

B-17/2/2022/Coord/  
**NATIONAL HUMAN RIGHTS COMMISSION**  
(Coordination Section)

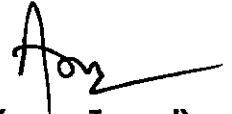
Manav Adhikar Bhawan, GPO Complex,  
'C' Block, INA, New Delhi-110 023

Dated 10 October 2022

**OFFICE MEMORANDUM**

**Subject : Supplementary Agenda Notes for Technical Session on 'Strengthening Bonds with State Human Rights Commissions and States/UTs' during Foundation Day of National Human Rights Commission on 12th October, 2022**

In continuation of communications vide D.O. letter of even number dated 21st September 2022 from Shri Devendra Kumar Singh, Secretary General, National Human Rights Commission, followed by letter dated 03 October, 2022 from the undersigned, addressed to the Chief Secretary, Government of Andhra Pradesh, w.r.t., I am directed to enclose herewith a copy of the Supplementary Agenda Notes for Technical Session on '**Strengthening Bonds with State Human Rights Commissions and States/UTs**' during Foundation Day of National Human Rights Commission on **12th October, 2022** being organised at **Bhim Auditorium, Dr. Ambedkar International Centre, 15, Janpath, New Delhi 110 001.**



(Arun Kumar Tewari)  
Under Secretary (Coord.)

**Encl.: As above.**

To :

1. The Chief Secretary, all States/Union Territories
2. The Chairperson, all State Human Rights Commissions



**National Human Rights Commission**

**FOUNDATION DAY**

**Supplementary Agenda Notes**

**for**

**Technical Session**

**Strengthening of Bonds with State Human Right Commissions  
and State Governments/UT Administrations**

**12.30 PM- 5.00 PM: 12<sup>th</sup> October, 2022**

**Bhim Auditorium, Dr. Ambedkar International Centre  
15 Janpath, New Delhi 110 001**

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## **EXPLANATORY NOTES ON ADDITIONAL AGENDA ITEMS**

### **1. Progress in implementation of Mental Health Care Act, 2017**

1.1 The National Human Rights Commission, established under the Protection of Human Rights Act, 1993, has the statutory responsibility, *inter-alia*, to review the safeguards provided by or under the Constitution or any law for the time being in force for the better protection and promotion of human rights and recommend measures for their effective implementation, and to spread human rights literacy among various sections of society.

1.2 While executing its statutory responsibility, the Commission noted that though the Mental Health Care Act, 2017 (in short : Act) has come into force on 29<sup>th</sup> May 2018, its provisions are not being followed by the metal health care establishments functioning in the country. These facts came during the visit of the Commission to Mental Health Institutions located at Gwalior, Agra and Ranchi.

1.3 The State Mental Health Authority and State Mental Health Review Boards, as prescribed under Sections 45 and 73 of the Act respectively, have not been constituted in many States. Even in the States where these Authorities and Boards have been notified, they are not functional.

1.4 It has also been noted that several State Governments have not exercised the power vested upon them under Section 121 of the Act to notify the Rules for carrying out the provisions of this Act. Similarly, several State Mental Health Authorities have not exercised the power vested upon them under Section 123 of the Act to make regulations to carry out the provisions of the Act.

1.5 In the absence of the State Mental Health Authority, State Mental Health Review Board, Rules and Regulations, the mental health care establishments in several States, are functioning without mandatory registration as prescribed under Section 65 of the Act.

1.6 It has also been noted that in several mental health care establishments, the patients, who have been fully recovered, are also being retained in the establishment

without any sincere efforts to discharge and reunite them with their families. All this amounts to denial of rights of persons with mental illness under Chapter V of the Act.

1.7 With an intention to address the issue, the Secretary General, NHRC through D.O. letters dated 09.09.2022, requested the Health Secretaries of all the States/UTs personally look into the matter and ensure that the provisions of the Act, including constitution of State Mental Health Authority and State Mental Health Review Boards, and notification of Rules and Regulations, are implemented in its true letter and spirit. They were also requested to provide information on the current status of the implementation of the Act in State in the given format. A copy of the said D.O. letter addressed to the Health Secretaries along with enclosure stated is enclosed as **Annexure-I**.

1.8 The NHRC so far received response from a handful of states. State Governments may, therefore, expedite submission of the requisite reports to the Commission.

1.9 In addition, the Commission, vide D.O. letter dated 12.09.2022, requested its Special Rapporteurs to inspect and collect information as per the given format, in respect of the Government mental health care establishments. They were also requested to submit a report on the general functioning of these establishments along with the inspection report by Monday, 03rd October 2022. A copy of the said D.O. letter addressed to the Special Rapporteurs is enclosed as **Annexure-II**.

1.10 Majority of the Special Rapporteurs, also, could not visit and submit their reports due to various reasons. The State Governments may extend all possible help to the Special Rapporteurs of the Commission during their visits to the mental healthcare institutions located in their States.

## **2. NHRC recommendation on policy for payment of compensation for death in custody**

2.1 The Government of Haryana vide Notification dated 29 June 2021 (**copy enclosed as Annexure-III**) has ensured that an amount of Rs 7.5 lakhs will be paid to next of kin in case the prisoner died due to quarrel among prisoners, torture /negligence by Prison Officials and negligence by Medical/para medical officers.

**2.2** The said notification also provides that in case of death due to suicide an amount of Rs 5 lakhs will be paid to next of kin of the victims.

**2.3** The National Human Rights Commission vide proceeding dated 9<sup>th</sup> February, 2022 (copy enclosed as **Annexure-IV**) requested State Governments/UTs to bring such a policy as framed by the state of Haryana by quantifying compensation on account of death of prisoner confined in jails either by fixing same amount of compensation or any other amount of compensation to be fixed by the States.

**2.4** The States/UTs may apprise the progress made in the matter.

### **3. NHRC recommendation on laws/provisions discriminatory to persons suffering from leprosy**

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

**3.2** With advances in medicine, leprosy is now completely curable. India However, accounts for 57% of the Global leprosy caseload. Most of the persons affected by leprosy live in deplorable conditions and suffer serious discrimination.

**3.3** To ensure timely identification, treatment and for elimination of discrimination against the persons affected by leprosy, the Commission in consultation with domain experts has formulated a detailed Advisory. A copy of the Advisory is enclosed as **Annexure-V**.

**3.4** The Advisory contains sets of recommendations for early detection and treatment of leprosy and associated complications, rehabilitation and elimination of discriminations and social integration of persons affected from leprosy. The Commission, through the

above advisory has called upon the Government of India and the concerned State Governments to amend the laws which contains provisions discriminatory to persons affected from the leprosy.

**3.5** Status of implementation of recommendations made in the Advisory including the amendment of the laws to remove provisions discriminatory to persons affected by leprosy may be provided by the States/UTs.

#### **4. NHRC Recommendation on death in septic tank/sewer cleaning**

**4.1** The Commission has examined the problems faced by persons engaged in manual scavenging and hazardous cleaning. To ensure protection of human rights of these workers, the Commission has issued an Advisory. A copy of the Advisory is enclosed as **Annexure-VI**.

**4.2** The Advisory contain sets of recommendations for ensuring proper protective gears/ safety equipment for sanitary workers; leveraging the use of suitable and worker friendly technology and robotic machines; responsibility and accountability of hiring agencies/ employers and state authorities and rehabilitation of persons engaged in manual scavenging and hazardous cleaning. Advisory also contains sets of recommendations for strengthening of infrastructure for providing sanitary services, awareness/sensitization, replication of best practices and access to justice to persons engaged in manual scavenging and hazardous cleaning.

**4.3** Status of implementations of recommendations made in the Advisory may be provided by the States/UTs.

#### **5. NHRC recommendation on death due to electrocution.**

**5.1** In case of death/ injury of a contractual employee, while working, the NHRC has already directed in case No. 11364/24/31/2020 (copy enclosed as **Annexure-VII**) to provide compulsory medical treatment in case of injuries, and adequate compensation to the victim or family members.

5.2 Regarding death/ injury of common people due to negligence on the part of the Electricity officials/ companies etc., a formula may be evolved for payment of compensation, depending upon the age and earning capacity of the victim/ deceased.

5.3 The States may also consider constituting a legal body/ Tribunal to decide the quantity of the compensation at par the provisions of the MV Act.

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देवेन्द्र कुमार सिंह, मा.प्र.से.  
महासचिव

Devendra Kumar Singh, IAS  
Secretary General



राष्ट्रीय मानव अधिकार आयोग  
मानव अधिकार भवन, सी-ब्लॉक,  
जीपीओ कम्प्लेक्स आईएनए, नई दिल्ली-110 023 भारत  
**NATIONAL HUMAN RIGHTS COMMISSION**  
Manav Adhikar Bhawan, C-Block,  
GPO Complex, INA, New Delhi-110023 India

D. O. No. R-18/3/2022-PRPP (RU-3)

Dated 09 September 2022

Dear Dr. Khale,

The National Human Rights Commission, established under the Protection of Human Rights Act, 1993, has the statutory responsibility, *inter-alia*, to review the safeguards provided by or under the Constitution or any law for the time being in force for the better protection and promotion of human rights and recommend measures for their effective implementation, and to spread human rights literacy among various sections of society.

2. While executing its statutory responsibility, the Commission noted that though the Mental Healthcare Act, 2017 (in short : Act) has come into force on 29<sup>th</sup> May, 2018, the State Mental Health Authorities and State Mental Health Review Boards, as prescribed under Sections 45 and 73 of the Act respectively, have not been constituted in several States. Even in some of the States where these Authorities and Boards have been notified, they are not functional.

3. It has also been noted that several State Governments have not exercised the power vested upon them under Section 121 of the Act to make the Rules for carrying out the provisions of this Act. Similarly, several State Mental Health Authorities have not exercised the power vested upon them under Section 123 of the Act to make Regulations to carry out the provisions of the Act.

4. In the absence of the State Mental Health Authority, State Mental Health Review Board, Rules and Regulations, the mental health care establishments in many States, are functioning without mandatory registration prescribed under Section 65 of the Act.

5. It has also been noted that in several mental health care establishments, the patients, who have been fully recovered, are also being retained in the establishment without any sincere efforts to discharge and reunite them with their families. All these amount to denial of rights of persons with mental illness guaranteed under Chapter V of the Act.

6. You are, therefore, requested to personally look into the matter and ensure that the provisions of the Act, including constitution of State Mental Health Authority and State Mental Health Review Boards, and notification of Rules and Regulations, are implemented in its true letter and spirit.

contd..../-

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## NATIONAL HUMAN RIGHTS COMMISSION

7. You are also requested to provide information on the current factual status of the implementation of the Act in your State in the format enclosed. The duly filled in format may be submitted to the Commission latest by Monday, 03<sup>rd</sup> October 2022.

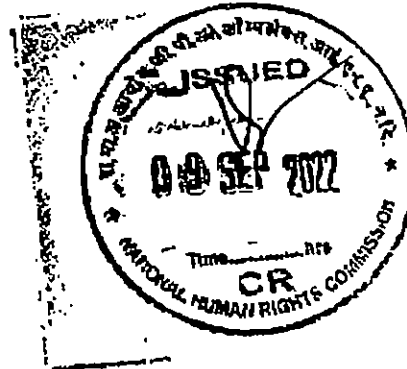
*with regards,*

Yours sincerely,

(Devenendra Kumar Singh)

**Encl.: Format (1Page)**

**Dr. Sudam Pandharinath Khade, IAS**  
Secretary (H&FW),  
Department of Health & Family Welfare,  
Government of Madhya Pradesh,  
Ballabh Bhawan Secretariat,  
Bhopal – 462 004  
MADHAYA PRADESH



**FORMAT FOR SUBMISSION OF INFORMATION TO NHRC ON STATUS OF IMPLEMENTATION OF  
THE MENTAL HEALTH ACT, 2017**

<b>Name of State/Union Territory</b>	
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1.	Date of constitution of the State Mental Health Authority	
2.	Date of Constitution of the State Mental Health Review Board	
3.	Date of notification of the State Mental Health Care Rules	
4.	Date of notification of the State Mental Health Care Regulation	
5.	Dates on which Meeting of the State Mental Health Authority were held	
6.	Dates on which Meeting of the State Mental Health Review Board were held	
7.	Number of Health Care establishments registered under the Act in the State	

**Enclosures :**

- I. Copy of Notification for constitution of the State Mental Health Authority
- II. Copy of Notification for constitution of the State Mental Health Review Board
- III. Copy of the State Mental Health Care Rules
- IV. Copy of the State Mental Health Care Regulation
- V. List of mental health care establishments registered in the State
- VI. List of mental health institutions under State Government.

**Signature**  
**(Name in Bold)**  
**Designation**  
**Office Seal**

Date : \_\_\_\_\_

Place : \_\_\_\_\_

State : \_\_\_\_\_

(9)

ANNEXURE-12

देवेन्द्र कुमार सिंह, मा.प्र.से.  
महासचिव

Devendra Kumar Singh, IAS  
Secretary General



राष्ट्रीय मानव अधिकार आयोग  
मानव अधिकार भवन, सी-ब्लॉक,  
जीपीओ कम्प्लेक्स आईएनए, नई दिल्ली-110 023 भारत  
**NATIONAL HUMAN RIGHTS COMMISSION**  
Manav Adhikar Bhawan, C-Block,  
GPO Complex, INA, New Delhi-110023 India

D. O. No. R-18/3/2022-PRPP (RU-3)

Dated 12 September 2022

Dear Representatives,

The National Human Rights Commission, established under the Protection of Human Rights Act, 1993, has the statutory responsibility, *inter-alia*, to review the safeguards provided by or under the Constitution or any law for the time being in force for the better protection and promotion of human rights and recommend measures for their effective implementation, and to spread human rights literacy among various sections of society.

2. While executing its statutory responsibility, the Commission noted that the provisions of the Mental Healthcare Act, 2017 (in short: Act) are not being followed by the mental health care establishments functioning in the country. These facts came during the visit of Commission to Mental Health Institutions located at Gwalior, Agra and Ranchi.

3. The State Mental Health Authorities and State Mental Health Review Boards, as prescribed under Sections 45 and 73 of the Act respectively, have not been constituted in many States. Even in some of the States where these Authorities and Review Boards have been notified, they are not functional.

4. It has also been noted that several State Governments have not exercised the power vested upon them under Section 121 of the Act to make the Rules for carrying out the provisions of this Act. Similarly, several State Mental Health Authorities have not exercised the power vested upon them under Section 123 of the Act to make Regulations to carry out the provisions of the Act.

5. In the absence of the State Mental Health Authority, State Mental Health Review Board, Rules and Regulations, the mental health care establishments in many States, are functioning without mandatory registration prescribed under Section 65 of the Act.

6. It has also been noted that in several mental health care establishments, the patients, who have been fully recovered, are also being retained in the establishment without any sincere efforts to discharge and reunite them with their families. All these amount to denial of rights of persons with mental illness guaranteed under Chapter V of the Act.

7. You are, therefore, requested to inspect and collect information in the format enclosed as Annexure - I, in respect of the Government mental health care establishments located in the States for which you are supposed to visit, except those which have already been inspected by NHRC. A list of the mental health establishments is enclosed as Annexure - II.

contd.../-

(9)

फोन : 91-11-24663211, 24663212, फैक्स : 91-11-24663262

Phone : 91-011-24663211, 24663212, Fax : 91-011-24663262, E-mail : sgnhrc@nic.in, Website : www.nhrc.nic.in

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## NATIONAL HUMAN RIGHTS COMMISSION

8. You are also requested to prepare a report on the general functioning of these establishments along with recommendations to remove shortcoming(s), if any, noticed during the inspection. The inspection report along with dully filled in proforma as mentioned above may be sent to the Commission latest by Monday, 03<sup>rd</sup> October, 2022.

Yours sincerely,

(Devendra Kumar Singh)

**Encl.:**

- (i) Proforma for Inspection of Mental Health Institutions.
- (ii) List of Hospitals to be inspected.

**To:**

1. Shri Mahesh Singla (Retd. IPS), Special Rapporteur, NHRC, F-301, Falcon View, Sector 66A, Airport Road (Mohali-140308), SAS Nagar, Punjab
2. Dr. Ashok Kumar Verma (Retd. IPS), Special Rapporteur, NHRC, Flat No. 09061, ATS Pristine, Sector-150, Noida, Gautam Buddha Nagar, Uttar Pradesh – 201 301
3. Shri Ranjan Dwivedi (Retd. IPS), Special Rapporteur, NHRC, A-901, Park View, Sector 61, Noida, GB Nagar-201301
4. Shri P.N. Dixit (Retd. IPS), E-91, Special Rapporteur, NHRC, Forest County, Near Eon IT Park, Kharadi, Pune – 411014
5. Shri Madan Lal Meena (Retd. IAS), Special Rapporteur, NHRC, B-5/28, Safdarjung Enclave, New Delhi – 110029
6. Dr. K.C. Sharma (Retd. Vice Chancellor – Kurukshetra Univ.), Special Rapporteur, NHRC, 167 Shanti Nagar, Gopalpura Bye Pass, Near C K Birla Hospital, Jaipur-302018
7. Shri Umesh Kumar Sharma (Retd. Judge), Special Rapporteur, NHRC, C-601, Mewar Apartments, Haldi Ghati Marg, Pratap Nagar, Jaipur-30233
8. Dr. Rajinder Kumar Malik (Retd. IRPFS), Special Rapporteur, NHRC, P11-12, 1st Floor, South Ext. Part-II, New Delhi-110049

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## **NATIONAL HUMAN RIGHTS COMMISSION**

9. Ms. Nirmal Kaur (Retd. IPS), Special Rapporteur, NHRC, 1st Floor, House No. 18, Road No. 17, Jawahar Nagar, Mango, Jamshedpur, Jharkhand
10. Ms. Suchitra Sinha (Retd. IAS), Special Rapporteur, NHRC, House No. 71D, Road No. 1, Ashok Nagar, Ranchi-834002, Jharkhand
11. Shri. Hari Sena Verma (Retd. IPS), Special Rapporteur, NHRC, Ashirvad Palace No. 41A, Fort, Tripunit Hura, Ernakulam Dist, Kerala
12. Shri M. Madan Gopal (Retd. IAS), Special Rapporteur, NHRC, Mathru Kutir, C-6, 1st B Main, IAS Colony, HSR Layout, Sector-6, Bangalore-560102, Karnataka
13. Shri Ashit Mohan Prasad (Retd. IPS), Special Rapporteur, NHRC, 468, 4th Main Road, Dollars Colony, R.M.V. 2nd Stage, Bengaluru-560094, Karnataka
14. Shri Umesh Kumar (Retd. IPS), Special Rapporteur, NHRC, House No. 60, 2nd Floor, M.G. Road River front, Uzan Bazar, Guwahati-781001
15. Shri Akhil Kumar Shukla (Retd. IPS), Special Rapporteur, NHRC, Flat No. 1505, Tower-K12, Jaypee Greens Wish Tower, Sector-134, Noida- 201304, Uttar Pradesh

## PROFORMA FOR INSPECTION OF MENTAL HEALTH INSTITUTIONS

### PART A

(To be filled by Hospital In-charge)

1.	Name of the State	
2.	Name of the Mental Health Care Establishment with complete address	
3.	Name of the nodal person with address and contact details:	
4.	Status Government/Public Charitable Trust/Society under Societies Registration Act functioning on 'No Profit Basis'	
5.	Whether medical superintendent/Director of the institutional/hospital is a psychiatrist	
6.	Date of establishment and the aims and objectives of the Institution (attach a copy if available)	
7.	Whether the land/building is owned by the institution. Please mention the built-up area /land area/areas under encroachment	
8.	Present composition of the Governing Body responsible for the administration of the Institution	

### 9. Status of physical Infrastructure of the Institution:

S.No.	Types of Facilities available	YES/NO
1.	Hostels	If yes please mention number of rooms
1.1	For girls	
1.2	For boys	
2.	Academic Block	
3.	Total bed strength of the institution/General hospital a) Sanctioned b) Actual	
3.1	Total land area per bed a) Sanctioned b) Actual	
4.	Total bed strength of Psychiatry Ward	
4.1	Males (Please mention the bed strength if yes)	
4.2	Females (Please mention the bed strength if yes)	
4.3	Children (Please mention the bed strength if yes)	
4.4	Geriatric (Please mention the bed strength if yes)	

5.	De-addiction Centre (Please mention the bed strength if yes)	
6.	Recreation/Rehabilitation Unit (Please mention its capacity if yes)	
7.	Others if any	

#### 10. Status of availability of Mental Health Professionals in the Institution

Category	Designation/Positions	Post sanctioned	In Place	Vacancy (Since When)
Psychiatry	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstrator/Tutor			
Clinical Psychology	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstrator/Tutor			
Psychiatry Social Work	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstration/Tutor			
Psychiatry Nursing	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstrator/Tutor			
Non Teaching Specialists if any				
Medical Officers				
Attendants				
Other, if any				

a)	Is there full time Director available a) Sanctioned b) Actual	
b)	Number of people working on contract basis category wise	

#### A. Mercy Home:

Category	Designation/Positions	Post sanctioned	In Place
Specialist Medical Officer	Physician		
	Gynecologist		
	Pediatrics		
	Surgeon		
Medical Officers			



a)	No of full-time qualified Psychiatrist a) Sanctioned b) Actual	
b)	No. of Mental Health Professional Assistant (Clinical) Psychologist or Psychiatric Social Worker a) Sanctioned b) Actual	
c)	No Staff Nurses & Nurse patient ratio a) Sanctioned b) Actual	
d)	Attenders & Attendant Patient ratio a) Sanctioned b) Actual	
e)	No. of Medical Officers having recognized MBBS degree & Patient Ratio a) Sanctioned b) Actual	

#### 11. Status of PG Courses in mental health in the institution

Subject	Number of PG seats
Psychiatry (DPM/MD/DNB)	
Clinical Psychology (M. Phil/Ph.D)	
Psychiatric Social Work (M. Phil/Ph.D)	
Psychiatry Nursing (DPN)	

#### 12. Status of Mental Health Services available in the institution

A.	Mental Health Services – Out Patient Department (OPD) and referral Services	
A.1	Daily average attendance in Psychiatry OPD	
A.2	Total number of new patient seen in the OPD during last year	
A.3	Total number of follow up cases seen in the OPD during last year	
A.4	Total number of cases referred to tertiary care hospital during last year	
A.5	Total number of mentally ill prisoners seen in the OPD during last year	
B.	Mental Health Services – In Patient Department (IPD)	
B.1	Total number of patients admitted in IPD during last year	
B.2	Mean duration of stay (in days)	
B.3	Total number of in patients with stay duration more than 1 year	
B.4	Total number in patients with stay duration more than five years	

B.5	Number of recovered patients who are destitute (no family which will accept them)		
B.6	Number of deaths during last year if any		
B.7	Number of suicides during in last year if any		
B.8	Are there any linkages with other institution to provide discharged patients with continuing community care		
B.9	Total number of mentality ill prisoners admitted in IPD during last year		
<b>C</b>	<b>Mental Health Services –</b>		
C.1	Are there Emergency Services available to handle emergencies in mental health		
C.2	Availability of emergency medicine available in Wards and near the Specialized testing room		
C.3	Number of patients fit for discharge as on date		
<b>D</b>	<b>Mental Health Services – Are there Investigation &amp; Laboratory facilities including Psychological testing available</b>		
<b>E</b>	<b>Mental Health Services – Out - reach services</b>		
	If yes approach used by the institution to deliver mental health services [A= Outreach (Camp) based, B= PHC based. C=Both [outreach & PHC based]		
	If outreach (Camp) based or both the approaches are used: please answer following		
E.1	Average total number of outreach visit made in a month		
E.2	Average total number of cases referred in a month		
<b>F.</b>	<b>Mental Health Services – Availability and Dispensing and Essential Psychotropic Drugs</b>		
	Classification of drugs	Hint to fill the response : (A= regular available, B= irregular available, and NA= Not available)	
F.1	Antidepressant	A	
F.2	Antipsychotic	A	
F.3	Anticonvulsant	A	
F.4	Anxiolytic/hypnotic	A	
<b>G.</b>	<b>Mental Health Services – Are there availability of ECT facilities</b>		
G 1	Number of patients receiving ECTs during last year		
G 2	Was Anesthetist available for all ECTs		
<b>H.</b>	<b>Mental Health Services – Are there availability of counseling facilities</b>		
<b>I.</b>	<b>Mental Health Services – Are there availability of recreational/rehabilitation facilities</b>		
I.1	Amount paid per day for doing work of economic value		

J.	Any visit/trip outside hospital organized during last year	
K.	Mental Health Services – Are there availability of vocational training facilities	
L.	Mental Health Services – Are there forensic services availability	
M.	Are emergency drugs available?	
N.	Minimum support facilities-	
N.1	Provision for acute of acute mental healthcare services such as outpatient and inpatient service	
N.2	Provision of half-way homes, sheltered accommodation, supported accommodation	
N.3	Provision of mental health services to support family of persons with mental illness or home based rehabilitation	
N.4	Provision for child mental health services	
N.5	Provision of old age mental health services	

13.	Was there any outbreak of infectious disease (more than 30 inpatients affected in a week period) during last year? If yes please provide details.	
14.	Number of patients suffering from co-morbidities referred to other hospital during last year, if any	
15.	Are right of patients displayed in the wards?	
15A	Is sufficient space available for passage in Wards?	
16.	Are fans, coolers, drinking water, toilets & dining facilities available?	
16A	Are pillows provided to patients?	
17.	Number of patients complaints received during last year with details of nature and how resolved	
18.	Annual number of incidents (adverse events like assault injury, abuse), if any (exclude suicide) in the institution. Please provide details and action taken	
19.	Number of visits by NHRC/SHRC during the last 2 years.	
20.	Number of visits by CMHA/SMHA during the last 2 years	
21.	Is any litigation against institution with regard to human rights infringement? If yes please provide details	
22.	Is there any other mental health institution/medical college or hospital with psychiatry department in the state/UT if yes their number.	
23.	Whether Day care Centers available/set up in the state/UT if yes their number—	

24.	Whether Residential Continuing Care Centers (stay up to 6 months) available/set up in the state UT. If yes their number?	
25.	Whether long term residential continuing Care Centers ((long stay) available/set-up in the state/UT, if yes their number	
26.	Number of long stay patients discharged/reunited with families during- 2022 – Till Date 2021 – 2022 2020 - 2021	
27.	Whether the institution conduct community awareness generation (information, education & communication) activity.	
28.	Details of involvement of institution in ongoing DMPH program.	
29.	Whether the institution conduct short-term training (apart from PG training)	
30.	Is any NGO involved with hospital? If yes, name of NGO and area of liaison, along with their contact number	
31.	Is there any Separate Medical Record section in the institution/hospital?	
32.	Details of activities in the field of mental health particularly in teaching patients care/preventive and promotive mental health during last three years (year wise) along with copies of Annual Administrative reports.	
33.	Status of funding of the Institution: Plan (in rupees) Non - plan (in rupees) Other source of funding (approximate value in rupees)	
34.	Whether the institute has received in any grant-in-aid from the Government of India, If yes whether the Utilization Certificate & SOE for the Grant received is submitted	
A	Construction of new ward & renovation of existing wards	
B	Procurements of items like cots and tables	
C	Equipment of psychiatric use such as modified ECT	
	Total	
35.	<b><u>Food Quality</u></b>	
A	Calorie given per patient	
B	Total amount spent per patient on food (Rupees per day)	

36. Receipt and Expenditure grant-in-aid during the last three years:

Year	Receipt grant	Expenditure
2022-2023 (till date)		
2021-2022		
2020 - 2021		

37. Any other comment by the committee on observations from human rights legislative or administrative angle.

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Certified that the particulars provided in the check-list/proforma are true to the best of my knowledge and belief.

Place : \_\_\_\_\_  
State : \_\_\_\_\_  
Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of competent  
Authority of the Hospital and seal

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**PART – B**

(To be filled by Special Rapporteur)

**Observations and recommendations of the Special Rapporteur**

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Signature of Special Rapporteur  
(Name of the Special Rapporteur)

**Annexure - II****List of Govt. Mental Hospitals**

S. No.	State	Name of the Mental Hospital
1.	<b>Andhra Pradesh</b>	Institute of Mental Health, Govt. Hospital for Mental Care, S.R. Nagar, Hyderabad ANDHARA PRADESH
2.		Government Hospital for Mental Care, Chinnawaltair, Vishakhapatnam, Andhra Pradesh
3.	<b>Assam</b>	LokopriyaGopinathBordoloi Institute of Mental Health, P.O. Tezpur, Dist. Sonitpur, Assam (Central Government)
4.	<b>Bihar</b>	Institute of Mental Health, Koelwar, Bhojpur, BIHAR
5.	<b>Jharkhand</b>	Central Institute of Psychiatry, Kanke P.O. Ranchi, JHARKHAND (Central Government)
6.		Ranchi Institute of Neuropsychiaty and Allied Science (RINPAS), Kanke, Ranchi, JHARKHAND
7.	<b>Delhi</b>	Institute of Human Behavior & Allied Sciences, G.T. Road, P.O. Box 9520, Jhilmil, Delhi,
8.	<b>Goa</b>	Institute of Psychiatry & Human Behavior, Altinho, Panaji, GOA
9.	<b>Gujarat</b>	Hospital for Mental Health, Bhuj, Gujarat.
10.		Hospital for Mental Health, Vikasgruh Road, Jamnagar, Gujarat
11.		Hospital for Mental Health, Behind Kapadia High School, Outside Delhi Gate, Shahibaug Road, Ahmedabad
12.		Hospital for Mental Health, Karelibag, Baroda
13.	<b>Himachal Pradesh</b>	Himachal Hospital of Mental Health & Rehabilitation, Boileauganj
14.	<b>Jammu &amp; Kashmir</b>	Govt. Hospital for Psychiatric Diseases , Rainawari, Khatidarwaze, SRINAGAR (JAMMU & KASHMIR)
15.		The Medical Superintendent, Psychiatric Diseases hospital GMC, Jammu, Ambphalla B.C. Road, Jammu
16.	<b>Karnataka</b>	Karnataka Institute of Mental Health, Belgaum Road, Dharwad, Karnataka
17.		National Institute of Mental Health and Neuro Sciences, Bangalore (Central Government)
18.	<b>Kerala</b>	Mental Health Centre, Oolampara, Thiruvananthapuram, Kerala
19.		Govt. Mental Health Centre, Kuthiravattom, Kozhikode, Kerala
20.		Govt. Mental Health Centre, Poothole P.O., Trissur, Kerala
21.	<b>Madhya Pradesh</b>	Gwalior ManasikArogyasala, Central jail Road, Gwalior, Madhya Pradesh

S. No.	State	Name of the Mental Hospital
22.		Mental Hospital, Banganga Sawer Road, Indore, Madhya Pradesh
23.	<b>Maharashtra</b>	Regional Mental Hospital, Nagpur, Maharashtra
24.		Regional Mental Hospital, Yeravda, Pune, Maharashtra
25.		Regional Mental Hospital, Wagle Estate, Thane (W) MAHARASHTRA
26.		Regional Mental Hospital, Ratnagiri, MAHARASHTRA
27.	<b>Meghalaya</b>	Meghalaya Institute of Mental Health & Neurosciences Shillong, Meghalaya
28.	<b>Nagaland</b>	Mental Hospital, Kohima, Nagaland
29.	<b>Orissa</b>	Mental Health Institute, S.C.B. Medical College, Cuttack, Orissa
30.	<b>Punjab</b>	Dr. Vidyasagar Punjab Mental Hospital. Circular Road, Amritsar
31.	<b>Rajasthan</b>	Mental Hospital (Psychiatric Centre), Janta Colony, Jaipur, Rajasthan
32.		Mental Hospital, (Psychiatric Center), Shastri Nagar, JODHPUR
33.	<b>Tamil Nadu</b>	Institute of Mental Health, Medavakkam Tank Road, Kilpauk, Chennai, Tamil Nadu
34.	<b>Tripura</b>	Modern Psychiatric Hospital, Narsingarh, Agartala, West Tripura.
35.	<b>Uttar Pradesh</b>	Institute of Mental Health & Hospital, Billochpura, Mathura Road, Agra, Uttar Pradesh
36.		Mental Hospital Bareilly, Civil Lines, Bareilly, Uttar Pradesh
37.		Mental Hospital, S2/1 Pandeypur, Varanasi, Uttar Pradesh
38.	<b>West Bengal</b>	Lumbini Park Mental Hospital, 115, G.S. Bose Road, Calcutta, West Bengal
39.		Institute for Mental Care, Purulia P.O., Purulia, WEST BENGAL
40.		Mental Hospital Berhampore, Berhampore Mental Hospital, Berhampore, Murshidabad, WEST BENGAL
41.		The Mental Hospital (Calcutta & Mankundu), 133, Vivekananda Road, Calcutta, West Bengal
42.		Institute of Psychiatry 7, D.L. Khan Road, Calcutta, West Bengal
43.		Calcutta Pavlov Hospital, 18, Gobra Road, Calcutta, West Bengal

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HARYANA GOVERNMENT  
JAILS DEPARTMENT

## Notification

The 29th June, 2021

No. 36/H9/2019-IJJ-II.— The Governor of Haryana is pleased to formulate this policy for payment of compensation on account of death of prisoners confined in the jails of Haryana.

2. Compensation will not be admissible in cases of natural deaths including due to illness.

3. Compensation will also not be admissible in the following cases of unnatural deaths:-

(i) If the death occurs during escape from jails or from lawful custody outside the jails.

(ii) If the death occurs due to any natural disaster/calamity.

4. Compensation will be paid to the next of kin or legal heirs of prisoners on account of unnatural deaths, in the following cases:-

## Dignitaries

(i) Due to quarrel among prisoners.

(ii) Due to torture/beatings by prison staff.

(iii) Due to negligence in duty by Prison officers/officials.

(iv) Due to negligence by Medical officers/para medical.

(v) Due to suicide committed by prisoners.

Rs. 7.5 lakh

Rs. 5 lakh

5. The Superintendent Jail concerned shall send detailed report along with copy of the Magisterial enquiry report, postmortem report, final cause of death, medical history at the time of admission in jail and detail of medical treatment, if any, given to the prisoner prior to his custodial death, to the Director General of Prisons, Haryana, for onward submission to the State Government for grant of appropriate compensation, as per the provision of Para-4 above.

6. This policy shall be applicable, as admissible, in respect of prisoners who suffer unnatural deaths in the jails of Haryana on or after the date of notification of this policy.

7. Secretary/Special Secretary, Home shall be authorised to sanction the above said Compensation.

RAJEEV ARORA,  
Additional Chief Secretary to Government Haryana,  
Jails Department.



NATIONAL HUMAN RIGHTS COMMISSION  
MANAV ADHIKAR BHAWAN, INA, NEW DELHI  
(Full Commission)

0-1

POLICY FOR PAYMENT OF COMPENSATION ON ACCOUNT OF  
DEATH OF PRISONERS

Date : 9<sup>th</sup> February, 2022

PROCEEDINGS

Haryana Government (Jail Department), vide Notification No. 36/89/2019-1JJ-II dated 29.6.2021 has framed a policy for payment of compensation on account of death of prisoners confined in the jails of Haryana. The content of the said notification is extracted below:-

"No.36/89/2019-1JJ-II – The Governor of Haryana is pleased to formulate this policy for payment of compensation on account of death of prisoners confined in the jails of Haryana.

2. Compensation will not be admissible in cases of natural deaths including due to illness.

3. Compensation will also not be admissible in the following cases of unnatural deaths:-

- i) If the death occurs during escape from jails or from lawful custody outside the jails.
- ii) If the death occurs due to any natural disaster/calamity.

4. Compensation will be paid to the next of kin or legal heirs of prisoners on account of unnatural deaths, in the following cases:-

Dignitaries

- i. Due to quarrel amount prisoners } Rs.7.5 lakhs
- ii. Due to torture/beating by prison staff }

- |      |  |              |
|------|--|--------------|
| iii. | Due to negligence in duty by prison Officers/officials | } Rs.5 lakhs |
| iv.  | Due to negligence by Medical officers/ Para medical    |              |
| v.   | Due to suicide committed by prisoners                  |              |

5. The Superintendent Jail concerned shall send detailed report along with copy of the magisterial enquiry report, postmortem report, final cause of death, medical history at the time of admission in jail and details of medical treatment, if any, given to the prisoner prior to his custodial death, to the Director General of Prisons, Haryana, for onward submission to the State Government for grant of appropriate compensation, as per the provision of Para-4 above.

6. This policy shall be applicable, as admissible, in respect of prisoners who suffer unnatural deaths in the jails of Haryana on or after the date of notification of this policy.

7. Secretary/Special Secretary, Home shall be authorized to sanction the above said compensation.

Sd/xx

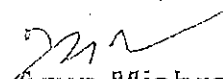
Rajeev Arora  
Additional Chief Secretary to Government of Haryana,  
Jails Department"


The issue was deliberated upon by the Commission and considering the prevailing value of the money, the aforesaid notification appears to be appropriate compensation to be awarded in such cases by the State Government besides other similar liabilities which may be enforced in accordance with law. | We request the various State Governments/UTs to bring such a policy as framed by the State of Haryana vide Notification dated 29.6.2021 by quantifying compensation on account of death of prisoners confined in jails either by fixing same amount of compensation or any other amount of compensation to be fixed by the States.

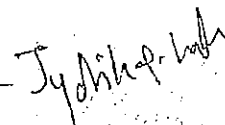
The Commission should also follow the same yardstick for the time being while recommending payment of compensation in such cases.


Copy of the proceedings may also be forwarded to Chairperson/Acting Chairpersons/Members of various State Human Right Commissions for information.

The Chief Secretaries of the State Governments/Union Territories shall confirm such policy to the Commission within three months.

  
(Justice Arun Mishra)  
Chairperson

  
(Justice M.M. Kumar)  
Member

  
(Smt. Jyotika Kalra)  
Member

  
(Dr. Dnyaneshwar Manohar Mulay)  
Member

  
(Sh. Rajiv Jain)  
Member



ANNEXURE -V

**राष्ट्रीय मानव अधिकार आयोग**  
**NATIONAL HUMAN RIGHTS COMMISSION**

मानव अधिकार भवन, सी-ब्लॉक, जीपीओ कॉम्प्लेक्स आईएनए, नई दिल्ली-110 023 भारत  
Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi-110023 India  
Fax : 91-011-24651332, 24651329, 24663304  
Website : www.nhrc.nic.in

D.O. No. R-18/15/2020-PRP&P (RU-3)

Dated : 14 January 2022

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

The National Human Rights Commission (NHRC) is mandated by the Protection of Human rights Act, 1993, to protect and promote the human rights of all the citizens in the country.

2. Towards the fulfillment of the above mandate, the Commission in consultation with the domain experts has examined the difficulties faced by the persons affected by leprosy and their family members and noted that with advances in medicine, leprosy is now completely curable and can be rendered non-contagious by administering first dose of Multi-Drug-Therapy. However, India still accounts for 57% of the Global Leprosy caseload and most of the persons affected by leprosy live in deplorable conditions and suffer from serious discrimination.

3. On the basis of detailed analysis, the Commission hereby issues this advisory to ensure identification, treatment, rehabilitation and elimination of discrimination of persons affected by leprosy. A copy of the same is enclosed for necessary follow up action.

4. All concerned authorities are advised to implement the recommendations given in the said advisory and send an 'Action taken Report' (ATR) on the same within three months for information of the Commission.

21/1/22  
(Bimbadhar Pradhan)  
Secretary General

Encl.: As above.

To,

1. The Secretary,  
Government of India,  
Ministry of Health & Family Welfare,  
Nirman Bhawan,  
New Delhi
2. The Chief Secretary (of all States/UTs)



## **NATIONAL HUMAN RIGHTS COMMISSION**

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

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

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

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

#### **I. Early Detection**

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

#### **II. Treatment and Management of Leprosy and Associated Complications**

1. State Government should:-
  - (i) formulate guidelines and protocols for addressing the healthcare needs of the persons affected by leprosy.

- (ii) upgrade and augment existing health care facilities in each district by providing adequate number of doctors and paramedical staff having expertise and knowledge to treat the persons affected from leprosy and associated complications.
  - (iii) ensure availability of adequate stock of drugs and other accessories including the MDT drugs for treatment and management of leprosy and associated complications.
  - (iv) make available treatment and drugs including the correction of leprosy induced deformities through surgical procedures free of cost to persons affected from leprosy.
  - (v) endeavour to provide dressing material, supportive medicines and micro cellular rubber (MCR) footwear to all leprosy affected persons free of cost.
  - (vi) launch a special program to provide counselling to the persons affected from leprosy and their family members, especially children, to help them overcome stigma and mental stress and to integrate them with the society.
  - (vii) extend the directly observed treatment (DOT) methodology, presently used for treatment of Tuberculosis, to the persons affected by leprosy to ensure that the all such persons receive and take all medications as prescribed in time and to monitor response to treatment.
  - (viii) make efforts to provide and expand mobile based tele-consultation services to persons affected by leprosy.
  - (ix) ensure home delivery of all essential services, including supply of groceries and medicine to persons severely affected from leprosy.
  - (x) ensure availability of nutritious diet to persons affected by leprosy.
2. Union Ministry of Health and Family Welfare should launch a special programme for development of a leprosy vaccine within a specified time frame.

### **III. Rehabilitation**

#### **1. State Government should:-**

- (i) endeavour that while implementing employment generation schemes such as MGNREGA, persons suffering from leprosy and leprosy induced disabilities are given option to undertake home based activities.
- (ii) provide due attention to ensure that persons affected by leprosy are provided with BPL card, Aadhar card, Job card and other identity proofs on

priority to facilitate such persons to avail benefit of Government run welfare schemes such as Pradhan Mantri Awas Yojna (PMAY), MGNREGA etc.

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

2. Union and the State Governments should:

- (i) make efforts to improve healthcare, sanitation, electricity and other civic amenities in leprosy colonies and leprosy homes.
  - (ii) make efforts to ensure property/ tenure rights to the residents of leprosy colonies residing therein for a long time in a time bound manner.
  - (iii) ensure that no resident of leprosy colony is removed or evicted without being rehabilitated and adequately compensated.
  - (iv) launch special programs to provide vocational training, employment benefit, unemployment benefits, parental leave, health insurance, funeral benefits etc. to the persons affected by leprosy and their family members.
  - (v) extend provisions of section 8 of the Rights of Persons With Disability Act, 2016 providing for protection and safety in situations of risks, armed conflicts, humanitarian emergencies and natural disasters to persons with disability to be extended to all persons affected from leprosy and their family members.
  - (vi) formulate separate parameters for assessing the disability quotient for leprosy affected persons for the purpose of issuing disability certificates. Body parts affected by sensory loss shall be given due weight in the disability quotient
3. The Unique Identification Authority of India (UIDIA) should ensure that while issuing Aadhar card to such persons, use of iris scan may be promoted as many such persons suffers from the finger impairment.

**IV. Elimination of Discrimination and Social Integration**

1. State Government should:-

- (i) ensure that treatment of leprosy is integrated with general healthcare so that the same may be made available in a non-discriminatory manner.
- (ii) ensure that doctors and paramedical staff should desist from any discriminatory behaviour while examining and treating persons suffering from leprosy.

- (iii) make serious efforts to integrate leprosy colonies with the society. All such colonies should be appropriately re-named to prevent their identification/tagging with the disease.
- (iv) endeavour that as far as possible all new leprosy patients are treated at their respective homes without shifting them to leprosy colonies.

2. Union and the State Governments should:

- (i) ensure that no public authority or Government discriminates against any person suffering from the leprosy or his family members on the ground of such ailment and no such person is deprived of any of human rights and shall not be deprived of right to treatment and other health care facility.
- (ii) organise awareness programs by involving print and electronic media, grass root level functionaries and civil society organisations to create awareness among the public that leprosy is fully curable and a person suffering from the leprosy no longer remains contagious after receipt of first dose of MDT and may lead a normal married life, can have children, can take part in social events and go to work or school/college as normal. Awareness program should also highlight that persons affected by leprosy are not required to be sent to any special clinic or hospital or sanatorium and should not be isolated from the family members or the community. The same should be included in school curriculum too.
- (iii) amend 97 Laws providing for discrimination of leprosy affected persons in a time bound manner to end discrimination of such persons. Details of the discriminatory provisions of these laws is at Annexure-I to this advisory.
- (iv) ensure confidentiality of medical and other records of persons affected by leprosy and associated complications.
- (v) ensure that no person suffering from leprosy or any of his family members is discriminated against and denied all or any of followings rights merely for the reason that such person is suffering from the leprosy:
  - (a) to access health care facilities for treatment of leprosy and associated complications or any other disease or ailment.
  - (b) to access and enjoy public goods and services including public transport services.
  - (c) to employment, both public and private.
  - (d) to marry, form family and have children including through adoption or assisted procreation (including donor insemination).



- (e) to access education.
  - (f) to be nominated, selected, elected to a public office.
  - (g) to own, purchase, hold on lease, rent, reside or otherwise occupy or use any property.
- (vi) ensure that no person is removed from any public office or employment merely for the reason that such person is suffering from the leprosy.
4. The Union Government should consider to enact a Law to provide for substitution of derogatory terms used to describe persons affected by leprosy.
  5. Chief Secretary of each leprosy affected State/UT and Secretaries in-charge of the concerned Ministries in the Central Government should review, at regular intervals, the number of persons affected by leprosy in the State/country and the efforts made for treatment and welfare of the persons affected.

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## Laws Containing Provisions Discriminatory To Leprosy Affected Persons

Sl.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
<b>A.</b>	<b>LAWS SETTING UP UNIVERSITIES</b>		
1.	Visva Bharati Act, 1951	<b>Section 38 (3) (a)</b>  Dismissal or removal from service without holding any enquiry any <i>adhyapak</i> or other member of academic staff suffering from contagious leprosy	Centre
2.	Sri Venkateswara Vedic University Act, 2006	<b>Section 37(1)(a)</b>  Disqualification of persons suffering from leprosy for election or nomination as a member of any of the authorities of the University.	State - Andhra Pradesh
3.	Dravidian University Act, 1997	<b>Section 40(1)(a)</b>  Disqualification of persons suffering from leprosy for election or nomination as a member of any of the authorities of the University.	State- Andhra Pradesh
4.	Andhra Pradesh Universities Act, 1991	<b>Section 29 (a)</b>  Disqualification of persons suffering from leprosy for Membership of any of authorities of the University.  <b>Section 34</b>  Removal of persons suffering from leprosy from membership of any authority of the University	State - Andhra Pradesh
5.	University of Health Sciences Act, 1986	<b>Section 41(1)(a)</b>  Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University.	State - Andhra Pradesh
6.	Pondicherry University Act, 1985	<b>Section 27 (1)(a)</b>  Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.  <b>Section 36(1)(a)</b>  Disqualifications of persons suffering from contagious leprosy for being chosen as, and for being, member of any of the authorities of the University.	Centre

SLN o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
7.	Potti Sreeramulu Telugu University Act, 1985	<b>Section 39 (1)(a)</b>  Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University.	State- Telangana
8.	Telugu University Act, 1985	<b>Section 39(1)(a)</b>  Disqualification of persons suffering from leprosy for Membership of any of the authorities of the University.	State - Telangana
9.	Alagappa University Act, 1985	<b>Section 7(1)(a)</b>  Disqualification of persons suffering from leprosy for membership of any of the authorities of the University.	State- Tamil Nadu
10.	Goa University Act, 1984	<b>Section 23(1)(a)</b>  Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.  <b>Section 30(1)(a)</b>  Disqualifications of persons suffering from contagious leprosy for being chosen as, and for being, a member of any of the authorities of the University.	State- Goa
11.	Mother Teresa Women's University Act, 1984	<b>Section 6(1)(a)</b>  Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.	State - Tamil Nadu
12.	Dr. B.R. Ambedkar Open University, 1982	<b>Statute 12(a) of the Schedule to the Act</b>  Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.	State- Telangana
13.	Bharathiar University Act, 1981	<b>Section 6(1)(a)</b>  Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.	State- Tamil Nadu
14.	Tamil University Act, 1982	<b>Section 39(2)</b>  Removal of persons suffering from leprosy from membership of any authority of the University.	State- Tamil Nadu

SL.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
15.	Bharathidasan University Act, 1981	<p><b>Section 6 (1)(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p><b>Section 49(2)</b></p> <p>Removal of persons suffering from leprosy from membership of any authority of the University.</p>	State- Tamil Nadu
16.	Sri Krishnadevaraya University Act, 1981	<p><b>Statute 24(1)(a) of the Schedule of the Act</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p><b>Statute 31(1)(a) of the Schedule of the Act</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p>	State- Andhra Pradesh
17.	Nagarjuna University Act, 1976	<p><b>Statute 23(1)(a) of the Schedule of the Act</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p><b>Statute 30(1)(a) of the Schedule of the Act</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p>	State- Andhra Pradesh
18.	University of Hyderabad Act, 1974	<p><b>Statute 28(1)(a) of the Schedule of the Act</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p><b>Statute 35(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p>	State- Andhra Pradesh

SLN o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
19.	North-Eastern Hill University Act, 1973	<p><b>Statute 28(1)(a) of the Schedule of the Act</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p> <p><b>Statute 37(1)(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p>	Centre
20.	Jawahar Lal Nehru University Act, 1966	<p><b>Statute 23(1)(a) of the Schedule of the Act</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p><b>Statute 31(1)(a)</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p>	Centre
21.	Madurai Kamaraj University Act, 1965	<p><b>Section 6(1)(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p>	State- Tamil Nadu
22.	Osmania University Act, 1959	<p><b>Section 29(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p><b>Section 34</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p>	State- Andhra Pradesh

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Sl.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
23.	Madras University Act, 1923	<p><b>Section 5(2)(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p><b>Section 40</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p>	State- Tamil Nadu
24.	Banaras Hindu University Act, 1915	<p><b>Section 12B(1)(a)</b></p> <p>Disqualification of persons suffering from leprosy for nomination as a member of any of the authorities of the University.</p> <p><b>Section 32(1)(a)</b></p> <p>Removal of employees other than teachers of the University by the authority which is competent to appoint the employee, if he suffers from contagious leprosy.</p>	Centre
<b>B.</b>	<b>MUNICIPAL LAWS, INCLUDING PANCHAYATI RAJ ACTS</b>		
25.	Orissa Municipal Corporation Act, 2003	<p><b>Section 70(3)(b)</b></p> <p>Disqualification of persons suffering from leprosy for election as a Corporator.</p>	State - Odisha
26.	Coimbatore City Municipal Corporation Act, 1981	<p><b>Section 390</b></p> <p>Persons suffering from leprosy are prevented entry/expelled in markets.</p>	State- Tamil Nadu
27.	Punjab Municipal Corporation Act, 1976	<p><b>Section 340</b></p> <p>Persons suffering from leprosy are prevented entry/expelled in markets.</p>	State- Punjab
28.	Puducherry Municipalities Act, 1973	<p><b>Section 378</b></p> <p>Persons suffering from leprosy are prevented entry/expelled in markets.</p>	Centre
29.	Karnataka Municipalities (Regulation and Inspection of Lodging and Boarding	<p><b>Bye Laws 32(a), (b) &amp; (c)</b></p> <p>Person suffering from leprosy not to be allowed to be received in the premises or any portion thereof; permitted to enter or occupy the premises or any portion therein; and employed in the business or</p>	State- Karnataka

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Sl.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
	Houses) (Model) ByeLaws, 1966	assist in carrying on the same.	
30.	Karnataka Municipalities Act, 1964	<b>Section 245</b>  Persons suffering from leprosy are prevented entry/expelled in markets.	State- Karnataka
31.	Andhra Pradesh Municipalities Act, 1965	<b>Section 15(2)(a)</b>  Disqualification for election as a member, if he suffers from leprosy.  <b>Section 16(1)(c)</b>  Disqualification for being a member, if he suffers from leprosy.  <b>Section 287</b>  Persons suffering from leprosy are prevented entry/expelled in markets.	State- Andhra Pradesh
32.	Madras Panchayats Act, 1958	<b>Section 25(2)(a)</b>  Disqualification for election or nomination as a member, if he suffers from leprosy.  <b>Section 26(b)</b>  Disqualification for continuing as a member, if he suffers from leprosy.	State- Tamil Nadu
33.	Delhi Municipal Corporation Act, 1957	<b>Section 414</b>  Persons suffering from leprosy are prevented entry in the markets and expelled therefrom.	Centre
34.	Greater Hyderabad Municipal Corporation Act, 1955	<b>Section 22(1)(b)</b>  Disqualification for being a Member, if such person suffers from leprosy.	State- Telangana
35.	Delhi Land Reforms Act, 1954	<b>Section 153(b)</b>  Disqualification for election as member or remain a member of the Gaon Panchayat, if he suffers from leprosy.	Centre
36.	Delhi Panchayat Raj Act, 1954	<b>Section 44(4)(c)</b>  Disqualification for election or remain a <i>Panch</i> of the Circle Panchayat, if he suffers from leprosy.	Centre

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Sl.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
37.	Orissa Municipal Act, 1950	<p><b>Section 16(1)(iv)</b></p> <p>Disqualification for election as a Councillor of a Municipality, if he suffers from leprosy.</p> <p><b>Section 17(1)(b)</b></p> <p>Disqualification for remaining a Councillor of a Municipality, if he suffers from leprosy.</p> <p><b>Section 306</b></p> <p>Persons suffering from leprosy are prevented entry in the markets and expelled therefrom.</p>	State- Odisha
<b>C.</b>	<b>LAWS RELATING TO TRANSPORT</b>		
38.	Chennai Metro Railway (Carriage And Ticket) Rules, 2014	<p><b>Section 7(k)</b></p> <p>Persons suffering from leprosy are not allowed to travel by the metro railway, unless a closed (non-infective) leprosy patient carrying a certificate from a registered medical practitioner certifying him to be non-infective.</p>	State- Tamil Nadu
39.	Metro Railways (Carriage And Ticket) Rules, 2014	<p><b>Rule 6</b></p> <p>Persons suffering from leprosy are not allowed to travel by the metro railway, unless a closed (non-infective) leprosy patient carrying a certificate from a registered medical practitioner certifying him to be non-infective.</p>	Centre
40.	Bangalore Metro Railway (Carriage And Ticket) Rules, 2011	<p><b>Rule 6</b></p> <p>Persons suffering from leprosy are not allowed to travel by the metro railway, unless a closed (non-infective) leprosy patient carrying a certificate from a registered medical practitioner certifying him to be non-infective.</p>	Centre
41.	Jammu And Kashmir Motor Vehicles Act, 1998	<p><b>Stature (10) of the Second Schedule of the Act r/w Section 7(5) of the Act</b></p> <p>Absolute disqualification of persons suffering from leprosy for obtaining a licence to drive a public service vehicle.</p>	Centre
42.	Inland Steam Vessels (Madhya Pradesh) Rules, 1962	<p><b>Rule 83</b></p> <p>Disqualification of person suffering from leprosy for carrying on board any vessel licensed to carry passengers.</p>	State- Madhya Pradesh

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SLN o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
<b>D.</b>	<b>MARRIAGE LAWS</b>		
43.	Hindu Marriage (High Court of Meghalaya) Rules, 2013	<p><b>Rule 7(vii)(f)</b></p> <p>Content of petition for Judicial separation, nullity of marriage and divorce under Sections 9 and 13 of the Act, If the relief is sought in the ground of matrimonial offence, or offences or other grounds- the time and place of the acts of facts alleged with sufficient material particularly but not the evidence by which they are intended to be proved such as for virulent and incurable form the leprosy or venereal diseases in communicable form - when such ailment began to manifest and the nature and the period of curative steps taken.</p>	State- Meghalaya
44.	Family Courts (Patna High Court) Rules, 2000	<p><b>Rule 7(f)(iii)</b></p> <p>Every plaint/application for judicial separation shall contain in the case of virulent leprosy or general disease in a communicable form, the time when the disease began to manifest itself, nature of curative steps taken, the name and address of the person or persons who treated such disease,</p> <p><b>Rule 7(g)(iii)</b></p> <p>If the petition is for divorce, the matrimonial offence alleged or other grounds upon which the relief is sought with full particulars so far as known to the petitioner, In the case of virulent and incurable form of leprosy or venereal disease in a communicable form, the time when the disease in a communicable form, the time when the disease began to manifest itself, the nature of curative steps taken with the name and address of the person or persons who treated for such disease.</p>	State- Bihar
45.	Jammu And Kashmir Hindu Marriage Act, 1980	<p><b>Section 13(1)(vi)</b></p> <p>Allowing dissolution of marriage if the husband or wife is suffering from a virulent and incurable form of leprosy.</p>	Centre
46.	Jammu And Kashmir Hindu Adoptions And Maintenance Act, 1960	<p><b>Section 18(2)(c)</b></p> <p>A Hindu wife shall be entitled to live separately from her husband without forfeiting her claims to maintenance, if her husband is suffering from a virulent form of leprosy.</p>	Centre

SL.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
E.	<b>BEGGARY LAWS</b>		
47.	The Rajasthan Rehabilitation of Beggars or Indigents Act, 2012	<b>Section 35</b> A Beggar suffering from leprosy, instead of being admitted in the Rehabilitation Home, to be sent to the Lepers Asylum as per provisions of the Lepers Act, 1898 (Central Act No. 3 of 1898).	State- Rajasthan
48.	Andhra Pradesh Prevention of Begging Act, 1977	<b>Section 6(a)(i)</b> Recording of being leprosy affected in the inquiry report and will be detained in a leper asylum appointed under Section 3 of the Lepers Act, 1898.	State- Andhra Pradesh
49.	Uttar Pradesh Prohibition of Beggary Act, 1975	<b>Section 21(1)</b> Detention of any beggar suffering from leprosy in a leper asylum.	State- Uttar Pradesh
50.	Madhya Pradesh Bhiksha Vrittiniyaman Adhiniyam, 1973	<b>Section 26</b> Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum.	State- Madhya Pradesh
51.	Goa, Daman And Diu Prevention of Begging Act, 1972	<b>Section 26(1)</b> Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum.	Centre
52.	Haryana Prevention of Beggary Act, 1971	<b>Section 23(1)</b> Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum.	State- Haryana
53.	Maharashtra Prevention of Begging Act, 1959	<b>Section 26</b> Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum.	State- Maharash tra
54.	Assam Prevention of Begging Act, 1964	<b>Section 24(1)</b> Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum.	State- Assam
55.	Gujarat Prevention of Begging Act, 1959	<b>Section 26(1)</b> Any beggar detained in an institution under any order of a magistrate is suffering from leprosy, be sent to a leper asylum.	State- Gujarat

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SL.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
56.	The Telangana Prevention of Begging Act, 1977	<b>Section 6(6)(a)</b>  Recording of being leprosy affected in the inquiry report and will be detained in a leper asylum appointed under Section 3 of the Lepers Act, 1898.	State-Telangana
57.	Bihar Prevention of Beggary Rules, 1954	<b>Rule 6(2)(b)</b>  The medical officer shall, where necessary, arrange in the Certified Home, Special Home, or Work House, as the case may be, for any immediate medical treatment of the person found to be contagious leper, pending further orders of the Court.	State-Bihar
58.	Tamil Nadu Prevention of Begging Act, 1945	<b>Section 10A</b>  Powers of Magistrate to order indefinite detention of lepers  <b>Section 12A</b>  Power of Juvenile Court to order indefinite detention of juvenile lepers	State-Tamil Nadu
59.	Bengal Vagrancy Act, 1943	<b>Section 9(3)(A)</b>  Any detained beggar suffering from leprosy be segregated from other vagrants who do not suffer from leprosy.	State- West Bengal
<b>F.</b>	<b>LAWS REGARDING REPRESENTATION IN RELIGIOUS INSTITUTIONS</b>		
60.	Jammu And Kashmir Shri Amarnath Ji Shrine Act, 2000	<b>Section 7 (a)</b>  Disqualifications for membership of Board, if he suffers from contagious leprosy.	Centre
61.	Hindu Religious Institutions And Charitable Endowments Act, 1997	<b>Section 25(5)(ii)</b>  Disqualification for being appointed or continuing as a member of the Committee of Management of any notified Institution, if he is suffers from leprosy.	State-Karnataka
62.	Shri Sanwaliaji Temple Act, 1992	<b>Section 6(3)(iv)</b>  Disqualification for nomination as the President or a member of the Board, if he is suffers from leprosy.	State-Rajasthan
63.	Haryana Shri Mata Mansa Devi Shrine Act, 1991.	<b>Section 8(b)</b>  Disqualification for nomination as the President or a member of the Board, if he is suffers from leprosy.	State-Haryana

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Sl.No.	Act/ Rules	Discriminatory Provisions	Centre/State Act
64.	Jammu And Kashmir Shri Mata Vaishno Devi Shrine Act, 1988	<b>Section 8(b)</b>  Disqualification for nomination as the President or a member of the Board, if he is suffers from leprosy.	Centre
65.	Andhra Pradesh Charitable and Hindu Religious Institution And Endowments Act, 1987	<b>Section 19(1)(b)</b>  Disqualifications for trusteeship of any charitable or religious institution or endowment if he is suffering from leprosy.	State-Andhra Pradesh
66.	Nathdwara Temple Act, 1959	<b>Section 5(2)(d)</b>  Disqualifications for appointment as the president or member of the Board if he is suffering from leprosy.	State-Rajasthan
67.	Tamil Nadu Hindu Religious And Charitable Endowments Act, 1959	<b>Section 26(1)(d)</b>  Disqualifications for trusteeship of any charitable or religious institution if he is suffering from leprosy.  <b>Section 53(2)(f)</b>  The appropriate authority may suspend, remove or dismiss any trustee, if he is suffering from Leprosy.	State-Tamil Nadu
68.	Madhya Bharat Shri Mahakaleshwar Temple Act, 1953	<b>Section 8(1)(b)</b>  Removal of any person suffering from the Chairman or members of the Committee, if he is contagious Leprosy.  <b>Section 23(2)(c)</b>  Debarment of a person working as Pandas at the Temple, if he is suffering from leprosy.	State-Madhya Pradesh
69.	Shri Shiv Khori Shrine Act, 2008	<b>Section 8(b)</b>  Disqualification for nomination as a member of the Board, if he/she is suffering from contagious leprosy.	Centre
<b>G.</b>	<b>LAWS RESTRAINING REPRESENTATION IN PROFESSIONAL ASSOCIATIONS</b>		
70.	Kerala Fishermen Welfare Societies (Determination of Strength of	<b>Section 6(1)(a)</b>  Disqualification for election or nomination as a member of the Committee, if he is suffering from	State-Kerala

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Sl.No.	Act/ Rules	Discriminatory Provisions	Centre/State Act
	Committees And Conduct of Election) Rules, 1980	leprosy.	
71.	Andhra Pradesh Medical Practitioners Registration Act, 1968	<b>Section 6(b)</b> Disqualification for election or nomination as a member of the Council, if he is suffering from leprosy.	State - Andhra Pradesh
72.	Bye-Laws of Pradeshik Co-Operative Dairy Federation Limited, 1979	<b>Bye-law 32(b)</b> Disqualification for becoming or continuing as a member of the Board of Directors of the Federation, if he is suffering from leprosy.	State-Uttar Pradesh
73.	Andhra Pradesh Public Libraries Act, 1969	<b>Section 11A(1)(c)</b> Disqualification for being a member of the Zilla Grandhalaya Samstha, if he is suffering from leprosy.	State-Andhra Pradesh
74.	Kerala Khadi And Village Industries Board Act, 1957	<b>Section 6(1)(b)</b> Disqualification for appointment or continuing as a member of the Board, if he is suffering from leprosy.	State-Kerala
75.	The Andhra Pradesh (Andhra Area) Ayurvedic & Homeopathic Medical Practitioners Registration Act, 1956	<b>Section 9(2)(a)</b> Disqualification of persons for election as, or for being a member, if he is suffering from leprosy.	State-Andhra Pradesh
76.	Nurses And Midwives Act, 1953	<b>Section 6(c)</b> Disqualifications for election or nomination for being a member of the Council, if he is suffering from leprosy.	State-Kerala
77.	Andhra Pradesh Co-Operative Societies Act, 1964	<b>Section 21(A)(1)(e)</b> Disqualification for being chosen as, and for being a member of the committee, if he is suffering from leprosy.	State-Andhra Pradesh
78.	Uttar Pradesh Co-operative Societies	<b>Section 453(1)(c)</b> Disqualifications for continuing as a member of the	State-Uttar Pradesh

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SLN o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
	(Forty-fifth Amendment) Rules, 2006	Committee of Management of any co-operative society, if he is suffering from leprosy.	
<b>H.</b>	<b>LAWS REGARDING PRISONS/LEPER ASYLUMS</b>		
79.	Delhi Prisons (Treatment Of Convicts Sentenced To Simple Imprisonment, Death, Female Prisoners, Youthful Prisoners, Leper Prisoners And Lunatic Prisoners) Rules, 1988	<p><b>Section 43</b></p> <p>Whenever the Medical Officer records that a prisoner is suffering from leprosy and that his separation from other prisoners, is necessary, will transfer the prisoner to a place where there is accommodation for leper convicts.</p> <p><b>Section 44</b></p> <p>Any under trial or convicted prisoner suffering from leprosy, shall be confined in a cell but care shall be taken that such confinement is not solitary. A cell or other, compartment occupied by a leper shall be thoroughly disinfected, the floors renewed and the walls re-plastered before any other prisoner is confined in it.</p>	Centre
80.	Andhra Pradesh Habitual Offenders Rules, 1965	<p><b>Rule 28</b></p> <p>If a registered offender who is suffering from leprosy desires to be sent to a leper asylum established under the Lepers Act, 1898, (Central Act 3 of 1988) or otherwise, the Superintendent of Police of the district where the registered offender resides or is settled for the time being, may grant him a pass in Form XXI for the purpose of enabling such registered offender to be sent and to reside in such asylum.</p> <p>Such a pass may contain a condition that the holder of the pass shall reside at the asylum for such time as may be specified in the pass or until further orders, and shall not leave the asylum without the sanction of such person as may be indicated in the pass. All orders passed by the Superintendent of Police shall be subject to revision by the District Collector concerned.</p>	State- Andhra Pradesh

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Sl.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
81.	Kerala Habitual Offenders Rules, 1963	<p><b>Section 8(xxii)</b></p> <p>If a registered offender who is suffering from leprosy desires to be sent to a leper asylum established under the Lepers Act, 1898, (Central Act 3 of 1988) or otherwise, the Superintendent of Police of the district where the registered offender resides or is settled for the time being, may grant him a pass in Form XXVIII for the purpose of enabling such registered offender to be sent and to reside in such asylum.</p> <p>Such a pass may contain a condition that the holder of the pass shall reside at the asylum for such time as may be specified in the pass or until further orders, and shall not leave the asylum without the sanction of such person as may be indicated in the pass. All orders passed by the Superintendent of Police shall be subject to revision by the District Collector concerned.</p>	State- Kerala
<b>I. LAWS RESTRAINING PROFESSION</b>			
82.	Telangana Micro Brewery Rules, 2015	<p><b>Rule 7(ii)</b></p> <p>Disqualification for grant of licence, if he is suffering from leprosy, where such persons have to handle the stocks of liquor or beer in premises or elsewhere personally.</p>	State- Telangana
83.	Orissa Professional Typists For Civil And Criminal Courts (Registration) Rules, 1981	<p><b>Rule 6(ii)</b></p> <p>Disqualification for being registered Professional Typist and for continuance as such if he is suffering from leprosy.</p>	State- Odisha
84.	Orissa (Licensing Of) Deed Writers' Rules, 1979	<p><b>Rule 5 (f)</b></p> <p>Disqualification for grant of licence, if he is suffering from leprosy.</p>	State- Odisha
85.	Andhra Pradesh Indian Liquor & Foreign Liquor Rules, 1970	<p><b>Section 27(iii)</b></p> <p>Disqualification for grant of licence, if he is suffering from leprosy, where such persons have to handle the stocks of liquor or beer in premises or elsewhere personally.</p> <p><b>Section 53(2)</b></p>	State- Andhra Pradesh

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Sl.No.	Act/ Rules	Discriminatory Provisions	Centre/State Act
		Disqualification for employment in any capacity of any person suffering from leprosy for the purpose of sale, import, export or transport of Indian Liquor or Foreign Liquor within or without the licensed premises.	
86.	Bihar Document Writers Licensing Rules, 1968	<b>Rule 4(e)</b> Disqualification for grant of licence, if he is suffering from leprosy.	State-Bihar
87.	Kerala Document Writers' Licence Rules, 1960	<b>Section 7(g)</b> Disqualification for grant of licence, if he is suffering from leprosy.	State-Kerala
88.	Allahabad High Court Rules, 1952	<b>Section 16(2)</b> Disqualification for enrolment as Pleader or Mukhtar, if he is not suffering from leprosy. <b>Section 22</b> Change of district of enrolment is permission only if the applicant is not suffering from leprosy. <b>Section 23</b> Enrolment after discontinuing practice is allowed if the applicant is not suffering from leprosy.	Allahabad High Court
89.	Delhi Petty Offences (Trial By Special Metropolitan Magistrates) Rules, 1998	<b>Section 4(4)</b> Disqualification for holding an office as mentioned in sub-rule (2), is suffering from leprosy.	Centre
<b>I.</b>	<b>EXCISE LAWS</b>		
90.	Andhra Pradesh Excise (Grant Of Licence Of Selling By In-House And Conditions Of Licence) Rules, 2005	<b>Section 6 (iii)</b> Disqualification for grant of licence, if he is suffering from leprosy, only in cases where such persons have to handle the stocks of liquor or beer in premises or elsewhere personally.	State-Andhra Pradesh
91.	Tamil Nadu Excise Act, 1971	<b>Section 18(2)</b> Disqualification for employment, either with or without remuneration, of any person who is suffering from leprosy.	State-Tamil Nadu
92.	Pondicherry Excise Rules, 1970	<b>Section 141(16)</b> Discontinuation of licence/permit, if the	Centre

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SL.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
		licensee/permit holder is suffering from leprosy.	
93.	Andhra Pradesh Excise (Lease Of Right To Sell Liquor In Retail) Rules, 1969	<b>Rules 7(c)</b>  Prohibition of persons suffering from leprosy to enter the place of auction.  <b>Section 9(1)(a)</b>  Disqualification for grant of lease, if he is suffering from leprosy, who either in the shop, tope, or any place, discharge personally such functions as would entail personal handling of liquor.	State- Andhra Pradesh
94.	Andhra Pradesh Excise Act, 1968	<b>Section 19(2)</b>  Prohibition of employment, either with or without remuneration, of any person who is suffering from leprosy.  <b>Section 36(1)(h)</b>  Penalty upon conviction for employing or permitting employment of a person suffering from leprosy on any part of his licensed premises.	State- Andhra Pradesh
<b>K.</b>	<b>LAWS CURTAILING ENTRY INTO SPECIFIC AREAS</b>		
95.	Madhya Pradesh Gram Panchayat (Regulation Of Slaughter House) Rules, 1998	<b>Section 22(1)</b>  Prohibition of entering the slaughterhouse premises, if he is suffering from leprosy	State- Madhya Pradesh
96.	Kerala Places of Public Resort Rules, 1965	<b>Rule 34(6)</b>  Every licence granted under the Act shall be subject to prohibition of persons suffering from leprosy inside the licensed premises.  If such a person is found in any such premises, the licensee shall immediately report the fact to the nearest Health Officer, Health Inspector or other Officer not below the rank of a Health Assistant of the Health Services Department or to the licensing authority and the licensee shall at his own cost take such steps as may be required by such officer or authority to disinfect the place and to prevent the further spread of the infection.	State- Kerala
97.	Travancore Cochin Public Health Act, 1955	<b>Section 82</b>  Person suffering from leprosy not to use public conveyance.	State- Kerala

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Sl.N o.	Act/ Rules	Discriminatory Provisions	Centre/St ate Act
		<b>Section 83</b> Prohibition of persons suffering from leprosy from attending school, college of taking out books or newspapers from public or circulating libraries.  <b>Section 84</b> Segregated accommodation for person suffering from leprosy.	

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## राष्ट्रीय मानव अधिकार आयोग National Human Rights Commission

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R-28/1/2021-PRPP (RU-3)

**Sub: Advisory on Protection of Human Rights of the Person Engaged in Manual Scavenging or Hazardous Cleaning**

The National Human Rights Commission (NHRC) is mandated by the Protection of Human Rights Act, 1993 to promote and protect the human rights of all people in the country. Towards the fulfilment of its mandate, the Commission is especially concerned about the rights of the vulnerable and marginalised section of the society engaged in the manual scavenging and hazardous cleaning of sewer and septic tanks.

2. The practice of manual scavenging is banned in India since 1993, but this 'dehumanizing practice' which mainly employs members of the marginalized community, still exists in the country. Therefore, the Commission issues this "Advisory on Protection of Human Rights of the Person Engaged in Manual Scavenging or Hazardous Cleaning" to the Union and State Governments and local authorities with an objective to ensure complete eradication of this dehumanizing practice.

3. All concerned authorities of the Union/ State Government(s)/ UTs are advised to implement the recommendations made in the advisory and to send an Action Taken Report (ATR) within three months for information of the Commission.

*24/9/21*  
(Bimbhadhar Pradhan)  
Secretary General

**Encl: Advisory**

1. The Secretary to the Government of India  
Ministry of Social Justice and Empowerment  
C-Wing, Shastri Bhawan, New Delhi, Delhi 110001
2. The Secretary to the Government of India  
M/o Housing and Urban Affairs  
Nirman Bhawan, C-Wing, Rajpath Area, Central Secretariat, New Delhi, Delhi 110011
3. The Secretary to the Government of India  
National Commission for Safai Karmcharis  
B Wing, 4th Floor, Lok Nayak Bhawan, Khan Market, New Delhi 110003
4. Chief Secretaries/ Administrator (all States and UTs)



## **NATIONAL HUMAN RIGHTS COMMISSION**

### **ADVISORY ON PROTECTION OF HUMAN RIGHTS OF THE PERSONS ENGAGED IN MANUAL SCAVENGING OR HAZARDOUS CLEANING**

The Commission issues this advisory to the Union and State Governments and local authorities with an objective to ensure to provide security cover to workers involved in scavenging and other allied matters including hazardous cleaning of sewer and septic tanks, and accordingly, make the following recommendations;

- 1. Ensuring proper protective gear/ safety equipment for sanitary workers:**
  - i. All sanitary workers entering/ cleaning septic tanks/ sewer lines must be provided with helmet, safety jacket, gloves, mask, gumboots, safety eyeglasses, torchlight along with oxygen cylinder. Employers to ensure that no body part of the sanitary worker remains exposed while undertaking hazardous cleaning.
  - ii. It should be the responsibility of the local authority/ hiring agency to provide all necessary personal protective gear/safety equipment to the sanitary workers irrespective of their type of employment, i.e., permanent, temporary, part-time or contractually hired/ engaged.
- 2. Leveraging the use of suitable and worker-friendly technology and robotic machines:**
  - i. The States/ UTs and local bodies need to invest adequately for use of the latest technology and totally mechanize the cleaning of septic tanks, sewer lines or sewage treatment plants, etc.
  - ii. Use of duly acknowledged and recognized technological equipment e.g., Bandicoot, Sewer Crocs, KAMJET GR, Mobile septage Treatment Unit (MTU), etc., be encouraged by all stakeholders.
  - iii. The Ministry of Urban and Housing Affairs needs to regularly update the Directory on Sewers and Septic Cleaning Equipment.
  - iv. The Government of India to explore the possibility of manufacturing of such equipment under the Production Linked Incentive (PLI) scheme or such other schemes for providing such mechanized equipment at affordable cost.
- 3. Welfare schemes: responsibility and accountability of the hiring agency/employer**
  - i. The State Government(s)/ local bodies should engage sanitary workers formally as required. Only the trained workers should be engaged in carrying hazardous cleaning work. Training program for this may be undertaken and certificate be provided.
  - ii. The hiring authority/employer must ensure that all sanitary workers are covered under the Ayushman Bharat Scheme.



- iii. The hiring agency/ employer should be made responsible for the risks associated with the job. Necessary precautions must be taken for the complete safety of the workers. The welfare/developmental schemes including the life insurance schemes should be extended to them.
- iv. Considering the risk of infection associated with the work, the sanitary workers be treated as frontline health workers for all purposes.

**4. Fixing the responsibility and accountability of the concerned authorities:**

- i. The States/ UTs should investigate all reports of non-conversion of dry/ insanitary latrines into sanitary latrines by both individual household and the local authority. Necessary action against the defaulters for non-compliance of the law be initiated.
- ii. In case of death of any sanitary worker while undertaking hazardous cleaning work, the local authority and the contractor/employer are to be held responsible and accountable, jointly and severally, irrespective of the type of hiring/engagement of the sanitary worker.
- iii. Considering the risk and technicalities associated with the cleaning of sewer and septic tanks, the local authorities should exclusively take up the responsibility of getting the work done under their direct supervision. If the said work is to be outsourced, it should be given to only those contractors who fulfill the requisite criteria. However, the responsibility of ensuring the safety of the sanitary workers will primarily remain with the local authority.
- iv. The State Government(s)/ local authority should be fully responsible for ensuring that the payment of one-time compensation and rehabilitation of all identified manual scavengers are completed in a time-bound manner.

**5. Rehabilitation**

- i. Providing one-time cash assistance and credit support is mandatory in accordance with "The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013" (herein after referred as the Act of 2013). However, this should be in addition to access to the livelihood support necessary to be provided both immediate and long-term basis.
- ii. All cash assistance under the rehabilitation schemes must be provided through DBT (Direct Benefit Transfer) to check any pilferage.
- iii. Suitable NGOs/ community organizations may be identified/ selected for assisting in rehabilitation, and in finding alternate livelihood opportunities, and for continued long-term support to ensure sustainable alternative livelihood to such workers.
- iv. Livelihood programs should be gender-sensitive as well as considerate to the local conditions.
- v. Requisite efforts be made to integrate the livelihood program with the necessary training to enhance capability for earning livelihood. The existing schemes of various Ministries, National Urban Livelihood Mission, National Rural Livelihood Mission, etc., may be



optimally used for the training of beneficiaries. The identified manual scavengers be given priority in all such skill development training programmes of Central/ State Government(s).

- vi. Educational advancement of the children of all identified and rehabilitated manual scavengers should be given priority in coordination with the educational institutions for utilizing the available scholarship schemes and other benefits.
- vii. A nationwide database to be put in place for rehabilitated and trained/ skilled manual scavengers for providing requisite assistance.
- viii. The private sector should be encouraged to provide employment to the identified/ rehabilitated/ trained/ skilled manual scavengers and incentives may be provided to them.

## 6. Access to Justice

- i. The Act of 2013 lays down the offences & penalties in Chapter III (Sec 5 to 9) and the role and functions of the implementing authorities in Chap V. The District Magistrates and the authorized officers under Sec 18 to ensure that persons contravening the provisions of Section 5, 6 & 7 of the Act are investigated & prosecuted as per the mandate of Sec 19. Requisite notification under Sec 18 be issued in case it has not been issued.
- ii. The State Government to ensure that a sufficient number of Inspectors are appointed as per Sec. 20 of the Act of 2013.
- iii. The District Magistrates/ notified Executive Magistrates to ensure expeditious trial of offences in accordance with the provisions of the Act of 2013.
- iv. As per directive of the Supreme Court in *Safai Karamchari Andolan & Ors v. UoI & Ors*, WP (Civil) 583/2003, 27th March 2014, entering sewer lines without safety gears be made a crime even in emergency situations.
- v. In case of death of such worker, police to promptly register FIR without fail, investigate and take action against the offenders under relevant sections of IPC and for violation of any other law in force.
- vi. As held by the Supreme Court in *Safai Karamchari Andolan (supra)*, the families of all persons who have died in sewerage work (manholes, septic tanks, etc.) since 1993 to be identified and awarded compensation of Rs.10 lakhs for each such death to the family members in accordance with the law, and the concerned authority should be held accountable in case of failure on their part in compliance of the same.
- vii. Any other crime such as threat, inducement, criminal intimidation, bonded labour, or atrocity under the SC/ ST Act in respect of such work, FIR be registered and investigated in a time bound manner.
- viii. In accordance with Sec 31 of the Act of 2013, the National Commission for Safai Karamcharis may ensure timely enquiries into the complaints and should recommend appropriate measures for compensation/punitive action against the offenders/errant State/local authorities.



- ix. A suitable scheme be formulated for providing compensation to the family of victim in the event of accidental death/ injuries that occurs due to fall in potholes/ open manholes/ sewer /septic tanks, etc.

**7. Strengthening infrastructure for providing sanitary services**

- i. Sewers and Drains should be designed in such a way that no difficulty arises in mechanized cleaning. The Ministry of Housing and Urban Affairs to prescribe a model design for the said purpose.
- ii. The concept of bio-toilet may be introduced in the water-stressed regions. In order to stop all forms of open defecation, proper toilet facilities be ensured with water as well as proper collection/ containing arrangements for all homeless persons and people living in slums and informal settlements.
- iii. In pursuance of the ODF++ protocol, the necessary steps be taken to ensure that faecal sludge/ septage and sewage is safely managed and treated, with no discharging and/ or dumping of untreated faecal sludge/ septage and sewage in drains, water bodies or open areas.
- iv. Railway infrastructure be modernized in a phased manner so that no toilet in the coaches would dispose off the faecal matter on the railway tracks.

**8. Awareness/ Sensitization**

- i. All the officials in the concerned departments at the Central, State, and local bodies should be sensitized properly so that they develop an empathetic attitude towards the sanitary workers. Necessary workshops should be arranged at regular intervals to make them well conversant about the ongoing schemes meant for welfare, development and also the provision of the Act of 2013.
- ii. All local bodies to sponsor street plays, etc., to portray the difficulties faced by such workers.
- iii. All schools and colleges may be advised to include events highlighting the issues of manual scavengers in their Annual Day Function or on the occasion of World Toilet Day, i.e., 19th November.
- iv. All local bodies to undertake requisite Information, Education and Communication (IEC) activities for sensitization of all stakeholders.

**9. Replicating the best practices**

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



Mechanized Sanitation Ecosystem" issued by the Ministry of Social Justice and Empowerment.

**10. Ensuring proper identification of persons engaged in manual scavenging**

- i. As and when a fresh survey is undertaken, it should be ensured that all the persons who are cleaning un-decomposed septage manually are identified and listed as manual scavengers.
- ii. A survey for checking the existence of dry latrines may also be carried out and, if found in existence, should be immediately demolished in compliance with the Act of 2013.

**11. Monitoring of Implementation of the PEMSR Act, 2013**

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

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National Human Rights Commission  
New Delhi

Case Number 11364/24/31/2020  
Diary Number 9243/IN/2020  
Commission JUSTICE SHRI P.C. PANT

Action Date 08/03/2021  
Due Date 08/03/2021  
Completion Date 08/03/2021

Action Closure of case with direction to the authority(CDW)

Authority (To)

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Victim MOHIT KUMAR  
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PROCEEDING

In this case, the Commission received a complaint from Sh. Rajhans Bansal, resident of Ghaziabad, Uttar Pradesh, alleging the death, due to electrocution of the victim. The complainant, while on duty, working as a contract employee at the Electricity Department in Ghaziabad District, Uttar Pradesh, died due to the negligence of the said department, as not provided with proper safety gear, while working at the electricity pole. The complainant sought the intervention of the Commission requesting payment of the compensation and other service benefits to the NOK of the deceased and take stringent action against the negligence of the concerned authorities responsible for the mishap.

The Commission took cognizance of the case and vide proceeding dated: 17-09-2020, directed the Principal Secretary, Lucknow, Uttar Pradesh and Senior Superintendent of Police, Ghaziabad, Uttar Pradesh to submit the requisite report within four weeks qua the above noted complaint and in case of non-compliance, action to be initiated against the concerned officer, under Section-13 of PHR Act, 1993.

The Commission received report dated: 31-10-2020 of Circle Officer-posted at Modinagar, District-Ghaziabad, Uttar Pradesh, it was submitted that, at the Modinagar Police Station no such record, was found qua the complaint scheduled incident. It was further submitted by the Senior Superintendent of Police, Ghaziabad, Uttar Pradesh to direct the above matter to the concerned electricity department.

The Commission has perused the report dated: 31-10-2020 of Superintendent of Police, Traffic, Nodal Officer, Human Rights, Ghaziabad, Uttar Pradesh, whereby, it was submitted that, at the Modinagar Police Station no record, was found qua the incident in question. It was further submitted to redirect the case to the concerned Electricity Department and get the required investigation done.

The present case is qua the allegation of accidental death of one person, aged 25 years because of electrocution. The complainant alleged that, death had occurred because of the negligence on the part of the concerned department, which failed to provide the proper safety gear to the deceased, victim, while working on electricity pole. Thus a clear cut case of negligence is made out against the concerned official of the concerned department. It is but obvious that, whether contract labourer or staff of the electricity department, when loses his/her life while working in the electricity pole or line or transformer, same to be considered as death while on duty. Furthermore, it is the utmost responsibility of the concerned department to see that proper safety gears are provided to the worker on the site, whether regular or contractual. In case of failure, the department is directly or vicariously liable for the loss of life and should compensate accordingly, the victim. The Chief Secretary, Uttar Pradesh is directed to monetarily compensate the victim's next of kins. In view of the loss of life, occurring because of not providing the safety gear to the linemen of the electricity department or to the contractual labourers, who are working as linemen with

contractors, the Commission hereby recommends the Ministry of Power /Electricity of all the States, Union Territories and Union of India to incorporate the provision for compulsory medical treatment and payment of monetary compensation to the families of victims in case of injury or death, while on duty during contractual agreement with the contractor. Furthermore, the contractors are advised to insure that the families of linemen so engaged, are monetarily compensated in case of any untoward incident.

With the above direction, the case is closed.