies and early eighties has gone through a rough patch when the institute got closed and which reopened by high Court's intervention and salary of certain employees are coming from government coffers.

BMIMH has believed in adhering to a human rights perspective in rehabilitation services and promote psychological well being. The BMIMH believe in fostering a culture of excellence and aspiration to be the best. BMIMH is now ready to expand their mental health care work to meet the challenges of today and tomorrow. Their team of 5 regular faculty members and 4 guest faculty, 4 special educators, 4 Rehabilitation psychologists, 3 occupational therapists, 1 speech therapist, 1 craft instructor, 1 psychiatric nurse and 1 MSW along with 5 other support staff are there to help and rehabilitate the mental ill and mentally disabled.

The BMIMH can conduct lot many tests which even the mental hospital is conducting or not. But the major input of this institute seems to be in field of mental disabilities as compared to mental illnesses. The institute computer center looked in quite a class and can be used for training of professionals of graduate and post graduate program in the related field. It has 25 new computers and can be used for training in skills through computers.

The BMIMH institute conducts seminar on the on the concerned subjects in sufficient numbers. The seminars are again more towards disability as compared to mental illnesses.

The number of mentally disabled handled by the institute is quite low. Not even 500 cases are being seen by the institute annually. Earlier it had a residential facility for mentally disabled which also been stopped because of shortage of funds. In 2017-18 the cases handled are described below:

1. Average intelligence	=51
2. Developmental Delay	=72
3. Motor Problem	=56
4. Mental illness	=31
5. ADD/ADHD	=51
6. Down Syndrome	=14
7. Learning Disability	= 15
8. Emotional problems	= 27
9. Brain Damage	= 7
10. Genetic disorder	= 12
11. Intellectual disability	= 134
12. Slow learners	=26
13. Speech Problem	=136
14. Behavior Problem	= 100
15. ASD/PDD	=61
16. Low Self Esteem	= 40
17. Vision impairment	= 5
18. Hearing loss	= 4
<b>Total</b>	<b>= 875</b>

If we consider the each case has not been reported twice if having 2 problems as one case only than one can think with about 270 working days about 3.5 patients per day by the institute. With 15 professional 4 regular and 4 guest faculties and director the output in the field of therapy is too low. When there are no indoor patients each professional if spends 4-5 hour in OPD other than teaching and each day the institute should provide services to 75 -100 disabled persons but as many of the persons are getting govt salary and they have made a structure that funds are not coming in garb of that very little therapy and rehab is happening. The institute seems making money in imparting some diploma and degrees in program for which RCI has given recognition.

The following rehabilitation services are further provided


1. **Prayas:** training for children between age of 2-6 years. General stimulation for developing pre educational skills, socio-communication skills, behavior and cognitive skills are given to the children who are at risk of delayed development. At present there are 30 beneficiaries.
2. **Chetan:** It is a an educational program, therapies and intervention services to children diagnosed with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). There are 17 beneficiaries.
3. **Sharda School:** it is a special school registered and offers special education and training in activities of daily living to children with intellectual impairment. There are 120 beneficiaries.
4. **MCW-Multi category Workshop:** MCW is a vocational set up where persons with limited functional abilities, intellectual impairment or psychotic problems are provided vocational training in various skills and trades. The training provided to beneficiaries help in vocational rehabilitation and their main steaming in society. No of beneficiaries are 83.
5. **DCW- Day Care Unit:** DCU is a rehab center exclusively for emotionally disturbed people with psychiatric conditions having psychotic and neurotic problems. It works on a model of treatment, training and rehabilitation. Cases are registered for day care only. No of beneficiaries are 14.
6. **Pehchan:** It is an initiative by B M Institute for economic empowerment of persons with special abilities. Vocationally trained person are involved in designing and production of eco friendly items. Designs for each product are created, keeping in mind the cognitive and physical development of each individual. The process aims at making each person involved in the work self reliant and sustainable.


The institute is also doing community outreach program, and collaborations with other institutes is also being done but the institute did not share how much funds they are getting from government and other sources.

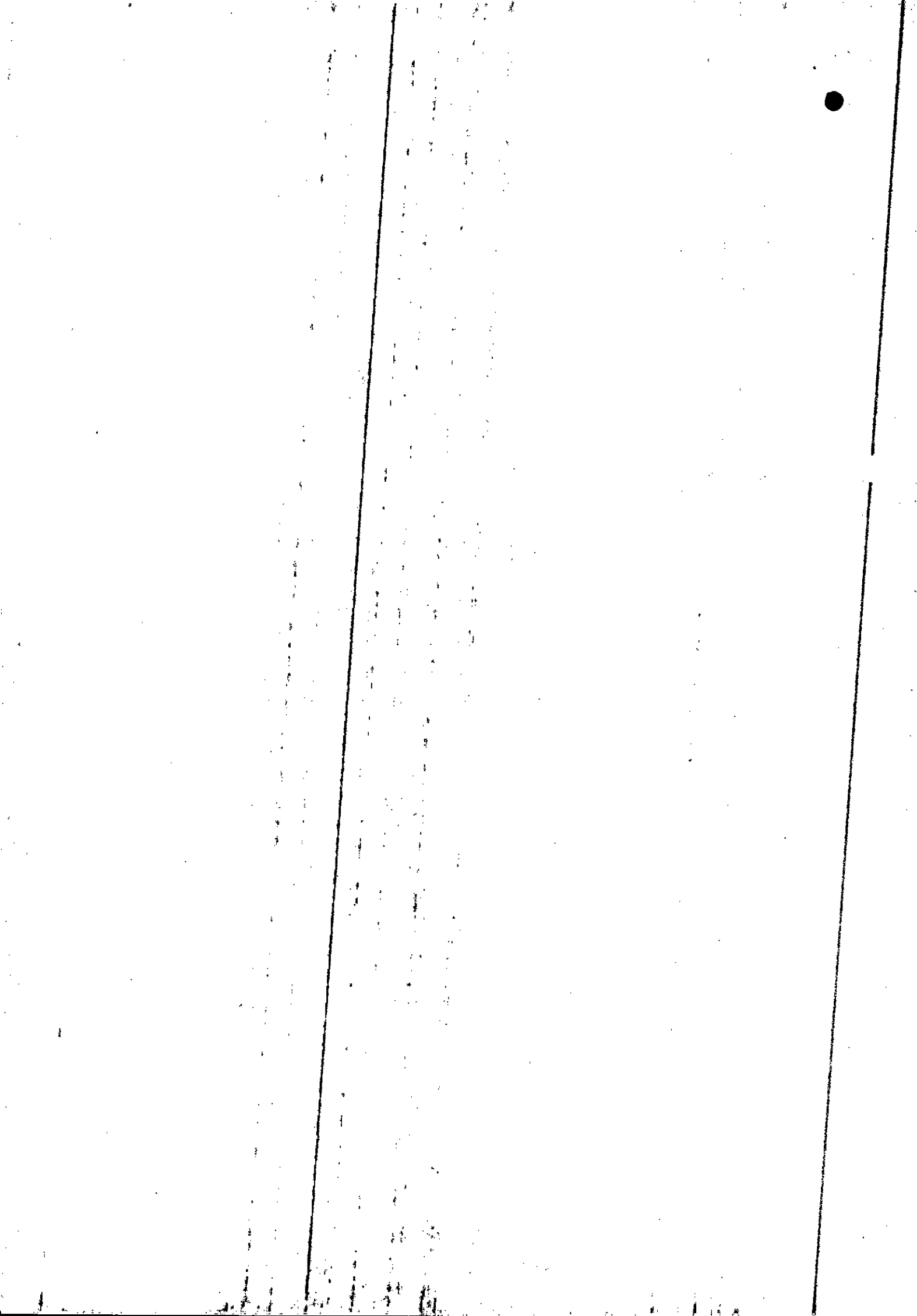


## **Recommendations:**

1. Although institute did not share the fund position including salary and for other work, it is getting from the government and other institutions it is my strong belief that very little work as compared to funds and personal is coming out for public good fromn the institution. Although the management committee is chaired by a retired chief secretary and 3 departments are represented but it seems the meetings are not held regularly or a review of things is not happening. Therefore it is recommended that department of social welfare or whichever is looking about disability empowerment should become the principal motivator and have a monthly review of its actions and achievements.
2. The institute earlier had arrangement in patient treatment which has been stopped for many years. There is no other place which handles the mentally challenged and disabled as a higher centre. Government has also not set up any national institute to cater for this need. The place has enough land building and human resources. Only problem which looked to me is paucity of funds. With so many departments involved, it should be looked at how this place could be brought to a level of an inpatient institute where the smaller NGOs in the same sector could come with cases of autism, cerebral palsy, Mental retardation with and without mental illness for higher level intervention and advice.
3. At present the out put in terms of assets is very low and it seems at least 5 time more work can be performed by the personal if some funds for running the institute are provided.
4. The place is doing work in teaching on disability. The HRD department could be upgraded further for more professionals in the field of mental disability could be created.
5. Last but not the least, my recommendation is that the state government is spending lot of funds, some additional funds could come from Govt. of India , department of disability, and this place could be remodeled into a regional centre of National Institute of Intellectual disabilities (NIMH), Secandrabad.

  
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Special Rapporteur

  
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**Report 3, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Sardar Patel Integrated Rehabilitation Center for Addict- at Ahmadabad of Gujarat on 21<sup>st</sup> February, 2019.**

The de-addiction center named , Sardar Patel Nashandra is being run at Flat no 301-302, Sweni Complex, Akbar, Nava Wadaj, Ahmadabad, since 1985, but shifted to the present location, 10 years back. The government has approved norms for setting up of a 15 bedded integrated rehabilitation centre for addicts (IRCA). Total no of 185 positions have been sanctioned. Out of them 6 positions are in the administrative side and other 9 are towards the medical side.

SN	NAME OF POST	No OF POST	YEARLY EXPENSE	MIN. QUALIFICATION	INCUMBENT	DATE OF APPOINTMENT
<b>ADMINISTRATIVE</b>						
1	PROJECT COORDINATOR	1	180000	GRADUATE WITH EXPERIENCE OF 3 YEARS IN SIMILAR WORK	SH. PRAFUL C NAYAK	1-4-1985
2.	ACCOUNTANT CUM CLERK	1	120000	GRADUATE WITH KNOWLEDGE OF ACCOUNTS AND COMPUTERS	B BHAI PATEL V B PATEL	28-9-2000 11-7-2017
3.	COOK	1	96000			
4	CHOWKIDAR	2	98400	NO FIXED QUALIFICATION FOR EASE POST CONVERTED TO WATCHMAN CUM SWEEPER	J L RABARI	1-4-2015
5	SWEEPER	1	49200		M B THAKOR	
<b>MEDICAL</b>						
1	DOCTOR (PART TIME)	1	162000-198000	MBBS AND HAVE TRAINING CERTIFICATE IN ADDICTION MEDICINE FROM A RECOGNIZED UNIVERSITY	DR HIMANSHU DESAI	27-11-96
2	DOCTOR (FULL TIME)	1	660000		DR ANKUR DAVE	01-9-95
3.	COUNSELLOR/ SOCIAL WORKER/ PSYCHOLOGIST	2	300000	GRADUATE + 3 YEARS EXPERIENCE IN FIELD, .CERTIFICATE OF TRAINING IN DEADDICTION COUNSELLING BY NISD	C. B. PATEL V B VANKAR A B PATEL	1-4-2017 16-1-2018 1-4-2017
4	YOGA THERAPIST	1	60000	PART TIME	A B PATEL	1-4-2017
5	NURSE	2	264000	ANM WITH TRAINED IN DEADDICTION CENTRE OR NISD	A B RAVEL	1-4-2017
					G B RAND	1-4-2016
6	WARD BOY	2	108000	8 <sup>TH</sup> PASS TRAINED BY NISD	J B RATHOD	1-4-2011
7	PEER EDUCATOR	1	108000	LITERATE, EX DRUG USER WITH 1-2 YRS OF SOBRIETY, WILLING TO GET TRAINED, AGREE TO REFRAIN FROM USE OF DRUGS	R B BHAVSAR V RAIPUT	1-4-2016 7-11-2017

The table on previous page gives the details of personal working and the posts which have been sanctioned. The NGO is recognized and funded by government to the extent mentioned in the above table. Out of the running expenses, 90% funds are coming to the NGO, from the Government. Among the positions the posts of cook is vacant. The other persons are working to make the food. The organization has kept 2 accountants and more of medical staff. They have merged the post of sweeper and gaurds. There was little cleanliness, effect of not having the sweeper was clearly visible. Could not see the food, definitely lack of quality food would be visible. For 15 bed de-addiction centre the number of medical personals prescribed is sufficient. The financial aid for salary itself was coming around 17 lakh. For upkeep, food, drugs, bed, beddings, another 8 lakh are also provided. 75 rupee per inmate per day for food is provided.

Rent of the flats is an issue with the management. Rental grant is only 15000 rupee but actual rent is 59000 per month. The municipal tax of 72 thousand has also to be paid. The area is 2012 square feet. . There are 2 living rooms of total size of 600 sq feet. One hall which is under disrepair was about 500 sq feet, in which office is run. For 15 beds place is small and should shift to cheaper area in the semi rural area near the city may be an idea which should be thought over by the management.

The details of the building is down below in table.

SN	TYPE OF ROOM	No	AREA IN SQ FEET
1.	LIVING ROOMS	2	20*15=300*2=600
2.	OFFICE CUM TREATMENT ROOM	1	15*20= 300
3.	BATHROOMS	2	3*6 = 36
4.	TOILETS	2	3*3 = 18
5.	KITCHEN	1	12*8 = 96
6.	ROOM CLOSED	1	20*15= 300
7	STORE	1	15*10= 150


As such the sanctioned capacity is 15 beds, and there were 11 inmates in the home. Dr Karsanda Sanda is the secretary of the NGO and the organizer of the NGO. The institution has Kanhaiya Lal Naik as the president of the NGO for last 4 years. There is not enough space for the center which looks cramped. Although ranted but it seems maintenance has not been done by the owner of the building. The furniture and fixtures have become quite old. It looks that either renovation if form of complete white wash is required along with replacement of 50% of beds and other furniture items and other are required to be repaired.

The residents remain n here for 2-3 weeks. The capacity utilization is less than 50% as many times beds remain vacant. When such facilities are few and far between a waiting list should have been maintained and bed as soon as becomes vacant the new person requiring indoor treatment should be brought inside the centre but that type of planning was not seen. On an average only 200 cases are handled annually, we should have been more than 400. The relapse rate is also high.

The inmates are given tooth paste, soap and oil. The home is maintaining a weekly menu. There is strong need that social welfare department visits this place regularly and see that 100% potential of the place is realized. The institution people complained that the grant is not given on time and they have to keep on moving from pillar to post to get the grant released.

### Recommendations:

- a) The De-addiction centre is run in a flat, instead of remaining in a small flat, at an expensive location, it is desirable that the NGO shifts its operation out the city in a suburb, where bigger place is available. Male and female wards being separated by distance and more orderly system where male and female wings be completely separate with a treatment room and office is being separate.
- b) Ideally the institution now being 30 years old get some land allotted to it for the purpose it is running, with a proper ward system and a hospital format to be run in much more systematic way. The space should be at the prescribed norm of 75 square feet per inmate & office space and sleeping area of watch and ward staff. A facility of 25 inmates shouldn't be less than 5000 sq feet, with a small library and recreational facilities which were completely lacking. TV is also required in the dining area which was not there.
- c) The capacity utilization is less than 50%. This type of institutions which are few and far between, still capacity utilization remains low, less than 50%. The department must discuss with the management to improve the functioning for capacity utilization. The staffing pattern also requires changes, which is slightly top heavy. With 2 doctors and 3-4 paramedic a bigger set of patients/ inmates can be managed with increase in number of watch and ward staff.
- d) It seems NGO is employing people on its whims and there is no cook in the organization at present. The cleanliness also left to much to be desired. The post of cook should not be kept open and sweeper should be separately kept to achieve certain level of cleanliness which was not there.
- e) Even the maintenance was very poor. It seems that the NGO has stopped spending from its own pocket and totally looking towards government for doing anything in this place. The NGO must give a relook to the place that it doesn't look a slum but a good hospital look inside the wards or rooms.
- f) The govt. rate of honorarium could be quite old and require a revision by the concerned agency as they are very low and in many cases even below the minimum wage rate of the state which may be examined by the social justice department.

  
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Special Rapporteur

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**Report 4, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to ICDS program and Anganwadi kenras in Anand and Narmada districts, of Gujarat from 22<sup>nd</sup> February- 23<sup>rd</sup> February, 2019.**

Integrated Child Development Services (ICDS) is the National Government welfare program which provides services of nutrition, health care including vaccination to the children till 6 years of age, pregnant and lactating mothers. These services are provided from Anganwadi centers established mainly in rural areas and through these centers following services are provided to the beneficiaries:

1. Supplementary nutrition
2. Immunization
3. Health checkup and Growth Monitoring
4. Pre-school non formal education
5. Nutrition and Health Education
6. Referral services

Out of above mentioned six services, immunization, health checkups and referral services are offered in collaboration with health Department. In Anand district, ICDS is an old program. At present there are 1993 AW centers. At present, 1488 AW Centers are running in their own buildings. Another 157 are in other govt. buildings.. Remaining 348 are in rented buildings. Under the guidance of the State Govt. there is convergence MNREGA for construction of AW Centers. Almost 75 % are in their own buildings and another 8% in the other government buildings. Thus now more than 83 % AW Centers are in own or govt. buildings. Only 17% are running in rented or rent free building, which makes it very well endowed ICDS. Only 11 AWCs are with out toilets, which is less than 1%. All of them have gas connections and 97% are with electricity. 1963 out of 1993 are with drinking water facility. When we come to RO water facility, is available in 73% AWCs.

The nutritional status of ICDS beneficiaries enrolled in the Anganwadi Centers is as given by the concerned authorities is as under:-

CHILDREN 0-6 YEARS IN ANAND	BENEFICIARY OF ICDS IN ANAND	% CHILDREN COVERED	REMARKS
254008	157571	62%	LARGE COVERAGE

0-5 YEARS CHILDREN IN ANAND DISTRICT	0-5 CHILDREN WHO ARE WEIGHED	% 0-5 CHILDREN WHO ARE WEIGHED	REMARKS
205535	147760	72%	LARGE % IS WEIGHED

In Narmada district, ICDS began long time back. At present there are 952 AW centers. At present, 922 AW Centers are running in their own buildings.

Another 18 are in other govt. buildings. Remaining 12 are in rented buildings. Under the guidance of the State Govt. there is convergence MNREGA for construction of AW Centers. Almost 96.5 % are in their own buildings . Another 2% are in the other government buildings. Thus now more than 98.5 % AW Centers are in own or govt. buildings. Less than 1.5% are in rented or rent free building, which makes it one of the best endowed ICDS. All of them have water facility, gas connections, and electricity. 893 out of 952 are with RO water facility, which is thus available in 94% AWCs.

The nutritional status of ICDS beneficiaries enrolled in the Anganwadi Centers is as given by the concerned authorities is as under:-

CHILDREN 0-6 YEARS IN NARMADA	BENEFICIARY OF ICDS IN NARMADA	% CHILDREN COVERED	REMARKS
78123	48165	61.6 %	LARGE COVERAGE

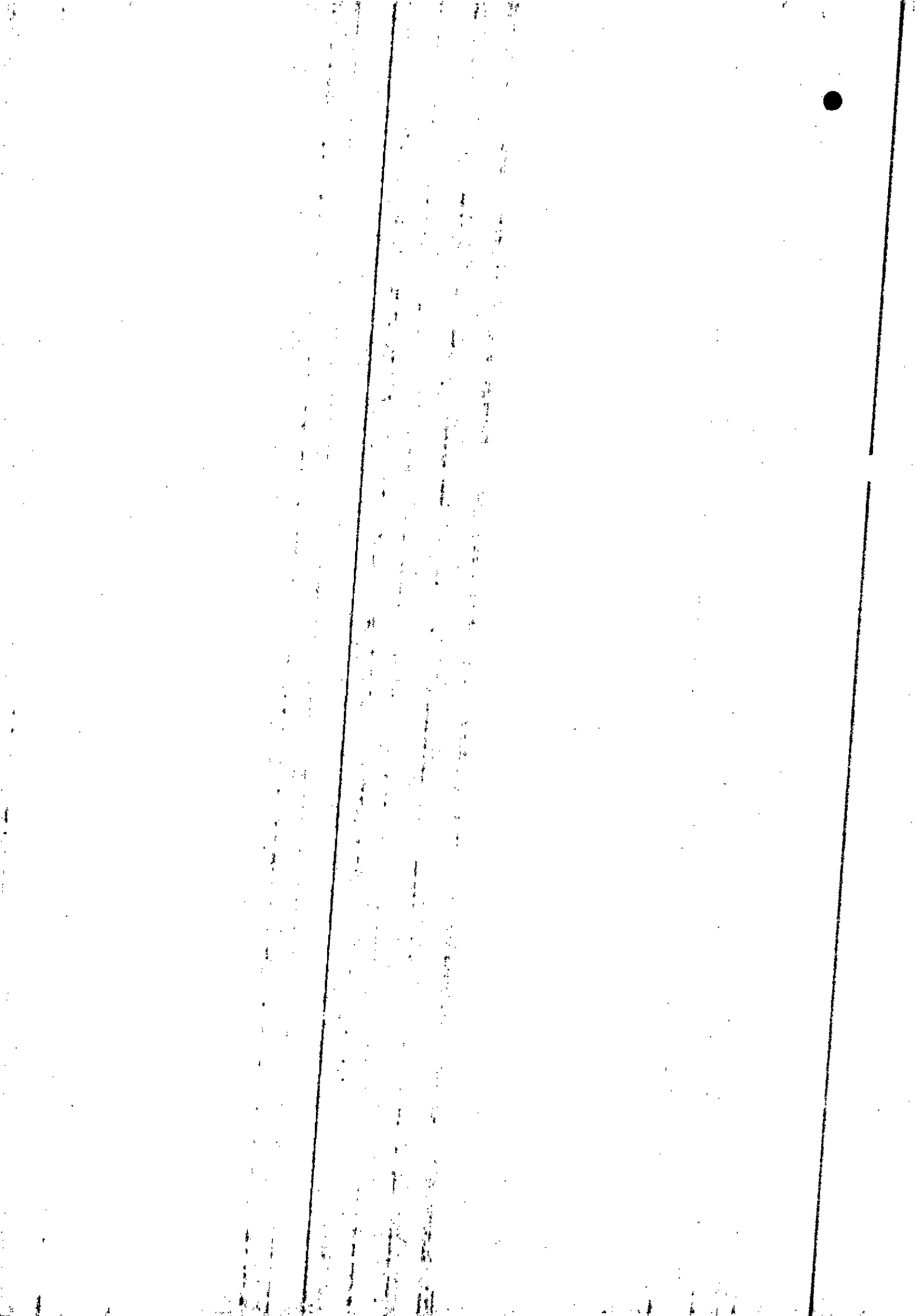
0-5 YEARS CHILDREN IN NARMADA DISTRICT	0-5 CHILDREN WHO ARE WEIGHED	% 0-5 CHILDREN WHO ARE WEIGHED	REMARKS
63875	44503	69.6%	LARGE % IS WEIGHED

## 2. Situational Analysis of in Gujarat, Rajasthan, and UP along with data of Country as a whole.

Gujarat now the area wise one of bigger state in western part of India is home to nearly 5% population of children in the age group of 0-6 years (Census 2011). A large number of these children live under difficult and challenging conditions, because of poverty, lack of education, information and health services. The situation is much better than neighboring states of Rajasthan, and State UP, but still 28 % of female children who are above 6 years and have not attended the school as per NHFS 15-16. Still 36% of households who don't have improved sanitation facility. 77% house-holds don't have health insurance or health cover. About 6.5 % of women are still there who are married and have children or pregnant before the age of 20. Gujarat has 39.3 % under 6 children who are underweight and 9.5% under 6 years are severely underweight.

## 3. National Family Health Survey (NHFS 4) : 2015-16 Comparative of 3 states/UT and Union of India:

15 31





INDICATORS	UP	GUJARAT	RAJASTHAN	INDIA
TOTAL FERTILITY RATE (TFR)	2.7	2.0	2.4	2.2
INSTITUTIONAL BIRTH %	85	89	84	79
CHILDREN AGE 1 -2 YEARS, FULLY IMMUNIZED	67	50	55	62
UNDER FIVE MORTALITY RATE	47	41	51	50
INFANT MORTALITY RATE	35	34	41	41
CHILDREN UNDER FIVE WHO HAVE STUNTED GROWTH	46	39	39	38
CHILDREN UNDER FIVE WHO ARE WASTED	18	23	23	21
CHILDREN UNDER FIVE WHO ARE SEVERELY UNDERWEIGHT	6	9.5	8	7.5

#### 4. Reason for poor malnutrition and health indicators in Gujarat and specifically Anand and Narmada districts.

Poverty, lack of education, poor access and availability of health care services, benign social infrastructure, low nutritional status, some traditional and cultural practices have worked in a vicious circle to keep the pregnant and lactating mothers in a state of denial and distress. However the State Government in collaboration with the Central Government, recent years have taken many novel initiatives and piloted many programs, focusing on women, predominantly pregnant and lactating women and children for improving the services leading to better and more effective intervention strategies for the children, women and adolescents. The Department of Women, Child Development and Social Welfare have taken extensive steps for effective service delivery for pregnant women, lactating mothers and children of 0-6 years.

Although Gujarat has done well in institutional delivery and Total fertility rates, along with infant mortality and under 5 child mortality rates has done well as compared to all India averages and nearby states but in immunization and nutrition Gujarat state is behind the all India averages and even other poorer state like UP and Rajasthan.

## 5. Nutritional Status of Children of Anand and Narmada.

As per NHFS-4, data in the Anand district, there are 41% under-weight and 7.4 % severely under-weight in the district. The district administration data has 0.94% severely underweight and 3.48% are underweight children in 0-6 children. There is a big difference from NHFS-4 data and the actual figure submitted by district administration. Although Children who have been treated for severely acute malnourished who were treated in last one year in the 6 NRCs. The full immunization the figure of district administration is 88% and annual registration of pregnant mothers is 92%. The immunization is about 15% lesser than the figure of 88% because district has high minority population, who are not accepting the immunization program even now.

Visited few centers in the Anand rural and urban area and it was realized that there are working toilets, electricity and gas connections in almost all AWCs. There is potable water provided to the children coming under the AWCs when the number of AWCs are 98%. The growth charts are not being properly maintained and many of the children did not have the immunization schedule being followed as per the requirement. The Children shifting from moderately malnourished to normal weight range are very few. The RO water availability is much lesser as than the figures given by district administration because it seems that the company who has provided is not able to service to maintain them. at all the centers visited the ROs were out of order.

As per NHFS-4, data in the Narmada district, there are 53.6% under-weight and 12.7 % severely under-weight in the district. In the district administration's data has 7.5% severely underweight and 22.03% are underweight children in 0-6 children. There is a difference from NHFS-4, data, but much nearer to NHFS-4 data. Although Children who have been treated for severely acute malnourished in last one year in the 5 NRCs. The full immunization is 67% and annual registration of pregnant mothers is 74%. 4 AWCs visited, almost the AWCs are in their own buildings. The number of underweight children was lesser than reported in all the centers. ROs generally not working. Only at one place it was found working out of 4AWCs visited. Maintenance of registers required guidance by the supervisor and the CDPOs at least at 2 places out of 4.

### **Recommendations and Actionable Points:**

1. The data provided by district project officers of ICDS is at a great variance from the NHFS-4. There could be some improvement in the parameter but reduction in numbers of malnourished cannot be that lesser that it has come down less than 50% from what was reported only 4 years back. Further when coverage is only 50-70% than the poor who have higher % of malnourishment, the percentage of children coming to ICDS should have higher number of such children. But such a situation donot exist. Therefore selection of children for Aangan Wadi Centres should be done in a way that the poorest of poor should be able to reach AWCs.
2. **We must fix a period in which a moderately malnourished child is restored to normal weight range in 9-12 months since he starts attending the ICDS. But as such very few children shift from category of malnourished or severely malnourished, shows that the program is not very successful.**
3. For severely malnourished children, their number should have been around 12 % in Narmada district but the figures of district administration is about 7.5% and in visited AWCs about 5%. This number is unacceptable but reasonable as compared to other parts of the country.
4. **Almost 50% of severely malnourished children are being treated in NRC and that must be made mandatory, for 2-4 weeks should be brought from severe to moderate category in 6-9 months and that be the parameter of AWC work performance in ICDS, which is not being followed.**
5. Out of more than 1.5 lakh, 0-6 years children in Anand almost 72 % are covered in the ICDS, which is very high. The coverage of pregnant and lactating mothers is also sufficient. I feel the ICDS program is doing quite a good work in both the districts. In these districts all AWCs will potable water, toilets, electricity and more than 85% in their own building is a finding which needs to be emulated by other states and other districts of the state. But when RO water filters have been provided than their repair may also be done regularly which it seems that State govt is not able to provide.

6. But the improvement in nutrition status is not happening to the level required by coming to AWCs by the malnourished children. The full immunization % is also not increasing the speed at which it should increase.
7. It seems the Govt. of India has also realized that the ICDS program has failed in evoking the desired results and quietly started a new program with name of National Nutrition Mission, with a target to prevent and reduce Stunting & Prevent Underweight prevalence in 0-6 children by 6 % at the rate of 2 % per annum. Further to reduce the prevalence of Anemia by 9% in 6-59 months of children and women and adolescent girls of age between 15-49 years, the rate of 3% per annum. The reduction of low birth weight by 6 % is also one additional target. Well these should have been the goals of the program

  
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Special Rapporteur

**Report 5, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Children homes, For children in need of care & protection in Anand and Narmada districts, of Gujarat from 22<sup>nd</sup> February- 23<sup>rd</sup> February, 2019.**

The guide lines suggest that in case of children homes the following conditions have been made as the norms:

- a. Children of both sexes, below 10 years can be kept in same home, but separate bathing and sleeping facilities shall be maintained for the boys and girls in the age group 5-10 years.
- b. Separate facilities for children up to age of 6 years with appropriate facilities for infants.
- c. For 50 children home area of 8495 sq feet is required, makes average of 170 sq feet/child, as per the guideline.
- d. Among many other conditions, are non slippery flooring, adequate lighting, heating and cooling arrangement, safe drinking water, clean, accessible gender friendly toilets, high walls is the requirement.
- e. Provision of first aid kits, fire extinguishers in kitchen, vocational training in 12-18 years home, standby arrangement for water storage and emergency lightings.
- f. There are provision of computers, web –cam, telephone with internet facility and many other things yet to be mentioned.

**A) For children in need of care & protection thus there are homes were shown and were functional In Anand district (run by NGOs):**

Only 3 institutions are running in the district were visited and discussed with the officers and employees of the under the child protection scheme (ICPS). There are 2 quasi judicial bodies functioning in the district. They are Juvenile Justice Board (JJB) for the children in conflict with the law and Child Welfare Committee (CWC) for children in need of care and protection (CNCP).

I visited all the 3 homes, and the facilities there were discussed with the personnel of the district ICPS and the staff of the homes. It is clear that whether the children homes run by NGOs or by the district administration, none of them have the physical or other infra structure as per the guidelines. The short comings are many, few are described institution wise, and especially those were visited by me.

**1. Children home for boys,**

It is being run at, Madhudeep Banglow, since 2011. The place is located near Gayatri Dining Hall, Nana Bazar, at Vidyanagar TA.Anand. This home is for boys only. It has sanctioned capacity of 25. There are 11 personals running the home. There are 7 rooms of total size of 1120 sq feet. The details of the building is on next page in the table.

SN	TYPE OF ROOM	NUMBER	SIZE IN SQ FT
1.	SLEEPING ROOM	4	600
2.	DINING HALL	1	100
3	BATHROOMS	4	60
4	TOILETS	4	60
5	KITCHEN	1	100
6	OFFICE ROOM	1	170
7	PLAY GROUND		

At present there are 17 children at present against the capacity of 25. All the children are going to school. 12 children are going to class I-V to a primary school with in one km from the home. 5 are attending school for classes VI-XII at Govt. secondary school, at 2 km from the home. As informed by the management. During the visit, children were found, having their lunch which was satisfactory. The schools are nearby, and management has given cycles to the children for going to schools. The home being run since 2011 and funds are arranged with the government assistance. The children are given 3 sets of clothing. Besides the clothing they are given tooth paste, soap and oil. The home is maintaining a weekly menu, store register, visiting register, medical file.

There are 11 personals looking after the children and home. Mr Vishal K Dave is the superintendent and in charge since March 18. On the post of Probation officer is Mr Sunil B Miakwana from October, 17. The Supt. is assisted by accountant cum store keeper, para medical, 2 watchmen, counsellor, 2 house fathers. They are assisted by a cook and sweeper.

The inspection by various authorities has been done including the additional District and session Judge, Chairman Juvenile Justice Board and the Child welfare committee in the recent pat.. The inspection by the concerned directorate and the department is also being done, which looks satisfactory. All these authorities found the arrangements satisfactory. The space for accommodation is less than required and there is scope of adding space or changing to a bigger building.

## 2. Girls Home Anand, Jiwan Anand charitable trust.

The Girls Home, Jiwan Anand charitable trust is an orphanage, located at BH Dhara food factory, near ISCOM county. The secretary of the trust is Joel Johnbhai Chauhan. It has sanctioned capacity of 25. This Girls Home, Jiwan Anand charitable trust is an orphanage, is running since 2004. There are 12 personals running the home, at present. On the day visit there were 9 girls in the home. There are 14 rooms of total size of 2900 sq feet. The details of the building are down below in table.

SN	TYPE OF ROOM	No	SIZE IN SQ FT
1.	ROOMS	5	720

at 37

2.	DINING HALL	1	750
3	BATHROOMS	3	68
4	TOILETS	3	68
5	OFFICE SPACE	1	800
6	KITCHEN	1	350
7	PLAY GROUND	1	1500

The arrangement of stay for young girls looks sufficient for 16 girls. The dining area is quite big and used for other purposes also. The total area is more than 2500 square feet. The children were wearing school uniforms, but cleanliness was not up to mark. The area of building is lesser than the norms, but because of lesser number of inmates looks okay. No charges are collected from any of the residents and funds supposed to come from Government rupee 2000 per child per month. Transport facility is being provided to girls for going to school.

The children have been given toiletries, uniform, shoes, and other related goods regularly. Besides home dress, slippers, comb etc are provided. Among the personals, the post of doctor is vacant. The food menu, case files, store registers, leave registers, suggestion box, daily activity report of children, management committee register, children committee register are being maintained.

The post of superintendent, examination officer, paramedic and home father along with one post of caretaker is vacant. There are 7 personals including a part time doctor are there.

Inspections have been conducted in near past, by DCPO, chairperson CWC in February 2019. It is required that inspections take place at regular intervals by the state agencies and a gap is also maintained unless there is some complaint.

### 3. Nasheman Orphanage

This girls home has been running since 2005, in an institution which is also having boys and girls who are paying for remaining in the school cum hostel. It has sanctioned capacity of 20 girls. It is being run by Shri Saiyad Ali M Saiyad, near Govt. hospital, Napa, Ta: Borsad, in the Anand. This Nasheman orphanage is self financed by the management and no aid being taken by the organization. The organization is registered under section 41(1) under juvenile justice act for a period from 01-04-17 to 31-03-22.

The organization is gathering donations from the society but nothing from the government. The organization is also registered with the social welfare department.

The home is run by 2 care takers, one cook, one part time sweeper and watchman. The feeling is that cook, watchman and sweeper are shared with other institutions in the same campus. Basically only caretakers look after the institution. The second caretaker has been appointed recently as they may be fulfilling the demand of the inspecting authorities that there is only one very old lady is the care taker inside the campus.

The post of the superintendent, probation officer and counselor all are not created and the trustee Mr Saiyad Ali, who himself is of 80 years perform all those function. The assistance of doctor and paramedic is taken when required and the institution has given the names of these 2 personal.

In the same campus a paid hostel more than 100 boys and girls is being run by the same person. The home thus share certain facilities and personals with other hostels run by the same person. At present only 9 girls are staying against the capacity of 20. Generally the inmates belong to the minority community but one girl belonging to the majority community was also there. Although institution says that food menu, case file, leave register, suggestion box, children committee register is being told to be maintained but I was not shown any register. The medical file, visitor register, are again being told to be maintained There are 4 sleeping rooms for stay of girls, the total area of rooms is 1100 sq feet. The details of the building are down below in table.

SN	TYPE OF ROOM	NO.	AREA IN SQ FT
1.	SLEEPING ROOMS	4	1105
2.	DINING HALL	1	2010
3	TOILETS	7	285
4	BATHROOM	7	285
5	KITCHEN	1	106
6	OFFICE SPACE	1	328
7	PLAY GROUND	1	5767

The girls in the home/ orphanage are there for quite some time. The girls who are there for some time have reached college levels or in higher classes of school. The management seems to be dependent on an eighty year old person but whether the family is involved or not was not clear. It is required that a personalized management if possible be converted to more of a professional management.

The home has at least 2 patterns of inmate entry. Most of the boys and girls are on paid seat. Some might be able to pay partially and some are paid by management. The space is also limited and average space is much lesser the norms.

**B. For children in need of care & protection thus there are homes were shown and were functional in Narmada district (run by NGOs):**

There are not many institutions running in the district. There is only one institution running which is there for very long time and almost has become on government aid. This is the only one in the district, naturally has been recognized by the government and It was visited along with the officers and employees of the under the child protection scheme (ICPS).

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There is one quasi judicial body in the district. They are Juvenile Justice Board (JJB) for the children in conflict with the law and Child Welfare Committee (CWC) for children in need of care and protection (CNCP). The Child welfare Committee is working for few years and had submitted a report of work being done by it in near past.

### The Children Home for Boys

It is being run at, Raj Pippla, in the comparatively new district head quarter since 1949, opposite civil court. The institution is running naturally for last 70 years. The Children home for boys is run by Shree Predeshik Bal Sanraxan Mandal Raj Pipla from 21/07/1949. Now the grand children or great grand children are the representative from the same family in the management committee, who are running the place. The incumbents in all 4-5 posts, sanctioned long time back, are getting their salaries, from the government. The NGO is recognized by the government and 90% funds for running the place are coming to the NGO, from the Government. As such the sanctioned capacity is 50, and there was 37 boys in the home. The institution has enough space but constructed space is very little for the number of children living there. There are few personals running the home. There are 5 living rooms of total size of 2500 sq feet. One hall which is under disrepair was about 1500 sq feet. The details of the building is in down below the table.

SN	TYPE OF ROOM	No	AREA IN SQ FEET
1.	LIVING ROOMS	2	20*25=1000
2.	DINING HALL	1	15*10= 150
3.	BATHROOMS	6	3*3 = 54
4.	TOILETS	6	3*3 = 54
5.	KITCHEN	1	15*10 = 150
6.	ROOM CLOSED	2	20*25= 500
7.	COMMON ROOM	1	25*30= 750
8	HALL CLOSED	1	50*30= 1500
9	OFFICE SPACE	1	15*10= 150
10	PLAY GROUND	1	50*30=1500

Two rooms are closed for the home as the JJB and CWC of the district are running from this campus only. I was told girls home by the district administration is under completion. Once that girls home become functional the JJB and CWC will shift out from this campus to the other home and space will become available to the extent required. If these 2 rooms and the big hall which requires repair are put to use children for sleeping easily the home can accommodate 70-75 children with Double Decker beds which are being maintained by the home administration. All the children are going to school except such children who are sent there for short duration by the CWC as this is the only home in this district as mentioned by the management. But they are given tooth paste, soap and oil. The home is maintaining a weekly menu. There is strong need that the district administration and DCPU regulate this place and reduce the number of children seeing the staff strength and the space. Alternatively to encourage the voluntary activity and papers

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of the institution some funds may be given for additional rooms in the campus. As such at this juncture they are not even given funds for running the place. The institute is mentioning that they are maintaining the children committee register, home management committee register, visitors registers, medical file and daily activity reports register but with lack of personal and space and funds at this juncture insisting of them may not be possible as that may kill the voluntary

It seems inspections have been conducted but details are not shown. For reaching the home the road is not there and this issue also need to be looked into how it can run in long run.


### Recommendations:

1. The guidelines fixed by Government are hard to achieve by the NGOs or even the government run children homes, but still what are the essential features must be worked out by the State ICPS and than that standards must be followed in letter and spirit by all the institutions. Government is even ready to pay for construction of 8745 sq feet of building for 50 children at the per child norm of 75 sq feet. If land is available with NGO and does not have funds the NGO be given funds.
2. It is felt that, there should funds for renovation of the building, as the case of NGO in Narmada which is running a home for last 70 years. The building requires major repairs and if done it is good enough for 75 children for another 30 years. After that a decision may be taken to rebuild as the building would complete 100 years.
3. It would be of utmost importance and imperative on the state government to show to others, that they run their children home as per the standard guidelines. Therefore in each district at least one home should be run by the government as a model for others to follow. In Narmada one girls home is under construction and the district administration /state government should clearly state that the building as per the norms formulated by GOI.
4. hey become 18 -19 they are able to secure living on their As far as, I feel it must be done at the earliest, that the vocational training component is added in institutions, which is at present non existing. On this point compliance may be obtained from district team looking after the home and involved in release of funds. Most of the institutes visited are in didactic teachings which may not benefit the students unless they are extremely bright to get jobs in competitive market. It would be important that the linkages with ITIs must be developed to making them good in some job, like plumber, mechanic, tailor, embroider, electrician , mason , welder or carpenter so that they are able to secure jobs and once town.
5. In Anand district, the Nasheman orphanage, at Napa about 20 kms from the district hq , which has been running for last 14 years, there need to be some demarcation of the paid or non paid and girls although shown to be kept separately to maintain a distinct identity, but need to have certain additional parameters. The local CWC

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should examine, this matter thoroughly. The audit of the institution has also not been done in near past. I feel the affairs of this institution should be seen by a higher level functionary from the state level. The number of personal should also be increased and matter of this institute be set in a manner that they are fair and no one seems to have managed the things in his or her own way. As this is an institution where girls are staying whether free of cost or on payment, the supervision of the government and CWC is a must.

6. The boys home at, Madhudeep Banglow, near Gayatri Dining Hall, Nana Bazar, at Vidyanagar TA. Anand, has very little space for children for living. As the boys are lesser, there fore the shortage of space is no coming to fore too much, but as such more space is required for the children. Again the commercial training in trades is short coming. At present the staff complement is sufficient and it caters to all need of the boys.
7. The Girls Home Anand, Jiwan Anand charitable trust has also shortage of space for girls if all 25 girls for which sanction is given are there to live. No vocational training is imparted. The personal are much lesser than the prescribed norms and it is expected that the CWC should examine and get the recommendations implemented.
8. The boys home at Raj-piplaha in Narmada district, has lot of space but the government has taken 2 rooms from the management for running the CWC and JJB in the district. The management is not spending much, not even 10% which they are supposed to spend. Building needs renovation and building requires funds for renovation which it seems present trustees doesnot seems to be interested in spending. Govt. is using 2 rooms as mentioned for last few years. Based on fair rent for usage charges of 2 rooms some funds should be given to the home. It seems new public figures be added in the management who are keen as present trustees are neither giving time and money and living on old laurels of their parents and grand parents who started this place 70 years back and must have ran this well next 30-40 years but it seems that in last 10 years contribution of trustees is very little. The expenses of treatment of children and festivals suggest that very little is done by the trustees.

  
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