

Monitoring of Economic, Social and Cultural Rights by NHRC: Inspection Formats for Schemes & Programmes in States/UTs







NATIONAL HUMAN RIGHTS COMMISSION INDIA



National Human Rights Commission

Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi-110023, India

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Prepared by:

Dr. B.K. Teja

Editorial Adviser:

Shri Jaideep Singh Kochher Joint Secretary, NHRC

Cover Concept, Editorial & Technical Assistance:

Utpal Narayan Sarkar Asstt. Director (Pub.) NHRC

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Ph.: 011-23593541-42





National Human Rights Commission Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi-110023 Phone: 91-11-24663203 (O), 23012076 (R)

Mob.: 09910063518 E-mail: member1.nhrc@nic.in

FOREWORD

The National Human Rights Commission was constituted under the provisions of the Protection of Human Rights Act, 1993. The mandate of the Commission is better protection of human rights. According to Section 2(1)(d) of the Protection of Human Rights Act, "human rights means the rights relating to life, liberty, equality and dignity of the individual guaranteed by the Constitution or embodied in the International Covenants and enforceable by courts in India". Obviously human rights include all the rights necessary for an individual to lead a life with dignity.

In India, protection of human rights is a constitutional value and a constitutional goal. In view of the Articles contained in Parts III and IV of the Constitution of India, protection of human rights is an obligation of the State. Protection of human rights is also a duty of the citizen in view of the citizen's fundamental duty under Article 51A(a), to abide by the Constitution and respect its ideals and institutions. The role of the National Human Rights Commission is to motivate and persuade the State to discharge its obligation and the citizen to discharge his duty.

Section 12 of the Protection of Human Rights Act mentions the functions of the National Human Rights Commission. They include:

- (1) inquire, suo motu or on a petition presented to it by a victim or any person on his behalf or on a direction or order of any court, into complaint of (i) violation of human rights or abetment thereof; or (ii) negligence in the prevention of such violation, by a public servant;
- visit, notwithstanding anything contained in any other law for the time being in force, any jail or other institution under the control of the State Government, where persons are detained or ledged for purposes of treatment, reformation or protection, for the study of the living conditions of the inmates thereof and make recommendations thereon to the Government;
- (3) spread human rights literacy among various sections of society and promote awareness of the safeguards available for the protection of these rights through publications, the media, seminars and other available means.

To carry out the functions of the Commission, the Members and the Officers of the Commission and the Special Rapporteurs engaged by the Commission visit jails and other institutions for the study of living conditions of inmates thereof and make recommendations to the Government. The Commission also inquire into complaints of violation of human rights or abetment thereof or negligence in the prevention of such violations by a public servant. Since right to good governance is a human right of a citizen, the Commission is also required to monitor the implementation of various programmes and schemes of the Government for the welfare of the people in general and the poor and the marginalized sections of the society in particular. To enable the Commission's Officers and Special Rapporteurs to conduct effective monitoring and make effective evaluation based on definite data and common norms, it was found necessary to provide them upto-date knowledge about the contents and details of the programmes/ schemes being implemented by the Central as well as State Governments and also to make available to them specific questionnaires / inspection formats for eliciting necessary information and collecting required data on the schemes not only from the implementing authorities but also from the field workers. Accordingly, the questionnaires / inspection formats relating to important schemes/ programmes of the Governments have been prepared and are being published in two volumes. This work has been carried out by Dr. Balbir Kaur Teja, Consultant, NHRC in consultation with Shri S.C. Sinha, Member, NHRC, Shri Sayanarayan Mohanty, Secretary General, NHRC and Shri J.S.Kochher, Joint Secretary, NHRC. Savita Bhakhry, Joint Director, Shri U.N. Sarkar, A.I.O and Shri Guljeet Singh, Research Assistant also have assisted in this effort.

I am sure that this publication will be very useful to the Members, Officers and Special Rapporteurs of the Commission.

Justice Cyriac Joseph

New Delhi

10th December, 2015

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MAHATMA GANDHI NATIONAL RURAL EMPLOYMENT GUARANTEE ACT (MGNREGA)

Stat	e and	d Central Governmentis Role
•	Is S	tate Government doing the following:
	>	Publicizing the provisions of MGNREGA through Information Education and Communication (IEC):
	>	Disseminating information in remote areas, SC/ST hamlets through TV, radios, films, print Media (please give details):
	>	Undertaking other activities at grass-root level to generate awareness about various provisions of the scheme:
•	The	extent of awareness created by IEC among:
	>	Workers:
	>	Rural households:
	>	Marginalized communities:
•		dequate training imparted to key agencies including Gram chayats, persons of different departments involved in
	impl	ementing MGNREGA at district and state level ?:



2.

	>	If yes, are key functionaries provided basic train issues pertinent to the Act and guidelines?:	
	>	Does training contents include the following:	Yes/No
		Effective planning	
		 Work measurement 	
		Public disclosure	
		Social audit:	
•	Doe	s Central Government bear:	Yes/No
	•	100 % wage cost of unskilled and manual labourers	
	•	75% material cost and wages of skilled and semi-skilled workers	
	e Pla jects	yed by Panchayats in Selection and Implem	entation of
•		Gram Sabha convened as and when MGNREGA co strict?:	mmences in
•		nelf of projects for the village recommended by Gran roved by Zilla Pancyats (Please explain)? :	n Sabha and
•		permissible works under the scheme predominater and soil conservation, afforestation and land ones?:	-
	>	If not, what types of projects are undertaken:	
•	ls ex	secution of 50% of the works allotted to Gram Panch	nayats? :



	•	Is 60: 40 wage and material ratio maintained while implementing projects?:
		➢ If not, what ratio is maintained and reasons for not maintaining 40 : 60 ratio:
	•	Is machinery used and contractors engaged in implementation of MGNREGA projects? :
		> If yes, please give reason for doing so:
	•	Are Gram Panchayats doing social audit?:
	•	Are all accounts and records relating to scheme available for public scrutiny? :
	•	What steps have been taken to implement special provisions for women with disabilities, widows, single and deserted women in each household (Please explain):
3.	Reg	gistration for MGNREGA
	•	What mechanism is adopted for mobilizing applications for registration?:
		Is door to door survey undertaken to identify persons willing to register under the Act? :



>	Is registration open throughout the year at Gram Panchayat's office?:
Stat	tus of adults applying for registration for work under MGNREGA:
>	How many households willing to do unskilled manual work have applied for registration at the Gram Panchayats in last two years?:
Nur	nber of persons applied:
>	In writing:
>	Orally:
Nur	nber of local applicants:
	es one third of the beneficiaries registered for work under the Act apprise women?:
>	If not, what was the share of female applicants in total number of applicants in last two years:
>	Please give reasons for lower percentage of female applicants:
adu	rerification relating to local residence, household as an entity, It status of members of household completed within stipulated e of 15 days after the receipt of application?:



	If not, please giver reasons for not doing so:
	How many persons are found to be furnishing wrong information? :
	Are Gram Panchayats entering all particulars in Registration register?
	Was enrolment of beneficiaries low? :
	➤ If so, please give reasons for the low enrolment:
4.	Job Cards
	 Status of job cards issued to registered households by Gran Panchayats:
	How many households have been issued job cards? :
	 Are job cards issued within the stipulated time of 15 days after receip of application for registration? :
	If not, please give reasons for not doing so:
	Is photograph of the applicant attached to the job card?:
	If immediate provision of the photograph is not possible, doe photograph attached to the card within a month? :

•	Is cost of the card and photograph covered under the cost of the programme?:
•	Does job card remain in the custody of the Household? :
	➤ If not, please explain :
•	Are job cards valid for five years? :
•	Is there some provision for additions and deletion of members eligible for work? :
•	Does job card contain permanent information relating to household as well as employment details for five years?:
•	Number of complains relating to non- issuance of job cards made to the progrmame officer in last two years:
•	Number of complaint made against programme officer to designated grievance- redressal authority in the last two years:
•	Are all complaints disposed of within 15 days? :
	If not, please give reasons for not doing so:



5. Application for Work

•		workers submitting their applications for work to Gram chayas?:
	>	If submitting directly to Programme officer, please give reasons for doing so:
•	Are	application forms provided free of cost? :
•	Does	s applications for work submitted in writing include the following?:
	>	Registration number of the job card:
	>	Date from which employment is required:
	>	Duration for which employment is required:
	>	Is employment required at a time or in different periods in a year:
•	Tota	I number of applications received for work in the last two years:
•		applicants issued a dated receipt for work immediately upon mission of application for employment?:
•		nber of dated receipts issued to applicants on receipt of their ications for work in last two years:

	•	Are all applications for employment entered in the employment register?:
		> If not, please give reasons for not doing so:
	•	Are Gram Panchayats sending information on new applications to the progrmamme officer once a week?:
6.	Sta	tus of Employment Provided
	•	Are Gram Panchayats providing employment to applicants within 15 days of receipt of application or from the date employment is sought in case of advance applications?:
	•	Does Programme officer provide Employment to the applicant in case of Gram Panchaya's inability to do so?:
	•	Does Gram Panchayat intimate allotment of work to the applicant to Programme officer and vice versa? :
	•	Does Progrmme officer make alternate arrangements in case the implementing agency upon receiving application for work does not start work on time and does not employ the applicant?:
	•	Does District Programme Coordinator make appropriate arrangement for employment in case progamme officer fails to provide employment as per applicants entitlement? :



The status of application years under MGNRE		and work provi	ded in last tw
Category of job seekers	Number of applications received	Number of persons provided work	Share of applicants provided work in total applicants (% terms)
 Male workers 			
 Female workers 			
◆ SC/ST workers			
Different age group	s		
◆ Total			
Number of workers year:	who could not b	e provided work	in the last tw
➤ Please give rea	asons for not pro		
Is work provided with		of the village:	
In case work is provextra wage of 10% expenses?:	ided beyond 5 K		orkers provide
Number of persons p	provided job with	nin 5 km radius ir	n last two year

	•	Number of persons provided work beyond the radius of 5 kmsin last two years:
	•	Number of persons paid 10% extra wages for working beyond the radius of 5 kms. in last two years:
	•	Number of persons working beyond radius of 5 kms in last two years but not paid 10% extra wages:
	•	Please give reasons for not providing 10% extra wages to persons engaged beyond radius of 5 Kms.:
7.	Une	employment Allowance
	•	Is unemployment allowance paid to applicants as per the provisions of the Act, if work is not provided within 15 days of applications for work? :
	•	Is unemployment allowance paid on weekly basis? :
	•	Number of persons to whom employment could not be provided within 15 days in the last two years:
	•	Number of persons to whom unemployment allowance was provided within 15 days:
	•	Is compensation paid in the event of non-payment of unemployment allowance within 15 days? :



	pay	imber of persons to whom compensation was yment of unemployment allowance within a period at two years:	d of 15 days in
В.	Worksit	te Facilities	
	• Sta	atus of certain facilities provided at work places:	
	• Pr	ovision of following facilities at worksite	Yes/No
	•	Medical aid	
	•	Drinking water	
	•	Shade and Crèche in case of more than 5 children below the age of 6 years at worksite	
	>	If not, please give reasons for non-provision of	
		es a person preferably a female engaged to look at the crèche? :	
9.	Wage P	Payment	
		e wages paid according to the Minimum Wages ricultural labourers in the State?:	
		e wage rates displayed prominently at the worksite	
		e wages paid according to piece rate or daily rate?	
		e they paid daily wages at wage rate not less than the Centre? :	Rs. 60 notified

•	Are equal wages paid to both male and female workers?:	
•	Does persons engaged to look after the children in the crèche persons equal to the prevailing wage rate paid to unskilled workers	s? :
•	Are workers paid a portion of wages on daily basis during the per of employment? :	
•	Is disbursement of wages done on weekly basis on a pre-defined ay in Gram Panchayat? :	 ned
	➢ If not on weekly basis, is disbursement of wages done with period of 15 days? :	 in a
•	The total number of workers employed in last two years un MGNREGA in the State:	der
•	The status of their wage payment in last two years:	
•	Persons paid wages Within a week Within 15 days December 15 days	rs
•	Beyond 15 days Please give reasons for delayed wage payment beyond 15 days:	
•	Is State Government bearing the cost of compensation paid workers for delayed payment of wages? :	 I to



	Number of persons to whom compensation was paid for delayed wage payment in last two years:
,	Are wages paid through banks and post offices? :
	Are banks/post office accounts opened on behalf of all concerned aborers by appropriate authorities e.g. Banks and Gram Panchayats?
	Are bank/post office accounts opened without charging any amounfrom labourers?:
	Are separate individual account for women members of household opened in case of male headed households?:
1	Is payment of wages made through a pay order generated in favor of a group of workers in the Muster Roll addressed to Branch Manage for crediting the amount shown against workers in the account of workers with a request to make payment to workers on demand?:
	If not, please give reasons for the same:
	Is a wage slip generated when amount is paid for intimation to workers?:
	Is amount disbursed to workers on production of wage slip and withdrawal slip? :

10. Impact of Implementation of MGNREGA

•	Туре	e of activities undertaken in MGNREGA (Please give details):
•	Con	tributions made by MGNREGA in:
	>	Generation of livelihood security:
	>	Reducing gender discrimination:
•	wom	plems if any, faced in providing equal opportunities to rural nen under MGNREGA:
•		act of MGNREGA on:
	>	Optimal utilization of existing resources in rural areas:
	>	Creation of productive assets in rural areas:
	>	Reduction of environment vulnerability due to implementation of works under the Act:
	>	Revival of Panchayat Raj institutions including Gram Sabhas:
	>	Reduction in distress migration:
	>	Making administrative personnel acquainted with Electronic Fund Management System (e-FMS)?:
•		use give specific suggestions for effective implementation of the NREGA:

IMPLEMENTATION OF INDIRA AWAS YOJANA (IAY)

1.	Но	using status in the State:
	•	Total number of families in the state:
	•	Number of families living in:
		> Rural areas:
		> Urban areas:
	•	Number of families not having adequate housing facilities in:
		> Rural areas:
		> Urban areas:
	•	Percentage of families not having adequate housing facilities in:
		> Rural areas:
		> Urban areas:
	•	Please explain reasons for not having adequate housing facilities:
2.	Sta	itus of implementation of Indira Awas Yojana (IAY):
	•	Is State Government implementing Indira Awas Yojana (IAY) to provide affordable houses to Below Poverty Line (BPL) households by:
		 i) Providing financial and technical assistance to BPL households (please explain):

	11)	households:	na vuinerabie
•	ls S	tate Government providing house sites by:	
	a)	Allotting public land:	
	b)	Purchase of land:	
	c)	Acquisition of land:	
•	Doe	es land allotted to eligible BPL households have the	e following:
			Yes/No
	Pro	per connectivity:	
	Pow	ver connectivity:	
	Ade	equate supply of drinking water:	
	Env	rironmental sanitation:	
	Soc	ial infrastructure like anganwadis,	
	con	nmunity hall, work sheds:	
	Acc	ess to public institutions:	
•		nere any provision of reimbursing money spent or see sites by BPL households (please explain):	•
	iii)	Constructing new pucca houses with each he minimum built up area of 20 sq. meters excluding	nouse having the toilet:
•	Are	new pucca houses have the following facilities:	Yes/No
	Toil	et:	
	Soa	ak pit and compost pit:	
	Sm	okeless chulha:	
	Batl	hroom	



iv) Upgrading dilapidated and kutcha house to a standard similar to a new house:

Are dilapidated and kutcha houses upgraded with following

improvements: Upgradation of walls and roofs: \triangleright Repairs: Replacement of parts and the like: 3. Category of families covered under IAY: Are following categories of beneficiaries covered under IAY: Homeless poor families: \triangleright Families living in dilapidated houses: \triangleright Families living in kutcha houses: 4. Categories of families given priority Are following categories of eligible beneficiaries given priority: Manual scavengers: Rehabilitated bonded labourers: \triangleright Women in difficult circumstances including widows, divorced or deserted, victims of atrocities:

		>	Mentally challenged persons (With 40% disabilities):
		>	Physically challenged persons (with 40% disabilities):
		>	Transgender persons:
		>	Widows and next- of-kin of member of defense/paramilitary/ police forces killed in action (even if not BPL) and other homeless BPL families:
5.	Earn	nark	ing of funds
	•	Are	funds earmarked for following categories of BPL Households:
		>	SCs and STs Beneficiaries:
		>	Minorities:
		>	Person with disabilities:
6.	Res	ervat	tion of funds
	•	ls 5 level	per cent of total fund allocation kept as reserve fund at Central for:
		>	Rehabilitation of BPL families affected by natural calamities, violence, law and order problems:
		>	Settlement of freed bonded labourers and liberated manual scavengers:
>		Sett	tlement of particularly vulnerable tribal groups:



7. Implementing agencies

	•		State Government implementing IAY through the following noies:
		>	Zila Parishad or its equivalent:
		>	Village Panchayats at local levels for selection of the habitants and beneficiaries, supervision and monitoring:
8.	Awa	rene	ess among BPL beneficiaries
	•	Are	eligible BPL beneficiaries informed about following details:
		>	Their rights and responsibilities:
		>	Housing designs:
		\triangleright	Constructions technologies:
		>	Costs for labour and materials :
9.	Stat	us o	f issuing the following:
	a)		ction order in prescribed format in favor of each beneficiary ag following details in local language:
		§ ▶	Terms and conditions:
			Payment schedule:



	b)	Entit	lement card to each entitled beneficiaries indicating:
		>	Available supports services available:
		>	Outer time limit for different services:
		>	Mechanism for rederssal of grievances:
9.	Fur	nds tra	ansfer
	•	Are	funds transferred to beneficiaries in:
		>	Cash:
			Bank/post office :
	•	pres the p	payment in cash be made under special circumstances in the ence of all members of the Gram Sabha after taking receipt or payment from the beneficiary:
10.	Allo	otmen	nt of house
	•	Is al	lotment of house made in the name of :
		>	Husband and wife (jointly):
		>	Female head in case of widows, unmarried, separated:
		\(\)	Persons with disabilities selected under the quota:
	•	Is th	ere a provisions for non-alienation for at least 15 years?



11. Construction of houses

	•	Is construction of houses carried out by beneficiaries themselves:
	•	Are houses under IAY constructed by Contractors?:
		If yes, are releases made under IAY recovered if contractors are involved?:
	•	Is construction entrusted to reputed agencies in case of old beneficiaries above 60 years of age and person with disabilities on their request on their writing?:
	•	Are Government department/agencies give technical assistance or for coordinating supply of construction material, if beneficiaries so desire?:
	•	Are services of reputed NGOs/ charitable organization etc. be utilized to provide necessary support service? :
12.	Stat	tus of the following:
	•	Is it mandatory to have a particular design of construction? :
	•	Is technical and managerial guidance provided for construction of IAY Houses?:

13. Release of Funds

•	Are funds released to beneficiaries in installments?:				
	>	if so, is release of each installment of funds linked to level of construction:			
•	Are	different installment of funds released in following manner:			
	>	First instllment of 25% of unit cost on Awas Divas:			
	>	Second installment not exceeding 60% of unit cost on reaching lintel level:			
	>	Third and final installment of 15% of the unit after completion of construction of the house including sanitary latrine and beneficiaries started living in the house:			
•	offic the	elease of each installment preceded by site visit by designated ters and verification of work details which would be uploaded to programme website along with the photograph (please explain):			
•	ls f	loor finishing, fixing of the shutters to doors and windows, stering other than what is essential to withstand natural forces painting insisted for releasing funds (please explain):			

14. Arrangement of loans

• Is State Government arranging loans from banks including



		cooperative banks for IAY beneficiaries to supplement the grant assistance?:
	•	Is loan provided at the subsidized rate of interest?:
	•	Is loan amount paid promptly?:
	•	Does maximum amount of loan exceed Rs. 50000?:
15.	Are	following stages of the construction maintained:
	•	Stage 1- construction up to lentil level within 9 months from date of release of first installment:
	•	Stage 2- completion of construction within 9 months from the release of the second Installment:
	•	Problems faced by BPL beneficiaries in completing their house within prescribed time period of two years from date of sanction of first installment due to difficulties in mobilizing additional required funds (please explain):
	•	Is State Government facilitating the beneficiaries in completing their houses within maximum three years?:

16. Formalities to be completed

	cons	struction of their houses:	
	>	IAY Logo:	
	>	Name of the beneficiary:	
	>	Year of construction:	
17.	Panchay	atís role in implementing IAY	
	• Are	Panchayats performing the following functions:	Yes/No
	>	Coordination of base line survey using socio economic caste census data:	
	>	Conducting IEC campaign through various field level functionaries to build awareness of the scheme among people:	
	>	Finalizing five years priority list:	
	>	Annual select list of the beneficiaries:	
	>	Identifying families who cannot construct houses on their own:	
	>	Identifying NGOs/Civil organizations of repute to construct houses for such beneficiaries:	
	>	Arranging meeting of the beneficiaries at village level Panchayat to sensitize beneficiaries on: Different aspects of the constructions of the houses:	

Are beneficiaries fixing board displaying the following after completing



		•	Access to support services from differer	nt sources:
		>	Promoting affordable and green technol	ogies:
		>	Assisting social audit teams to conduct	social audit:
18.	lmp	act o	f Indira Awas Yojana	
	•	Plea	se give following details	Numbers
		>	Beneficiaries covered under IAY :	
		>	SCs/ STs:	
		>	Persons with disabilities:	
		>	Women in difficult circumstances:	
		>	Houses completed:	
		>	Houses inspected:	

IMPLEMENTATION OF DIFFERENT SCHEMES AND PROGRAMMES FOR PROTECTION, WELFARE AND DEVELOPMENT OF CHILDREN

1.	Sta	Standard of Living of Children:		
*	Status of Children Entitlement and Actual Access to Basic Amenities:			
	•	What are children's entitlements to basic amenities?:		
	•	What basic amenities are actually available to children?:		
	•	The gap between children entitlement and their access to basic amenities?:		
	•	Do they have proper access to nutritional food to eat and health support (Please explain):		
	•	Are children the marginalized and vulnerable section of the society?		
	•	Are children malnourished and live precariously?:		
	•	Are they deprived of education facilities and lack in confidence and self-esteem (Please explain):		



	•	Are	e they trapped in a labour pool in informal sector?:
	•	Are	e children languishing in streets?:
	•	Are	e they tortured and subjected to abuse and exploitation?:
	•	Are	e they forced to work as:
		>	Casual labour:
		>	Migrant labour:
		>	Bonded labour:
		>	Doing menial jobs:
2.			of following Schemes run by Government for proper ment of Children:
l .		-	ed Child Development Services (ICDS):
	•	Are	all eligible beneficiaries registered under ICDS?:
	•	Ave	rage number of days in a month when following services are vided to children at the Anganwadi Centres:
		>	Supplementary nutrition:
		>	Immunization:

		>	Health check-ups:		
		>	Referral services:		
		>	Pre-school non-formal ed		
		>	Nutrition and health educ		
.•.	ladua	-	struct of American di Com		
*			cture of Anganwadi Cen	ires:	
	•	Are A	AWC housed in:		
		>	Community centres:		
		>	Rented buildings:		
	•	Build	ling status of AWC:		
			of buildings from e AWC are running	Number of AWC	Share in total (% terms)
		• P	ucca buildings		
	,	• S	emi Pucca buildings		
	,	• K	utcha buildings		
		• C	pen space		
		• V	Vell lighted and ventilated		
	,	• S	pacious		
		• F	Rooms with fans		



	•	Number of rooms in a AWC for:
		> Housing children:
		> Cooking food:
		> Storage of provision:
	•	Are all AWCs having the facility of:
		> Toilets:
		> Urinals:
	•	If yes, is the condition of toilets and urinals satisfactory of unsatisfactory:
	•	Are toilets and urinals having supply of running water:
	•	If not, percentage of AWCs not having supply of running water in:
		> Toilets:
		> Urinals:
*	Loc	cation of AWC:
	•	Distance of Anganwadis from beneficiary households:
	•	Number of Anganwadis located at :
	•	100-200 metres :
	•	150-200 metres :
	•	More than 200 metres :
*	Sta	itus of potable water:
	•	Sources of water supply to AWCs:
		Piped water:
		> Hand pumps:
	•	Percentage of AWC having:
		Piped water:

			Hand pumps:	
	•	ls w	vater of hand pumps tested at regular intervals?:	
*	Sta	tus o	of following Services provided at Anganwadi Ce	
a)	Nut	trition	n including Supplementary Nutrition:	
	•	Are	all families in the community surveyed to identify:	
		>	Children below the age of 6 years:	
		>	Pregnant and nursing mothers:	
	•	brid inta com	upplementary feeding support provided for 300 day ge the calorie gap between national recommended ke of children and women in low income and d nmunities?:	vs in a year to I and average isadvantaged
	•	Are (with	Anganwadi workers making efforts to ensure e hin one hour of birth) and exclusive breast feedin irst 6 months of birth?:	arly initiatior g for childrer
	•		Anganwadi Workers (AWW) and Anganwadi pers (AWH) providing:	Yes/No
		•	Take Home Ration (THR) in palatable form for children in the age group of 6 months to 3 years	
		•	Two meals of cooked and hot food served in Anganwadi Centres to children in age group of 3-6 years	
		•	Morning snack in form of milk/banana/egg/ seasonal fruits/ micronutrient fortified food	



	•	Cooked food around noon	
	•	Supplementary nutrition to all children below 6 years for 300 days in a year	
•		s expenditure incurred on each child conform llowing prescribed norms:	Yes/No
	•	Rs. 4 on each child of 6-72 months:	
	•	Rs. 6 spent on malnourished child of 6-72 months:	
	•	Rs. 5 on each pregnant woman and nursing mothe	r:
•		calories and proteins supplied to children conform llowing prescribed norms	Yes/No
	•	500 calories and 12-15 grams of protein for each child of 6-72 months:	
	•	800 calories and 20-25 grams of protein for each severely malnourished child of 6-72 months:	
	•	600 calories and 18-20 grams of protein for each pregnant and nursing mother:	
•	unde to st	Sovernment of India allocating food grains (where wheat Based Nutrition Programmes (WBNP) at tates to meet their requirements for supplementary efficiaries?:	t BPL rates
	>	If yes, please give details of total quantity of allocated under WBNP in the last 2 years:	food grains

•		following steps undertaken for growth moni veillance:	toring and nutrition
	>	Weighing children below the age of 3 years 3-6 years quarterly:	
	>	Maintaining weight for age growth cards for years to assess nutritional status and growt	all children below 6 h faltering if any:
	>	Providing special supplementary feeding children:	
	>	Referring malnourished children to medical	
•	Sta	tus of cooking food:	
•	Ava	ilability of adequate space for:	Yes/No
	>	Cooking food	
	>	Storage of dry ration	
	>	Cooking utensils	
•	Mod	de of cooking food	Tick the relevant
	>	LPG	
	>	Kerosene Stove	
	>	Fire wood	
•	Ava	ilability of the following	Yes/No
	>	Stainless utensils for:	
	>	Cooking food:	
	>	Serving food:	
	>	Utensils for storage of food grains and other ingredients:	



	>	Running water for cooking and cleaning utensils:	
	• Are	hygienic standards maintained while cooking Fo	ood? :
		cooks asked to wear aprons and caps while coo	· ·
	Are eati	children asked to wash their hands with soap ng food? :	before and after
b)	Immuniz	zation:	
	• Wha	at is the status of the following:	
	>	Immunization of children below 6 years by MOs, them from six vaccine preventable diseases diphtheria, pertussis, tetanus, tuberculosis, and	poliomyelitisd measles:
	>	Immunization of pregnant women against tematernal and neonatal mortality:	tanus to reduce
c)	Health C	check-ups:	
	• Are	MO/ANM/AWW taking	Yes/No
	>	Health care of children below the age of 6 year	rs
	>	Antenatal care of expectant mothers	
	>	Post natal care of nursing mothers	
		Primary Health Centres and AWW providing the wing services to children	e Yes/No
	>	Regular health check-ups:	
		Recording weight of children below 3 years every month:	

d)

	>	Recording quarterly weight of children of 3 to 6 years	
	>	Immunization:	
	>	Management of malnutrition:	
	>	Treatment of Diarrhoea:	
	>	De-worming:	
	>	Distribution of simple medicines:	
•	Pei	rcentage of the AWC having the following:	Yes/No
	>	Medical kits:	
	>	Baby weighing scales:	
	>	Adult weighing scales:	
	>	Materials/aids for nutrition and health education:	
•	Per	centage of children who were not weighed:	
•		centage of children born with low weight (below nor 00 grams):	mal weight of
Ref	ferral	Services:	
•		ve anganwadi workers been oriented to detect on the confident of the confi	disabilities in
•	regi	anganwadi workers enlisting all disabled childre ister and refering them to medical officer of Printre/Sub-centre?:	•



		e AWW/ANMs referring sick and malnourished children in need of empt medical attention to Primary Health Centre or Sub-centres?:
e)	Non-for	mal Pre-School Education (PSE):
	• Are	e Anganwadi Centres set up in all villages for:
	>	Providing pre-school education to children in the age group of 3 to 6 years:
	>	Preparing children for primary schools:
	>	Total development of underprivileged children in the age group of 3 to 6 years by providing them natural, joyful and stimulating environment:
f)	Nutritio	n and Health Education (NHED):
	car loo	e AWW/ANM/MO providing nutrition, health and education for pacity building of women in age group of 15-45 to enable them to k after their own health, nutrition and development needs as well of their children and families?:
*	Status	of ICDS in respect of the following:
	• Are	e all eligible beneficiaries registered under ICDS (please explain):

	• Imp	act of ICDS on the following:
	>	Proper physical development of children:
	>	Improvement in nutritional standards:
	>	Reduction in malnutrition:
	>	Improvement in health status of children in age group of 0-6 years:
	>	Reduction in incidence of mortality, morbidity:
	>	Effective co-ordination and implementation of policy amongst other departments to promote child development:
		es ICDS team comprises the following to achieve convergence of erent services:
	>	Anganwadi workers, Anganwadi helpers, Supervisors, Child Development Project Officer (CDPO), District Programme Officers (DPOs), Medical Officers, Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA):
*	Status o	of AWW and AWH:
		AWW and AWH selected from local community to act as frontline orary worker of ICDS programme? :



•	Wha	at are the literacy standards of Anganwadi Workers?:
•	ls tra	aining provided to Anganwadi workers and Anganwadi helpers? :
	۸	ANADAL
•	Are	AWWs performing the following functions:
	>	Working as an agent of social change:
	>	Mobilizing community support for better care of young children, girls and women:
•	The eac	amount of monthly honorarium paid by Government of India to h:
	>	Anganwadi worker (AWW):
	>	Anganwadi helper (AWH):
•		state Governments/UTs giving some monetary incentives to W and AWH for additional functions assigned to them?:
•	 Are	AWW and AWH:
	>	Granted maternity leave for 135 days:
	>	Covered under Anganwadi Karyakartri Bima Yojana under LIC's Social Security Scheme:
	_	
•	Are	following scheme of giving recognition to good voluntary work to

motivate Anganwadi workers implemented in the state?:

	>	A cash award of Hs 25000 and a Citation at Central level:
	>	A cash award of Rs 5000 and Citation at state level:
•	othe	
•	Are serv	25% of AWW engaged from AWH with 10 years satisfactory rice and meeting requisite qualifications of age and education?
•	Has	AWWs and Helpers Welfare Fund been set up at State level? :
•	Has leve	Grievance redressal machinery been set up at State and district
lmp	oact c	of ICDS on the following:
•	Stat	
•		nber of:
	>	Births of children in a year:
		Deaths of children in a year:
	>	Maternal deaths in a year:



	•	Supplementary nutrition provided to number of:
		Children in the age group of 6 months to 6 years:
		> Pregnant and lactating mothers:
	•	Number of 3-6 years children attending pre-school education:
	•	Number of beneficiaries covered under:
		> Immunization:
		> Health check-up:
		> Referral services:
	•	Number of home visits made by AWW and AWH:
II.	Dha	anlakhsmi Scheme:
	•	How many families of the girl child have been covered under this scheme in the State / District :
III.	•	iv Gandhi National CrËche Scheme for Children of Working ther:
	•	How many children have been covered under this Scheme in the State/ District:
	•	Are following services provided in the crèche:
		Supplementary nutrition :

	Emergency medicine and contingency:	
IV.	Integrated Programme for Street Children	
	Are sufficient funds provided for the wholesome deviction children without homes and family tie?:	·
	 Is financial assistance provided to eligible NGOs wo welfare of street children?: 	-
	If Yes are NGOs providing following services:	Yes/No
	◆ Formal and Non- Formal Education:	
	◆ Shelter Homes :	
	◆ Vocational Training:	
	 Nutrition and Health Care: 	
	 Sanitation and Hygiene: 	
	Safe Drinking Water:	
	 Protection against abuse and exploitation: 	
٧.	Shishu Greh Scheme:	
	 Is grant of Rs. 6 lakhs provided per unit of 10 children Greh?: 	
	Is minimum standard of care provided to abandone destitute children?:	
VI.	Protection of children from Sexual offences:	
	What facilities are provided to children facing sexual offe explain):	nces (Please



		•	Status of the following	Yes/No
		•	Is child friendly procedure followed in reporting, recording of evidence, investigation and trial of offences? :	
		•	Does evidence of child recorded within prescribed time frame? :	
		•	Does trial of the case held in camera?:	
	•	Are	children subjected to more heinous offences:	
		>	Admitted in the nearest hospitals within 24 hours the crime:	of reporting
		>	Taken care and rehabilitated in shelter homes:	
	•		s medical examination of child conducted in the preents of the child or any other person of child's confid	
	•		best interests of children observed in every stagesss?:	ge of judicial
	•		authorities running awareness schemes for reducing ase explain):	g the offence
	•	Num	nber of cases relating to sexual offences registered	
'II.	Chil	dren	with Substance Abuse	
	•	Num	nber of substance abuse children in the district/state) :

	•	number of substance abuse children enrolled in renabilitation nomes:
	•	The income group to which substance abuse children belong (please give details):
	•	Percentage of substance abuse children belonging to low income groups:
	•	Are rehabilitation homes not accessible to majority of substance abuse children due to their poverty? :
	•	If so, please explain the steps taken by the government for rehabilitation of children belonging to lower income groups:
	•	Why sale of injurious substances like cigarettes and gutka to children has not stopped despite Government awareness programmes and pictoral warnings (Please explain):
	•	Please give specific suggestions for assisting substance abuse children:
/III.	Juv	enile Justice Act
	•	Number of Juvenile homes in the state/district:
	•	Total authorized capacity of the Juvenile homes:
	•	Number of juvenile held in the juvenile homes:



Per	capital availability of space in juvenile homes:					
Number of rooms in juvenile homes:						
	nber of juveniles kept in each room:					
Are	rooms well lighted and ventilated? :					
Num	nber of toilets available in juvenile homes:					
Wha	at is toilet-juvenile ratio?:					
Are	juveniles provided adequate quantity of following items:					
>	Bathing soap:					
>	Washing soap and detergent:					
>	Tooth brush and tooth powder/paste:					
>	Hair oil:					
>	Cots and mattresses:					
>	Number of blankets, bed sheets, pillows and pillow covers:					
>	Number of dresses in a year:					

IX.

	>	Shoes or chappals:
•		children in conflict with law taken care by specially trained officers ase give details)? :
•		Juvenile homes monitor the activities of children after they leave juvenile homes (Please explain)? :
•	Stat	us of the following:
	>	Number of children employed successfully after their release from the juvenile homes:
	>	Number of children coming back to juvenile homes after committing crime again:
•		children taught the same subjects in juvenile homes as are that in other Government schools?:
•		at type of vocational training is imparted to children in juvenile
•		market related crafts covered under vocational training grammes (Please explain)? :
OI- ::		-4FI- Dd Otdai- Dd
Chii		of Female Prisoners Staying in Prisons:
•		nber of children below 6 years of age staying with their mothers be prisons:



•	Faci	lities provided to children in the prison (Please explain):							
•		Is crèche facility available? :							
•	Are	they provided special food?:							
		If yes, are they provided nutritious and balanced food? :							
•		adequate arrangements made for education of children of female oners?:							
•		children sent to nursery schools outside the prison or inside the on?:							
•	Are	they provided the following medical and health facilities:							
		Regular health check-up :							
		Immunization and vaccination:							
	>	Recoding weight:							
	>	Referring sick children to outside hospitals:							
•		at arrangements are made for sending children after attaining of 6 years to children homes (Please give details):							

X. The Child Labour (Probation and Regulation) Act, 1986:

•	what is the magnitude of the child labour in:					
	Rural Areas:					
	Urban Areas:					
•	Number of children engaged in:					
a)	Manufacturing Sector:					
•	Number of children engaged in manufacturing processes of the following home based industries:					
	Brassware:					
	Fireworks:					
	Diamond cutting:					
	Gem Cutting and Polishing:					
	Glass and Bengal making :					
	Carpet making:					
	Stone quarries:					
	Brick kilns:					
	Sericulture- silk industry:					
	Bedi making :					
	Pottery units:					
	Textiles and Weaving:					
	Printing:					
	Embroidery and zarimaking:					
	Leather flaying and tanning etc.:					
b)	Agrarian Sector					
•	Number of children engaged in agricultural and allied occupation as					
	Part of family labour:					
	Individual workers:					



	c)	Service Sector					
	•	nber of children engaged in service sector as:					
		Self employed labour:					
		Invisible labour:					
		Wage based employment:					
	d)	Socially condemnable jobs					
	•	Number of children engaged in the following Socially condemnable jobs:					
		All forms of Slavery:					
		Debt bondage serfdom:					
		Forced/compulsory labour:					
		Child pornography:					
		Child prostitution:					
		Child drug peddling:					
	•	What are the causes of child labour in the State/ District? :					
	•	What steps have been taken by the State Government to check the problem child labour? :					
XI.	The	Prohibition of Child Marriage Act					
	•	Is child marriage prevalent in the State/ District?:					
		If Yes, Number of Child Marriages solemnized in the last 2 years:					

	•	The number of complaints registered against child marriage:						
	•	What action has been taken in such cases of child marriage?:						
XII.	Beti	Bachao Beti Padhao						
	•	Has Beti Bachao Beti Padhao programme launched in the State to improve the child sex ratio? :						
		> If yes, in how many districts the programme has been launched? :						
	•	How effectively have the existing Legislations and Acts, especially to Strengthen the implementation of Pre-Conception & Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (PC&PNDT Act) with stringent punishments for violations of the law been enforced in the State?:						
	•	Is girl child provided equal access to various services? :						
	•	Are essential requirements related to Nutrition, Health Care, Education and Protection of girl child being met to enable every girl child to develop to her full potential- especially the right to quality, early childhood care, elementary and secondary education?:						
	•	Has Sex Ratio at Birth (SRB) improved by 10 points in a year? :						
	•	How much gender differentials in Child Mortality Rate has been reduced from 8 points in 2011 in case of children under 5 years? :						



•	Has nutrition status of girls improved? :
	➤ If yes, what is the reduction in number of underweight and anaemic girls under 5 years of age (from NFHS 3 levels)? :
•	Is universalization of ICDS, girls' attendance and equal care been monitored using joint ICDS, NRHM Mother Child Protection Cards? :
•	Has the girls' enrolment in secondary education increased from 76% in 2013-14? :
	> If yes, how much?:
•	Is every girl school provided with toilets?:
•	How effective is the implementation of promoting a protective environment for Girl Children through implementation of Protection of Children from Sexual Offences (POCSO) Act 2012?:
•	Have elected representatives/grassroot functionaries been trained to act as Community Champions to mobilize communities to improve CSR & promote Girl's education? :
•	How successful is the mass Communication Campaign on Beti Bachao-Beti Padhao? :

	•	Panchayats, Anganwadi Centres, PHCs?:
	•	Has the grass-root functionaries of different departments been sensitized & trained on the issue of CSR, value of girl child & promote her education to create an environment for survival, protection and education of girl child? :
	•	How effective is the monitoring mechanism at the State and District level? :
	•	Has a State Task Force with representation of concerned Departments including State Level Services Authority and Department of Disability Affairs for Beti Bachao, Beti Padhao been formed at the State level to coordinate the Multi-Sectoral implementation of the Scheme? :
	•	Are deputy collectors coordinating the actions of all Departments through District-level officials and undertaking monthly review of the progress on the activities listed in the Department Plans of action at the district level? :
XIII.	Suk	anya Samriddhi Account
	•	Have the legal/natural guardians opened saving account in the post office/ authorized branches of commercial banks in the name of the girl children? :
		If yes, how many accounts have been opened in the State/ District under this scheme?:



		How much amount has been deposited? :
	•	Have the passbooks been issued to the depositors? :
XIV.	Miss	sion ñ Indradhanush
	•	Is Mission Indradhaunsh being implemented in the State? :
	•	If yes, how many districts have been covered in:
		> The first phase:
		> Second phase:
	•	Has the coverage of immunization of children increased by 5 percent
		per year?:
	•	Were four special vaccination campaigns conducted between March and June 2015 to cover all children of less than 2 year of age and
		pregnant women for Tetanus Toxoide vaccine?:
		> If not, how many special vaccination campaigns were conducted
		and reasons for not conducting all the four campaigns:
	•	Had special campaigns conducted for seven to ten days every month for the four consecutive months (March to June 2015)? :
		ior the loar consecutive months (waron to bane 2010): .
		Have micro plans been developed on the basis of lessons learning
		from Polio eradication to make the mission more successful? :



XV. Right to Education (Covered under Education)

XVI. Mid-day Meal (Covered under Education)

XVII. Sarva Siksha Abhyan (Covered under Education)

IMPLEMENTATION OF DIFFERENT SCHEMES AND PROGRAMMES FOR PROTECTION, DEVELOPMENT, EMPOWERMENT AND WELFARE OF WOMEN

mu	ia Ga	indin matritva Sarryog Tojana (IGMST)	
*		e State Government implementing the wing provisions of IGMSY:	Yes/No
•		ing provisions for securing just and humane ditions of work:	
•	agric and	eavoring to secure all workers engaged in culture, industry and otherwise a living wage such conditions of work that ensure a decent dard of life:	
•	a ce bene enga	riding maternity leave to female employees for rtain period before and after child birth and other efits to protect dignity of motherhood of employees aged in mines, factories, plantation, shops and other blishments employing 10 or more persons:	
•		t, please give reasons for not providing:	
	>	Humane conditions of work:	
	>	Living wage and such conditions essential for a dece of life:	ent standard

	>	Den	ial of n	naternity l	eave:					
2.	-	iv G		Scheme	for	Empower	ment o	of Add	olescent	Girls
	*	Stat	us of i	mplementa	ation of	the follow	ing prov	isions (of RGSE	AG:
	•	Spre	ading	awarenes	s abou	t the follow	wing (ple	ease ex	plain):	
		>		•	, ,	ene and nu				
		>	Fami	ly welfare	and ma	anagemen	t:			
		>				tive and S		,	,	
		>		ly and chil						
		>	age g	group of 1	I-18 ye	d health s ars:			J	
	•		viding 6 escen	6 Kg of free t girl:	food gı	ains every	month t	o each ı	undernou	ırished
	•		_			and empo				
	•					d skills, life				
	•		nstrear cation:	ming out	of sch	ool adole	scent g	irls for	mal/non	formal



	•	Prin	rming adolescent girls about available public services, such as nary Health Cenres, Community Health Centres, Post office, ks and Police station etc.:
		>	If not implemented, please give reasons for not Implementing RGSEAG:
3.	Do	wry P	rohibition Act
	•	Is th	ne State Government strictly implementing the dowry prohibition ?:
	•	If ye	es, the success achieved in:
		>	Stopping to give or agreeing to give dowry in the form of any property or valuable security by one party to another party to the marriage:
			Framing and compliance of rules in accordance with which list of presents given at the time of marriage to bride and bridegroom is to be signed and maintained by bride and bridegroom along with the following details:
			i) Brief description of presents:
			ii) Approximate value of he presents:
			iii) Names of the persons who have given the presents:

	iv) The relationship of the person giving gifts to the bride/ bridegroom:
	 The number of dowry related cases registered in the state in the last 3 years:
	How serious were these cases? :
	Please explain the action taken by the concerned authorities for non-compliance of different rules framed by the State Government:
l.	A comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation, and Reintegration of Victims of Trafficking and Commercial Sexual Exploitation (UJJAWALA)
	Is the practice of trafficking women for commercial sexual exploitation prevalent in the State?:
	If so, what are the causes of trafficking of women?:
	 Is State Government undertaking the following multi sectorial approach through:
	> Social mobilization:
	➤ Involvement of local communities:
	Awareness generation programmes:
	Generate public discourse through work shops, seminars, and other innovative activities:



	(please explain):		Government
	>	Preventive measures to check women trafficking vulnerable areas and sections of population:	especially in
	>	Rescue measures to rescue victims from place exploitation:	
	>	Rehabilitation of trafficked women by providing bas including shelter, food, clothing, medical care :	sic amenities
	>	Providing counseling, legal aid and guidance:	
	>	Providing vocational training in market oriented tra	
	>	Facilitating reintegration of the trafficked victims in and society:	·
	>	Facilitating repatriation of cross-border victims to to of origin:	their country
•	Impa	act of various steps taken by the State Government	?:
	*	Status of the following in last 2 years:	Numbers
	>	Raids conducted to rescue trafficked women:	
	>	Trafficked victims rescued:	
	>	Trafficked women rehabilitated:	
	>	Trafficked women reintegrated into the family:	
	>	Cross border trafficked women repatriated to their countries of origin:	

5. Domestic Violence Act

Are	there Women Help Lines in the State? :
>	If yes, are women aware of these help lines?:
Hov Stat	v complaints relating to domestic violence are reported in the
	State Government set up complaint cells for registering plaints relating to domestic violence?:
	nber of cases relating to following types of domestic violence stered in the last 2 years:
>	Physical abuse including assault, criminal intimidation, and criminal force to cause:
>	Bodily pain, harm, or danger to life, limb, or health:
>	Impairment of health and development of the aggrieved person:
>	Sexual abuse including any conduct of sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of woman:
>	Verbal and emotional abuse including insult, ridicule, humiliation, name calling; repeated threats to cause physical pain to any person to whom the aggrieved female is related:



	>	Economic abuse including deprivation of all or any economic or financial resources to which aggrieved person is entitled under the law or custom:
	>	Harassment, harm and injuries caused to the aggrieved person to coerce her or any other person related to her for meeting any unlawful demand for dowry or other property or valuable security:
	>	Threatening the aggrieved person or any person related to her:
•	Wha	at are the major causes of domestic violence (please explain)? :
•	The expl	immediate relief given to victims of domestic violence (please
_		
Hor	or K	•
•	victi	us of honor killing by family or social group due to belief that m has brought dishonor to the family or community as a result or picion of the following behaviors (Please explain):
	>	Dressing in a manner unacceptable to the family or community:
	>	Wanting to prevent or terminate an arranged marriage:
	>	Desiring to marry by own choice to a person of:
		Same gotra:
		Lower caste:
	>	Engaging in heterosexual acts outside marriage:

6.

		Non sexual acts perceived as inappropriate:	
	>	Engaging in homosexual acts:	
•	Sta	atus of honor killing in the State:	Number
	>	Total cases of honor killing reported in the state	
	>	Women killed	
	>	Girls killed	
	>	Men killed	
	>	Boys killed	
•	Nur	mber of honor killing in rural areas in the last 2 yea	rs:
•	 Nur	mber of honor killing in urban areas in the last 2 ye	ars:
•		centage of honor killing in rural areas in the total h	nonor killing ir
•	•	olice protection provided to couple if threatened to reaste:	marry outside
	>	If so, how long the security is provided to the cou	
•	Rol	e played by Khap Panchayats in honor killing (plea	
•		ase give specific suggestions to check honor killing	j :



7. Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act

•	Wha	at is the nature of sexual harassment at workplaces	?:
•		women belonging to scheduled cast and scheduled dvantaged:	
	>	If so, please explain:	
•	ever	an Internal Complaint Committee (ICC) been cory workplace engaging 10 or more employees?:	onstituted at
	>		
•	Has leve		
	>	If not, please give reasons for not doing so:	
•	Are	women employees aware of the following:	Yes/No
	>	Complaints about sexual harassment can be filed with ICC and LCC within 3 months of the incident :	
	>	Domestic female workers can file complaint about sexual harassment to LCC:	
•		ICC and LCC completing enquiry within requisite post from the date of filing the complaint?:	eriod of 90

8.

	If not, please give reasons for not doing so:
•	Total number of employees at work places:
•	Number of women employees:
•	Percentage of women employees in total workforce:
•	Number of complaints about sexual harassment reported by womer employees in the previous year:
•	Please explain the action taken against the harasser:
•	Please give suggestions for stopping sexual harassment a workplaces:
Sta	king (Eve Teasing)
•	Are women aware that following actions of a man are offence in the eyes of law and he can be punished for such actions:
	Following a woman against her wish:
	Contacting or trying to contact a woman to foster personal interaction despite repeated clear indication of disinterest by such woman:
	Monitoring internet, email or any other forms of electronic communication used by a woman:



•		nber of men committing such offence of stalking were given wing punishments during the last two years:
	>	Imprisonment upto 3 years and a fine on first Conviction:
	>	Imprisonment upto 5 years and a fine on subsequent convictions
•	Are	emergency helplines available for females? :
•	Nun	nber of eve teasing cases reported in the state in the last 2 years
•	ls vi	deo/audio recording done when complaints are made? :
•		nber of female constables posted in each police station:
•	the	women facing any problems in reporting eve teasing cases in police stations?:
	>	
•	Are	women harassed/eve teased in:
	>	Public transports:
	>	Public places like parks, bus stops, railway stations, markets places, roadside etc:
		If so, please explain the nature of harassment:
		Verbal:
		Physical:
		Visual:

	•	is general public nelprul if women raise objections for eve teasing?
		If so, please explain whether they confront the harasser or call the police:
	•	Are women satisfied with the existing provisions of law against eve teasing:
		> If not, please explain:
	•	Please give specific suggestions for controlling stalking:
9.	Chi	ld Marriage
	•	Are people aware that marrying a girl below the age of 18 years is illegal? :
	•	Are some cases of child marriages reported in the state? :
		➤ If so, number of cases of child marriage reported in last 2 years:
	•	What action is taken if a complaint is made about girl child being forced to marry:
10.	Fen	nale Feticide
	•	What is the gender ratio in the state? :



•	Are people aware that pre-natal sex determination test is a criminal offence? :
	If yes, are people still resorting to pre-natal sex determination test to have only boy child:
•	Are some doctors/nursing homes doing illegal practice of pre-natal sex determination? :
•	Are women forced to abort child if pre natal sex determination test confirms a girl child? :
•	Are doctors/nursing homes resorting to abortions even at advanced stage of pregnancies:
•	Number of cases of pre-natal sex determination tests and abortions reported in last 2 years in the state:
•	Action taken against the doctors/nursing homes for carrying out: > Pre-natal sex determination tests: > Abortions:
•	Please give specific suggestions for stopping practice of pre-natal sex determination and aborting the child if it happens to be a girl:
Indi	ra Gandhi National Widow Pension Scheme (IGNWPS):
•	Is State Government covering following widows under IGNWPS?:
	Widow belonging to below poverty household:

11.

		Widows in the age group of 40-79 years:
	•	What is the monthly amount of pension? :
	•	Is it just Rs 300 per beneficiary as provided by central Government or state Government is also contributing some amount to it?:
	•	Are all eligible widows covered under this scheme?:
		If not, the number of widows covered under this scheme in the State:
	•	Please explain the reasons for not covering all eligible widows:
12.	Edu	ıcation Facilities for Women
	•	Are boys and girls given equal education opportunities in the state?
	•	Is school environment conducive for girls? :
		> If not, please explain:
	•	
	•	> If not, please explain:
		> If not, please explain: Do people prefer home schooling for girls?:



•	Share of girls in total enrolled students in the schools:
•	Number of girls attending school regularly:
•	Number of girls/women who can read and write:
•	Number of female teachers posted in the schools:
•	Percentage of female teachers in total staff strength of teachers:
•	Are girls aware of certain scholarships/benefits available to meritorious girl students? :
•	Status of implementation of the scheme of condensed courses of education initiated by Central Social Board (please explain):
•	Are education opportunities at primary/high school and secondary levels and additional inputs of skill development/vocational training provided to:
	> Adult girls/women who could not join the mainstream education:
	> Dropouts from schools:
•	If not please give reasons for not doing so:
•	Is priority given to tribal, hilly and backward areas? :

13.

	>	If not please explain:
•		course contents need based and modified according to local uirements to empower women?:
•	Wh	at was the status of following in the last 2 years: Number of courses sanctioned:
	>	Number of couses actually run:
	>	Number of girls and women covered under the scheme in last 2 years:
Hea	alth C	care Schemes
•		tate Government providing adequate, accessible and effective lth care facilities to women in the state?:
	>	If not, please explain:
•	ls s	tate government giving information to women on the following:
	>	Women and child health care schemes:
	>	Pre natal and post pregnancies facilities for different age groups:
	>	Facilities provided to females in different Government run and Govt. aided hospitals and clinics in:
		Rural areas:
		Urhan areas:



	>	Health insurance schemes for women:
•	Nur	mber of women enrolled under various healthcare schemes:
•	ls S	State Government doing the following:
	>	Spreading awareness on communicable diseases:
	>	Monitoring cervical cancer, breast cancer and various lung diseases:
	>	Issuing health alerts:
	>	Giving information to females on various family planning measures:
	>	Providing easy access to women contraceptives:
•		women consulted in planning a family? :
•	Are	women aware of various benefits available for them under onal Rural Health Mission? :
•	Are	primary health centres available in the nearby vicinity? :
•		mobile vans available for taking pregnant women at the time of very to nearby health centres?:
	>	If not. Please give reasons:



14. Food, Personal Hygiene and Sanitation

a)	Diet	ry status
	•	Number of meals a female takes in a day? :
	•	Are they taking nutritious and balanced diet? :
		If not are they anemic:
	•	Average number of anemic women in: Rural areas:
		Urban areas:
b)	San	ation and Personal Hygiene Conditions
	•	Are households having toilets in their houses? :
		If yes, is water supply sufficient in the toilets:
	•	f not, are they using community/public toilets? :
		If yes, what is the condition of community/public toilets:
	•	The distance females have to cover to relieve themselves:
	•	What is the status of drainage in rural/urban areas:
	•	Are women taking daily bath with soap:
	•	Are they changing their clothes daily or on alternate days? :



	•	Are they using sanitary napkins?:
		> If not, what do they use during their periods:
	•	Do they wash their hands before and after taking their food? :
15.	Ecc	onomic and Financial Status of women
	•	Are women aware of various provisions of succession act?:
		If so, are they availing their rights in parents property:
		Do they face some problems while exercising their rights (please explain):
	•	Share of women having property including houses they live registered in their names in total female population of the state:
	•	Are they consulted in financial matters of the households? :
	•	Share of working women in total population of: > Urban areas:
	•	Are women working in fields in rural areas? :
		> If so, are they working alone or with their husbands:
	•	Are they registered under MGNREGA? :

	> If so, what is their percentage in total Enrolment?:
•	Are they having bank accounts/fixed deposits in their names? :
•	Are women availing bank loans for economic activities?:
	If so, are banks giving loans to women at concessional interes rates:
•	Have women formed their Self Help Groups (SHG) in the rural areas?
•	If so, how many Self-Help Groups have been formed in the state? :
•	Do these Self Help Groups include SC/ST women? :
•	Are SHG get loan for running economic activities? :
	If so, are banks providing them loans at concessional rate of interest:
•	Is State Government or NGOs assisting SHG in running thei activities (Please explain):
•	What is the representation of women in Village Panchayats? :
•	Do they have some say in village matters? :
	➤ If yes, please explain:



	•	Are they free to visit friends, family or associations? :		
		>	If not, please explain:	
	•	Plea	ase give specific suggestions for women empowerment:	
16.	One	e Sto	p Center Scheme	
	•		s One Stop Center been set up in the State? :	
	•		es, is it located? :	
		>	Within a hospital/ medical facility:	
		>	Existing government/semi government institutions located within two kilometer radius hospital/medical facility in the district head quarter:	
		>	Newly construct building on an adequate and suitable land indentified by the state government:	
	•	Wh	at is the area of the One Stop Center? :	
		>	Is the center having total area of 300 sq. m. and carpet area of 132 sq. m.? :	
		>	If less, the reasons for the same:	
	•	Do	es the center have the following accomodation :	

*	The	Ground floor:
	>	One room for the office off Administrator:
	>	One room for office/ video conferencing:
	>	One room for counselor/ medical consultant:
	>	One room to accommodate a ward with 5 beds to admit women affected with violence:
	>	Lobby, two Toilets, one Pantry room, Stairs etc.:
*	Firs	st floor:
	>	Two room accommodation for administrator:
	>	One Pantry room, one Toilet, Stairs etc.:
	•	Has the One Stop Center been integrated with a Women Helpline to provide the support and assistance to women affected by violence both in private and public spaces? :
	•	Does the center remain open for 24 hours? :
	•	Does the Center have the list of hospitals, police stations, lawyers counselors? :
	•	Has the State government outsourced the activities like management legal assistance, counseling, IT and security etc. for the smooth functioning of the Center?:



•	Is th	ne One Stop Center providing the following services:
	>	Medical assistance including referral to hospital through helpine/centre; and ambulance if require:
	>	Police assistance to assist and facilitate filing of First Information Report:
	>	Psycho-social support/counseling by empanelled counsellors on pro-bono basis or for honorarium:
	>	Legal aid/counselling by lawyers empanelled with District Legal Services Authority (DLSA/SLSA) or empanelled on pro-bono basis or for honorarium:
	>	Short stay shelter with food and clothing:
	>	Make referral to shelter homes for long stay:
	>	Video-conferencing facility to facilitate police and court proceedings:
•	Man Com	the overall management of the centre been undertaken by the agement Committee headed by the District Collector/Deputy missioner of the respective district?:
	>	If yes, What is the composition of the Management Committee?:
	>	What functions are being performed by the Management Committee?:

	•	Has the Central Government providing 100 per cent financial assistance to the State Government/UT Administration? :
	•	What is the amount of recurring grant issued to the States/UT Government?:
	•	Does the State Government operate a separate bank account for the scheme of One Stop Center? :
17.	Uni	versalisation of Women Helpline Scheme
	•	Has a Women Helpline (state level toll free number such as 181) been made universal for providing 24 hour immediate and emergency response to women affected by violence?:
	•	Does this helpline facilitate crisis intervention through referral to police/Hospital/Ambulance services? :
	•	Does this helpline provide information about the appropriate support services available to the woman affected by violence, in her particular situation within the local area in which she resides or is employed? :
	•	Is this number compatible with all the existing telecommunication channels providing post/pre paid mobile or landline services through any public or private network? :
	•	Have all state/district/city level help lines including private or public been integrated with this women helpline? :
	•	Is this Helpline utilizing the infrastructure of existing Chief Minister Helpline functioning in various States or the infrastructure of any other women related Helpline?:



•	Has the state government outsourced activities such as management, counseling, call responding, IT, multipurpose and security etc. required for smooth functioning of Women Helpline Centre?:
•	Are all calls being reviewed to check the performance of the responders on the following standard?: > 90% of total distressed calls answered within 10 seconds:
	> 100 % of total distress calls answered in not more than 20 seconds:
•	Track cases to check the adequacy of interventions made by the stakeholders i.e. police, hospitals, Lawyers etc.:
•	Regular performance appraisal conducted of helpline Staff:
•	Systematic feedback, either of all callers or those selected by random sampling:
•	Does 24 hours data extracted and analysed every day by Helpline Coordinator and a report is sent directly to Director, State WCD mentioning the challenges faced?:
•	Is a monthly report sent to Principal Secretary WCD and discussed every month in a meeting held with Secretaries of concerned departments? :

IMPLEMENTATION OF VARIOUS WELFARE SCHEMES AND PROGRAMMES FOR SENIOR CITIZEN

1. Demographic status of senior citizens in the State

•	Stat	tus of elderly persons	Numbers	Share in total
	•	Total populations:		
	•	Male		
	•	Female		
	•	Gender-wise population in:		
	>	Rural areas		
	>	Urban areas		
	•	Gender-wide elderly population in:		
	>	60-79 years		
	>	80 years and above		
	•	Total BPL population of Senior citizens:		
	>	Male:		
	>	Female:		
•	Elde	erly people living with		Numbers
	•	Spouses		
	•	Sons		



	•	Daughters	
	•	Relatives	
	•	Caretakers	
	•	Alone	
	•	Living in old age homes	
•		ase explain the reasons for elderly persons stay homes:	ving alone or in old
•		centage of following categories of elderly sons in total population of elderly persons	Percentage
	•	Working	
	•	Assisted	
	•	Destitute	
•	Sha	are of elderly people in following social categor	y Percentage
	•	General	
	•	Schedule castes	
	•	Schedule tribes	
	•	Other backward classes	
Eld	erly a	abuse	
•	Whi	ich of the following abuses are faced by elderly	persons:
	>	Physical:	
	>	Verbal:	
	>	Emotional:	
	>	Economic:	

2.

	•	Wh	o is imposing these abuses (please explain):	
	•	Are	elderly persons assisted or supported by governme	_
		>	If so, how rights of elderly both male and fem- protected in rural and urban areas (please explai	ale are being n):
3.	Ec	onom	nic conditions of senior citizens	
	•	Sh	are of elderly persons in following categories	Percentage
		•	Economically weaker section	
		•	Lower income group	
		•	Middle income group	
		•	High income group	
	•		mber of senior citizens having immovable property ises, shops, showrooms etc.:	-
	•	Are	they involved in economic activity? :	
		>	If so, type of activities in which they are engaged	
		>	What are their sources of their income:	
	•		ot engaged in economic activity, the percentage endent elderly persons in total population:	of financially



	•		ase explain the relationship of persor dependent:		
	•		any help provided by the State Governoons?:		
I.	Hea	alth s	status and medical care of elderly p	persons	
	•	He	alth status of elderly persons	Please ti	ck the relevant
		•	Very good		
		•	Good		
		•	Average		
		•	Poor		
		•	Very poor		
	•		at type of medical assistance and treasons (please explain):	atment is pr	ovided to elderly
	•	Are	e elderly people provided health care	by:	Yes/No
		•	Spouses		
		•	Children		
		•	Relatives		
		•	Servants		
		•	NGOs		
	•	Do	they receive any other form of help?	:	
		>	If yes, please explain:		

•	Is State Government taking health care of of senior citizens?:
•	If so, please explain the following: What facilities are earmarked for geriatric patients:
	 Number of beds provided for senior citizens in: Government hospitals:
	Fully funded hospitals by the Government:
	Partial funded hospitals by the Government:
•	Separate queues for senior Citizens: What facilities are provided to senior citizens suffering from chronic, terminal, and degenerative diseases (Please give details):
•	What type of emergency services are provided by State Government to the senior citizens?:
•	Are mobile medical units visiting elderly persons? :
	> If so, how frequently these mobile units are visiting them:
•	Are they provided conveyance for going to hospital?:



5. Community support

6.

•	activ	senior citizens engaged in community functions and recreational rity?:
•	(Ple	senior citizens involved in decision making at different levels ase give details)? :
•	Are	senior citizens participating in:
	>	Self help groups in rural areas:
	>	Senior citizens association in urban areas:
•		at type of emotional support is provided by community to senior ens (Please explain):
•	Are	senior citizens assisted by neighbor in:
	>	Daily routine:
	>	Reading and writing:
	>	Shopping:
	>	Others:
NG	Os in	volvement
•	Num	nber of NGOs involved in welfare activity of elderly people in :
	>	Rural areas:
		Urban areas:
•	Туре	e of activities in which NGOs are involved:
•		e played by NGOs in sensitizing society about needs and rights enior citizens (Please explain):



I.

 \triangleright

7. Status of various welfare schemes implemented by the State

Indira Gandhi National Old Age Pension Scheme (IGNOAPS):

•	fema	state Government providing old age pension to both male and ale elderly persons who are 65 years or above and belong to households?:
	>	If so, number of old elderly persons provided old age pension:
	>	What percentage do they constitute of total elderly persons eligible for pension?:
•		ether identification of eligible beneficiaries is a continuous cess?:
•	Whe	ether National Social Assistance Programme is implemented by:
	>	Social Welfare Department of the state:
	>	Rural Development Department:
	>	Women and Child Development Department:

- Post office saving account:
- Is State Government disbursing pension to beneficiaries:

Whether pension is paid/disbursed to beneficiaries in:

> Monthly:

Cash in Gram Sabha:

Money order:....

Saving Bank account:

- Quarterly:
- Half yearly:



•		ether pension is paid to all eligible person in a family?:	elderly person	s or restricted to
•	Who	is dealing with the complaints re Nodal secretary dealing with N	• .	on scheme:
	>	Concerned district / block level	welfare officer:	
•		us of implementation of OAPS	Numbers	Percentage
	>	Persons eligible to receive pension under IGNOAPS		
	>	Persons provided pension under IGNOAPS		
	>	Persons not covered under the scheme		
Anr	napur	na Scheme		
•	food	tate Government implementing security to those eligible senior cier IGNOAPS?:	•	•
•	 Wha	t criteria is followed by the St	ate Governme	
		itution (please explain)?:	ato Governino	ne to dotomino
•		beneficiaries required to fulfill the ral assistance under Annpurna s	•	teria for availing
	>	Age of 65 years or above:		

II.

	>	subsistence:			means of
	>	No financial support from famil	y membe	ers:	
	>	No other sources of income:			
	>	Not a recipient of pension unscheme:	der IGNO	DAPS or s	tate pension
•		beneficiaries under this schem n Panchayats?:			
•		beneficiaries given entitlement o chayat?:	·		
•	mon	beneficiaries provided 10 kg o th?:	f food gr	ains free c	of cost every
•	Stat	us of implementation of apurna Scheme			ercentage
	>	Persons eligible to receive free supply of 10 kg food grains per month under Annapurna scheme			
	>	Persons supplied 10 kg. food grains every month free of cost under Annapurna scheme			
	>	Persons not covered under the scheme			

Are senior citizens including parents who are unable to maintain



III. Maintenance and Welfare of Parents and Senior Citizens, Act

	ther fron	nselves from their own property/earning getting maintenance n:
	>	Children including son/daughter/grand sons and grand daughter:
	>	Relatives including legal heirs of the childless senior citizens in position or would inherit property after their death:
•	chile	at procedure is being followed to assist elderly persons in case dren or relatives neglect or refuse to maintain a senior citizens are unable of maintaining themselves (please explain)?:
•	Are	children/relatives staying aboard pay maintenance? :
•	orde	ribunal after getting satisfied of such neglect, refusal, passing er against such children or relatives to make a monthly allowance he maintenance of the senior citizens?:
•	Hov	v many cases have been recorded since the Act came into force?:
•	Hov	v many elderly persons have been provided relief under this Act?:
•	this	v many property deals have been reversed by Judiciary under Act? :

	•	Please explain problems faced by elderly persons in filing legal cases in the courts:
3.	Old	Age Homes
	•	Is the State Government establishing and maintaining old age homes at accessible places for accommodating minimum 150 indigent senior citizens in each old age home?:
	•	Total number of old age homes in the State:
	•	Total capacity of old age homes in the State:
	•	The total number of elderly persons actually housed in these old age homes:
	•	What necessary services including food, shelter, clothing, medical care, and means of entertainment provided to inmates in old age homes?:
	•	What is the impact of the implementation of various old age schemes on welfare of the senior citizens (please explain):

9. Miscellaneous

Is State Government giving wide publicity to welfare schemes for?:



	Spreading awareness among senior citizens:
	Sensitizing Police Officers and Members of Judicial Service:
•	Are counselors meeting and providing counseling to elderly persor regularly or occasionally?:
•	Type of security services provided to elderly persons (please explain):
•	Is infrastructure in public areas age friendly? :
•	Are senior citizens availing the benefits of the senior citizen saving scheme? :
	➤ If so, number of senior citizens benefiting from these schemes
•	Is there effective coordination between concerned Ministries Departments dealing with welfare of senior citizens?:

IMPLEMENTATION OF SCHEMES AND PROGRAMMES FOR PROTECTION, WELFARE AND EMPOWERMENT OF SCHEDULED CASTES (SCS) AND SCHEDULED TRIBES (STS)

1.

JUI	leduled Caste and Scheduled Tribe Population
•	Total population of the district/state:
•	Total Scheduled Caste population in the district/state:
•	Total Scheduled Tribe population in the district/state:
•	Share of SCs in the total population:
•	Share of STs in total population:
•	Does SCs/STs form a homogeneous group? :
•	Are some castes and tribes more dominant (please explain)? :
•	Does a creamy layer exist among SCs/STs (please explain):



2	Status	of CC	and C	T Habitat:
۷.	อเลเนร	01.56	and 5	i mabilat:

	•	Are	there separate SC colonies in the rural areas:
	•	If ye	es, does SC colonies have:
		>	Pucca houses with toilet facilities:
		>	Kutcha houses without toilet facilities:
		>	Well constructed roads:
		>	Proper drainage facilities:
		>	Proper street lights:
3.	Liv	ing c	onditions of the SCs and STs:
a)	Die	tary	conditions of SCs and STs:
	•	Are	they cooking food in a kitchen or in open?:
		>	If cooking in kitchen, what is the condition of the kitchen? :
	•	Wha	at is their mode of cooking:
		>	LPG:
		>	Kerosene:
		>	Fire wood:
	•	Wha	at type of utensils are used for:
		>	Cooking food:
			Serving food:

	•	Are they taking balanced and nutritious diet?:
	•	If not, are they suffering from malnutrition:
		➤ If so, what is the extent of malnutrition? :
	•	Are they supplied subsidized ration (please explain):
b)	Sta	tus of water
	•	Which of the following sources of water are available to SC/ST households?:
		> Hand pumps :
		> Piped water:
		> Wells:
	•	Do they have individual hand pumps/piped water? :
		➤ If not, do they have common hand pumps? :
	•	Is water of hand pumps or other sources checked regularly? :
	•	What corrective measures are being taken in case of impurities found in the water:
	•	Are there separate well for SCs in their locality? :
		➤ If not, are they required to go out to fetch water? :
		If so, the distance they have to cover to fetch water:



	•	Are they given free access to common wells in the rural areas?:			
		If not, what steps are being taken by the Government to make wells accessible to SCs/STs (please explain):			
	•	What is the daily per capita availability of water for SCs and STs? :			
	•	What arrangements are made for storage of Water (please explain)			
	•	Is water stored in syntax tanks? :			
		> If yes, are tanks cleaned at regular intervals:			
c)	Per	sonal hygiene and sanitation of SCs/STs			
	•	Are SCs and STs:			
		> Taking daily bath with soap:			
		Brushing teeth daily with tooth powder/paste:			
		Changing and washing clothes on alternate day:			
		> Washing bedding once a week:			
		> Getting haircut once a month and shaving every day:			
		Washing their hands before and after taking food:			

d) Sanitation conditions

•	Status of cleanliness around the houses:
•	Is garbage dumped at a proper place? :
	If not, do they dump garbage in front of their houses:
•	Are drains covered or open? :
	> If open, are drains flowing with garbage:
•	Percentage of SC/ST colonies having proper covered drainage system in the district/state:
•	Status of SCs and STs having:
	> Individual toilets in their houses:
	> Common/community toilets:
	> Going out in the open:
•	What is the standard of cleanliness of toilets? :
•	What problems are faced by SC/ST women in going out in the open in the absence of toilets?:
•	Percentage of SC/ST colonies having toilet facilities in the district state:



4. Health facilities for SCs and STs

	•		following medical facilities available in villages having majority of ST population:
		>	Health centre:
		>	Medical officer and other paramedical staff:
		>	Investigation facilities:
		>	Adequate medicine:
	•	Num	nber of SC/STs suffering from following diseases:
		>	Malaria due to lack of cleanliness in the colonies:
		>	T.B:
		>	HIV/AIDS:
		>	Other contagious diseases:
5.	Edu	ıcatio	on facilities for SCs and STs
	•	Tota	I number of Anganwadi centers in SC/ST habitats:
	•	Num	nber of SC/ST habitats not having Anganwadi centres:
		Porc	centage of SC/ST children in the age group of 0-6 years not
	•		ng access to Anganwadi centres:
	•	Tota	I number of elementary schools in SC/ST habitats:
	•		all SC/ST children attending elementary schools in the district/
		state	9?:

	If not, the percentage of SC/ST children not attending elementary schools:
•	What are the reasons for SC/ST children not attending schools (please explain):
•	Number of SC/ST children benefiting from mid day meal scheme:
•	Are SC and ST children discriminated while serving mid-day meal?:
•	How far mid-day meal scheme is proved helpful in improving the enrolment and attendance of SC/ST children in the schools?:
•	Number of scholarships sanctioned in last 2 years for:
	SC students:
	> ST students:
•	Amount of scholarship disbursed in last last 2 years to:
	SC students:
	> ST students:
•	The annual turnout of graduates in the state:
_	The percentage of CCo/CTo in total Credit store in the state.
•	The percentage of SCs/STs in total Graduates in the state:
•	Is literacy rate of women less in pockets with heavy concentration of SC/STs? :



>	If yes, please give details of these areas along with reasons of low literacy rate:
(ple	SC/ST students treated equally with general category students ase explain)?:
Wha	at is the attitude of teachers towards SC/ST students?:
Are	teachers sensitive towards SC/ST students or treat them rently?:
······	If so, please suggest measures to change the attitude of teachers towards SC/ST students:
stud	at is the attitude of general category students towards SC/ST ents?:
	at steps have been taken by the Government to:
>	Remove discrimination:
>	Ensure equality:
Are	SC/ST students provided reservations in:
>	Post secondary education :
>	Technical/ professional education:
>	If so, what percentage of seats are reserved for SC/ST students in different educational institutions (please give details):

	•	Are SC/ST students provided some fee concessions? :				
		➤ If yes, please give o				
6.	Eco	onomic conditions of SCs	s and STs			
	•	Employment status of SC				
	•	Number of SC/STs enroll	•	•	•	
	•	SC/STs employed in following sectors during last 3 years		SC/STs	Percentage of SC/STs in total employment	
		Government institutions				
		Public enterprises				
		Private sector				
		White color jobs				
		Menial jobs				
	•	Is there any increase or Government jobs over the	e previous ye	ar?:	SCs and STs in	
		If so, please explain	1:			
	•	Are SC/ST candidates Government jobs?:	provided re	eservation ir	n promotions in	
	•	Are enforcement authoritic Department of Personnel policy properly (please experies and policy properly policy properly please experies and policy properly (please experies and policy properly please experies and policy please experies an	and Training			



Wha	at is the number of self-employed SC/STs workers?:
	SC and ST persons provided financial assistance for self-loyment in the form of:
>	Loans at concessional rates:
>	Subsidies:
Num	nber of SCs and STs employed in agriculture sector:
	entage of SC and ST population engaged in agriculture:
Do t	hey possess land holdings or work as landless labour? :
>	If yes, what is the average size of their holdings:
	hey have adequate funds and facilities for cultivation? :
	t, are they provided financial assistance in the form of:
>	Loans, if so, what is the amount and rate of interest? :
	Subsidies:
The	estimated number of bonded labour in the district/state:
Perc	entage of SCs and STs in total number of bonded labor:
Plea	se give reasons for SCs and STs to work as bonded labour?:
Are	SC and ST male and females provided equal wages in the

,	unorganized sector?:			
		rage annual number of complaints relating to unequal wages e by SC and ST community in last year:		
;	Stat	us of Labour Vigilance Committee (LVC) :		
	>	Has LVC been constituted? :		
	>	If yes, what is the constitution of this committee:		
	>	Is it functional and active? :		
	>	If so, average number of cases registered and disposed of by the said committee in last 2 years:		
I	ls ac	dequate budgetary allocation made for:		
,	>	Implementing reservation policy:		
,	>	Development programmes for SCs and STs:		
,	Are [·]	funds utilized for the purpose for which allocated? :		
,	Are	public institutions prejudice against SC and ST communities? :		
,	Are	they treating SCs and STs differently (please explain)?:		



7. Political status of SC and ST communities:

•	Representation of SC and ST communities in the following (in % terms):		
	>	Panchayats in rural areas of the district/state:	
	>	Local Bodies in urban areas:	
	>	State Assembly:	
•	Nur	nber of registered SC and ST voters:	
•	Nur	Number of SC and ST female registered voters:	
•	Percentage of SC and ST female registered voters who actually cast their votes:		
•	Are	SC/STs familiar with Electronic Voting Machine (EVM)?:	
•		at is the voting pattern among SC and ST communities? :	
•		they have any party affiliations? :	
•	Are SC/ST communities lured by political leaders during election campaigns due to:		
	>	Ignorance:	
	>	Lack of education:	
	>	Poverty:	
	>	Political pressures:	
•		promises made to SC/ST community by political leaders fulfilled r elections? :	

Social equality for/discrimination against SCs and §
--

Are they facing discrimination at work places or somewhere else? :		
	SCs and STs feeling neglected, oppressed and marginalized in society?:	
beir	SCs and STs subjected to untouchability despite untouchability ng banned by the Government?:	
	es, please explain the following:	
>	The manner in which untouchability is exercised:	
>	The action taken on complaints made relating to untouchability:	
	SCs prevented from entering temples? :	
>	If so, do they file complaints in this regard:	
>	If yes, please explain the action taken on these complaints:	
	SCs aware of the fact that abusing them by calling Harijan or t is an offence?:	
>	If so, do they register complaints if abused? :	
>	What action is taken on these complaints? :	



9. Atrocities committed against SC/ST community

•	Status of setting up of Special Courts under provision of Section 14 of Scheduled Caste and Scheduled Tribe Prevention of Atrocities (POA) Act, (Please give details):			
•	Number of cases registered under SC and ST Prevention of Atrocitie (POA) Act, in last years:			
•	Number of cases relating to atrocities committed by police against SC and ST communities in the district/state:			
•		nature of offences/atrocities committed against SCs and STs:		
•	Functioning of the District Vigilance and Monitoring Committees (please explain):			
•	Whe	en was the last quarterly meeting of the said Committee held?:		
•		us of the following:		
	>	Number of cases under investigation:		
	>	Number of pending cases before the Committee:		
	>	Number of cases approved by the Committee:		
•		at steps have been taken by the committee to prevent recurrence uch crimes?:		

10. Forest Rights for Scheduled Tribes



	type of assistance provided by state to manual scavengers for rehabilitation (please explain):
	ase NSLRS, has not been adopted in the state (please explain following):
>	Does manual scavenging exist in the state?:
>	Is it restricted to SC community? :
>	If not, the communities engaged in this occupation:
>	Number of persons engaged in manual scavenging work in the state:
>	Proportion of women in total workforce engaged in manual scavenging:
and	Municipal Corporations providing humane conditions of work necessary equipment to the scavenging community?:
The	average monthly income earned by manual scavengers :
	scavengers face any problems in their profession?:
>	If so, please explain the nature of problems faced by them:

	•	Do they face ostracism because of their profession?:
	•	Do they face any health problems due to their profession? :
13.	Oth	ner issues related to SCs and STs
	•	How many SC/ST colonies have link roads? :
	•	Number of community certificates referred to Collector's office for verification? :
	•	Status of inter-caste marriages with SCs and STs:
	•	Number of cases of honour killing reported among the community during the last two years:

IMPLEMENTATION OF EDUCATION SCHEMES AND PROGRAMMES FOR HUMAN RESOURCE DEVELOPMENT AND EMPOWERMENT IN THE STATE

1. Education Status in the State

•	Demo	graphic	status
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•	Population status	Numbers	Share in total (%)
	Total population		
	Rural population		
	Urban population		
	Scheduled Caste population		
	Scheduled Tribe population		
	Muslims population		
•	Literacy status		Percentage
	Literacy rate in the State		
	Literacy rate in rural areas		
	Literacy rate in urban areas		
	Male literacy rate		
	Female literacy rate		

- 2. Elementary Education
- Education Schemes
- i) Sarva Shiksha Abhiyan (SSA)

•	Status of implementing the scheme (please explain):		
•	Are all children in the State given education without any discrimination?	equitable access to quality	
•	Total number of schools upto VIII star		
•	Schools in the State	Numbers	
	Government schools		
	Government aided schools		
	Private schools		
	Self financing schools		
•	Number of new schools constructed	in the last two years:	
•	Are some schools constructed under I	National Programme for girls at	
	elementary level in backward blocks?	:	
	If so, how many?:		
•	Infrastructural Facilities in Schools	3:	
	 a) Are schools having the following 	y: Yes/No	
	Fencing of the school:		
	All weather building:		



		Class rooms/space for leaning:	
	>	Proper lighting facilities in the class rooms:	
	>	Space for activities (individual and group):	
	>	Separate kitchen/ dining room:	
	>	Drinking water facilities:	
	>	Storage facilities for drinking water:	
	>	First aid facility:	
	>	Toilet facilities for girls/boys:	
	>	Play ground and play material facilities:	
b)		are of schools having following facilities the total number of schools	Percentage
	>	Boundary wall:	
	>	Kitchen shed:	
	>	Drinking water facilities:	
	>	Toilet facilities for girls:	
	>	Play ground:	
Wha	ıt is	the student class room ratio (SCR)?:	
Per	cent	age of primary schools with (SCR) >30:	
Perc	enta	age of upper primary schools with (SCR)>35:	
Dista	ance	e of schools from habitation:	
		O	
		e Government implementing compulsory ac nce of children in the age group of 6-14 years?	
		ice of children in the age group of 6-14 years?	

•	Wh	at is the total enrollment at :	
	>	Primary level:	
	>	Upper primary level:	
•	Ge	nder Parity Index:	
	>	Primary level:	
	>	Upper primary level:	
•	Are	all children in the school going age enrolled	
	>	If not, is it due to reluctance of parents to school:	send their children to
	>	If so, please give reasons for their relucta	nce:
•	Sta	tus of annual attendance of the children in p	percentage terms:
•	Enı	ollment status among different groups:	
•	Sha	are of the following in total enrollment	Percentage
	Gir	s (Primary):	
	Gir	s (Upper primary):	
	Sch	neduled Castes:	
	Sch	neduled Tribes:	
	Mu	slims:	
•	Tea	achers Profile:	
•	Tea	chers strength	Numbers
		al teachers posted in schools:	
	Tea	chers posted on permanent basis:	



Tea	chers engaged on temporary basis:
Vac	cancies of teachers:
	teachers training facilities available in the state?:
If so	o, are these facilities adequate:
lf n	ot, what steps are being taken to ensure availability of traine chers:
Wh	at is the status of the following:
>	Class wise position of teachers:
>	Class teacher/subject teacher System:
>	Teacher student ratio:
>	Pre service experience:
	In service experience:
>	Motivation level of teachers:
	Teacher-student relationship:
	Teacher -community relationship:
	Support available to the teachers in the schools:
Cui	rriculum and Teaching Learning Materials
Sta	tus of the following:
>	Existing curriculum and its coverage:
>	Are curriculum revision exercises carried out regularly?:

		Availability of competency- based materials:
	>	Textbook production:
	>	Distribution of textbooks:
	>	Availability of textbooks to children:
	>	Availability of teacher-learning materials:
	>	Library and its use:
	>	Laboratory/kits and their use:
ï	Clas	s room Practices and Processes :
•	Orga	nization of class room:
	>	Seating arrangement:
	>	Classroom setting:
•	Disp	lay of materials in the classroom:
•	Meth	nod of introducing the topic:
•	Teac	her-learning process:
•	Use	of teaching-learning materials:
•	Are a	all students provided free books, stationary and uniforms?:
	>	If not, are these items supplied to SC/ST/BPL students:
•	Are	Identity cards issued to students? :



•	Stat	us of the following:
	•	Male-female ratio in schools:
	•	Dropout ratio of boys and girls:
	•	Dropout ratio of SC/ST students?:
	•	Budgetary allocations for elementary education:
	•	Are adequate funds released in time? :
_	Шоо	Ith Care of Children
•	пеа	
	•	Is school Health card maintained for each child?:
	•	Are health camps held in schools?:
		➤ If so, how many health camps were held in last two years:
		Number of children identified as malnourished and under- nourished in schools:
•		children given micronutrients and deworming medicines odically?:

Maintenance of Records

Are schools maintaining records relating to admission, attendance and completion of elementary education for children upto the age of 14 years?:

ii)		onal programme for education of girls at elementary level RGEL)
	•	Is the State government implementing NPRGEL in educational backward blocks to address the need of girls who are enrolled in schools but do not attend the school regularly?: (please explain)
	•	Number of backwards blocks in State:
	•	Number of model cluster school functioning under the NPRGEL:
	•	Number of girls covered under NPRGEL:
iii)	Kas	turba Gandhi Balika Vidyalaya (KGBV)
	•	The number of residential upper primary schools setup for girls from SC/ST/OBC and Muslim community in the areas of scattered habitation (please give details):
iv)	Mid	Day Meal Scheme
	•	Is every child up to VIII standard in Government and Government Aided Schools served mid day meal? :
	•	Number of schools in which the scheme of mid day meal is being implemented:



	hether hot cooked food is served to children regularly for at least 00 days in a year?:
	there any interruption? :
	If so, what is the extent and reasons for the same:
• W	uantity and quality of food served to the children: Thether food provided to children meet the nutritional needs of hildren?:
	stage:
>	700 calories and 200 grams of protein to children of upper primary stage:
• \$	ervice of mid day meal: Number of children enrolled in the schools:
•	Number of children attending the schools: Number of children supplied mid day meal:

•	Authorities responsible for supplying mid day meal in:
	> Rural areas:
	> Urban areas:
•	Who decides the menu? :
•	Does the daily menu include rice/wheat preparation, dal and vegetables?:
•	Is there variety in the food served or the same food is served everyday?:
•	Are schools displaying their weekly menu at a place noticeable to community?:
•	Whether children are given micronutrients (Iron, folic acid, vitamin – A dosage)?:
•	Is there any gender/caste/community discrimination in cooking, serving and seating arrangements?:
Status of	cooking food in the schools
•	Is food cooked by cooks and helpers? :
•	Who is appointing cooks and helpers for cooking food?:
	What is the amount of remuneration paid to cooks and helpers:



	•	What is the mode of payment?:	
	•	Are cooks and helpers paid remuneration regular	
	•	What is the social composition of cooks and help	ers?:
	•	Are cooks and helpers include persons from SC/S	ST/OBC/Minority?
	•	Are children asked to wash their hands before an	d after eating?:
	•	Do children take their meals in ordinary Manner?	
Co	oking	infrastructural	
	•	Pucca kitchen-shed-cum store :	Tick the relevant
		Constructed and in use:	
		Constructed but not in use:	
		Under construction:	
		Sanctioned but construction not started:	
		Not sanctioned:	
	•	In case of non availability of pucca kitchen-sh cooked and food grains/ingredients stored?:	
	•	Whether adequate potable water is available for copurpose?:	
	•	Whether utensils are available for cooking, storing a	and serving food?:

	>	If available, are these adequate? :
•	Wha	at type of fuel is used?:
	>	Gas stoves:
	>	Kerosene stoves:
	>	Firewood:
	>	Is cooking process and storage of fuel safe and not posing any fire hazard? :
•	Are	schools/implementing agencies receiving food grains regularly?
	>	If not, what is the extent of delay and reasons for the same?:
	>	How schools/implementing agencies manage to ensure that there is no disruption in the feeding programme? :
•	Are	buffer stock of one-month's requirement maintained? :
•		food grains delivered at the school? :
•		uality of food grain good? :
•		chool/implementing agency receiving cooking cost in advance
	>	If not, what is the extent of delay and reasons for it? :



	>	How school/implementing agency manages to ensure that there is no disruption in the feeding programme? :
•		ooking cost paid in cash or through banks? :
nenectic		d supervision of Mid Day Meal
•	Has	Mid Day Meal programme been inspected by state/district/block officers/officials? :
	>	What is the frequency of such inspections?:
•	in da	nt of participation by Parents, VECs, Panchayats, Urban bodies tily supervision, monitoring and participation:
	>	Is any roster of the community members maintained for supervision of the MDM? :
mpact o	f Mid	Day Meal
•	Has	the mid day meal improved:
	>	The enrollment in schools:
	>	Retention of children in schools:
	>	Attendance of children in schools:
	>	General well being (nutritional status) of children:
	>	Any other incidental benefit:

v) Right of Children for Free and Compulsory Education Act (RTE), 2009

Stat	us of implementation of RTE in the State:
>	Is State government ensuring compulsory admission attendance and completion of education for every child of 6-14 years?:
>	Are all children in the age group of 6-14 attending the school:
	Is child above 6 years of age admitted in the Class appropriate to his/her age and provided special training to enable him/her to become at par with children of his/her age in the class?:
>	Is any child denied admission in the school for lack of age proof?:
>	Are schools admitting the children at any time during the academic session without insisting on the transfer certificate?
>	Are children subjected to physical punishment/menta harassment? :
>	Is there any provision of 25% reservation for economically disadvantaged communities in admission to class one in private schools? :
>	Are children with disabilities included under the children belonging to disadvantaged group?:
	Are children with multiple disabilities, severe disabilities provided home based education? :



3. Secondary Education

Tota	al number of schools in the State:	
Тур	es of schools	Numbers
Go	vernment	
Gov	vernment aided	
Priv	vate	
Sel	f financing	
Dis	tance of the school from the habitation:	
Are	following facilities available in the schools	Yes / No
*	Adequate number of classrooms:	
*	Science laboratories:	
•	Computer laboratories:	
•	Libraries with adequate number of books on different subjects:	
•	Art and craft rooms:	
•	Separate toilets for girls and boys:	
•	Drinking water:	
•	First aid facilities:	
*	Recreational facilities:	
•	Play grounds:	
•	Residential hostels for teachers in remote areas	

Staf	f Strength of Teachers and related Issues
>	Total sanctioned posts of teachers:
>	Number of teachers actually engaged in schools:
>	Number of vacancies:
>	What is the teacher-student ratio? :
>	If more than 1: 30, what steps are being taken to appoint additional teachers to bring down teacher-student ratio to 1: 30:
dece	teachers deployed for non-educational works other than ennial census; elections to Local authorities, State legislature Parliament; and disaster relief?:
Are	teachers allowed to take private tuition? :
If no	t, what mechanism is adopted to identify teachers taking private on:
	at steps are being taken to check teachers from taking private ses?:



Wha	at is the focus of state on the following issues (please explain):
>	Subjects including science, mathematics, english and social studies etc:
>	In-service training of teachers:
>	Science laboratories:
>	Preference given to areas with concentration of SC/ST/Minorities for opening new schools:
>	Special drive for weaker sections:
>	More female teachers in schools:
	urriculum reviewed and revised at regular intervals?:
>	If so, how frequently the meetings are held for revising curriculum:
>	Is revised/updated curriculum implemented effectively?:
>	Problems if any, faced in introducing revised curriculum:

•		students coming from villages to schools in cities and town vided free transport facility?:
	>	If so, are students issued free bus passes in the state:
	>	Transport problems, if any faced by students in general and girls in particular in commuting:
•	Are	management committees functional in schools? :
	·····	If so, what is the constitution of management committees? :
	>	Does management committees include representatives of parents/guardians and women? :
	>	If so, what is the percentage of parents and women in management committees:
•	Are	teacher-parents meetings arranged regularly? :
	>	If so, what is the frequency of these meetings:
•	Are	scholarship granted to following categories of students:
	>	Girls students:



	>	Socially weaker sections including SC, ST and OBC students:
	>	Economically weaker section:
	>	Minority students:
	>	CBSE Merit scholarships to single girl child for pursuing under graduate studies:
	>	If so, number of scholarships granted to different categories of students in the last 2 years:
•	Are	scholarships granted in time? :
	>	If not, please explain the reasons for delay in granting scholarships?:
•		students suffering from HIV/AIDS treated equally with other lents?:
		If not, do they face following problems:
		Reluctance on the part of school authorities to admit children having HIV/AIDS:
		◆ Asked to leave school on detection of HIV/AIDS:
		 Segregation of children suffering from HIV/AIDS from other Children:

•	What efforts are being made to remove gender, socio-economic and disability barriers? :
•	Are equal opportunities created for SCs/STs/OBCs; Minorities; and children of weaker sections to avail the education facilities without any discrimination? :
•	If yes, are seats reserved for SCs,STs, OBCs, economically weaker students in different categories of private schools in the State: If not, please explain reasons for not doing so:
•	Share of SC/ST students in total enrolled of students in Government schools:
•	Are SC/ST/Weaker section students treated equally with other students in the schools? :
	> If not, please explain:
•	 Are 100 bedded girls hostel constructed in backward areas to?: Make secondary and senior secondary education accessible to girl students in the age group of 14 to 18 years studying in IX-XII standards:
	Enable girl students to continue their studies irrespective of the distance to schools and parents financial affordability:



>	If so, how many girl hostels are there in the state:
>	What is the intake capacity of these hostels?:
>	How far are these hostels located from schools? :
>	Are girls hostels monitored by female wardens? :
>	Are 50 per cent seats in these hostels reserved for girls belonging to SC, ST, OBC, Minority and BPL families? :
Drok	plems faced if any in providing safe drinking water, adequate
toile	ts facilities etc. in girls hostels:
toile Are	
toile Are child	ts facilities etc. in girls hostels: prescribed number of seats reserved in schools for disableddren?: If not, please give reason for not doing so:
Are child	ts facilities etc. in girls hostels: prescribed number of seats reserved in schools for disableddren?:
Are child	prescribed number of seats reserved in schools for disabled dren?: If not, please give reason for not doing so: following facilities provided in schools to make education
Are child	prescribed number of seats reserved in schools for disabled dren?: If not, please give reason for not doing so: following facilities provided in schools to make education essible to students with disabilities?:
Are child	prescribed number of seats reserved in schools for disabled dren?: If not, please give reason for not doing so: following facilities provided in schools to make education essible to students with disabilities?: Barrier free access:
Are child	prescribed number of seats reserved in schools for disabled dren?: If not, please give reason for not doing so: following facilities provided in schools to make education essible to students with disabilities?: Barrier free access: Books, stationary, teaching learning material, uniforms:
Are child	prescribed number of seats reserved in schools for disabled dren?: If not, please give reason for not doing so: following facilities provided in schools to make education essible to students with disabilities?: Barrier free access:

			Assistance devices and support services:
		>	Boarding and lodging facilities:
		>	Special teachers to teach these students:
		>	Special allowance for general teachers teaching children with disabilities:
4.	Sch	eme	for Providing Quality Education for Madarsas (SPQEM)
	•	Plea	ase explain the status of implementation of SPQEM to:
			Strengthen capacity of Madarsas for teaching formal curriculum subjects like science, mathematics, english, social studies through enhanced payment of teacher honorarium:
		>	Arrange training to teachers after every two years in new pedagogical practices:
		>	Provide books, libraries, teaching learning materials:
		>	Providing scholarships to students of Minority community:
		>	Provision of teaching-learning material:



	>	Linkages of Madarsas with National Institute of Open Schooling (NIOS) for providing formal education to enable children to get certificates for 5 th , 8 th , 10 th , 12 th standard:
	>	Extension of NIOS linkage for vocational education at Secondary and Higher Secondary stage of Madarsas:
•	una	at is the status of infrastructure in minority private aided and ided schools (Please explain):
•	Is S to p havi	tate Government giving preference in infrastructure development rivate aided/unaided schools located in districts, blocks, townsing minority population of more than 20 per cent for the following ase explain):
	>	Expanding formal education for children of minority communities:
	>	Enhancing quality of education for children of minority communities:
	>	Encouraging girls, children with special needs and those deprived educationally amongst minorities:
•	min lakh	at is the status of funding the infrastructure development of ority institutions to the extent of 70 per cent and maximum 50 is per institute for strengthening the following education and sical infrastructure?

			Additional class rooms:
		>	Science and computer laboratories:
		>	Library room:
		>	Toilets blocks:
		>	Drinking water:
		>	Hostel building for girl students:
5.	Adı	ult Ed	lucation
	•	year	many adult education programmes are being conducted in a ?:
	•	Whe	ether socio-economic profile is taken into consideration while tifying target groups?:
	•	Num	nber of persons enrolled from weaker and deprived sections of society:
	•	Sha	re of women in total enrolment:
	•	Is th	ere any difficulty in enrolling 25 per cent neo literates? :
	•	Whe	ether courses are offered for improving their skills? :
	•		these courses conducted by resource persons? :
	•		r frequently these courses are arranged? :



	•	Impact of adult education on well-being of people (please explain):
•	V/a -	ational Turining
6.	VOC	cational Training:
	•	Number of vocational training schools in the State:
	•	How many formal and non-formal vocational centres are functioning in the state? :
	•	How many courses are offered in these schools? :
	•	Number of persons enrolled in vocational training schools every year:
	•	Number of persons availed vocational training through open schools in last two years:
	•	Are these schools having: > Well trained trainers:
		Necessary educational aids like computers, sewing machines and material etc. for imparting training:
	•	Are outreach programmes carried out? :

7.

	If yes, what type of outreach programmes are being carried out?:
•	Are training centres having some tie-ups with relevant organizations?:
•	Are interests of trainees and market requirements kept in mind while designing training programmes? :
•	Are training contents reviewed and revised in accordance with the market demand? :
•	What is the scope of employment after completion of training? :
•	Percentage of students employed on completion of their vocational training?:
•	Are employers offering such courses? :
	➤ If so, are employers arranging such courses free of cost for their employees or employees are required to pay some fees? :
Tec	chnical Training
•	Number of institutions providing technical education in the state:
•	Number of students enrolled in these institutions:



•	Num	nber of trainers engaged for imparting technical training:
•		newly recruited trainers provided any induction training? :
•		at is the status of the following:
	>	Conducting market surveys and studies periodically to design need based training programmes:
	>	Provision of adequate funds to meet requirements of technical aids :
	>	Updating training techniques:
	>	Programmes undertaken for staff development:
•	Nur	nber of employees provided in-service training:
•		at is the status of setting up proper skill development councils? :
•	insp	proper inspection and monitoring mechanism adopted for ecting technical institutions?:
Tea	chers	s Education
•		ber of teachers training institutions in the state:

8.

•	Number of students enrolled in these institutions:
•	Whether teachers education is planned and updated by incorporating necessary modifications to ensure comprehensive model of teachers training? :
•	Whether curriculum framework prepared for teachers education is consistent with NCF 2005 vision?:
•	Whether teaching courses are designed and teaching material is devised keeping in view the diverse conditions and needs? :
•	What steps are being taken to bring synergy between different institutional structures?:

IMPLEMENTATION OF DIFFERENT FOOD SCHEMES TO ENSURE FOOD SECURITY

1. Status of hunger and malnutrition in the State

	Number of people suffering from hunger and malnutrition:
	 Degree of malnutrition among the following:
	> Elderly people:
	Children:
	> Women:
	Number of undernourished people in the State:
	Number of deaths due to starvation and related causes:
	Please explain the main causes of malnutrition:
2.	Measures imitative by the government to tackle the problem of malnutrition:
l.	Integrated Child Development Services (ICDS) Scheme to:
	> Improve nutritional status of children in the age group of 0-6 year
	and pregnant women and nursing mother:

	Reduce malnutrition in the children:			
>	Provide supplementary nutrition to pregnant women and nursing mother:			
•		tate Government implementing ICDS (please explain):		
•		Gram Panchayats conducting a survey to identify children below age of 6 years and pregnant and nursing mothers:		
•	If so	o, what is the number of:		
	>	Children in the age group of 0-6 years:		
	>	Pregnant women and nursing mothers:		
•	Are	Anganwadis workers:		
	>	Providing supplementary feeding support for 300 days in year:		
	>	Bridging the caloric gap between national recommended and average intake of children and women in low income and disadvantaged communities by providing:		
		◆ 500 calories and 12-15 grams of protein to children of 6 to 72 months:		
		♦ 800 calories and 20-25 grams of protein to severely malnourished children of 6-72 months:		
		◆ 600 calories and 18-20 grams of protein to pregnant women and nursing mothers:		



•	Are children in the age group of:				
	>	6 months to 3 years allowed to Take Home Ration (palatable form:	,		
	>	3 to 6 years served hot cooked meal in more that	n one meal:		
	*	If so, are they served morning snack in the form of megg/fruit/micronutrient food etc.:	iilk/ banana/		
•		tate Government incurring daily per capita expenditu	ıre of:		
	>	Rs. 4 per child of 6 to 72 months:			
	>	Rs. 6 on a severely malnourished child:			
	>	Rs. 5 on pregnant and nursing mother:			
•	Impa	act of ICDS on the following:			
•		eficiaries covered under ICDS in last 2 years 72 months children	Numbers		
	6- 72	2 months malnourished children			
	Preg	gnant women			
	Nurs	sing mother			
•	The total expenditure incurred by the State Government under the ICDS in the last 2 years:				

II) Antyodaya Anna Yojana (AAY)

•		State Government imple rantee food safety to the as:	•	•
•	Stat	us of the following	Numbers	Percentage in total
	Tota	I population of the State		
		sons incapable of having square meals every day		
•	Stat	us of implementation of A	Antyodaya Anna `	Yoyana (AAY):
	>	Are Gram Sabhas in a areas identifying the be the State?:		
	>	If so, are poorest of the special yellow ration ca	•	nd urban areas issued
•	Are	special yellow ration card	d holders supplied	d:
	>	Food grains through Pu		
	>	35 kg food grains per fa	• •	
	>	Wheat @ Rs. 2 per kg		per kg:
•		tate Government implement to Government of Inc	•	
	Prim	nitive Tribal people?:		



			If not, please give the re	asons:		
	•	Impa	act of the Antyodaya Anna	 a Yoyana (AAY):		
	•		rest of the poor beneficiar	. , ,		Numbers
		>	Identified by Gram Sabh			
		>	Identified by Local Bodie			
		>	Special yellow cards iss			
		>	Beneficiaries actually pr	ovided their full c	luota	
		>	Primitive Tribal People c	overed under the	scheme	
III)	Anr	napod	orna Yojana			
	•	ls S	tate Government impleme	nting Annapoorn	a Yojana t	to cover :
		>	Elderly male and female	in the age group	of 65 yea	rs or above
		>	Destitute elderly person subsistence from their ov from family members/oth	vn sources of inco	_	
			Elderly persons not co	overed in State	or Centr	al Security
		Ctat				
	Status of the following Numbers Percent			Percenta	age in total	
		Tota	I population of the State			
			ble persons under			

IV.

•	Stati	us of implementation of Annapoorna Yojana	
	>	Are Gram Sabhas in rural areas and local be areas identifying the destitute beneficiaries?:	odies in Urban
	>	If so, are they issued special green ration cards	
•	Are	special green ration card holders supplied:	
	>	10 kg food grains to each card holder free of on through Public Distribution System (PDS):	·
•	Has	Annapoorna Yojana discontinued in your State (p	olease explain):
•	Imns	act of the Annapoorna Yojana:	
		titute beneficiaries:	Numbers
	Iden	tified by Gram Sabhas in rural areas	
	lden	tified by Local Bodies in urban areas	
	Spec	cial Green cards issued	
		eficiaries actually provided 10 kg food grains of cost per month	
The	Natio	onal Food Security Ordinance	
•	Has	State Government initiated action on the said Or	rdinance?:
	>	If so, is State Government involving Gram F Nagar Palikas in identifying the priority househo	•



		चार भवत् सुर्विनः
•	Nati	Status of implementation of the following provisions of the onal Food Security Ordinance providing food and nutritiona urity in the State:
	>	Ensuring access to subsidized food grains of 5 kg per person per month at Rs. 3 per kg for rice, Rs. 2 per kg for wheat and Rs 1 per kg for coarse grains to every priority household through Targeted Public Distribution System (TPDS):
	>	Continuation of poorest of the poor covered under Antyodaya Anna Yojana to receive 35 kg food grains per household per month:
	>	Nutritional support to pregnant women and lactating mothers:
	>	Nutritional support to children up to 14 years:
	>	Prevention and management of child malnutrition:
	>	Food security allowance in case of non-supply of food grains or meals to entitled persons:
	>	Issuing ration cards in the name of eldest women of the households who are not less than 18 years:

 What percentage of the population would be covered under the National Food Security in:

\triangleright	Rural areas:

	Urban areas:				
--	--------------	--	--	--	--

3. Public Distribution System in the State:

•	What are the key components of the Public Distribution System (PDS) (Please explain):
•	The agencies engaged in the Public Distribution System (PDS) (Please give details):
•	What procedure is followed for:
	Identifying eligible BPL, APL Households and Antyodaya:
	Distribution of BPL, APL and Antyodaya ration cards :
•	The quantity of subsidized goods supplied per month to the following category of the households:
	> BPL Households:
	> APL Households:
	> Antyodaya:
•	How many families with ration card have migrated to other states?:
•	How many families with ration cards of other States are residing in the State?:
•	What mechanism is followed to make people aware about the arriva of the goods at Fair Price Shop (FPS)?:
•	Does any diversion of essential commodities like wheat and rice takes place in the transit?:



 List of BPL Households List of APL Households Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month 	>	If so, please explain how frequently does this ha	appen:
How far Fair Price Shop are located from the residential area?: Are Fair Price shops located within the radius of 5 km or more What is the standard of Fair Price Shop in following terms: Information displayed List of BPL Households List of APL Households Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops?:	Nur		
Are Fair Price shops located within the radius of 5 km or more What is the standard of Fair Price Shop in following terms: Information displayed List of BPL Households List of APL Households Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops?:		v far Fair Price Shop are located from the residen	tial area?:
What is the standard of Fair Price Shop in following terms: Information displayed List of BPL Households List of APL Households Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops?:		Are Fair Price shops located within the radius of	5 km or more?
 List of BPL Households List of APL Households Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? : 		at is the standard of Fair Price Shop in	
 List of APL Households Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? : 	>	Information displayed	
 Antodaya Beneficiaries Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? :	>	List of BPL Households	
 Entitlement of essential commodities Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? : 	>	List of APL Households	
 Scale of issued Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? : 	>	Antodaya Beneficiaries	
 Retail issue price Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? : 		Entitlement of essential commodities	
Timings of opening and closing of the shop Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops?:	>	Scale of issued	
 Stock of essential commodities received during the month Opening and closing stock of essential commodities Authority for redressal of grievances Are sample of food grains displayed in the shops? : 		Retail issue price	
during the month Opening and closing stock of essential		Timings of opening and closing of the shop	
commodities Authority for redressal of grievances	>		
Are sample of food grains displayed in the shops? :	>		
	>	Authority for redressal of grievances	

	number of households not lifting their entitled quantity of goods to lack of resources:
	records of ration card holders maintained in the Fair Price
>	If so, are these records kept in sale and issue register:
>	If not, please give reasons:
regi	they furnished the copies of specified documents i.e. ration card ster, stock register, sale register to the Gram Panchayat/Nagarka/Vigilance Committee?:
>	If no, please explain? :
Are	complaints made relating to the following:
>	Quality of commodities:
>	Bogus ration cards:
>	Missing ration card:
>	False entries in the sale/ issue register of the Fair Price Shop:
>	If so, please explain the action taken:
Is th	ne Public Distribution System working effectively in the State? :



	If not, please explain reasons:
•	Will UIDAI help PDS in resolving the problem of bogus ration cards?:
•	Will involvement of technology reduce the diversion of PDS commodities?:
	> If so, please explain:

4. Mid Day Meal: (Covered under the Education)

IMPLEMENTATION OF NATIONAL HEALTH MISSION

1. Sub Health Centre

Antenatal C	are
-------------	-----

•	Are all pregnant women registered before 12 th week of later (please explain):	pregnancy or
•	Are pregnant women asked to visit The antenatal clinic check-ups?:	for at least 4
•	Are pregnant women provided the following services:	Yes/No
	General examination such as weight, BP:	
	Anemia check-up:	
	Abdominal examination:	
	Folic acid supplementation in the first trimester:	
	• Iron and folic acid supplementations from the 12 weeks:	
	Injection tetanus toxoid:	
	Treatment of anemia etc. :	
	Skilled attendance of ANMs and LHVs at birth:	
	 Minimum laboratories investigation like hemoglobin, urine albumen and sugar: 	



	•	Identification of high risk pregnancies:	
	•	Appropriate and prompt referral:	
	•	Counseling:	
*	Intranata	al Care:	
		vision of following intranatal care facilities pregnant women	Yes/No
	•	Institutional deliveries:	
	•	Skilled attendance at home deliveries as and when called for:	
	•	Appropriate and prompt referral:	
*	Postnata	al Care	
	• Are	following services provided	Yes/No
	•	Minimum 2 postpartum home visits:	
	•	First visit- within 48 hours of delivery:	
	•	Second visit – within 7 to 10 days:	
	•	Counseling on diet, rest, hygiene and contraception:	
	•	Essential care of new born infants and young child feeding:	
*	Child He	ealth	
	• Ava	ilability of following child health services	Yes/No
	•	Essential new born care:	
	•	Promotion of exclusive breast feeding for six months:	
	•	Full immunizations of all infants and children against vaccine preventable disease:	
	•	Prevention and control of childhood diseases like malnutrition and infection etc.:	

2.

(खनः		
Fa	mily Planning and Contraception	
•	Provision of following family planning services	Yes/No
	Education, motivation, and counseling to adopt appropriate family planning method:	
	Provision of contraceptives:	
	 Follow-up services to eligible couples adopting permanent methods (Tubectomy/ vasectomy): 	
	 Counseling and appropriate referral for safe abortion services for those in need: 	
Pri	mary Health Centre (PHC)	
•	Population covered (please tick the relevant):	
	20,000 in hilly and tribal areas:	
	> 30000 in plains:	
•	If less, please give reasons for the same:	
•	Availability of emergency service for 24 hours:	
		•••••
Lo	cation of PHCs	
•	Whether located at an easily accessible area?:	
•	Distance of PHCs from the farthest village in coverage a	ırea (in kms.)
•	Travel time to reach the PHC from farthest village in c (in minutes):	Ū
•	Distance of PHC from the Community Health Centre (in	

Distance of PHC from District Hospital (in kms.):



❖ Infrastructure

•	Are PHCs located in designated Government buildings?:					
•	If no	ot, are PHCs located in rented premises/other buildings:				
•	Are	a of the PHC building :				
•		following available in PHCs :				
	>	Compound boundary wall/fencing:				
	>	If yes, is boundary wall have a gate:				
	>	Emergency room:				
	>	OPD rooms/cubicles:				
	>	Waiting room for patients:				
	>	Family welfare clinic:				
	>	Labor rooms:				
•	Nur	mber of observation/indoor beds:				
	>	If number of beds is less than 6, please give reasons:				
•	Sep	parate wards for male and females:				
•	No.	of beds for:				
	>	Males:				
	>	Females:				
•	Actı	ual bed occupancy in last two years:				

Equipment

•	Are	following equipment available in PHCs	Yes/No
	•	Blood Pressure Instrument and Stethoscope:	
	•	Sterilized delivery sets	
	•	Neonatal, Pediatric and Adult Resuscitation kit:	
	•	Weighing Machine (Adult and Infant / newborn):	
	•	Needle Cutter:	
	•	Radiant Warmer:	
	•	Suction Apparatus:	
	•	Facility for Oxygen Administration:	
	•	Autoclave:	
	•	Deep Freezer:	
	•	Emergency Tray with emergency injections:	
	•	MVA/EVA Equipment:	
Ex	amina	ation Facilities at PHCs:	
	Ava	ilability of following examination facilities at PHCs	Yes/No
•			
·	•	Routine stool, urine and blood tests:	
•	•	Routine stool, urine and blood tests: Blood grouping:	
•	:		
	:	Blood grouping:	
	:	Blood grouping: Bleeding time, clotting time: Diagnosis of RTI/STD with wet mounting,	
		Blood grouping: Bleeding time, clotting time: Diagnosis of RTI/STD with wet mounting, grams stain etc.:	
		Blood grouping: Bleeding time, clotting time: Diagnosis of RTI/STD with wet mounting, grams stain etc.: Sputum testing for TB:	
		Blood grouping: Bleeding time, clotting time: Diagnosis of RTI/STD with wet mounting, grams stain etc.: Sputum testing for TB: Blood smear examination for malaria parasite:	
		Blood grouping: Bleeding time, clotting time: Diagnosis of RTI/STD with wet mounting, grams stain etc.: Sputum testing for TB: Blood smear examination for malaria parasite: Rapid test for pregnancy:	
		Blood grouping: Bleeding time, clotting time: Diagnosis of RTI/STD with wet mounting, grams stain etc.: Sputum testing for TB: Blood smear examination for malaria parasite: Rapid test for pregnancy: RPR test for syphilis/YAWS surveillance	



				सर्वे भवन्तु सुखिनः
Lab	orato	ry Equipment		
•	Are f	ollowing laboratory	equipment available	Yes/No
	•	Microscope:		
	•	Hemoglobinometer	:	
	•	Centrifuge:		
	•	Semi Autoanalyzer	:	
	•	Reagents and Test	ing Kits:	
Ser	vices	available in PHCs		
OPI) Serv	vices		
•		OPD services availa e afternoon/evening	able for 4 hours in the	morning and 2 hours
•	If yes	s, what are the timin	gs for OPD in the more	ning and evening:
•		ber of OPD rooms/o	cubicles available:	
•		available	Yes/No	Number
	•	Doctors:		
	•	Staff nurses:		
	•	Paramedical staff:		
	•	ANMs:		
	•	AWW:		
•	Avera	age daily OPD atter	ndance:	

_	

Females:

Assured Services

	•	Avai	lability of Assured Services	Yes/No
		•	Registration of pregnant women in PHCs before 12 th week of their pregnancies:	
		•	Are they registered and given care if come later than 12 th week of pregnancies:	
		•	OPD services:	
		•	Emergency services for 24 hours:	
		•	Referral services:	
		•	Inpatient services:	
*	Tre	atme	nt of Specific Cases	
	•	Trea	atment provided for following cases	Yes/No
		•	Primary management of wounds:	
		•	Primary management of fractures:	
		•	Minor surgeries like drainage of abscess etc.:	
		•	Primary management of poisoning, snake bite etc.:	
		•	Primary management of burns:	
*	Mot	ther C	Child Health Care including Family Welfare	
	•	Avai	ilability of following services	Yes/No
		•	Ante-natal care:	
		•	Intra-natal care (24 hour delivery services both normal and assisted):	
		•	Post-natal care:	
		•	New born care:	
			Child care including immunization:	

*



	•	Family planning:	
	•	MTP:	
	•	Facilities under Janani Suraksha Yojana;	
Spo	ecific	services:	
•	Ava	ilability of specific services in PHCs	Yes/No
	•	Holding Antenatal clinics regularly:	
	•	Facility of normal delivery for 24 hours:	
	•	Facility for Tubectomy and vasectomy:	
	•	Facility of internal examination for gynecological conditions:	
	•	Treatment for gynecological disorders like leucorrhoea, mensutubectomral disorder:	
	•	Facility for MTP(abortion):	
	•	Treatment for anemia for both pregnant and non-pregnant women:	
	•	Management of low weight babies:	
	•	Provision of Immunization:	
	•	Regular provision of BCG and Measles vaccine	
	•	Treatment of children with pneumonia:	
	•	Management of children suffering from diarrhea with severe dehydration:	
Oth	ner fu	nctions and services	
•	Oth	er functions and services performed in PHCs	Yes/No
	•	Nutrition services:	
	•	School Health Programmes:	
		Promotion of safe water supply:	
	•	Promotion of sanitation facilities:	

			evention and control of locally endemic seases:	
			sease surveillance and control of idemics:	
		• Co	ollection and reporting vital statistics:	
			ducation about health/behavior change mmunication:	
			ational Health Programmes including V/AIDS control Programmes:	
		 Ay 	rush services as per local preferences:	
		• Re	ehabilitation services:	
*	Dru	gs and S	Supplies	
•	Are	following	g available in adequate quantity	Yes/No
	a.	Drugs		
		• IF	A tablets	
		• IF	A tablets (blue)	
		■ IF	A syrup with dispenser	
		■ Vi	tamin A syrup	
		OI	RS packets	
		■ Zii	nc tablets	
		■ Inj	ection Magnesium Sulphate	
		■ Inj	ection Oxytocin	
		• Mi	soprostol tablets	
		■ Mi	fepristone tablets	
		■ Ar	ntibiotics	
		• La	beled emergency tray	
			rugs for hypertension, Diabetes, common	
		ail	ments e.g PCM, anti-allergic drugs etc.	



		•	Vaccine stock		
	b.	Sup	plies		
		•	Pregnancy testing kits:		
		•	Urine albumin and sugar testing	g kit:	
		•	OCPs:		
		•	EC pills:		
		•	IUCDs:		
			Sanitary napkins:		
	C.	Ess	sential consumables:		
		•	Gloves, Mackintosh, Pads, band	dages and gauze	e etc.
		•	Are PHCs displaying available s	stock of essentia	l drugs:
		•	Is computerized inventory of dr	ugs and supplies	s maintained in
			PHCs:		
*	Sta	ffing	pattern of PHCs		
	•	Staf	f strength	Yes/No	Numbers
			Doctors:		
		•	ANM (Auxiliary nurse midwife)		
			AWW (Aganwadi Workers):		
		•	ASHA (Accredited Social		
			Health Activist):		
		•	Health Assistant (Male):		
		•	Laboratory Technician:		
		•	Multi skilled Group D worker:		
		•	Accountant/ clerk:		

		•	Sanitary Worker cum watchman:	
	>		Lady Health Visitors visiting the PHCs? :	
	>		o, how frequently? :	
.	Pro	visio	on of Training	
	•	Trai	ning provided to	Yes/ No
		•	Tradition birth attendants	
		•	Health worker (female)	
		•	Health worker (male)	
		•	Training of ASHAs	
		•	Training of health workers in antenatal care and skilled birth attendance.	
*	Sta	tus o	of water supply in PHCs:	
	•	Sou	irces of water (please indicate the relevant):	
		>	Hand pump/ piped water/ submersible pump:	
	•		ether water is stored in overhead tanks ?:	
		>	If Yes, what is the capacity of overhead tanks:	
	•		overhead tanks cleaned regularly?:	
*	Sar		on conditions in PHCs	
	•	The	e number of toilets and washrooms in the PHCs:	



•	What is the toilet- patient ratio?:					
•	Is there regular supply of water in the toilets and washrooms?:					
•	Clea	anliness of the following		Fair	Poor	
	•	OPD:				
	-	Wards: Toilets:				
		Premises (compound):				
	Δ	` ' '			/NI	
•	Are	any of the following is close to	PHC	Y	es/No	
	•	Garbage dump:				
	•	Cattle sheds:				
	•	Stagnant pool:				
	•	Pollution from industry:				
•	Туре	e of sewerage system:				
	>	Soak pit:				
	>	Connected to municipal sewe	erage:			
	>	How waste is disposed of (ple	ease speci	fy):		
Sta	tus o	f electricity in PHCs	·			
•	ls el	ectricity available in PHCs? :				
•	ls sı	upply of power regular?:				
•		andby facility of generator avai		_		
Am		nce Facilities				
•	ls a	mbulance faculty is available?:				
		·				

)	If not, how patients are transferred to CHCs and District Hospital:
3.	Comn	nunity Health Centre (CHCs)
*	Locat	ion of CHC
	• V	Vhether CHC is easily accessible from nearest road end?:
	• [Distance of CHCs from the PHCs (in kms.):
	• T	ravel time to reach the CHC from farthest PHC (in minutes):
	• [Distance of CHC from the District Hospital (in kms.):
*	Infras	tructure
	• T	otal area of the CHC (in Sq.mtrs.):
	• T	otal builtup area in Sq. mtrs.):
	• N	lumber of OPD rooms:
	• A	wailability of the following:
	>	
	>	Functional labour room:
	>	Well equipped laboratory:
	>	New born care centre:
	>	New born stabilization unit:



•	Authorized bed strength of CHC:							
•		Actual average bed occupancy in last 2 years:						
•	Sep	parate wards for male and females :						
•	Nur	nber of beds in each wards:						
•		ance between two beds:						
•		parate toilets for male and female :						
•		ndition of the building: Is it good/fair/poor? :						
•	Nur	nber of Staff quarters available for: Doctors: Staff Nurses: Paramedical staff:						
Eq	uipm	ent: Same as PHCs						
Fac	cilitie	s in CHCs						
•		ilities available to take care of routine and ergency cases:	Yes/No					
	>	Incision and drainage:						
	>	Surgery for Hernia, Hydocele, Appendicitis, Hemorrhage, Fistula etc.:						
	\triangleright	Intestinal obstruction, Hemorrhage etc.:						

		Malaria etc.:	
	>	Round the clock delivery services including normal and assisted deliveries:	
	>	Surgical interventions like caesarean and other medical interventions:	
	>	Family planning services including laparoscopic services:	
	>	Safe abortion services:	
	>	Newborn care:	
	>	Sick children care:	
	>	Nasal packing:	
	>	Tracheotomy:	
	>	Foreign body removal:	
*	Progran	nmes run in the CHCs	
	• Are	CHCs running following:	Yes/No
	>	Tuberculosis control programmes through Diagnostic and treatment Services:	
	>	HIV/AIDS control programmes:	
	>	National Vector Borne Disease Control programme:	
	>	National Leprosy Eradication Programme:	
	>	National Programmes for control of blindness:	
*	Integrat	ed Disease Surveillance Project	
	• Doe	es CHC perform the following functions	Yes/No
	>	Function as peripheral Surveillance unit:	
	>	Collate, analyze and report information to	



district surveillance unit:

		>	Initiate appropriate action i	in outbreak sit	tuation .	
,	Examination Facilities at CHCs:					
	 Availability of following examination facilities at CHCs 					/es/No
		>	Routine stool, urine and bl	ood tests:		
		>	Blood grouping:			
		>	Hemoglobin:			
		>	CBC:			
		>	Urine albumin and sugar:			
		>	Serum Bilirubin test:		•	
		>	Blood sugar:			
		>	RPR (Rapid Plasma Reagin) test:			
		>	Malaria (PS or RDT):			
		>	T.B. (Sputum for AFB):			
		>	HIV (RDT):			
		>	Rapid test for pregnancy:			
		>	Others, if any:			
*	Lab	orato	ry equipment: Same as Pl	HCs		
*	Equ	ipme	nt: Same as PHCs			
*	Drug	gs an	d Supplies: Same as PHC	S		
*	Staffing Pattern					
	•	Staff	strength	Sanctioned posts	Filled posts	Vacant posts
		>	Medical officer			
		>	MO – AYUSH			

		Staff Nurse/GNMs			
	>	Health workers (F)			
	>	Health Assistant (Male)			
	>	ANMs			
	>	Pharmacist			
	>	Laboratory Technician			
	>	Multi skilled Group D worker			
	>	Accountant/ clerk			
	>	Sanitary Worker cum watchman			
Pro	visio	on of Training			
•	Trai	ning provided in		Ye	es/No
	>	BeMOC:			
	>	SBA:			
	>	MTP/MVA:			
	>	NSV:			
	>	IMNCI:			
	>	F-IMNCI:			
	>	NSSK:			
	>	Mini Lap :			
	>	IUD :			
	>	RTI / STI :			
	>	Immunization and cold ch	ain :		
	\triangleright	Others:			



*	Water	Sup	ply

	•	What are the sources of water?:
	•	Is supply of water adequate for drinking, bathing, washing and cleaning?:
	•	What is the daily per capita availability of water?:
	•	How water is stored in CHCs? :
	•	What is the storage capacity of CHCs? :
	•	Are arrangements made to ensure supply of clean potable water?:
	•	Whether water is tested at regular intervals to ensure supply of clear potable water? :
	•	If yes, how frequently the water is tested? :
	•	What action is taken if impurities are detected (please explain):
.•.	Con	
*	San	Number of toilets in the CHCs:
	•	number of tollets in the ChCs:
	•	What s the toilet to patient ratio?:

	•	Is there 24 hour running supply of water in the toilets?:
	•	Is standard of cleanliness of the following Good, fair, poor, (please indicate the relevant):
		> Toilets:
		> OPD:
		> Wards:
		> Labor room:
		> CHC premises:
	•	Type of sewerage system:
		> Soak pit:
		Connected to municipal sewerage:
	•	Availability of mechanism for waste management :
*	Sta	itus of Electricity in CHCs
	•	Is supply of electricity regular in CHCs? :
	•	Is standby facility of functional generator available? :
*	Am	bulance Facilities
	•	Is ambulance facility available? :
	•	If not, how patients are transferred to District Hospital or other hospials:
4.	Dis	strict Hospital

Type of District hospital available :



•		de I: District Hospital for 500 beds:
•	Gra	de II: District Hospital for 400 beds:
•	Gra	de III: District Hospital for 300 beds:
•	Gra	de IV: District Hospital for 200 beds:
•	Gra	de V: District Hospital for 100 beds:
•		es District hospital serve: Rural and urban population:
	>	85 per cent population of the district:
Loc	ation	n of the district Hospital:
•	Dist	ance of hospital from (in kms.):
	>	Bust stand:
	>	Railway station:
	>	CHCs in the district:
	>	PHCs in the district:
•	Ca	n it be reached by:
	>	Public transport:
	>	Private transport:

	•	Are directions to hospital displayed of Hindi and local languages?:	•	·				
.	IEC	c material						
	•	Is IEC material displayed to give follow	ving information	Yes/No				
		Timings of hospital:						
		Citizen Charter:						
		List of available services:						
		List of essential drugs:						
		Protocol Posters:						
		JSSK entitlements:						
		Immunization Schedule:						
		JSY entitlements:						
*	Infi	rastructure of the hospital:						
	•	Total land area of the hospital (in sq. r	ntrs.)					
	•	Total built up area of the hospital (in sq. mtrs):						
	•	Is there a boundary wall all around the	e hospital?:					
	•	Number of entry and exit gates:						
	•	Availability of the following	Yes/No	Number				
		Emergency rooms:						
		ICU rooms:						
		 Waiting rooms for patients and attendants: 						
		Registration counters:						



•	OPD rooms:	
•	Laboratories:	
•	Imaging centre:	
•	Operation theaters:	
•	Labor rooms:	
•	Pharmacy:	
•	General wards:	
•	Private wards:	
•	Male medical wards:	
•	Male surgical wards:	
•	Female medical wards:	
•	Female surgical wards:	
•	Maternity wards:	
•	Pediatric wards:	
•	Nursery:	
•	Burn wards:	
•	Orthopedic wards:	
•	Isolation wards:	
•	Bathrooms:	
•	Toilets:	
•	Medical record room:	
•	Kitchen/pantry:	
•	Store rooms:	
•	Laundry:	
•	Residential quarters for:	
>	Doctors:	
	Paramedical staff:	
	Administrative staff:	

		•	Administrative blocks:		
		•	Small parks:		
*	Fun	ctior	ns of district Hospital:		
	•	Prov	viding following services:		Yes/No
		•	Effective, affordable health care	services:	
		•	Curative including specialist serv	rices:	
		•	Preventive services:		
		•	Promotive services:		
		•	Services of secondary referral ce health institutions including sub- Health Centres, and Community	centre, Primary	
		•	Technical and administrative sup	port:	
		•	Education and training for primar	ry health care:	
*	Serv	vices	provided by District Hospitals:		
a.	Gen	eral	specialties services		
	•		district hospitals providing followin cialties services.	ig general	Yes/ No
		•	Emergency (Accident & other er	nergency):	
		•	Critical/Intensive Care (ICU serv	rices):	
		•	General Medicine:		
		•	General Surgery:		
		•	Obstetric & Gynecology:		
		•	Family Planning services like IU Minilap and lap sterilization:	CD, NSV,	
		•	Pediatrics including Neonatology	/ :	
		•	Anesthesia:		



	-	Ophthalmology:	
	•	ENT services:	
	•	Dental care:	
	•	Orthopedics:	
	•	Radiology including ultrasonology:	
	•	Psychiatry services:	
	•	Geriatric Services:	
	•	Health promotion and Counseling Services:	
	•	District Public Health Unit:	
	•	DOT centre:	
	•	AYUSH:	
	•	Blood Bank:	
	•	Disability Certification Services:	
	•	Services under Other National Health Programmes:	
) .	Diagno	stic and other Para Clinical Services	
		e following diagnostic and other Para clinical vices available in the district hospital:	Yes/No
	•	Laboratory including Pathology and Microbiology services:	
	•	Imaging services:	
	•	Sonography:	
	•	ECG:	
	•	Endoscopy:	
	•	Blood transfusion services:	
		Physiotherapy:	

	•	Dental Technology (Dental Hygiene):	
	•	Drugs and Pharmacy:	
C.	Ancillary	and support services	
		following ancillary and support services able in the hospital:	Yes/No
	•	Medico-legal/post mortem:	
	•	Ambulance services:	
	•	Drug storage services:	
	•	Dietary services:	
	•	Laundry services:	
	•	Security services	
	•	Waste management including Biomedical Waste:	
	•	Ware housing/central store:	
	•	Equipment maintenance and repair:	
	•	Electric Supply (power generation and stabilization):	
	•	Water supply (plumbing):	
	•	Heating, ventilation and air-conditioning:	
	•	Transport services:	
	•	Communication services:	
	•	Medical Social Work:	
	•	Nursing Services:	
	•	CSSD- Sterilization and Disinfection services:	
	•	Horticulture (Landscaping):	
	-	Refrigeration:	
	•	Hospital Infection Control:	



	-	Referral Services:	
	•	Grievance redressal services	
*	Proce	dure done in the hospital:	
	• A	re facilities for following procedure available	Yes/No
	in	the hospital	
	•	CT Scan:	
	•	MRI:	
	•	X-Ray:	
	•	Pleural Aspiration:	
	•	Pleural Biopsy:	
	•	Bronchoscopy:	
	•	Lumbar Puncture:	
	•	Pericardial tapping:	
	•	Skin scraping for fungus/AFB:	
	•	Skin Biopsies:	
	•	Abdominal tapping:	
	•	Liver Biopsy:	
	•	Liver Aspiration:	
	•	Fibrotic Endoscopy:	
	-	Peritoneal dialysis:	
	•	Hem dialysis:	
	•	Bone Marrow Biopsy:	
	•	Catheterization:	
		Nebulization:	
	•	Immunization:	
		ECG:	
		TMT	

•	Holter:	
•	Thrombolytic Therapy:	
•	Angiography:	
•	Endoscopic Specialized Procedures:	
•	Sigmoidoscopy and Colonoscopy:	
•	Foreign Body Removal:	
•	Laparoscopy:	
•	Modified ECT:	
•	Narco-analysis:	

Staffing pattern of the hospital:

a. Medical doctors and specialist:

Staff strength in		Sanctioned	Filled	vacant
		posts	posts	posts
•	Medicine:			
•	Surgery:			
•	Obstetric & Gynae:			
•	Pediatrics:			
•	Anesthesia:			
•	Ophthalmology:			
•	Orthopedics:			
•	Radiology:			
•	Pathology:			
•	ENT:			
•	Dental:			
•	Dermatology:			
•	Psychiatry:			
•	Microbiology:			



	•	Forensic Specialist:			
	•	AYUSH Specialist:			
	• Wha	t is the doctor-patient ra	ıtio?:		
		t is the specialist-patien	t ratio2:		
	· · · · · · · · · · · · · · · · · · ·				
) .	Nurses a	nd Paramedical staff			
	• Staff	strength	Sanctioned	Filled	Vacant
			posts	posts	posts
	•	Staff Nurse:			
	•	Laboratory Technician:			
	•	Pharmacist:			
	•	Radiographer:			
	•	ECG/ECO Technician:			
	•	Audiometrician:			
	•	Biomedical Engineer:			
	•	EEG Technician:			
	•	Dietician:			
	•	Physiotherapist:			
	•	O.T. Technician:			
	•	CSSD Assistant:			
	•	Social Worker:			
	•	Counselor:			
	•	Dermatology Technicia	n:		
	•	Cyto-Technician:			
		PFT Technician:			
		Dental Technician:			
		Darkroom Assistant:			

		•	Renabilitation Therapis	ST:		
		•	Storekeeper:			
	•	Wha	t is Nurse-patient ratio i	n:		
		>	ICU:			
		>	Emergency wards:			
		>	Special wards:			
		>	General ward:			
		>	Operation theater:			
		>	Labor ward:	•••••		
C.	Adr	ninist	trative Staff			
	•	Staff	fstrength	Sanctioned	Filled	Vacant
				posts	posts	posts
		•	Hospital Administrator:			
		•	Housekeeper/manager	·:		
		•	Medical Records office	r:		
		•	Medical Record Assista	ant:		
		•	Accounts/Finance:			
		•	Administrative officer:			
		•	Office Assistant Grade	l:		
		•	Office Assistant			
			Grade II:			
		•	Drivers:			
		•	Technician:			
*	Εqι	ıipme	ent available in the Hos	spital		
	•	Are	following equipment ava	ilable in the ho	ospital:	Yes/ No
			Imaging equipments:			
			X-Ray room accessorie	es:		



	•	Cardiac equipments:	
	•	Labour ward, Neo Natal and Special Newborn Care Unit (SNCU) Equipments:	
	•	Immunization Equipments:	
	•	Ear, Nose, Throat Equipments:	
	•	Eye Equipments:	
	•	Dental Equipments:	
	•	Operation Theatre Equipment:	
	•	Laboratory Equipments:	
	•	Surgical Equipment Sets:	
	•	Physical Medicine and Rehabilitation (PMR):	
	•	Endoscopy Equipments:	
	•	Anesthesia Equipments:	
	•	Furniture & Hospital Accessories:	
	•	Post Mortem equipments:	
	•	Radiotherapy:	
En	nerge	ncy/ ICU Services	
•	Nur	mber of rooms in:	
	>	Emergency ward:	
	>	ICU ward:	
•	Nur	mber of sanctioned beds in:	
	>	Emergency ward:	
	>	ICU ward:	
•	Nu	mber of functional beds in:	
	>	Emergency ward:	
		ICU ward:	

❖ Status of Medical staff in Emergency Ward/ICU

•	Number of Doctors:		
•	Number of Paramedical staff:		
•	Are	specialists available on call? :	
•	Num	ber of specially trained in ICU:	
	>	Doctors:	
	>	Nurses:	
	>	ICU staff:	
•	The	condition of ICU laboratories:	
•	Avai	lability of medicine in:	
	>	Emergency ward (Adequate or inadequate):	
	>	ICU(Adequate or inadequate):	
•	Doct	ors-patient ratio in:	
	>	Emergency:	
	>	ICU:	
•	Nurs	se-patient ratio in:	
	>	Emergency:	
	>	ICU:	
•	Eme	rgency staff- patient ratio in:	
	>	Emergency:	
	>	ICU:	



•	Emergency facilities provided in case of pregnancy (please explain):
•	Are gynecologist present in hospital to attend emergent cases?:
•	What formalities are required to be done in emergency cases (please explain):
•	Number of persons treated in emergency in last 2 years:
OPI	
•	Number of registration counter in the hospital:
•	Number of registration clerks:
•	Are there separate queues at registration counters for:
	> Males:
	> Females:
	> Elderly persons:
	Physically handicapped:
•	Is registration free or patients required to pay some fees?:
•	Are patients given proper receipt of registration?:
•	Examination facilities available in the OPD (please give details):
•	Are technician available to carry out required tests?:

	•	Number of pharmacy counters in the OPD:
	•	Number of pharmacists posted in OPD:
	•	Is supply of medicine adequate?:
	•	Are all patients provided free medicines:
		> If not, please give details of patients supplied free medicines:
*	IPD	
*	Adı	missions
	•	Are patients required to fill some forms before admission?:
		If yes, do patients/attendant understand what is written in the form:
	•	Are patients required to pay some admission fees?:
		> If yes, how much are they required to pay:
*	Livi	ing Conditions of Patients in the IPD:
*	Ava	ailability of Space
	•	What is the authorized bed capacity of the hospital? :
	•	The actual number of patients housed in the hospital:



	•	Average occupancy rate:
	•	Distance between two beds:
	•	Per capita space available in the wards:
*	Sta	iff Strength in IPD
	•	Staff posted in IPD (in numbers):
		> Doctors:
		> Staff nurses/Nurses:
		> Paramedical staff:
	•	Are patients treated by specialist:
		If not, are they referred to outside hospitals or specialist from outside hospitals called to attend patients (please explain):
	•	Number of rounds taken by :
		> Doctors:
		> Nurses:
	•	Are doctors examining the health status of patients everyday?:
	•	Are nurses providing timely medicine to the patients?:
*	Pro	ovision of Food
	•	Are all patients provided free food?:
	•	If not, the category of patients provided free food:
	•	Are patients provided balanced and nutritious food?):

•		od supplied to patients contains adequate amount of calories proteins?:
•	What	is the daily per capita expenditure on food?:
•	\(\lambda\)	ecial food provided to: Mothers of newly born babies: T.B patients: HIV patients: , please give details of food provided to them:
•	Are p	eatients supplied food as recommended by the doctors?:
•		enu prepared in consultation with the dieticians?:
•	Is foc	od cooked in the modern kitchen and hygienic environment ?:
•	Who	If not, (please explain):supervises the cooking of food? :
•	Mode	e of cooking: LPG:
	> >	Firewood: Any other:
•	Are s	tainless steel utensils used for: Cooking food:
	A	Storage of food:



	•	Is there appropriate facility for cleaning containers and utensils?:
		> If not, (please explain):
	•	How food is carried from the kitchen to the wards:
		> Manually in covered containers:
		➤ Manual trolleys:
		> Mechanical trolleys:
	•	Number of times food is served in day:
	•	What are the timings of serving food?:
•	Wa	ter Facilities
	•	What are the sources of water supply in the hospital?:
	•	What is the daily per capita availability of water? :
	•	Is supply of water adequate for drinking, bathing, washing, and cleaning?:
		Clearing:
	•	If not, what arrangements are made for additional supply of water:
	•	Is water stored in the overhead tanks? :
	•	Are patients supplied water in the wards? :
	•	Quality of water:
		Are patients supplied potable drinking water?:

	•	Are	following arrangements made	e ior?:	
		>	Checking the quality of water	er at regular interva	als:
		>	Taking appropriate action if	impurities are dete	cted:
		>	Cleaning the overhead tanks	s and containers at	regular intervals:
		>	Installing filters in the hospi	tal·	
				iai.	
	•	Are	water coolers installed in the	Hospital?:	
	•	If ye	es, the number of water coole	rs:	
*	Clo	thing	g and bedding		
	•	Are	indoor patients provided the	following Items:	
	•	Par	rticulars	Yes/No	Numbers
		•	Dresses:		
		•	Mattresses:		
		•	Bed sheets:		
		•	Blankets:		
		•	Pillows with pillow covers:		
		•	Towels:		
*	San	itatio	on and Personal Hygiene		
	•	Nun	nber of toilets available for:		
		>	Male patients:		
		>	Female patients:		
		>	Hospital staff:		



	\triangleright	Attendants:
•	Wh	at is the toilets- patients ratio:
•	ls rı	unning water available in the toilets?:
•	Are	dustbin kept in the toilets?:
•	Sta	ndard of cleanliness of the hospital: How many times wards, toilets, hospital premises are cleaned in a day?:
	>	Is there any provision of pest spray?:
	>	If yes, how frequently wards and toilets etc. are sprayed?:
•	Nur	mber of bathrooms in the hospital:
•	Wh	at is the bathroom-patient ratio? :
•		patients given bath/sponge daily?:
•	Are	all patients supplied adequate quantity of bathing soap, hair oil hpaste/powder (please give details)?:
•	Are	clothes of patients changed daily?:
•	Hov	v frequently bed sheets and pillow covers are changed? :

	•	What arrangements are mad	_	
	•	Are cloths and bedding item	s sterilized? :	
	•	What arrangements are m patients?:	ade for haircut and	d shaving for male
	•	What arrangements are madexplain):	de to dispose of ho	spital waste (please
*	Sta	atus of Electricity		
	•	Is the electricity available 24	*7 ?:	
		If no, what arrangeme supply of electricity:	nts are made to e	nsure uninterrupted
	•	Are switch boards in good co	ondition?:	
		Ctatus of the following items		
	•	Status of the following items	in the nospital	Ni. wala a va
	•	Particulars		Numbers
		■ Tube lights		
		■ Table fans		
		 Ceiling fans 		
		 Air-conditioners 		
		Room heaters		
		Water heaters		
		Generator		
	•	Is adequate number of elect	rician available in th	e hospital?:



*	Re	creational facilities in the hospital
	•	Are television sets installed in:
		> General wards:
		> Private wards:
	•	Are following items supplied to patients?:
		> Newspapers:
		> Magazine:
		> Health magazine:
	•	Are playing facilities like swings available for children?:
*	Ме	dical records
	•	Are medical records maintained in the hospital?:
	•	How long records are kept in the hospital?:
	•	Whether data relating to heath status, various investigation and medicine maintained:
		> Manually:
		> Electronically:
	•	Are patients given their medical records at the time of discharge:
		➤ If so, are they given records free of costs or charged:
	•	How records are disposed off (please explain):

Canteen Facilities

• Are there separate canteens for:

		>	Patients and their family members:	
		>	Doctors:	
		>	Paramedical staff:	
	•	Wha	at are the timings of canteen:	
	•		ood provided all the times:	
	•	Wha	at is the seating arrangement in the canteen? :	
	•	Wha	at is the standard of food? :	
	•		ood highly expansive or affordable:	
5.	Per		ance of PHCs, CHCs, and District Hospitals	
*	Lab	orate	ory Tests	
	>	Lab	oratory tests conducted in last year for:	Numbers
		•	Hemoglobin	
		•	CBC	
		•	Urine albumin and Sugar	
		•	Serum Bilirubin test	
		•	Blood Sugar	
		•	RPR Test	
		•	Malaria (PS or RDT)	
			T.B (Sputum for AFB)	
		•	HIV (RTD)	



		•	Otners	
*	Pro	cedu	ıres	
	>	Pro	cedures done in last year	Number
		•	X-Ray:	
		•	CT Scan:	
		•	MRI:	
		•	ECG:	
		•	TMT:	
		•	Holter:	
		•	Angiography:	
		•	EEG:	
		•	Endoscopy:	
		•	Sigmoidoscopy and Colonoscopy:	
		•	Bronchoscopy:	
		•	Biopsies:	
		•	Laparoscopy:	
		•	Modified ECT:	
		•	Narco-analysis:	
*	Sei	vice	Delivery	
	>	Sta	tus of the following in last year:	Numbers
		•	Patients examined and treated in:	
		•	ICU:	
		•	Emergency:	
			OPD:	
			IPD:	
			Operations conducted:	

		•	Sick persons referred to Chos/District hospital:	•••••
		•	Patients provided free:	
		•	Medicines:	
		•	Food:	
		•	Special food:	
		•	Hospital clothing:	
		•	Vitamins:	
		•	Transport	
*			delivery relating to Mother & Child Health Ca Velfare	re including
	•	Stat	tus of the following relating to:	Numbers
	>	Mot	hers	
		•	Expectant mother:	
		•	Women registered in the first trimester:	
		•	Total deliveries conducted:	
		•	Obstetric complications managed:	
		•	Managed high risk pregnancy:	
		•	Pregnant women referred:	
		•	Mothers initiated breast feeding within one hour of normal delivery:	
		•	Counseling provided on family planning:	
		•	women who accepted post partum FP services:	
		•	ICDU insertions:	
		•	Tubectomy:	
		٠	Vasectomy:	
			Minilap:	



	•	JSY payment made before discharge:	
	•	MTPs conducted:	
	•	Maternal deaths:	
>	Chil	dren	
	•	Provided essential newborn care (thermoregulation, breastfeeding and asepsis):	
	•	Children screened for defects at birth under RBSk	(:
	•	Managed sick neonates and infants:	
	•	Sick children referred:	
	•	Children fully immunized:	
	•	Vaccines administered correctly:	
	•	Zero dose BCG, Hepatitis B and OPV given:	
	•	Children given ORS + Zinc	
	•	Children given Vitamin A	
	•	Still births:	
	•	Neonatal deaths:	
	•	Infant deaths:	
>	-	expenditure incurred by mothers on travel, drugs o ase give details):	r diagnostics
>		hoing provided from of charge:	
	וטוט	being provided free of charge:	

❖ Maintenance of Records

>	Records		Available, updated and filled correctly	Available but not maintained properly	Not available
	•	OPD register:			
	•	IPD register:			
		ANC register:			
	•	Indoor bed head ticket:			
	•	List of severely anemic pregnant women:			
	•	Labour room register:			
	•	OT Register:			
	•	FP Register:			
	•	Immunization register:			
	•	Updated Micro plan			
	•	Drug Stock register:			
	•	Referral registers (In and Out):			
	•	Payments under JSY:			
	•	Expenditure register:			
	•	Expenditure incurred under			
		different heads:			

IMPLEMENTATION OF RURAL DRINKING WATER AND SANITATION PROGRAMMES

1. National Rural Drinking Water Programmes (NRDWP)

Status of water in rural areas

•	Availability of water to rural population	Numbers	Percentage of the total rural population	
•	Total rural population in the state			
•	Rural persons having access to	o :		
>	Readily and conveniently accessible water at all times:			
>	Adequate water for drinking,			
>	Safe drinking water meeting minimum water quality standard	ds:		
•	Status of following habitations:		Numbers	
	Uncovered habitations:			
	> Slipped back habitations:			
	Quality affected habitation	ns:		

•	Av	ailability of safe drinking water in	Numbers
	•	Households:	
	•	Government schools:	
	•	Anganwadies:	
•	ls S wat	State Government tackling the following	g issues of safe drinking
	>	Water supply and availability:	
	>	Problem of sustainability:	
	>	Poor water quality:	
	>	Ensuring equal supply of water amore economically weaker sections of socially vulnerable groups like pregnadisabled persons; and senior citizens:	society; school children; ant and lactating mothers;
•	ls v	vater available free of cost:	
	>	If not, what is the per unit cost of water	
•	sup	SC/ST/OBCS/ other vulnerable sections of water? :	ons provided subsidized
So	urces	s of water in rural areas	
•	Wł	nat are sources of water in rural areas:	
•	So	urces	Tick the relevant
	>	Hand pump	
	>	Stand post	
	>	Open well	
	>	Pipe water	
		Others	



•	Hou	seholds having	Numbers	Percentage
	•	Individuals sources of water		
	•	Common/community sources of water		
•		rural persons having one han ons? :	d pump or stand po	ost for every 250
	>	If not, number of persons sha	aring one hand pun	np or stand post:
•	Wha area	t is the distance of commons?:	n source of water	from residential
	>	Is it more than prescribed di mts. elevation in hilly areas:	istance of 1.6 km ir	n plains and 100
•	Δra	water sources in rural areas		
	λιο ≽	SC/ST/OBC communities:	-	
	>	Persons with disabilities:		
•	If no for d	t, is state Government earma Irinking water supply to SC a dominated habitations to make munities on sustainable basis	arking 25 per cent o and 10 per cent fo ke potable water av s (Please explain):	f NRDWP funds r ST in SC and vailable to these
Per	Capi	ta availability of water in ru	ıral areas:	
•	-	t is the total capacity of differ		er?·
•		t is the daily per capital availa	-	rinking, cooking,

•	Is it less than the prescribed daily per capita requirement of:			
	>	40 literes for human consumption in rural areas :		
	>	30 litres additional water for cattle in Desert Development Programme Areas:		
	If so	o, is State Government taking the following steps to ensure		
		lability of adequate quantity of drinking water at household level:		
	>	Undertaking sustainable and environmentally friendly drinking water supply projects:		
	>	Undertaking sustainable drinking water supply schemes for covering individual households and prevent slip back:		
	>	Encouraging water conservation including revival of traditional water bodies:		
	>	Conjunctive use of surface water, groundwater and rainwater harvesting:		
	>	Convergence of all water conservation programmes at village level:		
	>	Involving Panchayti Raj Institutions in:		
		Operation and maintenance of intra-village drinking water:		
		Monitoring and keeping surveillance on their water sources:		



❖ Women role in NRDWP

	•	Are women being the principal beneficiary of the scheme involved in all stages of planning, implementation and management of rural water supply schemes (Please explain):
	•	Are women especially those belonging to SC/ST/OBC constitute 50 per cent of the members of Village Water and Sanitation Committees?:
	•	Are women groups giving certificate of satisfactory completion of scheme? :
	•	Are there women caretakers of hand pumps in the habitation?:
		> If so, what is their percentage in total:
*	Qua	ality of water in rural areas
	>	Is quality of drinking water poor, average, good or very good (Please explain) :
	>	If bad, is it due to dumping of garbage near the water source:
	>	If good, are quality standards of drinking water maintained at: Production (water treatment plant) stage:
		Consumption (household) stage:
	•	Is proper attention given to:
	\triangle	Personal hygiene:
		i Gradiai riygiche.

			•••••••••••••••••••••••••••••••••••••••
	>	Prop	per storage of water:
*	Ga	ps in (designed service level and services available to households:
	•	Wha	at is the status of following gaps in rural areas?:
		>	Overdependence on groundwater:
		>	Depletion of ground water levels due to competing demands and poor recharge:
		>	Large scale deforestation and lack of protection of catchment areas:
		>	Poor operation and maintenance:
		_	
			Poor ownership of water supply systems and sources by rural community:
			Naviant of the Property of the
		>	Neglect of traditional water sources:
		>	System and management practices:
			System and management practices.
*	Ste	ps ta	ken by Government/Panchayats
	•		State Government/Panchayats taking the following steps to ure availability of potable drinking water to rural people:
		>	Move away from high cost water treatment technologies for tackling water contamination:



>	Promotion of simple to use technologies for tackling problem of impurities:
>	Percolation of surface water:
>	Closing mouths of wells and raising water by pumps:
	Safeguarding 15 meters radius of wells and tube wells from dumping garbage:
>	Cleaning of tanks regularly:
>	Testing all sources of drinking water at least twice a year for bacteriological contamination and once a year for chemical contamination:
>	Establishing water testing laboratories at Sub-Division level with provision for testing few selected chemical parameters and need based biological parameters:
>	Testing water quality (biological parameters) at Primary Health centres:
>	Utilizing services of following workers of grass root level for testing water: ASHA: Anganwadi Workers:
	School Teachers:
	■ Gram Panchayat Members:
	Social Workers:

	•	Are Households in rural areas taking following steps to ensure availability of potable drinking water:
		> Boiling water:
		> Adding bleach/chloride:
		> Installing water filter:
		> Any other:
	•	Share of such households in total population of the area:
	•	How often the members of community suffer from water born ailments?:
	•	What steps are being taken to prevent water born disease?:
*	-	pact of implementation of National Drinking Water Programme on following in the last 2 year:
	•	Safe drinking water facilities provided to number of:
		> Households in rural areas:
		➤ Government schools:
		> Anganwadis:
	•	Number of SC/ST/OBC habitation covered under the scheme:
	•	Number of hand pumps installed:
	•	Number of traditional water bodies revived:
	•	New sustainable and environmentally friendly drinking water supply projects undertaken:



2.	Rui	ral Sa	anitation Programmes	
	•	ls ri	ight to sanitation explicitly recognized (Please expla	ain):
		•	If so, please explain the standards of sanitation in following terms:	rural areas ir
		>	Home sanitation:	
		>	Safe water:	
		>	Garbage disposal:	
		>	Excreta disposal:	
		>	Waste water disposal:	
	•	Sta	tus of following in State:	Numbers
	•	Tota	al Rural Households:	
	•	BPI	L Households	
	•	API	L Households:	
	•	SC	s/STs	
	•	Sm	all and marginal farmers:	
	•	Lan	ndless labours with homesteads	
	•	Phy	ysically handicapped	
	•	Wo	men Headed Households	

Others

National Human Rights Commission

Status of following in the State:	Number of Households having functional toilets	Number of Households having defunct toilets	Number of Households having not having toilets
Total number of Rural House-holds:			
■ BPL House-holds:			
APL House-holds			
■ SCs/STs:			
Small and marginal farmers:			
Landless labours with homesteads:			
Physically handicapped:			
Women Headed Households:			
Others:			
What is the toilet to ind	ividual ratio in ru	ral areas:	



•	Status of sanitation in schools in rural areas:	Numbers	Percentage in total
	 Government/Government aided schools having adequate toilet facilities: 		
	Schools not having adequate toilet facilities:		
	 Schools having separate toilet facilities for girls and boys: 		
	 Schools not having separated toilet facilities for girls and boys: 		
	 Schools in which toilet facilities are required to be constructed: 		
	 Schools in which separate toilet facilities are required to be constructed: 		
•	What is the toilet to student ratio in		
•	Status of sanitation in Anganwadi Centres in rural areas:	Numbers	Percentage in total
	 Anganwadi Centres in Government buildings having toilet facilities: 		
	 Anganwadi Centres in Government buildings without toilet facilities: 		
	 Anganwadi Centres in private rented buildings having toilet facilities: 		

		rented buildings without toilets:	
		Anganwadi Centres in whichtoilet facilities are required to be constructed:	
•	Wh	at is the toilet to children ratio in Anganwadi centres	?:
•		ether regular supply of water is available in toilets?:	
	>	If not, please give reasons for the same:	
Sta	itus c	of implementation of Swachh Bharat Abhiyan:	
•	ls s	tate Government giving priority to:	Yes/No
	>	Bring about community wide behavioural change:	
	>	Communication and house to house interventions:	
	>	Provision of Individual household latrines for both BPL and APL households within Gram Panchayats	
	>	Provision of sanitation facilities in Government schools and Anganwadis:	
	>	Involving Panchayati Raj Institutions, ASHA, Anganwadi workers, Women groups and NGOs for promoting sanitation facilities through inter- personal communication and door to door visits:	
	>	Motivating communities and Panchayati Raj Institutions to adopt sustainable sanitary practices:	
	>	Cleaning roads, streets and environment:	



Developing community managed environmentsanitation system focusing on solid and liquid waste management for overall cleanliness of rural areas:

Wha	at steps are being taken by the Government to:
•	Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eleminating open defecation:
•	Accelerate sanitation coverage in rural areas:
•	Motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education:
•	Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation:
•	Develop where required, Community managed sanitation systems focusing on scientific Solid and Liquid Waste Management systems for overall cleanliness in the rural areas:
•	Impart hygiene education to the rural communities, general public, as well as students in the educational institutions:

	•	Prepare implementation plans at the district level:
	•	Organize district wide IEC and Social mobilization campaigns:
*	Inc	entives provided to ASHAs and Anganwadi Workers
	•	Are ASHAs, Anganwadi workers paid suitable incentives from funds earmarked for IEC? :
		If so, is incentive linked to performance i.e. motivating number of households, schools and anganwadis to construct latrines and use them?:
*	Sta	tus of Individual Household Latrines:
	•	Is state Government providing any cash incentives for constructing Individual Household Sanitary Latrine comprising toilet unit including super structure with water facility and hand wash unit to:
		■ BPL households:
		APL households including the following:
		■ SC/STs:
		Small and marginal farmers:
		■ Landless labourers with homestead:
		Physically handicapped:
		■ Women headed households:
	>	If so, what is the amount of cash incentive for one unit of IHHL:
		Is it less than the prescribed amount of Rs 12000 Per unit of IHHL?:



	If so, please explain:
•	Is incentive provided in cash or in the form of construction material or credit vouchers for such material? :
•	Are APL families not covered under the incentive, assisted through revolving fund or through low cost financing from NABARD, Banks and Financial Institutions?:
•	Is incentive provided for converting Insanitary latrines, if any to Sanitary latrines? :
•	Number of Individual Household Latrines constructed in last 1 years for:
	> BPL Households:
	> Certain selected categories of APL Households:
Sta	tus of community sanitary complex:
•	Are community sanitary complex constructed when there is lack of space for construction of IHHL in the village?:
•	Does community sanitary complex comprises appropriate number of toilet seats, bathing cubicles, washing platforms, wash basins etc. (Please explain):
•	Are Gram Panchayats responsible for proper operation and maintenance of Community Sanitary Complex?:

*

Are user families required to contribute a reasonable mont charge for cleaning and maintaining the complex?:	•
If so, what are the monthly user charges:	
Number of community sanitary complexes constructed in last	
 Are sanitary complexes constructed in public places and etc.?: 	markets
■ If so, number of Sanitary Complexes constructed in last 1 y ➤ Public places: ➤ Markets:	
Status of School Toilets:	
 Is State Government constructing toilets in all Government s : 	
If so, does toilet unit consists of one toilet and minin urinals:	num two
 Are there separate toilet units for girls and boys in co-eduschools? : 	ıcational
Are toilets accessible to children with special needs? :	
Are schools having adequate number of toilet units to n	neet the



		requ	uirements of students? :		
	•	Are	Parent-Teachers Associations, Panchayats structing school toilet? :	involved	in
	•		ducation imparted to children in the schools on a iene?:	all aspects	of
	•	Nun yea	nber of toilet units constructed for girls and boys ir rs:	the last o	ne
.	Are	imp	lementing agencies giving priority:		
	•	-	roviding access to the following categories eople:	Yes/No	
		>	Socially and economically marginalized people:		
		>	Women children and elderly persons;		
		>	People of certain castes, faiths and ethnicities:		
		>	People with disabilities:		
		>	Geographically marginalised populations in remote areas:		
		>	People living in areas where it is difficult to construct simple toilets due to high water tables, sandy soils or hard rock:		
	•		nes relating to women hygiene, namely		
	•		ting up of incinerators in schools, PHCs and public ets for safe disposal of waste:		

*	Sta	atus of	f Solid and Liquid Waste Management (SLWM):	
	•		s each Gram Panchayat take up SLWM in project m	
		>	If not, (please explain):	
	•		Gram Panchayats being provided financial as ementing the project on sustainable basis?:	sistance for
		>	If yes, does total amount of financial assistance for Panchayat for running the project is worked out on number of households:	
	•		, is the maximum amount to be given to each Grar icted to? :	n Panchayat
		>	Rs 7 lakhs with 150 households:	
		>	Rs 12 lakhs with 300 households:	
		>	Rs. 15 lakhs with 500 households:	
		>	Rs. 20 lakhs with more than 500 households:	
	•		professional agencies and NGOs involved to ement such projects?:	
*	Ro	le play	yed by Panchayati Raj Institution:	
	•	Are	Gram Panchayat participating in the following:	Yes/No
		>	The social mobilization for the triggering demand for construction of toilets:	
		>	Maintenance of the clean environment by way of safe disposal of waste:	
		>	Maintenance of Community Complexes constructed under the SBM through funds	



		available from Finance Commissions, user charges, other State funds, CSR funds etc.:
	>	Providing resources over and above the prescribed amount for School Sanitation and Solid and Liquid Waste Management infrastructure:
	>	Act as custodian of the assets such as thecommunity complexes, environmental sanitation infrastructure, drainage etc. constructed under SBM:
	>	Opening and operating Production enters/Rural
	>	Monitoring the SBM programme and assisting in organizing Social Audits of the Programme:
•		at best practices are being followed by state Government in the ere of sanitation (Please explain):
•	impl (Ple	at problems are being faced by state Government in planning ementing, monitoring, and evaluating the sanitation programme ase explain):
•		se give specific suggestions for effective implementation of rura king water and sanitation programmes in rural areas:

SCHEMES, PROGRAMMES AND IMPLEMENTATION OF PERSONS WITH DISABILITIES (PWD) ACT, 1995

1.	Pe	rsons with Disabilities
	•	Total number of persons with disabilities in the State:
	•	Number of persons with permanent disabilities:
	•	Number of persons with temporary disabilities:
2.	Ту	pe of Disabilities
	•	Are following disabilities covered in the State:
		> Blindness:
		> Low vision:
		> Leprosy-cured:
		> Hearing impaired:
		> Loco motor disability:
		Mental retardation:
		> Mental illness:
3.	lm	plementation of the Persons with Disabilities (PWD) Act, 1995



			Full range of human rights and fundamental freedom of people with disabilities at par with other individuals:
		>	Equality and full participation of persons with disabilities:
		>	Promotion of their economic and social rights:
	•		s in the implementation of PWD Act,1995 (please explain):
	•	Are p	persons with disabilities leading marginalized lives due to:
		>	Different forms of discrimination:
		>	Denial of basic rights:
*	Inst	itutio	nal Mechanism
			nd effective is the following three-fold monitoring and enforcement the state?:
a)	Con	nmiss	sioner (Persons with Disability) CPD:
	•		a CPD appointed in the State? :
	•	If so,	how effective is he/she in:
		>	Coordinating and monitoring different provisions of PWD Act:
		>	Taking steps to safeguard rights of disable:
		>	Making facilities available to persons with disabilities:
		>	Monitoring the utilization of funds disbursed by State Government to various Departments for disability related works:

b)

	Coordinating with other departments for programmes and schemes for persons with disabilities:
	Taking cognizance of complaints relating to:
	Deprivation of rights of persons with disabilities:
	 Non implementation of laws, rules, bye laws, regulations, executive orders, guidelines or instructions issued by Government for welfare of persons with disabilities:
•	Has CPD been vested with the powers of the court while trying a suite (please explain):
•	Is CPD preparing and submitting reports on implementation of Act along with his/her recommendations at prescribed intervals to the Government?:
•	Is State Government placing annual report of CPD together with action taken report on the table of Legislative assembly? :
Sta	te Coordination Committee (SCC):
•	Has State coordination Committee been constituted in the State? :
•	If yes, what is the constitution of the State Coordination Committee:
•	Is SCC meeting once in six months? :



	•	ls St	ate coordination committee performing the following functions?:
		>	Reviewing and coordinating the activities of all Government departments and NGOs dealing with matters relating to persons with disabilities:
		>	Developing a State policy to address issues faced by persons with disabilities:
		>	Advising the State Government on formulation of policies, programmes, legislation and projects relating to disabilities:
		>	Reviewing the impact of donor agencies funding on persons with disabilities:
		>	Taking steps to ensure barrier free environment at work places, schools, public utilities and other places:
		>	Evaluating impact of policies and programmes in ensuring equality and full participation of persons with disabilities:
c)	State	Exe	ecutive Committee (SEC)
	• 1	Has	SEC been constituted?:
		-	s, does SEC include one women and one member belonging to ST?:
	•	•••••	
	•	ls SE	EC meeting once in three months? :
			······

	•	How	far SEC is successful in:
		>	Performing the functions delegated to it by SCC:
		>	Executing decisions taken by SCC:
*	Prov	/isio	n of Education for Persons with Disabilities
	•	Is St	ate Government doing the following:
		>	Providing free education to every child with disability upto the age of 14 years:
		>	Conducting part time classes for children with disabilities who could not pursue their full time studies beyond V standard:
		>	Conducting special part-time classes for providing functional literacy to children in the age group of 14 years and above:
		>	Providing home based education to children with multiple disabilities:
		>	Conducting classes and discussions through interactive electronic or other media:
		>	Imparting non-functional education in rural areas with the help of available manpower after giving them appropriate orientation
		>	Imparting education through open schools and open universities:
			Enabling students with disabilities to pursue Secondary



	schooling (class IX-XII) in an enabling environment:
>	Helping girls with disabilities to gain access to Secondary schools:
>	Providing monthly stipend of Rs. 200 to disabled girl students:
>	Providing every child with disability free special books and equipment needed for his/her education:
>	Reservation of not less 3 per cent seats for disabled in admission to Government and Government aided institutions:
	• If reservation is less than 3%, please give reasons for the same:
>	Preparing comprehensive education schemes for provision of transport facilities, barrier free access to schools, supply of uniforms, books and other materials, scholarships etc., suitable modifications in examination system for the benefit of blind and low vision students:
>	Restructuring the curriculum for benefit of children with disabilities, and for children with hearing impairment:
>	Amanuensis for students with blindness or students with low vision:
>	Initiating or cause to be initiated research by officials and

non-government agencies for designing and developing new assistive devices, teaching aids, special teaching materials to

	give opportunities to children with disabilities at par with other children:
	Setting up adequate number of teachers training institutes and assisting national institutes and other voluntary organizations to develop teachers training programmes specializing in disabilities:
•	Total number of PWD in the age group of 6-14 years in the State:
•	Number of disabled students in the age group of 14 years enrolled in all schools including special schools:
•	Share of disabled students enrolled in schools (% terms):
•	Number of special teachers training institutes in the State:
•	Total number of Special teachers posted in schools:
•	Teacher to disabled students ratio:
•	Number of schools having inclusive education:
•	Measures taken for inclusive education:
•	Number of educational institutions having accessible facilities:



	•		tus of accessible schools/university transport system provided to abled:
	•	Any	other initiatives taken for promoting education for PWD:
	•	Nun	nber of drop outs of disabled students from schools:
	•		reasons for such drop outs:
.	Pro		n of Employment for PWD
	•		State Government Identifying posts which can be reserved for sons with disabilities?:
		>	If so, number of posts identified for disabled persons:
		>	If not, please give reasons for not identifying posts for disabled persons:
	•		me frame adopted for reviewing and updating the list of identified ts for disabled?:
		>	Is it greater than stipulated period of 3 years?:
		>	If so, please give reasons for the same:
	•		3 per cent vacancies reserved in every Government establishment uding public sector for persons with disabilities?:

	>	If not, please give reasons for the same:
•	non	tate Government taking health and safety measures and creating -handicapping environment in places employing persons with abilities?:
	>	If not, please give reasons for the same:
•	Are	service rules disabled friendly and non-discriminatory?:
	>	Is State Government providing relaxation in upper age limit for persons with disabilities?:
	>	Is State Government along with other local bodies providing incentives to employers of public and private sectors to encourage them to employ 5 per cent disabled persons?:
	>	Are necessary safeguards taken against denial of promotion on grounds of disability:
	>	Is State Government doing the following?:
		Putting a ban on dispensing or reducing rank of an employ who acquires a disability during his/her service?:
		Ensuring that promotions are not denied on grounds of his/her disability:



		Any other steps taken to identify jobs, review list of identified posts etc.:
	•	What is the total number of special employment exchanges in the State:
	•	Number of disabled persons registered with special exchanges:
	•	Number of disabled persons provided employment:
*	Pov	erty Alleviation Programmes for PWD
	•	Is State Government doing the following for welfare of Persons with Disabilities:
		Providing 3% reservation for PWD in all poverty alleviation schemes:
		> If not, please five reasons for not doing that:
	•	Providing preferential allotment of land at concessional rates to PWD for residential purposes, setting up business and factories etc.:
		Please give number of PWD to whom land has been allotted for different purposes at concessional rates:
	•	Formulating schemes to provide aids and appliances to persons with disabilities:

	>	Please indicate percentage of PWD to whom appliances had been distributed in the total population of disabled persons in the State:
•	with	viding unemployment allowance to those PWD who are registered special employment exchanges for more than 2 years but not vided employment:
	>	Please give number of PWDs registered with special employment exchanges in the last 3 years:
	>	Number of PWD to whom unemployment allowance has been granted in the last 3 years:
•	Mal	king parks and buildings accessible to persons with disabilities:
	>	Whether by-laws have been amended to prevent construction of new buildings without assess provision for PWD (please explain):
•	Plea	ase furnish the following information:
>	Nur	nber of accessible public places including hospitals, banks, public ets, transport system including railway stations and airports for
>	Nur	nber of access audits conducted:
>	Nur	mber of buildings and public places audited:



	>	Number of Medical Boards constituted for issuing disability certificates:
	•	Guidelines followed in issuing disability certificates:
		Percentage of disabled persons to whom disability certificates has been issued during last 2 years in total disabled population in the State:
	•	Best practices and drawbacks observed in the State:
	•	Any specific suggestions for effective implementation of the PWD Act:
l.	-	elementation of different schemes for welfare of Persons with
*	Dee	endayal Disabled Rehabilitation Scheme (DDRS)
	•	How effective is the scheme to:
		create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities:
		Encourage voluntary action for ensuring effective implementation of the PWD Act, 1995:

	ne State government providing adequate financial and state government providing the following services?:	ssistance to
>	Programmes for pre-school and early intervention	
>	Special education:	
>	Development of daily living skills:	
>	Vocational training for skill development and place	
>	Training and awareness:	
>	Community based rehabilitation:	
>	Manpower development:	
>	Psycho-social rehabilitation of persons with menta	
>	Rehabilitation of leprosy-cured persons, etc.:	
Are	the following Model Projects supported under the s	
Mod	lel Projects	Yes/No
>	Project for Pre-School and Early Intervention and Training:	
>	Special Schools:	
>	Project for Cerebral Palsied Children:	
>	Vocational Training Centres:	



			11 34 35 44 1
	>	Sheltered Workshops:	
	>	Project for Rehabilitation of Leprosy	
		Cured Persons:	
		Half Way Home for Psycho-Social	
		Rehabilitation of Treated and Controlled	
		Mentally III Persons:	
		Project relating to Survey, Identification,	
		Awareness and Sensitization:	
		Home Based Rehabilitation Programme/	
		Home Management Programme:	•••••
		Project for Community Based Rehabilitation:	
		Project for Low Vision Centres:	
		Projects for Human Resource Development:	
	>	Seminars/Workshops/Rural Camps:	
	>	Environment Friendly and Eco-Promotive	
		Projects for the Handicapped:	
	>	Grant for Computer:	
	>	Construction of Building:	
	>	Project for Legal Literacy, including	
		Legal Counseling, Legal aid and	
		Analysis and Evaluation of Existing Laws:	
	>	District Disability Rehabilitation Centres:	
Sch	eme	of Assistance to Disabled Persons for Purchas	se/Fitting of
Aid	s/App	oliances (ADIP):	
•	Is th	e Government assisting the needy disable person	in procuring
	certi	fied durable, sophisticated and scientifically m	nanufactured
	mod	ern and standard aids and appliances to:	
	>	Promote their physical, social, psychological rehat	oilitation:

	7	Arrest the extent of disability:	
	>	Reduce the effects of disabilities:	
	>	Enhance their economic potential:	
	>	Improve their independent functioning:	
•	Wha	it is the quantum of financial support provided Each disability:	
	>	Student with disability:	
•	and	at is the quantum of assistance provided for Newheelchair once in ten years to disabled per above having the following disabilities:	Motorized tricycle
•	Type ≽	e of disability: Severely disabled:	Amount in (Rs.)
	>	Muscular Dystrophy:	
	>	Cerebral Palsy:	
	>	Hemipeligia:	
	>	Person with similar condition where three/ four limbs or one half of the body is severely impaired:	
•	Wha	at steps have been taken to ensure the is	sue of disability
	certi	ficated to the disabled persons?:	



	•		at procedure is being followed for issuing diase explain)?:	sability certificate
*	Sch	eme	of National Scholarship for Person with Dis	sabilities:
	•	pos	at is the amount of scholarship provided for peru t matric professional and technical courses for r duration?:	•
	•	Cou	ırses:	Amount (Rs.)
		>	Graduate and post graduate level technical or professional courses:	
		•	Day scholars:	
		•	Hostellers:	
		>	Diploma and certificate level professional courses:	
		•	Day scholars:	
		•	Hostellers:	
		>	Reimbursement of course fees:	
		>	Computer with editing software for blind and deaf graduate and post graduate students:	
		>	Software for cerebral palsied students	
*	Indi	ra G	andhi National Disability Pension Scheme (IGNDPS):
	•	18-5	Persons with severe or multiple disabilities in 59 and belonging to BPL families are provided er this scheme?:	
		>	If yes, what is the amount of monthly pension	1?:

નવન્દ્ર લુધ	η.			
	•		State governments contributing any amount over a	nd above the
		mon	hthly pension paid under the scheme?:	
*	Hea	ılth C	are Programmes:	
	•		the following health care programmes being impler	nented in the
		state	∍?:	
	•	Prog	gramme	Yes/No
		>	National Programme for Control of Blindness:	
		>	National Leprosy Control Programme:	
		>	Urban Leprosy Control Programme:	
		>	National Programme for Prevention and	
			Control of Deafness:	
		>	National Mental Programme:	
		>	National Iodine Deficiency Disorders	
			Control Programme:	
	•	Are	NGOs supported for undertaking programme	es on early
		inter	rvention and early detection of disabilities?:	
.	Fac	ilities	s and Concessions provided to Persons with Di	sabilities:
	•	Wha	at concessions and facilities have been provided to	persons with
		disa	bilities in the State? (please give details):	

LIVING CONDITIONS AND PROTECTION OF HUMAN RIGHTS OF MENTALLY ILL PERSONS IN MENTAL HEALTH CARE INSTITUTION

1.	Bad	ckground:
	•	Name of the hospital:
	•	Address:
	•	Telephone Number:
	•	Fax Number:
	•	Year of establishment:
	•	Earlier name, if any:
	•	Governing authority in:
		> Pre-independence:
		> Post- independence:
	•	Is it a private or Government hospital:
	•	Location of the hospital:
	•	Distance (in Kms.) from:
		> Airport:
		> Railway station:
		> Bus stand:
		City contro:

		Pris	son:			
	>	Ger	nera	l hospital:		
2.	Bas	sic In	form	nation		
	•	ls it	a pr	ivate or Governmen	t building:	
	•	Area	a of	the hospital: (Sq. me	eters):	
		>	Tot	al area:		
		>	Bu	ilt up area:		
		>	Ор	en area:		
	•	ls a	part	of hospital land und	ler illegal occupation	?:
		>	If s	so, what steps are be	eing taken to retrieve	:
	•	San	ctior	ned bed strength of t	he Hospital (in numb	oers):
	•	Stat	us o	of wards in the hospit	al:	
		>	Тур	pe of wards:	Available or not	Number of wards
			1.	Emergency wards		
			2.	General wards:		
			i.	Open wards:		
			ii.	Family wards:		
			iii.	Children wards:		
			iv.	Geriatric wards:		
			V.	Chronic wards:		
			vi.	De-addiction wards	S:	
			vii.	Criminal wards:		



	viii	. Isolation wards		
	ix.	Seclusion ward/ Single room with		
		Iron gate:		
	3.	Paid wards:		
•	Basic fa	cilities available in ge	eneral wards:	
•	Extra fa	cilities provided in the	e paid wards:	
•	Authorit	ies responsible for ho	ospital maintenance:	
•	Are hos	pital buildings mainta	nined properly?:	
	▶ If :	not, please give reas	ons for the same:	
•	Describ	e infrastructure inade	equacies, if any:	
	(Please	attach separate she	et if required):	
	`	·		
•	Please	suggest remedial me	asures:	
	•••••			

3. Investigation and treatment facilities for outpatients and inpatients

- i. Investigation Facilities
 - Availability of the following for Outpatients and Inpatients:
 - Investigation facilities (medical) for (Please tick the relevent) :

	Outpatients	Inpatients
Routine blood/Urine:	Yes/No	Yes/No
Special Blood/CSF:	Yes/No	Yes/No
Blood Sugar:	Yes/No	Yes/No
VDRL:	Yes/No	Yes/No
Lithium estimation:	Yes/No	Yes/No
X-rays:	Yes/No	Yes/No
EEG:	Yes/No	Yes/No
HIV screening:	Yes/No	Yes/No
Hepatitis B:	Yes/No	Yes/No
Investigation facilities (Psy	rcho-Social) for (Ple	ase tick the relevent):
	Outpatients	Inpatients
IQ/Cognitive functions:	Yes/No	Yes/No
Personality assessment:	Yes/No	Yes/No
Diagnostic psychological tests:	Yes/No	Yes/No
Home visits:	Yes/No	Yes/No
Collateral contacts:	Yes/No	Yes/No
Timings for various investig	gations:	
	Outpatients	Inpatients
The base for the same of the same		
Timings for issue of results	_	la callanta
	Outpatients	Inpatients
Charges for investigation:		
	Outpatients	Inpatients
Boutine blood/Urine:	Rs	Rs



	Special Blood/CSF:	Rs	Rs
	Blood Sugar:	Rs	Rs
	VDRL:	Rs	Rs
	Lithium estimation:	Rs	Rs
	X-rays:	Rs	Rs
	EEG:	Rs	Rs
	HIV screening:	Rs	Rs
	Hepatitis B:	Rs	Rs
•	Charges for assessment:		
		Outpatients	Inpatients
	IQ/Cognitive functions:	Rs	Rs
	Personality assessment:	Rs	Rs
	Diagnostic psychological		
	tests:	Rs	Rs
	Home visits:	Rs	Rs
	Collateral contacts:	Rs	Rs
Tre	eatment Facilities		
•	Treatment facilities (Medic	al) for:	
		Outpatients	Inpatients
	Pharmacotherapy:	Yes/No	Yes/No
	Direct ECT:	Yes/No	Yes/No
	Modified ECT:	Yes/No	Yes/No
•	Treatment facilities (Psych	o-Social) for:	
		Outpatients	Inpatients
	Psychotherapy/counselling	g: Yes/No	Yes/No
	Behaviour therapy:	Yes/No	Yes/No

ii.

		PSy	cno-education:	Yes/INO	Yes/INO
		Reh	abilitation:	Yes/No	Yes/No
	•	Con	trol of Violent patients:		
		>	Physical restraint:		
		>	Pharmacotherapy:		
		>	Seclusion wards:		
		>	Combination:		
		>	Others:		
	•	Spe	cific problems in investi	gatory and treatmer	nt facilities:
	•	Spe	cific suggestions to imp	rove investigatory ar	nd treatment facilities
4.	Cas	ualit	y and Emergency Ser	vices	
	•		casualty and emergend		:
	•	If av	ailable, status of the fol	llowing:	
		>	Number of beds in ca	sualty wards:	
		>	Availability of the sepa	arate causality/emerç	gency wards for male
			and female patients:		
	•	List	of investigation facilitie	s available in emerg	ency:
	•	Avai	ilability of Ambulances:		



•	If available, number of ambulances in working condition:
•	Are ambulances available as and when required:
•	Quality of the available equipment in the casualty (Pl. tick one of the following option and give details):
	Poor/Average/Good/Very good:
•	Is sufficient quantity of medicines available?:
•	Is Telephone facility available?:
•	Availability of casualty staff on:
	> permanent basis:
	> On telephone call etc.:
•	Arrangements made for providing services of specialists as and when required:
•	Average number of casualty cases per month in the last one year:
•	Type of emergency cases attended in the emergency:
•	Mode of disposal of emergency cases (in % terms):
	> Treated in OPD:
	> Admitted in wards:

		> F	Referred to other hospitals:
		> F	Referred to Magistrate's order:
	•		vailable facilities in the casualty adequate?:
			f inadequate, specific suggestions:
5.	Out	tpatient	Services
	•		ner OPD is held in the hospital:
	•		the status of the following:
			Frequency of OPD held in a week
			Fimings of OPD services:
		» N	Number of registration counters:
		а	Provision of separate registration counters for men and women, adults, adolescents, elderly persons and children:
	•		bility of waiting hall for patients and family members in the
		» (Capacity of the waiting hall (No of persons):
		> [Details of seating arrangements in the waiting hall:



	>	Availability of facilities of drinking water and toilets in the waiting hall:
	>	Availability of local newspapers, journals and TV in the waiting hall:
•	Ava	ilability of Centeen :
•		nber of doctors and paramedical staff posted in the OPD in the 3 years:
	>	Psychiatrists:
	>	General officers:
	>	Clinical Psychologists:
	>	Psychiatric Social Workers:
	>	Psychiatric nurses:
	>	General nurses:
	>	Technicians:
	>	Administrative staff:
	>	Data entry operator to computerise personal, case, family history of patient etc.:
	>	Attenders and peons:
	>	Pharmacists:
	>	Other, if any (PI specify):
•	Nur	nber of interview rooms in the OPD:
•	Nur	nber of patients seen in the OPD per day:

•	Average time spent with each patient on:
	> First visit:
	> Subsequent visits:
•	Average waiting time for a patient to be seen by a doctor:
•	Are patients required to pay any registration fees:
	If yes, what is the amount of registration fees (in Rs.):
•	Are they required to pay some other charges for availing the OPD
	services:
	➢ If yes, Pl. give details:
•	Number of pharmacists posted in the dispensary:
•	Is free medicines supplied to all patients:
	If not, percentage of patients provided free medicine is supplied
	L'al af de caracter Paul de calle de
•	List of drugs supplied to patients:
_	Duration for which free drugs are provided to notion to at a time.
•	Duration for which free drugs are provided to patients at a time:
	Are facilities in the ODD edequate?
•	Are facilities in the OPD adequate?:



	• If in	If inadequate, please give specific remedial measures:			
6.	Inpatien	t Conditions			
	Admissio	ons and Discharge			
a.	Admissio	on Procedure:			
	• Whe	ether admissions are governed by:			
	>	Indian Lunacy Act, 1912:			
	>	Mental Health Act, 1987:			
	>	Others:			
	• Adn	nitting authorities:			
	>	Psychiatrist:			
	>	Hospital Physician:			
	>	A group of medical officers:			
	>	Police:			
	>	Judiciary:			
	• Nun	nber of admissions during last 3 years:			
	>	Number of voluntary admissions (brought by relatives):			
	>	Number of involuntary admissions (through police, courts):			
		patients/relatives apprised of rights of patients at the time of			
	adn	nission:			

	•	in the hospital:	Male Patients	remaie Patients		
		1 year:				
		1-3 years:				
		3-5 years:				
		5-10years:				
		10-15 years:				
		More than 15 years:				
		Average duration of stay				
	•	Reasons for long stay (PI give details):				
	•	Proportion of repeat admission during the last year:				
	•	Reasons for repeat admission	s:			
b.	Discharge procedure:					
	•	Discharging authority:				
		> Psychiatrist:				
		> Hospital Physian:				
		> A group of medical office	ers:			
	•	Number of discharges during the last 3 years:				
	•	Discharge procedure (Pl. give	details):			
		Are discharged patients s	sent home:			
	•	Alone:				



•		vvitn relatives:
	•	With hospital escort:
	•	Problems faced in discharging patients:
		Non availability of address in case of involuntary admissions:
		Wrong address furnished by families at the time of admission:
		Families not willing to take them back etc.:
		> Any other problems:
	•	Strategies devised and action taken by the hospital authorities to discharge fully recovered long stay patients (PI. give details):
	•	Describe the role of police in discharge of patients:
	•	PI. give suggestions to improve discharge procedure:
ii.	Infra	astructure:
11.	•	Sanctioned capacity of hospital to house patients (in numbers):
	•	Total number of patients housed in the hospital:
	•	Extent of overcrowding (in % terms):
	•	Facilities available in the general wards:

 Status of the wards in hospital: 					
	>	Number of be	eds in each ward	i:	
	>			ilets attached to	
	>	Are hospital	wards well lighte	ed and ventilated	:
	>	Is size of hos	pital wards smal	ll, compact and n	nanageable:
	>	Is there adeq	uate space (one	e metre) between	two beds:
 Are relatives of patients allowed to stay with patie 					
	>	If yes, is there	e adequate spac	ce for them to sle	
•	trea	half way home	es run by NGOs lled mentally ill p	for psycho-socia	l rehabilitation of
•			noused in wards		
		us of the follow			
			capacity to	-	availability
			house patient	housed	of space
	Clos	sed wards:			
	Ope	en wards:			
	Fam	nily wards:			
	Fem	nale wards:			



		Children wards:		•••••	
		Geriatric wards:			
		Isolation wards:			
		Criminal wards:			
		Chronic wards:			
	•	Are seclusion/sing	le rooms with ird	on gates used:	
		➢ If yes, number	er of seclusion/si	ngle rooms used	d:
		 Regularly 			
		Occasion	ally:		
	•	Are patients kept in	•		
				, adults, elderly)	
				•	
		> Intensity of a	ilment (mild, sev	er, chronic):	
		Prognosis a normal):	nd temperame	nt (withdrawn,	aggressive and
iii.	Bed	lding and Clothing	:		
	•	Status of the follow	ving in the wards	S :	
		Availability of in the wards:	following items	Yes/No	Item to patient ratio:
		Cots:			
		Mattresses:			
		Stools/chairs for re	elatives to sit in		
		the wards:			

iv.

	Sm	all cots and benches for		
	rela	tives to sleep in the wards:		
	Fan	s:		
•	Nun	nber of following items issued to ea	ach patient:	
	>	Linens:		
	>	Pillows:		
	>	Blankets:		
	>	Towels:		
•	Are	patients provided hospital uniform	ıs/dresses:	
	>	If not, please give specific reason	ns for the same:	
•	Pre	scribed number of dresses (uniforr	ms) for each:	
	>	Male patient:		
	>	Female patient:		
•	Nun	nber of dresses (uniforms) actually	provided to each:	
	>	Male patient:		
	>	Female patient:		
•	Тур	e and colour of dresses/uniforms fo		
	>	Male patient:		
	>	Female patient:		
San	itati	on Services		
Sai				
•	Drainage system in the hospital:			
_		rainage system:		
	ODE	en type:		



	Closed type:				
>	Open and closed type:				
•	Gen	eral standard of cleanliness:			
	>	Whether cleaning work is outsourced to an outside agency or done by hospital sweepers:			
	>	If done by hospital sweepers, number of sweepers engaged in cleaning:			
	>	If outsourced, is the agency doing its work satisfactorily:			
•	Clea	ning of the wards:			
	>	Are wards cleaned :			
	•	Daily:			
	•	Once in 2-3 days:			
	•	Once a week:			
	•	Once in a fortnight:			
	•	Once a month:			
•	Num	ber of toilets in the wards:			
•	Toilet to patient ratio:				
•	Availability of western commodes for elderly, physically and orthopedically challenged patients in men and women wards:				
•	Arra	ngements made for the disposal of biomedical wastes:			
	>	Has the work been outsourced to a private agency:			

		If so, is the agency doing its job satisfactorily?:
iv.	Per	onal Hygiene Services:
	•	Number of bathrooms in the wards:
	•	Bathroom to patient ratio:
	•	Frequency of bath given to/taken by inpatients:
		Daily; Alternate days; Once in 3 days; Once a week; Once a fortnight; or Once a month:
	•	Are they provided hot water for bathing in winters:
	•	Are they supplied bathing soap, hair oil, tooth paste/powder:
		> If yes, the quantity of these items supplied to each patient:
	•	Frequency of dress/uniform change:
		Are uniforms changed daily; alternate days; once in 3 days; once a week; once a fortnight; or once a month:
	•	No of washing platforms in:
		> Male wards:
		> Female wards:
	•	Availability of mechanized laundry:



•	If not, are washer-men engaged:					
	If yes, daily timings of:					
	>	for washing:				
	>	Delivery of clothing and b	pedding after wash	ning:		
•	Arra	angements for hair cutting a	and shaving:			
	>	Frequency of following services provided to patients:	Male patients	Female patients		
		Head shaving				
		Hair cut:				
		Face shaving only for me	n			
•	Pro	vision of sanitary napkins f	or female patients	:		
•		ether anti lice/bug measure	es are adopted:			
>		es, what is the frequency of				
•	Qua	arterly:				
•	Hal	f yearly:				
•	Anr	nually:				
Psy	chiat	ric Services:				
•	ls N	Medical examination of the	patients done with	nin 24 hours of their		
	adn	nission in open and closed	wards?:			

٧.

	>	If not, pl. give reasons:
	>	Are all body vitals recorded in a separate register opened for each patient?:
	>	If not, pl. give reasons:
•		findings of medical examination and pace of recovery documented culously?:
•		medical records kept in safe custody and updated by medical ords librarian?:
•	 Λrο	mentally ill patients suffering from other associated complications
•	like	cardio vascular, respiratory ailments etc. referred to Government pitals or Medical colleges?:
•	-	es, is there a proper coordination between the MO of the Mental pital and treating doctors of referral hospital:
•	cylin	lability of a well-equipped nursing station equipped with oxygen iders, suction machine, medical trays and trolleys and adequate licines:
	11100	
	Δ	
•	Avai	lability of duty room:
		If yes, are facilities like examination table, chair for patient

provided in the duty room?:



	•	INUI	inder of stall flurses at	iu neau nuise po	sieu iii eacii	waru.
	•	Stat	us of rounds taken do	octors and nurses	:	
			jular/Supervisory inds taken by:	Frequency of the rounds taken on week days and weekends/ holid	each	spent with patient:
		Psy	chiatrist:			
		Med	dical officer			
		Mat	ron and Head Nurse:			
		Staf	f nurses:			
	•		families of patients in the control of the control	nvolved in treatn	nent and rel	nabilitation of
		>	Pre-admission and	Pre-discharge cou	unselling:	
		>	Arranging Psycho-e	ducative sessions	for family/c	are givers:
⁄i.	Diet	tary a	and Pantry Facilities:			
	•	Con	dition of the Hospital	Kitchen:		
		>	Whether kitchen is:			
	•	Prin	nitive or modern:			
	•	Spa	acious, well lighted an	d ventilated:		
	•		ether kitchen has following:	Yes/No	Details/rem	arks, if any
			s on walls upto the			
		heig	ht of 2 meters:			

Floors made of		
impermeable material:		
Sufficient space for		
storage of provisions,		
articles, vegetables,		
containers and cooking		
utensils:	•••••	
A platform for washing,		
cleaning and cutting		
vegetables:		
LPG/hotplates:		
A chimney:		
Sufficient number of		
exhaust fans:		
Fly-proof automatic		
closing doors:		
Fly-proof wire mesh		
all around:		
Stainless steel utensils		
for cooking and storing		
food:		
Mixer and grinder;		
Kneading and chapatti		
making machine:		
Adequate supply of water:		
Adequate umber of taps		
inside the kitchen:		
Proper arrangements for		
Scientific storage of food a	rains.	



	fruit	s and vegetables:		
	Sto	rage of LPG cylinders:		
•	Hyg	ienic conditions of the	pantry: (Pl. tick	the relevant):
>	Very	y good; Good; Average;	or Poor:	
•	Pur	chase of food grains an	d other provision	ons from:
	>	PDS at concessional	rate:	
	>	Markets at prevailing	price rates:	
•	Qua	ality of food grains:		
•	Sta	tus of cooking food:		
	>	Food cooked by profe	essional cooks:	
	>	If so, number of cook	s engaged in c	ooking:
	>	Is medical examination	on of cooks do	ne at regular intervals not
		exceeding 6 months:		
•	ls c	liet chart/menu prepare	ed in consultation	on with dietitian:
•	ls f	ood tasted before servi	ng to patients?	:
•	ls N	Menu chart displayed in	front of the kito	chen?:
•	ls p	rovision of free food ava	ailable for:	
	>	All in-patients;		
	>	Selected in-patients;		
		None:		

•	Bud	dgetary allocation made for food during last 5 years:
•	Pre	scribed scales of diet in terms of quantity and quality of food:
•	Pre	scribed daily per capita expenditure on food for:
	>	Male patients:
	>	Female patient:
•	Pre	scribed daily supply of calories for:
	>	Male patients:
	>	Female patient:
•	Act	ual daily food expenditure incurred on each:
	>	Male patient:
	>	Female patient:
•	Act	ual daily supply of calories to each:
	>	Male patient:
	>	Female patient:
•	The	e categories of patients supplied special diet (Pl. give details):
	>	Percentage of patients provided with special diet:
	>	Per capita cost of special diet (In Rs.):
	۸	notice to conside the following.
•		patients supplied the following:
	>	Fruits:
		Milk:
		Tea/Coffee :



•	Wh	ether dietitian is engaged to certify:
	>	Food served is wholesome, sumptuous and nutritive according to prescribed scale:
		Nutritive value of food conform to minimum 2500 calories for female and 3000calories for male patients:
	>	Food served in breakfast, lunch and dinner is a balanced combination of carbohydrates, proteins, oil/fat, minerals and vitamins:
•	Wh	at are the timings of serving diet to patients:
	>	Breakfast:
	>	Lunch:
	>	Evening tea, if served:
	>	Dinner:
	>	What problems can be there due to long gap between two meals: (Pl. give details)
•	Sta-	tus of transportation of food from kitchen to dinning place:
•		ood carried in:
•	13 IC	Closed or Open containers :
•	Δra	food containers carried:
•	AIC >	
		Manually:
	>	Hand pulled trolleys:
		Electric trolleys:

	\triangleright	Closed container trolleys:
•	Ser	ving of food:
	>	Whether food is served in:
	•	Stainless steel utensils:
	•	Plates and cups:
	•	Plantain leaf:
	>	Whether food is served in:
	•	Dining hall at dining table:
	•	Veranda:
	•	Open space:
	•	On the bed:
•		ether patients are asked to wash their hands and feet before ng food?:
•		ether food is served with a human touch?:
•	Wh	o supervises the serving of food?:
•	Hov are	v frequently the complaints relating to quantity and quality of food made? (PI. give details of such complaints-attach a separate et if required):
	>	Every day:
	>	Once a week:
	>	Once a month:
	>	Occasionally:
	>	Never:



		Specific suggestions to improve dietary services:
vii.	Wa	ter Services
	•	What are the sources of water supply to the hospital:
	•	Are water facilities adequate or inadequate in the campus:
	•	Status of water supply in the hospital:
		Prescribed scale of daily quantity of water for each patient for drinking, washing, cleaning and flushing (In litres):
		Actual daily supply of water to each patient:
	•	What is the storage capacity of the overhead tanks?:
	•	What arrangements are made for distribution of water from storage tanks to all wards :
	•	Provision of drinking water to patients:
		> Taps inside the wards:
		> Stainless steel containers:
		> Mud pot with dipper:
		> Personal arrangements:
	•	Is there provision of water coolers?:
		➤ If yes, number of coolers installed:
	•	Supply of potable drinking water:
	•	Whether following measures are taken to assure supply of potable

water to inmates? (Pl. give details):

			riegulai cleaning of overhead talks.
		>	Samples of water sent to approved PH laboratories twice a year for chemical and bacteriological examination:
		>	Steps taken, if bacterial and chemical impurities are confirmed:
		>	Preventing intermingling of water supply lines and sewerage lines:
		>	Installing Reverse Osmosis RO plant in the Hospital:
		>	Installing Aqua guards:
		•	If so, number of aqua guards installed:
	•		e arrangements been made for rainwater harvesting and cling of water:
viii.	Sup	portiv	e Services
a.	·	•	nal facilities
u.	•		ability of the following:
		>	Number of television sets:
		>	Number of tape recorders for playing light music:



•	Availability of the following facilities:	Available or not	Adequate/ inadequate
	Indoor games like carom and ludu:		
	Outdoor sports like volley		
	ball and badminton etc.: Yoga, pranayama,		
	meditation etc.		
	Prayer Hall:		
	Other facilities:		
•	Whether following activities are	organised for patien	ts:
	Cultural activities like dan	ce and drama:	
	> Picnics:		
•	Are library facilities available fo		
	➤ If available, PI. give follow		
•	Number of books on different s		
	Trained of books of amoronic	•	
	Number of Magazines:		
•			
_	Niveshau of Navionanau avikasi		
•	Number of Newspapers subsci	ibea in English and	iocai ianguage:

b. Power Supply

• Status of power supply in the Hospital:

	>	Adequate or inadequate:	
	>	Availability of generator facility:	
Tole			
reie	•		
•	Avaı	llability of a PABX with requisite lines and operato	or:
	If Ye	es, has one line provided to each of the following:	:
•	Duty	/ room:	
•	War	d:	
>			taff deputed to
•		•	Yes/No
	Med	lical officers:	
	MOs	s and library:	
	OPE	D, IPD and OT etc.:	
•			ıll regular staff
•	 Avai	ilability of PCO:	
	•	Telephon Avai Avai Un the reces Avai hosp Med and MOs OPE Cen serv Prov inclu	 Availability of generator facility: Telephone facilities Availability of a PABX with requisite lines and operators. If Yes, has one line provided to each of the following Duty room: Ward: In the absence of PABX, has some well trained some receive calls of relatives of patients: Availability of intercom facility within hospital premises between the following: Medical officers: Medical officers and staff nurses, technicians and other supervisory staff: MOs and library: OPD, IPD and OT etc.: Central store, central kitchen, emergency services, laundry: Provision of mobile phone with SIM facility for a including doctors:



Vocational/Occupational Therapy and Rehabilita
--

	•	Availability of separate sections of vocational/occupational and rehabilitation centres for skill training, behavioural therapy and
		economic rehabilitation in the Mental Hospital:
a.	Voc	ational/Occupational Therapy
	•	Availability of vocational training centres in the Mental Hospital:
		> If available, enumerate the vocational sections:
	•	Availability of occupational therapy units:
		If available, enumerate the occupational therapy programmes like tailoring and candle making etc.
	•	Availability of sheltered workshops:
		➤ If available, number of sheltered workshops:
	•	Are vocational training and occupational programmes available for:
		> All manageable patients:
		> Selected few:
		If available for selected few, what criteria is followed for selection: (Pl. give details):
	•	Number of manageable patients engaged in:
		> Vocational training centre:
		Occupational therapy units:

	•	is th	ere regular production in occupational units?:
		>	If yes, pl. give the following details:
		a.	Products produced in occupational units:
		b.	Are these products market oriented:
		C.	Arrangements made for procurement of raw materials:
		d.	Arrangements made for sale of finished products:
	•		emuneration paid to patients for services rendered?:
		>	If yes, procedure adopted for making payments:
		>	Is amount of remuneration paid to patients adequate or inadequate (PI. give details):
b.	Reh	abilit	ation Services:
	•	Avai	ilability of rehabilitation wards in the hospital:
	•	> Tota	If available, what is the status of the following: Il intake capacity of the rehabilitation centre:
	•		in make capacity of the renabilitation centre.
	•	Nun	nber of rehabilitation wards:



Fac	ilities provided:		
Nur	mber of beneficiaries availing	the facilities:	
Are	rehabilitation programmes ru	ın for male and fe	emale?:
>	If yes, are these programme	es run:	
Joir	ntly for male and females:		
Sep	parately for male and females	:	
	egories of patients attending		
>	Are following categories of patients attending Rehabilitation Centre:	Yes/No	Number of patients:
	Psychosis:		
	Mental retardation:		
	Neurosis:		
	Epilepsy:		
Alc	ohol and drug abuse:		
The	rapeutic techniques:		
>	Are following techniques	Yes/No	Remarks,
	used in Rehabilitation Centre:		if any:
	Behavioural modification:		
	Transactional analysis:		
	Individual counselling:		

re: Der of Number of ioned vacant post:
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ties?:



	•	Availability of the following (Pl. give details):
		Day care facilities for patients coming from home to rehabilitation centre:
		> Half way homes facilities:
		Long stay facilities:
	•	Difficulties faced in rehabilitation:
	•	Please give comments/suggestions relating to rehabilitation services:
8.	Rigl	hts of the Patients
	•	Are family/relatives told about the nature of illness, treatment, prognosis of the patient: (Pl. explain):
	•	Are family members allowed to see the patients in the wards?:
		> If no, PI. explain:
	•	Describe programmes run for family interventions:
	•	Are patients allowed to write letters to their family/relatives? :
		> If allowed, percentage of patients who write letters:

9.

•	Are patients allowed to talk to recognized/authorized social agency personnel to express their grievances:
•	Are arrangements made for taking care of discharged patients (Pl explain):
•	Are patients/family and staff group meetings held in the hospital to resolve day to day problems through coordinated efforts:
	➤ If yes, what is the composition of the Staff Group:
•	Number of meetings held in a month:
•	Are hospital staff aware of rights of mentally ill patients? : (PI. explain):
•	Pleases give specific suggestions to sensitize staff about rights of mentally ill patients:
•	Describe any conveyance assistance or subsidy provided by the State to mentally ill:
•	Are disability certificates provided to mentally ill patients by the hospital to enable them to avail disability benefits:
Dea	ths in Hospital
	Number of deaths/ suicides/ homicide during the last 3 years:



	•	Are these deaths audited to know the causes of deaths and efforts made to save the life of patients?:
	•	Please give suggestions for preventing suicides:
10.	Esc	capes
	•	Number of escapes from the hospital during the last 3 years (Pl. give number and reasons for escapes)
	>	In case of escape due to staff negligence, (PI. give details of the action taken against the staff responsible for escape):
	•	Please suggest steps taken to prevent escapes:
11.	Ме	dical Records
	•	Condition of the record room:
	•	Very good:
	•	Good:
	•	Average:
	•	Poor:
		> If poor, Pl. give reasons for the same:
	•	Maintenance of medical records:
	•	Are Medical records kept in:
		Cupboards:
		Covered racks:
		> Open racks:

	Staff engaged in record room: (in numbers):
	al number of files in the record room:
Are	there separate case files for each patients?:
	If no, Pl. give the reasons:
Hov	v case files are maintained:?
>	Paper clipped:
>	Individual files:
>	Box files for group of patients:
Ave	erage time taken to retrieve files Record room:
ls a	ccess to patients records given to:
>	All:
	Treating Doctors/Team:
>	Agency on request:
Cor	nfidentiality of case record:
>	Confidential:
>	Not confidential:
Cor	nplaints relating to maintenance of records, if any:
	If so, what are the specific complaints:
	ii so, what are the specific complaints.



•	Specific suggestions to improve medical record keeping:

12. Staffing Pattern

Designation	Number of	Number of
	Sanctioned Posts	Vacant posts
Psychiatrist		
General Medical Officers		
Clinical Psychologists		
Psychiatric Social Workers		
Psychiatric nurses:		
Matrons		
Head Nurses		
Staff Nurses		
Nursing Orderlies		
Technicians		
Pharmacists		
Administrative Staff		
Data entry operators		
Supporting staff like		
electricians		
Occupational Therapists		
Attenders		
Peons		
Sweepers		
Barbers		
Other, if any		

	•	Number of posts filled on contract basis:
	•	Number of visiting Specialists:
	•	Pay and allowances of the regular staff:
	•	Pay and allowances of staff engaged on contract basis:
	•	Honorarium paid to visiting specialists:
13.	Trai	ning of Staff
	•	Are in service training programmes arranged for Medical and Non-medical staff?:
		If yes, the frequency and duration of such programmes for different categories of staff: (PI. give details)
	•	What are the main reasons for demotivation among staff for mental health care?: (Pl. explain)
		Please give specific suggestions for increasing motivation among
	•	Please give specific suggestions for increasing motivation among staff for mental health care activities:

14. Management of the Institution

- Status of the administrative block:
- Availability of the following:



	>	Superintendent/Director's room
	>	Matron' room
	>	Security officer's room:
•	Stat	us of autonomy enjoyed by the institution: (Pl. give details):
•	Wha	at are the administrative powers of the Superintendent of Mental
		Ith Care Institute? (PI give details):
•		at are the financial powers of the Superintendent of the Mental
	Hea	Ith Hospital? (Pl. give details) :
•	Dec	ertification procedure adopted in the institute: (Pl. explain)
•		centage of admissions with involvement of legal procedure in admission:
		aumosion.
•		us of implementation of Mental Health Act, 1987:
	>	Fully implemented:
	>	Partially implemented:
	>	Not implemented:
	>	Please give reasons for partial implementation and non-
		compliance:
	>	Describe problems in implementing the Mental Health Act 1987:

	•	Please	give specific sugg	estions towards	s implementa	ition of the Act:
15.	Boa	ard of Vi	i sitors e Board of Visitors	or Board of Mai	nagamant ha	en constituted:
			yes, what is the co	enstitution of the	e Board:	
			/hat are the Bye-l	aws relating to	procedure	required to be
		•••				
			ow frequently the rre held?:	meetings of Boa	ard of Visitors	s/Management
		•••				
16.	Fina	ances				
	•	Health	t of the Mental Care Centre last 3 years):	2012	2013	2014
		Total B	udget:			
		Plan B	udget:			
		Non-pl	an Budget:			
		•	ll funds for ement, if any:			
	•	Mode o	of expenditure in la	st 3 years:		
	>		of the following expenditure:	2012	2013	2014
		Salarie	es:			
		Drugs:				



	Diet	of patients:			
	Linen:				
	Furniture:				
	Maiı	ntenance:			
	Othe	ers:			
•	Don	ations received in:	2012	2013	2014
	Cas	h:			
	Kind	l:			
•	Are	budgetary allocations a	dequate?:		
	>	If not adequate, pleas	e suggest ren	nedial measu	ıres:
Tea	chine	g, Training and Resea	rch		
•		s teaching, training, re		de bv side v	vith treatment.
		al and occupational reh	J	•	,
•	stati	us of the teaching block	α :		
•	Avai	lability of the following:	(Pl. give deta	ils)	
	>	Staff room/separate ro	ooms for the f	aculty:	
	>	Number of lecture the	atres:		
	>	Proper accommodation	on for teaching	g staff:	
	>	Library cum reading re	oom for facult	y members:	

17.

		Separate canteen for teaching staff:
•		t is the faculty position in the following Departments (Please details):
	>	Department of Psychiatry:
	>	Department of Clinical Psychology:
	>	Department of Psychiatric Social Work:
•		ctioned seats for various Post graduate courses like MD, Ph.o.M.Phil etc. in:
	>	Department of Psychiatry:
	>	Department of Clinical Psychology:
	>	Department of Psychiatric Social Work:
•	San	ctioned seats for diploma courses like Psychiatric nursing etc. in Department of Psychiatry:
		Department of Clinical Psychology:
		Department of Psychiatric Social Work:
•	Deta	ils of various conferences attended by faculty members:



	•	Details of research projects taken up in different departments:
	•	Details of publications brought out by faculty in different subjects:
18.	Cor	mmunity Services
	>	Describe the status of the following:
		 Community mental health activities and services provided by the Hospital (Pl. give details):
		Availability of trained doctors and paramedical staff for extension of mental health services:
		Problems faced in extension of mental health services in rural areas: (Pl. explain)
		Describe the involvement of Mental Health Hospital in on-going District Mental Health programmes in the State:
		Other community out-reach programmes carried out by the Institution: (PI give details)
		 Are there any extension service Programmes carried out by Hospital like consultations, visit to jails, remand houses and destitute homes etc.?:
	>	If yes, please give details:
		, ,,

	•	Provision of Psychiatric units at General Hospital and District Hospitals:
	>	If yes, number in GHPUs and DHPUs:
19.	Coi	urt Representations and Orders
	•	Are some complaints lodged in the courts relating to ill treatment of patients?:
		> If so, number of cases:
	•	Any public interest litigation filed against the hospital?: > If so, please details:
	•	Have some directions been given by any court regarding functioning of the hospital:
		If yes, Please give specific reasons for court intervention and directions:
	•	How far the directions given by Supreme Court have been complied?: (Pl. explain):
	•	Please give specific suggestions for prevention of court's intervention:



LIVING CONDITIONS AND PROTECTION OF HUMAN RIGHTS OF PRISON INMATES

1.	Pris	son Profile				
i.	Infr	frastructure				
	•	Year of Construction:				
	•	Location of prison:				
	•	Total land area of the prison (Sq. mtrs.):				
	•	Built up area of the prison (Sq. mtrs.):				
	•	Open Area (Sq. mtrs.):				
	•	Any part of prison under unauthorized occupation:				
	•	If so, what steps are being taken to retrieve the land? (Please give details):				
	•	Prescribed distance of prison blocks from perimeter Wall:				

•	Actu	al distance of prison blocks from perimeter wall:
•		us of barracks and cells in prison:
	>	Number of barracks in the prison:
	>	Number of cells in the prison:
	>	Number of single rooms in the prison:
	>	Authorized capacity of each barrack:
	>	Number of prisoners housed in each barrack:
	>	Per capita availability of space in each barracks:
	>	Authorized capacity of each cell:
	>	Number of prisoners housed in each cell:
	>	Per capita availability of space in each cell:
	>	Are barracks and cells well lighted and ventilated:



•	Avai	lability of the following in the prison: (Please give details)
	>	Prison school:
	>	Sheds for vocational training and work programmes:
	>	Prison hospital and hospital infrastructure:
		Children park:
		Children crèche:
	_	Stoff quarters:
	>	Staff quarters:
	>	Dry and wet canteen:
	,	Dry and not cameon
•	Stat	us of Prison buildings:
	>	Condition of the prison buildings:
		Very good:
		Good:
		Poor:
	>	If poor, is it due to:
		Structural problems:
		Leakage and seepage problems:
		Buildings beyond repairs:
•	Mair	ntenance of the prison buildings:

		7	give details):
		>	Status of maintenance of the prison buildings:
			Very good:
			Good:
			Average:
			Poor:
		>	If poor, is it due to:
			Financial constraints:
			Lack of proper supervision:
			Any other reasons:
ii.	Pris	son p	opulation
	•	Auth	norized capacity of the prison:
	•		y average strength of previous month:
	•		al prison population on the day of the visit:
			at of our area valid at 10/ to week).
	•		nt of overcrowding (% terms):
	_		sile of principare beyond in princip
	•	Deta	ails of prisoners housed in prison:
	*	Stat	tus of convicts
		>	Total number of convicts:
		>	Number of convicts sentenced to:



		Death:
		Life Imprisonment:
		Rigorous Imprisonment:
		Simple Imprisonment:
		Detenues:
	>	Share of convicts in total prison population (% terms):
*	Sta	tus of Under-trial Prisoners (UTPs)
	>	Total number of UTPS:
	>	Share of UTPs in total prison population(% terms):
•	stat	prisoners classified on the basis of their social and economicus and habits of living?:
		If yes, (please explain):
*	Sep	paration of Prisoners
•		ether arrangements are made to house following categories of oners separately:
	>	Convicts:
	>	UTPs:
	>	Females:
	>	Political Prisoners:
	>	High Security prisoners:

2.

	>	Condemned prisoners:
	>	Drug addicts:
	>	Prisoners suffering from contagious diseases:
	>	Mentally ill prisoners:
	>	Geriatric prisoners:
	>	Adolescents:
•	-	es, please explain details of arrangements made for housing n separately:
•		, please give reasons for not housing separately:
Foo		
•		ether food is cooked in clean and hygienic environment (Please ain):
•	Con	dition of the kitchen:
	>	Whether kitchen is:
	•	Primitive or modern:
	•	Spacious, well lighted and ventilated:



WI	nether kitchen has the following:
>	Tiles on walls upto the height of 2 meters:
>	Floors made of impermeable material:
>	Sufficient storage space for provisions, articles, vegetables containers and cooking utensils:
>	Platform for washing, cleaning and cutting vegetables:
>	LPG/hotplates:
>	A chimney:
>	Sufficient number of exhaust fans:
>	Fly-proof automatic closing doors:
>	Fly-proof wire mesh all around:
>	Stainless steel utensils for cooking and storing food:
>	Mixer and grinder:
>	Kneading and chapatti making machine:

	>	Adequate supply of water:
	>	Adequate number of taps inside the kitchen:
•		tus of cooking of food: ether food is cooked in the prison or supplied by private
	cont	ractors?:
	>	untrained inmates? :
	>	If cooked by inmates, are they provided necessary cooking training before engaging in cooking?:
	>	Are prison inmates paid wages for rendering their services in the kitchen:
	>	If yes, are they paid wages of:
		Skilled workers:
		Semi-skilled workers:
		Unskilled workers:
•	Mea	ns and mode of cooking:
		LPG:
		Kerosene:
	>	Fire wood:
•	ls m	edical examination of cooks done at regular intervals:

Whether Prison administration is inspecting and supervising the



- Inspection and supervision:
- following:

 Weighing ration issued from the central store to the kitchen store:

 Cooking of food:

 Quality of food served to inmates:

 Whether food grains are purchase from:

 PDS at concessional rate:

 Markets at prevailing price rates:

 Quality of food grains (Please explain):

 Scales of diet

 What is the prescribed daily per capita expenditure on diet:
 - Actual per capita expenditure incurred on diet:
 - Scales of diet fixed in terms of calories for the following:
 Categories of prisoners
 Calories
 - Male convicts sentenced to rigorous imprisonment:

		•	Male convicts sentenced to	
			simple imprisonment:	
		•	Female convicts:	
		•	Male UTPs:	
		•	Female UTPs:	
•	Ext	ra die	et:	
	>	We	eather extra diet is provided to :	Yes/No
		•	Pregnant and nursing mothers	
		•	Children staying in the prison:	
		•	Patients in jail hospital:	
		•	TB patients; HIV/AIDS patients:	
		•	Mentally ill prisoners	
		•	Geriatric inmates:	
		•	Lungar workers:	
		•	Inmates observing fast:	
•	Wh	ether	special diet is served on:	
	>	Fes	tival days of different religions:	
	>	Nat	ional days:	
•	For	mula	tion of diet charts/food menu:	
•	Wh	ether	prison administration is doing the following: (Pleas	e explain)
	>		mulating diet chart for different categories of prisosultation with dietitian:	on inmates in
	\triangleright	Ava	illing the services of a dietitian/nutritionist for e	valuating the

composition of food, nutritive contents, and suggesting ways



		expenditure into balanced diet package:
	>	Preparing food menu by involving prisoners Panchayat:
	>	Displaying diet chart in front of the kitchen:
	>	Seeking comments and suggestions from inmates to improve the quality of food:
•	Trar	nsportation of food
	>	Weather food is transported from main kitchen to barracks:
		·
		Manually on shoulders/head loads:
		Mechanically by trolleys:
•	Ser	ving of food to inmates:
	>	Number of meals served to inmates:
	>	Timings of serving food:
		Light meal in the morning:
		Mid-day meal:
		Evening meal:
		Snacks/ biscuits, if provided at bed time:
	>	Time gap between two meals
	>	Weather food is served on:
		Dining table:

		• On floor:
		Are prisoners asked to wash their hands before taking food?:
	•	Is food served under supervision of prison officials/medical officer?:
3.	Wa	ter
	•	What are the sources of water:
		(Please give details):
	•	What is the daily per capita supply of water to inmates for drinking, cooking, washing, cleaning and flushing ?:
		Is it less than the daily prescribed quantity of 135 litres of water for each inmate:
	•	Whether sufficient quantity of water is ensured before locking inmates in barracks and cells?:
	•	What is the storage capacity of water in the prison?:
	•	What are the means of storage of water?:
	•	Whether following measures are adopted to assure supply of potable water to inmates: (Please explain) Percolation of surface water:
		Closing mouths of wells and raising water by Pumps:



>	Cleaning wells once a year:
>	Safeguarding 15 mtrs radius of wells and tube wells from dumping of garbage:
>	Regular cleaning of overhead tanks:
>	Sending samples of water to approved PH laboratories twice a year for chemical and bacteriological examination:
>	Taking steps, if bacterial and chemical impurities are confirmed
>	Preventing intermingling of water supply lines and sewerage lines:
>	Installing Reverse Osmosis RO plant in the prison:
>	Installing Aqua guards:
>	Other issues:
	water coolers installed?:
and	ther arrangements have been made for Rain water harvesting recycling of water? (Please explain):

4. Clothing and Bedding

•	Whether provisions of Model Prison Manual relating to scale of clothing and bedding for Convicts and UTPs are complied with?:
•	Scale of clothing and bedding prescribed by State Government for each: (Please give details):
	Convict:
	UTP::
•	Whether scale of clothing and bedding is fixed in accordance with the climatic conditions and prevailing customs?: (Please explain)
•	Clothing items actually issued in summers and winters to each: (Please give details)
	Male convict:
	Female convict:
•	Bedding items actually issued in summers and winters to each (Please give details):
	Male convict:
	Female convict:
•	Whether poor and indigent UTPs are provided clothing and bedding, if they apply for the same:
•	What is the maximum prescribed life of different items of bedding and clothing? (Please give details):
•	Whether these items are replaced after the expiry of the prescribed life?:



	•	clothing and bedding?:
		Whether prisoners are provide the following:
		A pair of chappals or shoes:
		Cots or cemented raised platforms:
5.	Per	sonal Hygiene
	Sta	tus of the following:
	•	Provision of covered cubicals for bathing:
		> If not, what arrangements exist for bathing?:
	•	What is the actual prisoner to bathroom ratio?:
	•	Is it ensured that every prisoner takes bath every day or as frequently as necessary according to climatic conditions?:
	•	Is hot water supplied to inmates in winters for taking bath?:
	•	Whether following items are supplied to prisoner to ensure their personal hygiene:
		> Bathing soap:
		> Shampoo:
		Tooth brushes and tooth paste/powder:

6.

	>	Mustard or coconut oil for setting hair:
	>	Sanitary napkins to female prisoners:
•	If ye	
•	onc	ensured that every prisoner washes his/her clothing at least e a week?:
		If so, are they supplied washing soap, washing powder and detergent as per the prescribed scales?:
•		nere a mechanized laundry for washing clothing and bedding at time of return of these items to the store?:
•	Whe	ether prison has sanctioned posts of barbers?:
	>	If not, what arrangements are made for daily shave and monthly haircut of male inmates?:
Sar	nitatio	on
•		al number of toilets, urinals, and wash places inside and outside ping barracks and cells:
•		ether prison has toilet to prisoner ratio of 1: 10 inside barracks 1: 6 outside barracks?:



	>	If not, what is the toilet to prisoner ratio?:
•	Whe	ether toilets have the following facilities:
	>	Sanitary type latrines with proper arrangement of flushing:
	>	Toilets placed on impermeable basis, higher than the surrounding ground:
	>	Glazed ceramic tiles fitted on inside walls of latrine up to a height of one metre from the floor level:
	>	Western commodes provided for physically and orthopedically challenged inmates?:
	>	Is round the clock supply of water available:
•	Star	ndard of cleanliness of jail premises:
	>	Are prison premises including barracks and cells cleaned daily and bathrooms and toilets cleaned twice a day with disinfectants?:
	>	Is prison area kept free from unwanted plants and weeds, accumulation of garbage, manufacturing and kitchen waste?:
	>	What is the condition of: (Please explain) Drains:

Wh	ether prison administration is engaging:
•	Professional cleaners:
•	Part time cleaners:
•	Prison inmates:
	If professional cleaners:
•	Number of sanctioned posts of cleaners:
•	Number of vacant posts of cleaners:
>	If Part time cleaners:
•	Number of part time cleaners engaged:
•	Number of hours engaged every day:
>	If prison inmate:
•	Number of inmates engaged:
•	Are they paid wages at prescribed rates?:
juris	ether District/Municipal Health officer is visiting jail under his/headiction once a month for inspection and offering suggestions for rovement?:



	•	Please give specific suggestions for improving sanitation condition in the prison:
7.	Re	creation and Cultural Activities
	•	Whether the prison has the following facilities:
		> A TV Set installed in each barrack and Cell:
		 Adequate number of indoor games like chess, ludo, and caron
		Adequate arrangements for outdoor sports like volley bal badminton, football and basket-ball:
	•	Whether prison administration is organizing and celebrating th following:
		Film shows including patriotic and educational films:
		Plays on social problems and values:
		> Group and folk dances on festivals and social occasions:
		> Music programmes:
		> Yoga and Meditation:
		Independence Day, Republic day and Mahatma Gandhi birthday:

		participate:	
		➤ The annual sports day by involving prisoners:	
		> Any other activities:	
	•	Involvement of NGOs:	
	•	Are NGOs involved in recreational and cultural activities	
		➤ If yes. Please give details of number of NGOs and	
8.	Co	nmunication	
	•	Are prisoners' rights to interview; write/receive lette means of communication displayed in the prison?:	rs and other
i.	Inte	views	
	*	Status of interview facilities:	
	•	Whether prison has the following facilities for holding the	ne interviews:
		A suitable interview room divided into cubicle interviews:	J
		A suitable waiting room with facilities of toilet and of for visitors:	rinking water
	*	Interview procedure;	



Wh	at is the prescribed procedure for holding Interviews?:
	procedure actually followed in the prison for holding the rviews:
>	Number of interviews a convict and UTP allowed with his family/friends/advocates in a month:
>	Number of persons allowed to interview one inmate at a time:
>	Time allowed for each interview:
Car	Superintendent extend the time of interview?:
Mea	ans and Mode of interview:
Wh	ether interviews are held in:
\triangleright	Interview room:
>	Open space:
>	Female enclosure/wards for female inmates:
\triangleright	Hospitals for seriously ill prisoners:
\triangleright	Cells for condemned prisoners:

		experienced prison officer; and female convicts in presence of a lady officer:
	*	Average number of requests received for interview in a month:
	*	Number of requests rejected, and reasons thereof: (Pl. explain)
	*	Details of redressal of complaints, if any:
ii.	Let	ters
	•	Number of letters a convict and a UTP is allowed to write at: • Government expense:
		His own expenses:
	•	System followed for dispatching letters and distribution of received letters:
	•	Whether letters are censored by Superintendent or Jailor before dispatched and delivered to inmates?:
iii.	Tele	ephone
	•	Whether prisoners are allowed to use telephone on payment under the supervision of police officer?:



_	_
_	D
_	Power

	•		DG sets with sufficient KVA capacity available to deal with plems of tripping, interruptions and load shedding:
0.	Edι	ıcatio	on arrangements
	•	Wha	at is the status of the following:
		>	Suitable accommodation for running school:
		>	Number of sanctioned posts of teachers:
		>	Vacant posts of teachers:
		>	Availability of teaching learning material:
	•		ether literacy classes are organized for beginners and illiterate oners:
		>	If yes, whether literacy classes are run by: • Well qualified teachers:
			Educated prisoners volunteer to teach:
	•		ether intermediates and advanced education is arranged through ance education for educated prisoners?:

	>	If yes, weather a study centre of Open University is established In prison:
	>	Provision of technical education like computer classes in the prison:
•	Wh	at is the status of integration of prison education system with
		te education system?:
•	 Wh	ether educational personnel are provided:
	>	Proper orientation relating to correctional policies, programmes and methods:
	>	Primer specific training/brief orientation imparted to volunteer educated inmates on how to teach:
•	IGN in th	rison administration approaching Department of Education, NOS/IOU and other educational institutions for opening a study center ne prison and providing study material? (please give details)
•		NGOs involved in educational programmes?:
•	Sta	tus of the prison library:
	>	Is prison library established in a proper room:
	>	Subject-wise number of books:



		Number of magazines and newspapers subscribed for inmates:
	•	Whether library is managed by a qualified librarian or an educated inmate:
	•	Number of books donated by NGOs.
11.	Voc	eational Training and Work Programmes
	•	Is there any clear policy for imparting vocational training to inmates and running work programmes for prisoners?(Please explain):
l.	Voc	ational Training
	•	Whether prison administration is running vocational training courses?:
		If so, does the prison have a well-developed infrastructure for imparting vocational training?:
	•	List of trades in which vocational training is provided to: (Please attach a separate sheet)
		> Male and female convict:
		Male and female UTPs:
		> Adolescent and young offenders:

	•	Total number of male and female inmates to whom vocational training was imparted during the last two years:
ii.	Woı	rk Programmes
	•	Whether State Government is:
		Giving preference in granting permission to prison industry for running various industrial/production units:
		Designing production and employment policy to meet the needs of prisoners coming from both rural and urban area:
		Setting up adequate number of industrial units to engage convicts sentenced to rigorous imprisonment:
	•	Status of the following:
	•	Total number of industrial, agricultural and agriculture related units running in the prison:
		Nearly and the day were the day to the
	•	Number of trades running in prison Industry: (Please give list of trade and explain):
	•	Sanctioned posts of crafts masters:
	•	Working hours in the prison industry:
	•	Are industrial units operating at full Capacity?(Please explain):



	total production of each industrial, agricultural and agriculture ted unit in terms of:
>	Quantity:
>	Value:
Whe	ether prison produce is:
>	Consumed internally:
>	Supplied to other prisons, police department:
>	Supplied to Government departments and Agencies:
>	Sold through government departments:
>	Sold to public through prison shops:
>	Exhibited in the exhibitions:
>	Sold to private agencies on order:
Pris	oners engaged in Industrial units:
Nun	nber of convicts engaged in:
>	Industrial/agricultural units:

	>	Other work programmes run in prison:
•	Nun	nber of UTPs engaged in:
	>	Industrial/agricultural units:
	>	Other work programmes run in prison:
•	Nun	nber of prisoners engaged as:
	>	Skilled workers:
	>	Semi-skilled workers:
	>	Unskilled workers:
	>	Trainees:
•		ch of the following method is used for upgrading trainees/killed to semiskilled and semiskilled to skilled workers: (Please ain)
	>	An objective and transparent criterion based on the competence and proficiency of workers:
	>	Sole discretion of instructors:



iii. Wages

•	Wha	t are the prescribed wage rates for:
	>	Trainees/Unskilled workers:
	>	Semi-skilled workers:
	>	Skilled workers:
•	Whe	ther prison administration is doing the following: (Please explain)
	>	Displaying a chart giving details of work done and wages paid to inmates at the worksite:
	>	Fixing wages by keeping in view minimum wages notified by the Government and revising wages from time to time:
		and continued and a continued and a continued at a
	>	Setting aside a part of wage payable to convict for payment
		as compensation to victim/victim's family for the offence
		committed by convict:
	\triangleright	Depositing wages earned by inmates in their saving accounts
		on fixed day of the months:
	>	Allowing prisoners to keep their passbooks or showing them
		their pass books periodically to apprise them about their
		accumulated savings:

		or at the time of their release:
		> Employing UTPs willing to work in prison works:
		Paying wages to UTPs at prescribed rates for the services rendered by them:
		Giving laboring diet and other facilities to UTPs engaged in industrial units:
		> Auditing wage funds annually:
12.	Hea	th and Medical Care
	•	Whether prison hospital is well lighted and ventilated:
	•	Is it located at a sufficient distance from the barracks?:
	•	Hospital accommodation available on the scale of 5 % of the daily average of inmate population:
	•	Number of beds in prison hospital:
	•	Average daily occupancy:



•	Are	following categories of prisoners housed in separate wards:
	>	Male patients:
	>	Female patients:
	>	Geriatric patients:
	>	Patients suffering from infectious and contagious diseases:
	>	Mentally ill patients:
	>	Drug addicts:
•	Whe	ther adequate toilets are available:
	>	If yes, whether toilet to patient ratio is 1:5:
	>	Availability of some western commodes:
•	Whe	ether following are available:
	>	Separate rooms for the medical officers: (Please explain):
	>	Observation room:
	>	Injection-cum-dressing room:

	>	Minor surgical intervention room:
	>	A dispensary room:
	>	A laboratory room:
	>	Adequate number of staff quarters for Medical officers and Paramedical staff:
•	Whe	ether following facilities are available in the Hospital:
	>	Pathological Laboratory and technician:
	>	X-Ray machine and technician:
	>	ECG machine and technician:
	>	Other diagnostic facilities:
	>	Drug de-addiction and counseling services:
	>	Arrangements for detection and prevention of HIV/AIDS:
	>	An ambulance:
	>	Arrangements for uninterrupted supply of potable water and electricity:



•	Stat	us of Medical Staff:
•	Nun	nber of sanctioned posts of:
	>	Male doctors:
	>	Lady doctors:
	>	Psychiatrist:
	>	Paramedical personnel:
•	Vac	ant posts of hospital staff:
•	Nun	nber of Specialists visiting the prison:
	>	Number of visits made by each specialist in a month:
•	Whe	ether the Medical officers are performing the following jobs:
	>	Medical examination of each and every prisoner within 24 hours of his/her admission to the jail:
	>	Recording his/her weight and state of health at the time o admission in prisoner's history ticket:
	>	Holding daily OPD:
		Periodical examination of prison inmates:

>	Regular screening of patients for T.B. and HIV/AIDS:
>	Providing timely treatment to prisoners suffering from various ailments:
>	Maintaining overall hygiene and sanitation in the prison hospital
>	Recommending special diet for patients:
>	Supervising the diet of prisoners in the hospital:
>	Recommending the class of labour for convicts sentenced to Rigorous Imprisonment:
>	Segregating every case, or suspected case, of infectious disease immediately and maintaining strictest isolation:
>	Treating T.B patients under DOTs:
>	Intimating the cases of prisoners released before completion of their treatment under DOTs to their respective District Hospitals to ensure continuation of their treatment:
>	Referring seriously sick patients to Government hospitals for expert opinion and specialized treatment:



>	Referring mentally sick prisoners to mental health care centers with prior sanction of the competent authority for proper treatment:
>	Keeping proper liaison with outside hospitals and Medica colleges:
>	Checking the number of deaths in the jails:
>	Ensuring adequate supply of medicines:
Priso	oners suffering from different ailments:
	number of patients suffering from:
>	T.B.:
>	HIV/AIDS:
>	Chronic diseases like heart, cancer, Irreversible kidney failure cardio respiratory, leprosy etc. (Please give details of ailment and treatment:
Stati	us of mentally ill prisoners:
	number of mentally ill convicts and UTPs housed in the prison
	king treatment in Government Hospitals (Please explain):
The	duration of their stay in the prison:

•	Are	they housed in a separate ward of the prison hospital?:
•	 Whe	ether mentally ill prisoners are treated by: Psychiatrist posted in the jail:
	>	A visiting psychiatrist:
	•	if so, how many times a Psychiatrist is visiting them in a month:
	>	Medical officer:
	>	Taken regularly to a psychiatrist posted in Medical Hospital:
	>	Transferred to Government hospital:
•	How	many times IG Prisons visits mentally ill In a month:
•	Is Prison Superintendent sending regular health reports of mentally ill UTPs to the Court concerned?:	
•	Whe	ether prisoners in the jail hospital are provided the following:
>		cial diet as recommended by Medical Officer:
>	Hos	pital clothing and bedding including proper mattress, a pillow pillow cover, white sheets:



,	Siai	us of the following issues:
	>	Availability of medicines:
	•	Adequate:
	•	Inadequate:
	>	Timely availability of escort for taking sick inmates to Government hospitals:
	>	Whether there is proper coordination and liaison between jail authorities and doctors of Government hospitals?:
	>	Whether desired attentions is given to sick inmates transferred to Government hospitals for treatment (Please explain):
	>	hours to take care of emergencies?:
•		tment of inmates in prisons not having hospitals and sanctioned of doctors:
•		ether system of deputing Medical Officers from Government pitals is functioning satisfactory? (Please explain):
	Num	nber of times a Medical Officer is supposed to visit prison in a th:

•	Number of times MO actually visits the Prison:
•	Are visiting MOs paid any honorarium?:
	➤ If yes, what is the amount of honorarium?:
•	Status of camps held in the prison:
•	Number of specialized camps held in the Prison in the last two years:
•	Number of patients examined and treated in these camps:
•	Are these camps organized with the assistance of Government Hospitals/NGOs?:
•	Engagement of prisoners in hospital works:
•	Whether prisoners are engaged in hospital duties:
	If so, are they
	Provided necessary training:
	Paid wages for the services rendered?:
•	Whether NGOs are involved in health care programmes:
	If so; number of NGOs involved and their contributions: (Please give details)



13. Custodial deaths

•	Total	number of custodial deaths in the last 3 years:
•		per of:
	>	Natural deaths:
	>	Unnatural deaths:
•		hese deaths investigated properly to know whether deaths red due to:
	>	Normal ailments:
	>	Negligence in giving proper care and treatment:
	_	
		Mental or physical torture:
•		action is taken if findings reveal that these deaths occured to negligence or mental and physical torture? (pl explain):
•	 Whet	her Medical Officer is sending a special report in case of unusual
	morta	ality to the Government through the Inspector General: (Please details):
•		checks and safeguards have been adopted to prevent suicides prisons?: (please give details):
•	Whet	her NHRC guidelines are followed in:

		>	period of 24 hours of its occurrence:
		>	Holding post mortem examination in each case of custodial death:
		>	Keeping records of post mortem examination in the prison:
		>	Conducting magisterial inquiry in each case:
		>	Sending detailed report including Inquest report, Post Mortem reports, Magisterial Inquiry report along with other documents within 2 months of the incident:
		>	Viscera examination report when required:
		>	Cassette of video filming of post mortem examination when required:
14.	Pris	son s	
	•	Staf	f strength of prison:
	•		ctioned staff strength of prison for different Categories (Please details):
	•	Actu	ual staff strength of different categories:
	•	Vaca	ancies in different categories:



•	Ade	quacy or otherwise of :
	>	Sanctioned staff:
	>	Available staff:
•	Step	os taken to fill up vacancies:
•	Serv	vice conditions
•	Ser\ deta	vice conditions of different categories of prison staff (please give nils):
•	Has	any objective and dispassionate assessment of service ditions vis-à-vis operational efficiency been made?:
	>	taken:
•	Stat	us of staff quarters:
•	Num	nber of quarters required for prison Staff (please give details):
•	Num	nber of quarters available for staff:
•	Con	dition of staff quarters:
•	Plea	se give suggestions for:
	>	Solving the problem of shortage of Staff quarters:

	7	Improving the condition of Staff quarters?:
15.	Capac	city building of officers and staff
	• s	status of training courses:
		nstitutional arrangements for imparting training to officers and ifferent categories of staff:
	• D	Ouration of training course for each category of staff:
	• C	Contents and quality of training:
	а	oes training curriculum includes prison rules and regulations; law; mendments; judgments delivered by Supreme court; and human ghts of prisoners?:
	• S	tatus of refresher courses:
		re refresher courses arranged for officers and different categories f staff to apprise them about the latest developments?:
	• Ir	npact of training on correctional behavior of the staff in the prison:
	• P	lease suggest steps for further strengthening:
16.	Board	l of Visitors (BOV)
	• S	tatus of Board of Visitor:
	• H	las the Board of Visitors been constituted?:



	•	If so,	please give the following details:
		>	When was it constituted:
		>	What is the constitution of Board of Visitors?:
		>	Does BOV include a female member?:
		>	How frequently the members of BOV visit the jail?:
		>	Are observations made by BOV recorded in Visitors' Minutes Book soon after the visit and forwarded to IG Prisons with comments of the Superintendent?:
		>	Current status of compliance of observations and recommendations made by Board of Visitors:
	•		ard of Visitors has not been constituted or gone defunct, what s are being taken to:
		>	Constitute or revive the Boards of Visitors:
17.	Visi	ts	
	•	Num year:	ber of visits/inspections made by the following during the last
		>	Judicial authorities:
		>	Non-Judicial authorities:

	•	The observations/comments/recommendations made by these authorities (Please give details):
	•	Please explain the action taken on their comments and recommendations:
18.	Jail	Adalats
	•	Are Jail Adalats held in the jail premises to dispose off cases of petty offenders willing to confess their guilt?:
		➤ If so, how frequently the Jail Adalats are held in the jail?:
		Number of cases considered; disposed off; and number of prisoners released in each Adalat held in the jail:
19.	Inve	olvement of NGOS
	•	Are NGOs involved in welfare activities like education, vocational training, cultural and spiritual activities, arranging specialized camps, conducting yoga and meditation classes, and arranging admission of children of prisoners in schools and hostels, and assisting convicts in their rehabilitation after releases etc.?:
		➤ If so, number of NGOs involved:
		> Specific areas of their involvement (Pl. give details):
		Are these NGOs of good reputation and credibility? (Pl. explain):



20. Under-Trial Prisoners (UTPs)

Number of UTPs lodged in the prison: Male UTPs:		
Female UTPs:		
Detention period	Men	Women
Upto 3 months:		
3-6 months:		
6-12 months:		
1-2 years:		
2-3 years:		
3-5 years:		
Above 5 years:		
The average duration	of their detention in the	e jail:
Are cases of UTPs pr	ogressing satisfactorily	in the courts?:

•	Is District Judge carrying out a detailed scrutiny of cases of ma UTPs languishing in jail for more than three years, and female UTF for more than one year?:		
•	Please give specific suggestions to reduce duration of detention of UTPs in prison:		
•	Is free legal aid provided to poor and indigent UTPs for defending their cases in the courts?:		
	If so, are advocates appointed by Government take necessary interest in the cases of their clients?:		
•	Whether court lock-ups holding UTPs till their cases come up for hearing has the necessary facilities of drinking water and toilets?:		
•	Does prison administration face any problem in arranging escort for taking prisoners for court appearance?:		
•	Are UTPs served food before being taken to the courts?:		
•	Status of Bail:		
•	Number of bail petitions pending in trial courts for disposal:		
•	Number of cases where bail application has been rejected but advocates concerned have not communicated the decision of the court and grounds for rejection to their clients:		



	•	Nun due	nber of UTPs languishing in the jail despite being granted bail to:
		>	Inability to furnish sureties:
		>	Inability to furnish local sureties:
		>	High amount of bail amount:
	•		ether prison authorities take prompt action on receipt of bail bond elease order?:
	•		ase give specific suggestions to ensure expeditions disposal of ding bail applications:
21.	Cor	nvicts	
	•	Stat	rus of appeals:
	•	No o	of appeal petitions pending in in the High court:
	•		of years for which appeals are pending:
	•		tributory factors for delay in disposal of appeal petitions:
	•	Plea	ase give specific suggestions for expeditious disposal of appeals:
	•	Stat	us of Premature release:

The	criterion followed in granting premature release of prisoners?: -		
	ther the procedure followed is as per the guidelines of NHRC Section 433 CrPC:		
The	categories of prisoners:		
>	Eligible for consideration of premature releases:		
>	Not eligible for premature release:		
	the State Sentence Review Board been constituted to mmend premature release of convicts?:		
>	If so, what is the composition of the State Sentence Review Board?:		
>	How frequently the Board meets?:		
>	The dates on which the board held its meetings during the last one year:		
>	Number of cases considered for premature release:		
>	Number of convicts granted premature release:		
>	Number of requests rejected and the grounds for rejecting the requests for premature release:		



	Number of cases pending for review:	
	> Duration of pending and reasons for pendency:	
•	Please give specific suggestions to expedite disposal of pendin cases:	g
•	Status of Parole and Special Parole:	
a.	Parole	
•	The procedure followed in granting parole:	
•	The competent authority to grant parole:	
•	Categories of prisoners:	
	> Eligible for grant of parole:	
	Not entitled for parole:	
•	How frequently parole is granted?:	
•	The duration for which parole is granted in a year:	
•	The amount of cash security to be deposited for availing parole:	
	- , , , , , , , , , , , , , , , , , , ,	
•	Is the grant of parole subject to cancellation?:	
	j ,	

		If so, who can withdraw the concession?:
	•	Number of parole applications received during the last three years:
	•	Number of prisoners granted parole:
	•	Number of parole applications rejected:
	•	The reasons for rejection (Pl. explain):
b.	Spe	cial Parole:
	•	Situation/Circumstances under which special parole is granted to a prisoner:
	•	Duration for which special parole is granted:
		Can it be extended, if yes, how long?:
	•	The competent authority to grant special parole and extend the period of special parole:
	•	Number of convicts granted special parole during last two years:
	•	Status of Remission:
	•	Whether remission is granted to convicts?:



•	The	eligibility criterion and procedure followed in granting:
	>	Ordinary remission:
	>	Chariel remission:
		Special remission:
	>	State remission:
•	Con	npetent authority to grant:
	>	Ordinary remission:
	>	Special remission:
	>	State remission:
•	Wha	at are the scales of:
	>	Ordinary remission:
	>	Special remission:
	>	State remission:
•	Wha	at is the constitution of the Remission Committee?:
•	How	v frequently the remission committee meets?:

	•	Is the grant of remission subject to subsequent withdrawal/forforevocation?:	
		>	If so, who has the authority to do so?:
22.	Esc	apes	
	•	Tota	Il number of escapes in the last 3 years:
		>	Number of escapes from the prison
		>	Number of escapes from escorts
	•		e cases of escapes been properly investigated to know whether apes happened due to:
		>	Connivance with prison staff:
		>	Carelessness/negligence of prison staff:
		>	If so, what action has been taken against the Staff responsible for such escapes?:
	•		at checks and safeguards have been adopted to prevent escapes prison/escorts?:
00	F		Duinnaun
23.	ren	naie i	Prisoners
	•	Whe	ether Women prisoners are kept in separate jail/enclosure:
		•••••	



•	The sanctioned capacity of the female enclosure:
•	The actual population of female inmates:
•	Extent of overcrowding (% terms):
•	Sanctioned strength of female staff:
•	Actual strength of female staff:
•	No of vacancies:
•	Are women prisoners kept under the custody and supervision o women staff?:
•	Are female prisoners escorted by lady Police or accompanied by female prison guard, if lady police is not available?:
•	Are female inmates transported in a separate vehicle to the court?:
*	Status of availability of the following:
•	Special food provided to pregnant and nursing mothers:
•	Adequate quantity of bathing and washing soap and detergen provided to female inmates:

•	Ade	Adequate number of toilets at the rate of 1 toilet for 6 female inmates				
•		ered cubicles for taking bath:				
•		itary napkins provided to female inmates:				
•		Adequate recreational facilities including TV., indoor games, yoga, meditation and cultural activities:				
•	enc	ingement for running literacy classes for illiterate inmates, ouraging educated females to pursue their higher studies:				
	>	If yes, number of female prisoners attending literacy classes:				
	>	Number of female prisoners pursuing higher studies:				
•	Arra	ingements for imparting vocational training:				
	>	If yes, number of female inmates being imparted vocational training:				
	>	Details of trades in which vocational training is imparted to female inmates:				
•		nber of female convicts engaged in different work programmes prison jobs:				



		rison hospital has a special female ward to house female nts?:
ŀ	How	frequently a gynecologist visits female enclosure?:
ľ	Num	ber of female prisoners suffering from:
		Chronic ailments:
	>	T.B.:
	>	HIV/AIDS:
	>	Psychiatric problems:
		ther prison administration is facing any problem in arranging le escort for taking:
	>	Sick female prisoners to outside hospitals for examination and treatment:
	>	Female UTPs to courts for court appearance:
nild	ren	
		ber of children in different age groups staying with their mothers e jail:
(Pl. a	ive details):
,		

•	Sup othe	ether jail administration is implementing directions given by reme Court in R.D.Upadhay v/s the state of Andhra Pradesh and ers relating to provision of facilities for special care, education, recreation for young children staying with their mothers in jail?:
•	Stat	us of the following:
	>	Special diet provided to children:
	>	Crèche facility for children:
	>	Children sent to nursery school:
		,
	>	Prison administration running inoculation programme for the children:
	>	Recreation facilities for children in the prison:
	>	Handing over the children after reaching the age of 6 years to suitable surrogate as per the wish of the female prisoner; or sent to the children home set up under the Juvenile Justice Act, 2006 and run by the Social Welfare Department to ensure their access to education, health and medical care etc. (PI explain):
•	Whe	ether NGOs are involved in welfare activities of children?:
	>	If so, what are the areas of their involvement?:



25. Foreign Prisoners

Are foreign		oreign prisoners kept in separate jail/enclosure:
	>	If so, what is the sanctioned capacity of jail/enclosure to house foreign prisoners?:
•	Total	number of foreign prisoners actually lodged in the jail:
	>	Male convicts:
	>	Female convicts:
•	Offer	nces for which convicted: (PI explain):
	>	Male UTPs:
	>	Female UTPs:
•		ntion period:
•	Exte	nt of overcrowding (% terms):
•	Natio	onality of foreign prisoners:
•		ign children staying with their mothers in jail:

Wh	hat is the number of foreign children the in jail:			
	What is their age group?:			
	ny child above 6 years of age staying in the jail? (Pl. give details):			
>	If yes, what are the reasons for keeping children of more than 6 years in the jail:			
Who	ether following categories of prisoners are lodged separately: Male convicts and UTPs:			
>	Female convicts and UTPs:			
>	High security prisoners:			
>	If not, please give reasons for not keeping them separately:			
Sta	tus of the following:			
Pre	scribed scale of diet in financial and calorie terms for:			
>	Male prisoners:			
>	Female prisoners:			
>	Is any special diet provided to foreign pregnant/nursing mothers and children lodged in the jail?:			



•	Scale of clothing and bedding for foreign male and female convicts and UTPs.:
•	General cleanliness of wards housing foreign prisoners:
•	Toilet to prisoners ratio:
•	Is adequate quantity of bathing soap, oil, washing soap and detergent provided to foreign male and female inmates?:
•	Are adequate arrangements made for recreation of foreign prisoners?:
•	Are they allowed interviews with their family/friends/lawyers and Embassy officials?:
•	Are they permitted to make ISD calls on payment to contact their family or Embassy officials?:
•	What arrangements are made for education of foreign children detained with their mothers?:
•	Status of medical facilities provided to foreign inmates:
•	Number of custodial deaths of foreign prisoners in the last three years:

	•	Number of natural and unnatural deaths of foreign prisoners:
	•	Are cases of UTPs progressing satisfactorily in the courts?:
	•	Are they provide free legal aid to defend their cases in case they cannot afford to engage private lawyers?:
	•	Any convict languishing in the prison after completion of his/her sentence?:
	>	If so, please give reasons for the same:
27.	Ger	neral Remarks
	•	On the functioning of the prison administration:
	•	Problems and grievances:
	•	Suggestions for improvement:

RECENTLY ANNOUNCED SCHEMES

1.

1.	. Digital India		
		ow far the Government Departments and people of India have en connected digitally or electronically with each other for:	
	>	Ensuring effective governance:	
	>	Reducing paper work:	
		ow many villages in the rural areas have been connected through ernet network?:	
2	Dradha	ın Mantri Jan Dhan Yojana (PMJDY)	
۷.	i iadiia	in manur san zhan rejana (rimez r)	
2.	• Ha	we all households been ensured access to financial services mely, Banking/Savings and Deposit Accounts, Remittance, Credit surance, Pension in an affordable manner?:	
2.	• Ha	ave all households been ensured access to financial services mely, Banking/Savings and Deposit Accounts, Remittance, Credit	
2.	• Ha	nve all households been ensured access to financial services mely, Banking/Savings and Deposit Accounts, Remittance, Credit surance, Pension in an affordable manner?:	
2.	• Ha	nve all households been ensured access to financial services mely, Banking/Savings and Deposit Accounts, Remittance, Credit surance, Pension in an affordable manner?:	
2.	• Hanna Ins	mely, Banking/Savings and Deposit Accounts, Remittance, Credit surance, Pension in an affordable manner?: by many accounts have been opened under this programme in:	
2.	• Hanna Ins	we all households been ensured access to financial services mely, Banking/Savings and Deposit Accounts, Remittance, Credit surance, Pension in an affordable manner?: www.many.accounts.have been opened under this programme in: The post offices:	

	•	How many accounts have been opened with zero balance?:
	•	Have each individual opening account under this programme been provided:
		Accidental insurance cover of Rs.1.00 lakh:
		➤ Life insurance cover of Rs. 30,000:
	•	How many households have been provided overdraft facility upto Rs. 5000?:
	•	How many ladies have been provided overdraft facility?:
	•	How much amount has been deposited under this scheme in the post offices and in banks?:
3.	Dee	en Dayal Upadhyaya Grameen Kaushalya Yojana (DDU- GKY)
	•	How many rural youths have been trained for jobs under Deen Dayal Upadhyaya Grameen Kaushalya Yojana? :
	•	How many Poor and Marginalized rural youth been enabled to avail demand led skill training benefits at no cost? :
	•	Have the programme covered the socially disadvantaged groups in the mandatory percentage of SC/ST 50%; Minority 15%; Women 33%?:



•	How far the emphasis has been shifted from training to career progression in providing incentives for job retention, career progression and foreign placements?:
1	What support is being provided for placed candidates?:
•	Is post-placement support, migration support and alumni network for placed candidates being provided?:
•	Is proactive approach being followed to build placement partnerships to provide guaranteed placement for at least 75 per cent trained candidates?:
,	How far the capacity of implementation partners been enhanced by nurturing new training service providers and developing their skills?:
•	Are projects for poor rural youth in Jammu and Kashmir (HIMAYAT), the North-East region and 27 Left-Wing Extremist (LWE) districts (ROSHINI) given preferential focus?:
•	Are all program activities being subject to standard operating procedures, that are not open to interpretation by local inspectors?:
•	Are all inspections supported by geo-tagged, time stamped videos/photographs?:
	Are Project Implementing Agencies (PIAs) implement the programme through skill development and placement projects?:

•	How much funding support have been provided to persons for placement linked skill projects that address the market demand?:
•	What is the duration of training for the DDU-GKY funded projects?:
•	How much funds have been provided to support each of various components including Training costs; Boarding and lodging (residential programmes); Transportation costs; Post-placement support costs, Career progression; Retention support costs?:
•	While funding projects, has priority been given to PIAs offering foreign placement; PIAs or organizations that take up skill training to meet internal ongoing HR needs; Support for internships with co-funding from industry; PIAs that can assure skill training and placement for a minimum of 10,000 DDU-GKY trainees in a span of 2 years; Institutes with a minimum National Assessment and Accreditation Council (NAAC) grading of 3.5 or Community Colleges with University Grants Commission (UGC)/All India Council for Technical Education (AICTE) willing to take up DDU-GKY projects?:
•	How many trades have been covered while funding skill training programs under this programme?:
•	How far the skill training meet the mandate of demand based training that lead to placement of at least 75 per cent of the trainees?:
•	Are trade specific skills follow the curriculum and norms prescribed by the National Council for Vocational Training and Sector Skills Councils?:



	•	in e	ddition to the trade specific skills, has training been provided mployability and soft skills, functional English and functional mational technology literacy?:
4.	ëМа	ake in	Indiaí Global Initiative
	•	How	far Make in India Initiative has contributed in?:
		>	Attracting FDI in India:
		>	Creating job opportunities in India:
		>	Giving boosts to the economy:
		>	Making India a self-reliant country:
		>	Reviving loss-making Government firms:
5.	Dee	en Day	yal Upadhyaya Antyodaya Yojana for Urban and Rural Poor:
	•		far Deen Dayal Upadhyaya Antyodaya Yojana succeeded in iating rural and urban poverty through?:
		>	Enhancement of livelihood opportunities:
		>	Skill development:
		>	Other means:

6. Saansad Adarsh Gram Yojana

	• Has	s each MP developed one village from his constituency in 2016?:
		If not, the receipt thereof.
	>	If not, the reasons thereof:
	• Hov	w many villages have been developed by?:
	>	Members of Parliament of Lok Sabha:
	>	Members of Parliament of Rajya Sabha:
7.	Digital L	ife Certificate ëJeevan Pramaaní for Pensioners
	digi	w many retired employees of government and PSUs have tally provided proof of their existence to authorities for continuity pension every year?:
8.	Deenda	yal Upadhyaya Gram Jyoti Yojana (DDUGJY)
	• Hov	
	>	w far the DDUGJY succeeded in?:
	,	w far the DDUGJY succeeded in?: Providing access to electricity to rural Households:
	>	Providing access to electricity to rural Households:
		Providing access to electricity to rural Households: Improving the number of hours of power supply in rural areas:
	>	Providing access to electricity to rural Households: Improving the number of hours of power supply in rural areas: Reducing peak load:



	•	Has agriculture and non agriculture feeders been separated tacilitate judicious rostering of supply to agricultural and noragricultural consumers in rural areas?:
	•	How far the sub transmission and distribution infrastructur ncluding metering of distribution transformers/feeders/consumerstrengthened and augmented in rural areas?:
9.		AY (National Heritage City Development and Augmentational Scheme
	•	How far the scheme has succeeded in?:
		Conserving and preserving the heritage characters of 12 cities including Amritsar, Varanasi, Gaya, Puri, Ajmer, Mathura Dwarka, Badami, Velankanni, Kanchipuram, Warangal an Amaravati?:
		Bringing together urban planning, economic growth an heritage conservation in an inclusive manner to preserve th heritage character of each Heritage City:
		Developing the entire city, its planning, its basic services quality of life of its communities, its economy and livelihoods cleanliness, security, reinvigoration of its' soul and an explice manifestation of its character:
		Inculcating a planned approach to tap the unlimited potential underlying in tourism and heritage sector of these cities, further giving a boost to the traditional and national economy:

		>	Enabling smooth dovetailing of modern concept of economic development through locally available knowledge, resources and skills:
0.	Atal	Pen	sion Yojana (APY)
	•		many working persons have joined Atal Pension Yojana?:
	•		hat age group have they joined the APY?:
	•		many persons have joined the scheme on monthly payment veen Rs. 42 and Rs.210?:
	•	How > A A A	many people have opted for monthly pension of: Rs. 1000: Rs. 2000: Rs 3000: Rs.4000: Rs.5000:
	•	joinii	ach subscriber provided with an acknowledgement slip after ng APY recording the guaranteed pension amount, due date of ribution payment etc.?:
	•	auto colle	many eligible bank account holders have joined APY with debit facility to accounts, leading to reduction in contribution ection charges?:



•	Are all subscribers connected on their mobile to receive timely SMS alerts provided at the time of making their subscription, auto-debit of their accounts and the balance in their accounts?:		
•		all existing Swavalamban subscribers between 18-40 years n migrated automatically to APY?:	
•	hav	w many Swavalamban subscribers of more than 40 years of age e opted out of Swavalamban scheme by complete withdrawal of re amount in lump sum?:	
•		v many preferred to continue till 60 years to be eligible for uities there under?:	
•	Ho	w many subscribed suffered following penalties for discontinuation of payments of contribution?:	
	>	Freezing of accounts after 6 months:	
	>	Deactivation of account after 12 months:	
	>	Closure of account after 24 months:	
Pra	ndhan	Mantri Jeevan Jyoti Bima Yojana	
•	yea	v many saving bank account holders in the age group of 18-40 rs have joined the Pradhan Mantri Jeevan Jyoti Bima Yojana?;	

11.

- How many subscribers got enrolled and gave their auto debit consent by:
 - > 31st May 2015;
 - 31st August 2015;
 - > 30th November, 2015;
- How many joined after 30th November, 2015?
- Are subscribers issued acknowledgement slip-cum-certificate of insurance?;
- Is experience of the scheme monitored on yearly basis for recalibration etc.?.

12. Pradhan Mantri Suraksha Bima Yojana

•	70 y Bima	ears in participating banks joined the Pradhan Mantri Suraksha Yojana providing one year insurance cover against death or bility due to accident?:
•	Are for?:	subscribers insured on payment of annual premium of Rs 12
	>	Rs. 2 lakhs to be paid in case of death of the subscriber to the family:
	>	Rs. 2 lakhs to be paid to the subscriber in case of total and irrecoverable loss of both eyes or loss of use of both hands or feet:
	>	Rs 1 lakh in case of total and irrecoverable loss of sight of one eye or loss of use of one hand or foot:



•	Is the premium deducted from the account holder's savings bank
	account through 'auto debit' facility in one installment, as per the
	option to be given on enrolment?:
•	Is this cover provided in addition to any other insurance scheme under which the subscriber may be covered?: