

Report of Meetings with Government Officials in Kolkata

1. Department of Women and Child Development and Social Welfare

Ms. Madhumita Ghosh, Principal-Secretary, Department of Women and Child Development and Social Welfare, was unable to participate in the meeting as she had been called to the *Vidhan Sabha*, but she fixed a meeting with Joint-Secretary, Ms.Purna Chandra, and the State Commissioner Disabilities, Mr.DebrataChattraj on 28th August 2019. Other officials of the Department also joined the meeting.

The officials were briefed about the visit to Homes for Intellectually Impaired run by NGOs with and/or without financial support from the State Government. A brief report of the pathetic conditions prevailing in *Bodhi Peeth* was shared with the officials.

The fact that the State had not filed an affidavit in the Supreme Court of India with regard to monitoring, evaluation and suggesting remedial measures for improvement of such homes in *Reena Banerjee vs. NCT of Delhi* was also taken up to which I was informed that as there was a delay in formation of the State Advisory Board this could not be taken up.

The Department was informed that the report of the visit would be submitted to the NHRC which in turn would write to the State Government.

2. State Commissioner Disabilities

The matter of abuse of a child with disability in *Happy Home Durgapur*, a home for intellectually impaired, was discussed with State Commissioner, Disabilities, who is hearing the matter.

The matter of designating sessions courts in each district as a Special Court for Persons with Disabilities was taken up with Commissioner. He informed that the file had been sent to the Judicial Secretary and information was awaited.

On the issue of setting up of Assessment Board for assessing high-support needs will be taken up by Commissioners Office.

3. Department of Rural Development and Panchayati Raj

Mr.TabenduDass, Principal Secretary, Rural Development and Panchayati Raj, was met. Discussions were held on the provisions under the *Right of Persons with Disabilities Act*("RPwD Act") pertaining to Ministry of Rural Development regarding poverty alleviation and developmental schemes. In particular implementation of Section

37 which requires State Governments to make schemes in favour of persons with benchmark disabilities, to provide:

- (a) five per cent reservation in allotment of agricultural land and housing in all relevant schemes and development programmes, with appropriate priority to women with benchmark disabilities;
- (b) five per cent reservation in all poverty alleviation and various developmental schemes with priority to women with benchmark disabilities;
- (c) five per cent reservation in allotment of land on concessional rate, where such land is to be used for the purpose of promoting housing, shelter, setting up of occupation, business, enterprise, recreation centres and production centres.

Mr. Dass informed that he had passed instructions to District Magistrates to implement this provision.

The issue of disability pensions was also discussed as Bengal pays a disability pension of Rs. 750 to those with a disability upto 60% and Rs. 1,000 to those with disability of above 60%. Mr. Dass was informed that many states, including Haryana, Delhi, Goa and some other states, pay a higher disability pension. He suggested that the NHRC write to him with a comparative statement of disability pension payable in other states and his office would look into this matter.

Request if NHRC can take this up with Government of Bengal.

The issue of Section 24 of the RPwD Act 2016 which requires the States to, within the limit of economic capacity and development, formulate necessary schemes and programmes to safeguard and promote the right of persons with disabilities for adequate standard of living to enable them to live independently or in the community, provided that the quantum of assistance to the persons with disabilities under such schemes and programmes shall be at least twenty-five per cent higher than the similar schemes applicable to others.

On the above matter of incremental wage payment under NREGS to be higher by 25% to persons with disabilities. Mr. Dass directed the matter should be discussed with Secretary and Commissioner, NREGS. For this, a meeting with the Secretary and Commissioner, MNREGA was fixed by him.

4. Department of Rural Development and Commissioner NREGS

Mr. Tabendu Sarkar, Secretary and Commissioner, NREGS, was met to discuss the above point. Mr. Tabendu Sarkar informed that the State of Bengal paid full wages to

persons with disabilities employed under NREGS up to 100 days annually for 70% work output as against 100% work output of able-bodied persons. He also informed that as this was a 100% Centrally-sponsored scheme-directions of incremental wages to persons with disabilities needs to come from Central Government. He suggested that NHRC should take up this matter with Central Government. He also informed that the software developed for implementing the NREGS programme by NIC would also need to be changed to accommodate higher wage payment to persons with disabilities employed under NREGA.

Request if NHRC can take up this matter with Central Ministry.

**Report Prepared by Rajive Raturi
September 2019**

Report of Visit to Residential Homes for Children and Adults with Intellectual Disabilities

Between 26th and 28th of August, 2019, a visit was undertaken to a special school and 5 residential homes for children and adults with intellectual disabilities in Kolkata. These included 2 government homes for children in need of care and protection which also housed boys and girls with disabilities, one NGO running residential facilities for adults with intellectual disabilities being supported by Government of West Bengal, one NGO providing residential facilities to adults with intellectual disabilities without support from the government, one residential home for intellectual, developmental, and multiple disabilities being run by parents without any support from the government, and one special school for children with intellectual disabilities.

With the exception of residential home being run by parents, all other homes provided residential facilities to abandoned, destitute and orphaned children and adults with disabilities.

These visits were undertaken to determine whether the State Government had implemented directions in pursuance of Hon'ble Supreme Court of India judgment dated December 8th, 2016 in *Reena Banerjee vs Govt of NCT of Delhi* in Civil Appeal.11938/2016 (Arising out of S.L.P.(Civil) No.39321/2012) wherein all State Coordination Committees were directed to monitor, evaluate programmes, suggest and implement remedial measures for improvement of all residential homes for children and adults with disabilities.

Through this report, appreciation is placed on record for the dedication of the staff running these homes under resource constraints, difficult and challenging circumstances. Noted below is an Evaluation Report for each home, with recommendations for actions needed to improve the conditions of these homes to enable abandoned, destitute and orphaned youth and adults with severe disabilities to live a dignified and meaningful life.

Name of Institution: Bodhi Peeth

Address: AQ, 16 Sector 5, Kolkata, 91.

Person met: Mrs. Sumita Roy, Superintendent.

Date of Visit: August 26th, 2019

General

Bodhi Peeth was set up in 1951. NGO is supported by Directorate of Child Rights and Trafficking which is one of the Directorates vis. Directorate of Social Welfare and Directorate of ICDS.

Registered under JJAct and PwD Act 1995.

- Number of residents: The home has 93 residents with intellectual disabilities (34 female and 59 males). This includes 22 children below 18 years (5 girls and 17 boys). 61 are adults with intellectual disabilities of which 34 are women residents. Adults range even upto 60 plus years. All are persons with severe disabilities.
- Building facilities: Building is three-storeyed with about 21 rooms. Includes dormitories, classes, office and kitchen. Girls are housed alongwith women whilst boys and men are kept separately. Dormitory houses about 10 children who sleep on mats. No cots provided. Only 1 ramp at the entrance. No lift for the first and second floor though there is provision for this, and the home intends installing one later.
- Staffing: 1 superintendent, 1 accountant, 1 case worker, 1 counsellor, 1 special educator, 2 house mothers, 1 nurse, 1 paramedical staff, 2 sweepers, 1 cook, 1 helper, 1 ambulance driver who comes thrice weekly.
- Restoration: Counsellor makes efforts to find if child can give any indication of where he comes from, and they make efforts to locate the child's home/ village if this information can be elicited. 5 children restored in last 5 years.
- Safety and security: 2 security guards, gated complex, and building is also gated. Superintendent also informed that 22 CC TV cameras had been installed.
- Fire exits and safety plans: These exist. Fire drills are carried out according to Superintendent. Fire extinguishers have been installed in the building.

- Isolation policy: There are 2 children who suffer from tuberculosis, who have been segregated and are on medication and are provided food separately. Intellectually disabled are also isolated when they become hyper-active and destructive. Isolation linked to behaviour disorder and no time limit specified. As informed by the Superintendent, isolation room is safe and child friendly, and with adequate ventilation and light; nothing in the room that could hurt/ harm the child. No aversive methods used in isolation and individual is not restrained.
- Inclusion policy: Children were found moving about the rooms, and they appear not to be restricted to some areas. However, for safety reasons they are not allowed outside the building.
- Sanitation and hygiene: Institution only has 9 toilets (separate washing area and WC area) for 93 residents. Home cleaned by residents themselves since sweepers only take care of the premises. There are 2 sweepers for cleaning grounds of Institution. Superintendent informed that maintaining hygiene was a major challenge for the Institution as quite a few of residents are not toilet trained. When asked whether sweepers/ cleaning persons were required to clean human waste and faecal matter, as most residents were not toilet trained, the Superintendent informed that each child and young adult cleaned the faecal matter themselves and were supported by an elder resident. Superintendent also informed, when asked as to who cleaned soiled clothes and bedsheets as there was no laundromat (there is a washing machine but residents do not know how to use them), I was informed that this too is cleaned by an adult who is assigned the young adult. When asked who washes clothes, Superintendent informed that residents washed their own clothes. When asked what happens when the child/ young adult cannot wash his clothes, Superintendent informed that they managed to do this with help from adults. When asked how menstrual hygiene was managed amongst women residents, Superintendent informed that a Hygiene class was held with help of pictorial images, and there were sanitary pad dispensing machines installed, and these were distributed when required. Superintendent informed that as menstrual hygiene was another area of concern, the walls of the women's dormitory was painted using oil paints which are easily washable. Superintendent also informed that house mothers and nurse assist women during menstrual time.
- ADL training: Training for activities of daily living such as bathing, eating, wearing clothes, grooming and toileting is done, and adults, too, support children in these activities. However, it is apparent that inadequate and inappropriate care giving is provided.

- Facilities for leisure and recreation: Yoga teacher, tabla teacher, dance teacher and crafts teacher come regularly. Residents are not allowed outside the building except for 2 hours where they go to a small garden outside which has a merry-go-round and a slide. Boys play football outside building. The NGO takes children for an annual outing/ picnic as well. There is an ambulance which is used to take children out for outings sometimes, but when asked that the ambulance hardly has any seating capacity, I was informed that it takes several rounds for this.
- Clothing: Children and adults wear clothes provided by Bodhi Peeth only. They have no personal clothes.
- Work and remuneration of work done in the establishment: Vocational training and work opportunities need to be enhanced. It appears that all cleaning activities, including laundry and cooking, is done by residents themselves, but are not remunerated for this work. Whilst Those working on vocational training have bank accounts and money is deposited in their accounts, they are not allowed to withdraw the money.
- Tonsuring of hair: Some are given short haircuts and some have their hair shorn due to medical reasons.
- Health: Psychiatrist comes monthly, and RBSK scheme staff come monthly. While they are supposed to check only children, they also check adults. Gynaecologist, Medical Officer come weekly. Only psychiatrist comes monthly.
- Therapeutic interventions and rehabilitation: It was not clear as to therapeutic needs assessment of each resident is done. It does not appear that rehabilitation specialists like speech therapists, occupational therapists, psychologist and physiotherapist visit the home.
- Nutrition: No dietician is available and meals plan are as per schedule provided. Individual nutrition plans are not developed and the same food is provided to all irrespective of individual nutrition needs.
- Education: No education is being imparted. No child is going to the Bodhi Peeth school in the same premises, even though girls from Sukanya Home for Orphaned and Destitute Girls attend this school.

- Grants: Grants provided amount to approximately Rs. 4165 per child/ adult. This amount covers all costs including administrative costs. Grants come under JJ Act and under one scheme, known as Capitation Scheme, which is seemingly withdrawn, but funds come under this scheme for 11 persons; and the rest are provided for under JJ Act.

Recommendations

- State to substantially increase grant being provided presently. Present grant of approximately Rs. 4165 per resident is grossly inadequate as this also covers administration costs and salary costs.
- Bodhi Peeth needs to de-congest. Special school building within Bodhi Peethcampus is likely to move to another location. This building, with improvements, should be used to house residents and lessen the congestion in present building as an interim measure.
- Staffing very poor. Adequate staffing with proper training and their service conditions needs to be addressed urgently. Bodhi Peeth needs more counsellors, house mothers, cleaning staff, and cooks.
- Accountability at every level needs to be fixed, close supervision of staff required, and suitable reward systems for staff need to be put in place.
- Sanitation facilities and hygiene standards should be improved. Approximately 9 toilets for 93 residents is grossly inadequate. More toilets need to be provided.
- Laundry room needs to be established urgently.
- Leisure, recreational and outdoor activities need to improve so that residents may lead a better quality of life.
- Rehabilitation measures need to be introduced and therapeutic assessment needs to be made for each resident, and therapy needs to be provided.
- Regular visits by rehabilitation professionals like speech therapists, physiotherapists, occupational therapists, etc., need to be organised.

- Medical health facilities need to be improved considerably. Regular dentists, gynaecologists, paediatricians and other speciality doctors need to be empanelled, and visits need to be organised.
- Dietician needs to be empanelled and individual nutrition plans to be drawn out for those who need this.
- Emphasis on improving education and, if required, individual education plans need to be drawn out.
- All residents working in the home need to be paid wages which could be deposited in their bank accounts. If this is not possible, money earned could be used to provide basic necessities and toiletries, etc.
- The State should look at developing Bodhi Peeth as a Centre for Excellence as this is apparently the largest home of its kind in West Bengal.

Name of institution: Pravartak Home for Intellectually Impaired

Person met: Mr.Ganguly, who is overall head of the institution.

Address: CL Block, Sector 2, Salt Lake, Kolkata

Date of visit: August 27th, 2019

General

I would like to place on record my appreciation of the commitment of Mr.Ganguly who has single handedly taken on the task of providing for 50 adults and children with severe intellectual disabilities without any State support and purely on his ability to generate resources in kind for the residents of Pravartak home.

Pravartak home for intellectually impaired was founded in 1986 by Pravartak Society, which also run a home for elderly, school for deaf, etc. As they were not sponsored by the State, they were reluctant to provide detailed information.

- Number of residents: 50 adults, both men and women, housed in 2 separate buildings. 32 of them also have MR with epilepsy, 4 are severely disabled with Cerebral Palsy and are confined to the bed. No fresh intakes, and all residents have been residing in this institution for decades. Most, it appears, do not have disability certificate and ADHAR cards, and as far as the State is concerned, they do not exist.
- Funds for running the home: Initially supported by State with Rs. 140 per child which later went to Rs. 240 and subsequently to Rs 500. In 2000, they gave up State support as amount was less and funds transfer was delayed. Since 2000, they are not taking government grants and only run through donations in kind, including food and clothes. No cash donations are taken.
- Staffing: 3 house mothers and 3 cleaning persons. All work inside the home is done by residents, including security at the gate, which is manned by residents.
- Sanitation and hygiene: Women are supported by elder women to maintain menstrual hygiene. All cleaning work is done by residents, including cleaning of toilets and cooking, if philanthropists donate dry rations.
- Special educators and therapy: There appear to be no special educators and therapists to provide therapeutic interventions.

- Recreation and leisure activities: It appears that no such interventions are provided and residents stay indoors most of the time.
- Health: Medicines are procured from pharmacists, especially for those who also have epilepsy, and when required residents are taken to hospital.

Recommendations

- Whether State support is provided or the NGO generates resources in kind to run the home is a matter of consideration between the management of the home and the Government of West Bengal. However, the following issues need to be addressed as they are a matter of concern of residents who are severely disabled and all are persons requiring high support. The State has a responsibility towards these residents and all efforts need to be made to ensure all interventions are provided which include issuance of disability certificates and ADHAR cards for those who do not have these, medical facilities, rehabilitation, therapy, etc. It appears that, as of now, the residents of this home do not exist at all since the absence of certification means they are not counted outside the social net and are completely invisibilised.
- Staffing very poor. Adequate staffing with proper training needs to be addressed urgently. More counsellors, house mothers, cleaning staff, cooks are required.
- Sanitation facilities and hygiene standards should be improved.
- Laundry room needs to be established urgently.
- Leisure, recreational and outdoor activities need to improve so that residents may lead better quality of life.
- Rehabilitation measures need to be introduced and therapeutic assessment needs to be made for each resident and therapy provided.
- Regular visits by rehabilitation professionals like speech therapists, physiotherapists, occupational therapists etc need to be organised.
- Medical health facilities need to be improved considerably. Regular dentists, gynaecologists, paediatricians and other speciality doctors need to be empanelled and visits organised.

- Dietician needs to be empanelled and individual nutrition plans to be drawn out for those who need this.
- Emphasis on improving education is required.
- All residents working in the home need to be paid wages which could be deposited in their bank accounts. If this is not possible, money earned could be used to provide basic necessities and toiletries, etc.

Name of Institution:Kishalaya, Barasat, Kolkata(Children in Need of Care and Protection Home) Registered under the JJ Act.

Person met: Mr. Malay Chatterjee, Superintendent.

Contact: 033-25622678

Date of visit:August 26th, 2019

General

- Number of children residing in the home: In total, Kishalaya Home for Children in Need of Care and Protection has 106 children.This includes 28 children with disabilities. Of these 28 children with disabilities, 3are deaf and hard of hearing, 17 children are intellectually impaired with moderate disability, 3 have mental illness, and others have locomotor disability. Some of these children have a disability certificate.For those who do not possess a disability certificate, steps have been initiated to have them certified. The home is completely inclusive and all disabled children reside with non-disabled children of the same age group. Notably, only 6 to 18 year-old reside in this home.
- Restoration: Twocounsellors counsel children to get an idea from where they come, and are also sent to Varsha Clinic under District Legal Aid Authorities when counsellors fail to determine place of residence. ADHAR card is used to find homes. 4 children with disabilities have been restored to their families with the use of ADHAR cards. Some residents are from Bangladesh and Myanmar. All documentation for sending children back to Bangladesh has been done and only approval from the Government of Bangladesh is awaited. The institute reports no death of any child in last five years.
- Building facilities:Home is spacious with open grounds. One 3-storeyed building only houses dormitories and 1 kitchen. There is a primary school in the compound which has 9 rooms for classes and vocational training. Another building houses the office with 3 rooms. CWC also has an office in the campus which is separate. The buildings do not have a lift and only ramps were visible.
- Fire exits and safety plans in place for all children including those with disabilities and fire drills carried out periodically. Fire-fighting equipment also available to deal with small fires. Portable fire extinguishers installed.
- Staffing: 17 staff are employed by government for this home.This includes superintendent, social welfare officers, clerks, etc. There are 3 house fathers,

4 housekeepers, 2 counsellors, 2 child welfare officers, and 1 officer in charge. Additionally, 6 cooks prepare meals for residents.

- Safety and security: For security, there are 12 security guards working across 3 shifts. Home is walled-in. 21 CCTV cameras have been installed.
- Sanitation facilities: 24 toilets provided for children in dormitories. Primary school has more toilets. Toilets are cleaned by 1 hired cleaning person.
- Tonsuring: No tonsuring done for children with disabilities and they, including children with disabilities, are allowed to wear different hairstyles.
- Isolation policy: No isolation policy as children with moderate MR reside here and they are included in all processes.
- Inclusion policy: Children with disabilities are not restricted from entering any place and are allowed access to all places accessed by other children. There are 6 dormitories each housing around 15 to 20 depending on age groups. Disabled children are housed in dormitories along with other boys according to their ages. The school in the premises is also open to students with disabilities.
- Support requirements for children with disabilities (“CwD”): Superintendent states that some caregivers are required for CwDs so that they may be supported for eating and toilet training. As of now, elder children provide this support.
- Clothing: All children along with CwDs have three sets of clothing at any given time and, in a year, are provided with 12 sets. They do not have personal clothing.
- Facilities for leisure/ recreation: The home provides all of this. Football is played in the grounds. For Recreation, Park visits and picnics are organised. In one year, 2 outings are organised and CwDs also go for these outings.
- Availability of aids and appliances for children with disabilities: Only moderately disabled reside in the home and do not require aids and appliances.
- Nutrition: No dietician but home strictly follows standards prescribed by department. 3 days fish, 3 days eggs and 1 day meat is provided. No special nutrition needs for children with disabilities and they eat what is served to all. As

most children with disabilities have moderate disabilities they do not require assistance in feeding but if required others help and assist.

- Health: One doctor visits thrice a week. Medical team from District hospital comes twice monthly. No ambulance provided but official car is used for hospital visits.
- Therapy: Physiotherapists/ occupational therapists/ speech therapists do not visit the home. CwDs in the home have not been assessed for therapy needs. 1 child had less movement in hands and can do with physiotherapy (Name Patis). Another has speech problem and can do with speech therapy (Jiten Das).
- Education: Primary school in home premises employs 2 craft teachers, 1 PT instructor, 1 music teacher, and 2 teachers. School under WCD Department. CwDs go to same primary school in premises as others but do not seem to be getting educated as no special educator is present and accessible material not provided.
- Grants for CwDs: No additional amount coming from social welfare dept for disabled children and all are covered under JJ grants.

Recommendations:

- Additional staff should be provided for children with disabilities who need support in activities of daily living.
- Primary school needs to employ special educators to enable children with disabilities achieve quality education.
- Education material needs to be provided in accessible formats to children with disabilities.
- Therapy needs of children with disabilities need to be assessed and need based therapy provided. This would be important as all children with disabilities are with moderate disabilities and timely interventions can help prepare them for life once they complete 18 years of age and step out into the world.

Sukanya Home for Destitute and Orphaned Girls (Child in need of Care and Protection)

Person met: Ms.Papri Dasgupta, Superintendent

Address: Sector 5, Salt Lake

Date of visit: August 27th, 2019

General

- All girls with disabilities were met and they appeared happy and displayed affection for the Superintendent who they look upon as a mother figure. The Superintendent, too, was observed to be happily interacting with the girls with disabilities.
- Number of residents: 106 girls which includes 7 girls with disabilities who have moderate disabilities including MR, ADHD; 2 are deaf.
- Safety and security: Security guards are positioned and home is walled in. CCTV cameras are installed.
- Inclusion policy: Totally inclusive. Girls with disabilities are not restricted from entering any place and are allowed access to all places accessed by others.
- Tonsuring: No tonsuring done for girls with disabilities, and they are allowed to wear different hairstyles.
- Isolation policy: No isolation policy since girls with moderate MR reside here and they are included in all processes.
- Leisure and recreation: Girls with disabilities are included in all leisure and recreational activities as provided to others of their age groups.
- Sanitation facilities: For menstrual hygiene of girls with disabilities, assistance is provided by the elder girl residents.
- Nutrition: No dietician, but home strictly follows standards prescribed by department. Girls with disabilities are provided food like all other residents.
- Education: Some of the girls with disabilities go to Bodhi Peeth school for intellectually disabled children, which is next door.

- Availability of aids and appliances for girls with disabilities: Only moderately disabled girls reside in the home and do not require aids and appliances.
- Grants: No special grant is made for girls with disabilities and are covered under grants under JJ Act.
- Therapy: There are no therapists in the home and therapeutic needs of girls need to be addressed.

Recommendations

- 2 deaf girls assist in the kitchen to cook meals. Whilst this is good, they need to be paid for this work. Bank accounts could be opened for them.
- Therapy needs of girls with disabilities need to be assessed and need-based therapy should be provided. This would be important since girls with disabilities are with moderate disabilities and timely interventions can help prepare them for life once they complete 18 years of age and step out into the world.

Name of Institution: Arogya Sandhan

Address: Sonarpur, Kolkata

Person met: Ms. Jayati Ghosh, CEO; and Mr. Bhaduri

Contact: 9871924780

Date of visit: August 28th, 2019

General

Arogya Sandhan is an organization run by parents of children and adults with intellectual, developmental and multiple disabilities. The home is new, having been set up over 2 years back by parents and managed by parents themselves. This involvement of parents is the reason why the home is different from other homes. No standards prescribed by State Government but institution follows standards laid out by National Trust.

Registered under National Trust Act and the PwD Act of 1995.

- Number of residents: 18 residents (mental retardation, 1 with Cerebral Palsy, 2 with multiple disability, 6 with autism). 4 girls and women, rest all men above 18. The age-group of the residents is 20 to 44 years. 1 is employed and has an ID. He gets salary of Rs. 3,600 in his bank account.
- Building facilities: There are 2 and 1/2 floors housing 3 dormitories and 1 hall which is used for classes. Whole building is accessible. Ramps, lift and staircase are provided. 1 resident with Cerebral Palsy uses wheelchair; 1 resident uses walker. Girls and women are separately accommodated in first floor. Fire extinguishers on every floor.
- Staffing: 1 CEO who is also special educator; 1 more special educator; 7 caregivers that are RCI trained and certified; 3 ayahs; 3 persons for housekeeping (1 male, 2 female). Male is disabled. In addition, there are 3 cooks.
- Restoration: As only children with families are admitted into this institution, there is no need for restoration.
- Isolation policy: Isolation is resorted to when the adult is hyperactive and his behaviour is unreasonable. Single room for isolation. Time out is allowed. Residents are all adults above 20 years and have to be restrained by sitting

on their backs. No medication is given in such situations. Isolation room is well ventilated. Adult is restrained for short periods depending on behaviour.

- Safety and security: CCTVs in every room; 2 security guards in 12 hourly shifts.
- Nutrition: Vegetarian and non-vegetarian food is served to residents. Diet chart is prepared by dietician.
- Sanitation and hygiene: Each room has 2 toilets, totaling 24 toilets. Menstrual hygiene managed by ayahs. Caregivers and women residents are also being trained.
- Tonsuring: Short hair-cuts and manicuring provided to all residents.
- Adapted furniture: Special beds with railings that can be pulled up. Residents do not sleep on the floor.
- Clothing: All parents supply clothes and medicines, and residents only wear their clothes.
- Recreation and leisure: Leisure activities include daily, outings, annual picnic, drama organized regularly for residents. TV and play games are also available to residents.
- Training of staff and care-staff: All staff are trained and certified by RCI, and re-training happens inhouse.
- Therapeutic interventions: Drawing teacher comes in once a week. Sound and healing therapy supported by 3 persons who are parents.
- Medical Health: Doctors on call every Saturday. 1 counsellor available daily and 1 psychiatrist on call. Medicines provided by parents as required. Charitable dispensary in house, free of cost for villagers, no ambulance as of now as parents who work in the home have their personal cars.
- Education: Pre-vocational classes held, quizzes and puzzles regularly given to residents. Inclusive education school in premises which is free of cost for the poor. Vocational training classes include *haldi* making, spice grinding, screen printing and phenyl making. These are then marketed.

Recommendations

- Arogya Sandhan Home can develop into a role model institution in coming years as a result of involvement of parents.
- Arogya Sandhan Home has applied for *Gharonda Scheme* of the National Trust. The State of West Bengal should further this and recommend them to National Trust.

Name of Institution: Bodhi Peeth School.

Address: AQ16, Sector 5, Kolkata, 91.

Person met: Ms. Aditi Kunda, Teacher-in-Charge

General

Set up in 1986, the Bodhi Peeth Special School for Intellectually Impaired Children is run by Mass Education Department, Government of West Bengal.

In 2014 school shifted to this location in Salt Lake.

- Number of children enrolled: School has 48 children with intellectual and multiple disabilities. This is a day school where children are brought by parents and all students largely come from North Kolkata since this school was in North Kolkata earlier. It is the oldest special school in West Bengal. Notably, the school runs in 2 shifts.
- Staffing: 1 Teacher-in-Charge, 3 special educators, 2 craft teachers, 4 non-teaching staff, 1 part-time psychiatrist.
- Building: School only has 1 office and 2 classrooms. It only has 1 toilet for staff and students.
- Education: School follows the Individual Education Plan ("IEP"), also called FACP (Functional Assessment Checklist Programming), for each child. There are 6 units: pre-primary, primary 1, 2, secondary, pre-vocational 1 and 2.

Recommendations

- Mid-day meal should be provided to all students.
- Building is too cramped and, as informed, Mass Education Department is planning to shift the school to larger premises.

Report prepared by: Rajive Raturi

September 8, 2019

Name of Institution:**Address:****Person met:****Contact:****General:**

- Are there minimum standards and guidelines prescribed by the State Government for institutions.
- Is the home registered under the JJ Act, National Trust Act, The RPWD Act, 2016 or be continued to be registered under the PWD Act, 1995 [
- Are standards of care as outlined in JJ Act used as a baseline for institutions
- What efforts are made to ensure Restoration which is the prime objective, for restoration of children with their families and how many have been restored?
- How many children have died in last five years and reason for their deaths?
- How many children reside in the home and what are their disabilities? Give numbers.
- Do adults with disabilities also reside here? Give numbers and gender/ age.
- Looking at the place and getting an overall feel of the place
 - whether the children appear happy and cared for
 - are dressed neatly, adequately and appropriately clothes are according to size etc
- Are they offered choices such as what to wear, like other children or is it assumed they don't have a say in the matter?
 - Children do not show any physical scars or injuries, do not appear withdrawn, do not startle or get scared when people are near them

Isolation:

- Are some children kept in isolation
- If in isolation, What are the reasons for isolating the child?
- How long is the child sitting in isolation each day [is it for a specific period of time / or is the child living in isolation within the premises? / Is it everyday? Is it linked to any behaviour displayed by the child?]
- Is the space where the child is isolated safe and child friendly space [adequate ventilation, light, nothing in the room that could hurt /harm the child]
- Is the child physically restrained in the room?
- Are there any aversive techniques being used?(Difference between punishment and restraint)

Inquiry and due processes:

- Does the institution provide safe and hygienic environment;
- Are adequate sanitary conditions provided. How many toilets vsi vis number of children
- Are their reasonable facilities for leisure, recreation, education and religious practices?
- Measures adopted for proper clothing so as to protect such person from exposure of his body to maintain his dignity;
- Are children and adults made to undertake work in the establishment??
- Do they receive appropriate remuneration for work when undertaken?
- Are they subject to compulsory tonsuring (shaving of head hair)?

- Are they allowed to wear own personal clothes if so wished and are not to be forced to wear uniforms provided by the establishment?

Facilities/ Inclusive Settings:

- Are children with disabilities allowed movement inside the home? Or are they restricted to special rooms/units meant for children with disabilities?
- Do children with and without disabilities sit together and interact with each other during meal times, recreation and leisure time activities and other activities?
- How many children are living in a room?
- Is there adequate space for movement? [*for some children with disabilities, support persons may need to support the child in getting up/ transferring a child from the bed to the wheelchair for instance ...space for this is needed*]
- Are there special beds, furniture or modifications made to existing facilities for children with disabilities who may require them [ex bed with a low side railing / padded or cushioned sides, accessible toilet for children who are using a wheelchair or any aids and appliances to facilitate movement; special chairs to enable independent sitting etc]? Or are there arrangements made to ensure accessibility for the child
- Is proper and adequate clothing being ensured and how many sets per child and when is it replaced?
- Whether children with disabilities are taken for outings/picnics/to the market/park etc?

Accessibility:

- Is the home on the ground floor or on a higher floor?
- Is it accessible ie does it have an elevator or a ramp leading to it?
- Are the things and facilities the child needs to use, accessible to him/her? For instance, can the child reach the sink to wash his/her hands or is help required?
- Are there fire exits and safety plans in place for all children including those with disabilities?
- Are fire drills carried out periodically?
- Are there fire fighting equipment available to deal with small / spot fires ex portable fire extinguishers such as 'Ceasefire' ?
- Also care needs to be taken to ensure that children with disability are not tucked away in a basement or least-accessible spaces, from where evacuation in emergencies becomes difficult.]

Assistive devices, aids, appliances:

- Whether any professionals/ therapists work with the children and have assessed and recommended the use of any assistive devices or suggested any changes/ modifications in existing set-up within the home?
- Have children been trained to use these assistive devices?
- Have the care staff received any training on how to use these?
- Does the home have children who also have a hearing disability?
- Have these children been trained To use the hearing device?
- Do staff assist the person in wearing the hearing aid and other devices ?
- Are these devices maintained or in bad condition?

Human Resources : Personnel supporting children with disabilities:

- Are staffing norms followed with regard to staffing?
- What additional staffing is provided as children with disabilities have needs more than other children?
- Give details of other staff employed like cooks, guards etc
- For a home where there are children with high support needs, requiring support for even basic needs like feeding, toileting, dressing etc, more care staff required would be needed. Is this done?
- Is Training of staff and care staff done regularly?
- Are 'specialists' available 24*7?
- If not then are The regular staff, trained by specialists to develop into efficient caregivers?
- Who is supporting children in activities like toileting, washing, cleaning of children who need support?
- Are children being trained for activities of daily living such as bathing, eating, wearing clothes, grooming and toileting or do caregivers provide this?
- Is an assessment of what can the children do and training them to work towards optimum level of independence being done?

Dignity and Privacy:

- Are clothes changed in the presence of others, without paying heed to the discomfort the child may be experiencing?

Communication:

- Whether there are any children who have difficulties communicating verbally. If so, are they provided opportunities to communicate their needs using alternative ways?
- Are they getting isolated because of this or are there efforts made to include them?
- Is there training provided to enable them to be able to communicate independently?
- Is there any way/ device / bell provided for a child who is unable to communicate verbally, to reach out / attract attention in times of need /emergency [if the child requires something or is in pain etc]

Nutrition:

- Are specific nutrition requirements of children with disabilities assessed?
- Are there children who have requirements to be fed?
- Do children who have difficulties in posture are just being fed biscuits and milk and semi solids?
- Is it just semi solids or are children with disabilities getting a wholesome meal, as everyone else?
- Who is feeding the child? Is there a designated person trained in how to feed a child who requires intensive support?
- Does the home have a dietician visiting regularly?

Medical Care:

- Does the home for children with disabilities have a doctor on premises or on call?
- Is there a hospital nearby where any emergency can be attended to?
- Is there a vehicle and driver available at all times / an ambulance available easily /
- When a child gets hyper or violent who administers the medicine?
- Is dosage monitored and Is dosage reviewed on a regular basis ?

Therapy:

- Have children in the home been assessed for therapy needs?
- Are therapists- physiotherapists / Occupational therapists / speech therapists associated with the home ?
- How many times a week do they come?
- Are the care staff trained to carry out, in daily activities with the child, what the physiotherapists advise?

Education:

- Do children with disabilities get opportunities of education?
- How many children with disabilities are attending any formal system of education outside the home [mainstream school /special school]?
- If special educators are coming in, how many times a week do they come?
- What is the ratio of educators to children?
- Are there educational material, puzzles, toys, paints, paper and other material available for children to use, learn and play with?

Schemes:

- Do all children have disability certifications?
- Do they get disability pensions?
- Is school transport and escorts allowance provided?
- What measures are in place to Ensure no neglect, abuse and violence takes place with children with disabilities?
- Could not see these as per escort.
- Are CC TV cameras installed for monitoring?

National Human Rights Commission
(PRP&P Division JD(R) Unit)

Subject: Visit of Shri Rajive Raturi, Special Monitor (Thematic area of rights of disabled and senior citizens) to Kolkata, West Bengal from 26-29th August 2019

Shri Rajive Raturi, Special Monitor (Thematic area of rights of disabled and senior citizens) visited the various institutions in Kolkata to determine whether the State Government had implemented directions in pursuance of Hon'ble Supreme Court of India judgment dated December 8th, 2016 in *Reena Banerjee vs Govt of NCT of Delhi* in Civil Appeal.11938/2016 (Arising out of S.L.P.(Civil) No.39321/2012) wherein all State Coordination Committees were directed to monitor, evaluate programmes, suggest and implement remedial measures for improvement of all residential homes for children and adults with disabilities.

Following are the institutions visited in Kolkata on the dates mentioned against each:

1. Bodhi Peeth (residential home for intellectually disabled children) on 26th August 2019
2. Kishalaya Barasa, Kolkata (Children in Need of Care and Protection Home), Registered under JJ Act on 26th August 2019
3. Pravartak Home for Intellectually Impaired on 27th August 2019
4. Sukanya Home for Destitute and Orphaned Girls (Child in need of Care and Protection) on 27th August 2019
5. Arogya Sadhan on 28th August 2019
6. Bodhi Peeth School

Further, he had meetings with the following Government Officials in Kolkata:

1. Department of Women and Child Development and Social Welfare
2. State Commissioner Disabilities
3. Department of Rural Development and Panchayati Raj
4. Department of Rural Development and Commissioner NREGS

The observations and recommendations that emerged from the visit reports and the report of the meetings with Government Officials in Kolkata is mentioned below.

REPORT OF MEETINGS WITH GOVERNMENT OFFICIALS IN KOLKATA

I. Department of Women and Child Development and Social Welfare

- Ms. Madhumita Ghosh, Principal-Secretary, Department of Women and Child Development and Social Welfare, was unable to participate in the meeting, but she fixed a meeting with Joint-Secretary, Ms. Purna Chandra on 28th August 2019 and other officials of the Department also joined the meeting.
- The officials were briefed about the visit to Homes for Intellectually Impaired run by NGOs with and/or without financial support from the State Government. A brief report of the pathetic conditions prevailing in *Bodhi Peeth* was shared with the officials.
- The Department was informed that the report of the visit would be submitted to the NHRC which in turn would write to the State Government.

II. State Commissioner Disabilities

- The Special Monitor met the State Commissioner Disabilities, Mr. Debrata Chattraj on 28th August 2019. The matter of abuse of a child with disability in *Happy Home Durgapur*, a home for intellectually impaired, was discussed with State Commissioner Disabilities, who is hearing the matter.
- The matter of designating Session Courts in each district as a Special Court for Persons with Disabilities was taken up with Commissioner. He informed that the file had been sent to the Judicial Secretary and information was awaited.

- On the issue of setting up of Assessment Board for assessing high-support needs will be taken up by Commissioners Office.

III. Department of Rural Development and Panchayati Raj

- A meeting with the Principal Secretary, Rural Development and Panchayati Raj, Mr. Tabendu Dass, was held to discuss the provisions under the *Right of Persons with Disabilities Act* (“RPD Act”) pertaining to Ministry of Rural Development regarding poverty alleviation and developmental schemes. In particular, implementation of Section 37¹ which requires State Governments to make schemes in favour of persons with benchmark disabilities was deliberated upon. To which Mr. Dass informed that he had passed instructions to District Magistrates to implement this provision.
- The issue of disability pensions was also discussed as Bengal pays a disability pension of Rs. 750 to those with a disability upto 60% and Rs. 1,000 to those with disability of above 60%. Mr. Dass was informed that many states, including Haryana, Delhi, Goa and some other states pay a higher disability pension.
- The issue of Section 24 of the RPD Act 2016 which requires the States to, within the limit of economic capacity and development, formulate necessary schemes and programmes to safeguard and promote the right of persons with disabilities for adequate standard of living to enable them to live independently or in the community, provided that the quantum of assistance to the persons with disabilities under such schemes and

¹ (a) five per cent reservation in allotment of agricultural land and housing in all relevant schemes and development programmes, with appropriate priority to women with benchmark disabilities;

(b) five per cent reservation in all poverty alleviation and various developmental schemes with priority to women with benchmark disabilities;

(c) five per cent reservation in allotment of land on concessional rate, where such land is to be used for the purpose of promoting housing, shelter, setting up of occupation, business, enterprise, recreation centres and production centres.

programmes shall be at least twenty-five per cent higher than the similar schemes applicable to others was also discussed. On the matter of incremental wage payment under NREGS to be higher by 25% to persons with disabilities, Mr. Dass directed that the matter be discussed with Secretary and Commissioner, NREGS. For this, a meeting with the Secretary and Commissioner, MNREGA was fixed by him.

IV. Commissioner, NREGS

- Mr. Tabendu Sarkar, Secretary and Commissioner, NREGS, was met to discuss incremental wage payment under NREGS to be higher by 25% to persons with disabilities. Mr. Tabendu Sarkar informed that the State of Bengal paid full wages to persons with disabilities employed under NREGS up to 100 days annually for 70% work output as against 100% work output of able-bodied persons. He also informed that as this was a 100% Centrally-sponsored scheme-directions of incremental wages to persons with disabilities needs to come from Central Government.

REPORT OF VISIT TO VARIOUS INSTITUTIONS IN KOLKATA

I. BODHI PEETH

Observations

1. Bodhi Peeth was set up in 1951 and is supported by Directorate of Child Rights and Trafficking which is one of the Directorates under Directorate of Social Welfare and Directorate of ICDS. It is registered under JJ Act and PwD Act 1995.
2. The Home has 93 residents with intellectual disabilities (34 female and 59 males). This includes 22 children below 18 years (5 girls and 17 boys) and 61 adults with intellectual disabilities (34 women and 27 men). All are persons with severe disabilities.
3. The Home is a three-storeyed building with about 21 rooms including dormitories, classes, office and kitchen.
4. While girls are housed along with women, boys and men are kept separately. Dormitory houses about 10 children who sleep on mats. No cots are provided.
5. There is only 1 ramp at the entrance and no lift for the first and second floor. The Home intends installing a lift later.
6. Following is the staffing of the Home:

Staff	Number
Superintendent	1
Accountant	1
Case Worker	1
Counsellor	1
Special Educator	1
House Mothers	1
Nurse	1
Paramedical Staff	1
Cook	1

Helper	1
Sweeper	2
Ambulance Driver (comes thrice weekly)	1
Security Guard	2

7. Counsellors of the Home make efforts to locate the resident child's home/ village if this information is elicited. 5 children restored in last 5 years.
8. The building of the Home is gated. The Superintendent also informed that 22 CC TV cameras had been installed.
9. The building has fire exits and safety plans exist. According to the Superintendent, fire drills are carried out and fire extinguishers have been installed in the building.
10. In terms of isolation, the isolation room is safe and child friendly, and with adequate ventilation and light; nothing in the room that could hurt/ harm the child. No aversive methods are used in isolation and individual is not restrained. At present, there are 2 children who suffer from tuberculosis, who have been segregated and are on medication and are provided food separately. Intellectually disabled are also isolated when they become hyper-active and destructive. Isolation is also linked to behaviour disorder and no time limit specified.
11. The children residing in the Home are allowed to move freely, however for safety reasons they are not allowed outside the building.
12. The institution only has 9 toilets (separate washing area and WC area) for 93 residents. The Home is cleaned by the residents themselves since sweepers only take care of the premises. There are 2 sweepers for cleaning grounds of institution. Superintendent informed that maintaining hygiene is a major challenge for the Institution as quite a few of residents are not toilet trained. When asked whether sweepers/ cleaning persons were required to clean human waste and faecal matter, as most residents were not toilet trained,

the Superintendent informed that each child and young adult cleaned the faecal matter themselves and were supported by an elder resident.

13. When inquired about washing clothes, the Superintendent informed that there is no laundromat (there is a washing machine but residents do not know how to use them) and the residents washed their clothes themselves. In case of child/ young adult who cannot wash his clothes, Superintendent informed that they do it with help from adults.
14. When asked about menstrual hygiene management of women residents, the Superintendent informed that a Hygiene Class was held with help of pictorial images, and there were sanitary pad dispensing machines installed, and these were distributed when required. Keeping in view the aspect of menstrual hygiene, the walls of the women's dormitory was painted using oil paints which are easily washable. Superintendent also informed that house mothers and nurse assist women during menstrual time.
15. Training for activities of daily living such as bathing, eating, wearing clothes, grooming and toileting is done, and adults, too, support children in these activities. However according to the Special Monitor, the training seems to be inadequate and inappropriate.
16. Yoga teacher, tabla teacher, dance teacher and crafts teacher come regularly. Residents are not allowed outside the building except for 2 hours where they go to a small garden outside which has a merry-go-round and a slide. Boys play football outside building. The NGO takes children for an annual outing/ picnic as well. There is an ambulance which is used to take children out for outings sometimes. However, as the ambulance has less seating capacity, several rounds have to be made to take all the residents out together.
17. Children and adults have no personal clothes and wear clothes provided by Bodhi Peeth only.
18. Vocational training and work opportunities need to be enhanced. All cleaning activities, including laundry and cooking, is done by residents themselves, but are not remunerated

for this work. Whilst those working on vocational training have bank accounts and money is deposited in their accounts, they are not allowed to withdraw the money.

19. Some are given short haircuts and some have their hair shorn due to medical reasons.
20. Psychiatrist and RBSK scheme staff come monthly. While they are supposed to check only children, they also check adults. Gynaecologist, Medical Officer come weekly.
21. Therapeutic interventions and rehabilitation: It was not clear as to therapeutic needs assessment of each resident is done. It does not appear that rehabilitation specialists like speech therapists, occupational therapists, psychologist and physiotherapist visit the home.
22. No dietician is available and meals plan are as per schedule provided. Individual nutrition plans are not developed and the same food is provided to all irrespective of individual nutrition needs.
23. No education is being imparted. No child goes to the Bodhi Peeth school in the same premises, even though girls from Sukanya Home for Orphaned and Destitute Girls attend this school.
24. Grants provided amount to approximately Rs. 4165 per child/ adult. This amount covers all costs including administrative costs. Grants come under JJ Act and under one scheme, known as Capitation Scheme, which is seemingly withdrawn, but funds come under this scheme for 11 persons; and the rest are provided for under JJ Act.

Recommendations

- It is recommended that State substantially increases the grant being provided presently. Present grant of approximately Rs. 4165 per resident is grossly inadequate as this also covers administration costs and salary costs.

- The Institution needs to be de-congested. The Special School building within Bodhi Peeth campus is likely to move to another location. And the currently existing building, with improvements, should be used to house residents and lessen the congestion in present building as an interim measure.
- As the staffing is very poor, adequate staffing with proper training and their service conditions needs to be addressed urgently. Bodhi Peeth needs more counsellors, house mothers, cleaning staff, and cooks.
- Accountability at every level needs to be fixed, close supervision of staff is required, and suitable reward systems for staff need to be put in place.
- Sanitation facilities and hygiene standards should be improved. Approximately 9 toilets for 93 residents is grossly inadequate. More toilets need to be provided.
- Laundry room needs to be created urgently.
- Leisure, recreational and outdoor activities need to improve so that residents may lead a better quality of life.
- Rehabilitation measures need to be introduced and therapeutic assessment needs to be made for each resident, and therapy needs to be provided.
- Regular visits by rehabilitation professionals like speech therapists, physiotherapists, occupational therapists, etc., need to be arranged for.
- Medical health facilities need to be improved considerably. Regular dentists, gynaecologists, paediatricians and other speciality doctors need to be empanelled, and visits need to be organised.

- Dietician needs to be empanelled and individual nutrition plans to be drawn out for those who need this.
- Emphasis on improving education and, if required, individual education plans need to be drawn out.
- All residents working in the home need to be paid wages which could be deposited in their bank accounts. If this is not possible, money earned could be used to provide basic necessities and toiletries, etc.
- The State should look at developing Bodhi Peeth as a Centre for Excellence as this is apparently the largest home of its kind in West Bengal.

II. KISHALAYA, BARASAT, KOLKATA (CHILDREN IN NEED OF CARE AND PROTECTION HOME) Registered under the JJ Act.

Observations

1. In total, Kishalaya Home for Children in Need of Care and Protection has 106 children. This includes 28 children with disabilities. Of these 28 children with disabilities, 3 are deaf and hard of hearing, 17 children are intellectually impaired with moderate disability, 3 have mental illness, and others have locomotor disability. Some of these children have a disability certificate. For those who do not possess a disability certificate, steps have been initiated to make the certificates available. The home is completely inclusive and all disabled children reside with non-disabled children of the same age group. Notably, only 6 to 18 year old reside in this home.
2. Two counsellors counsel children to get an idea from where they come, and are also sent to Varsha Clinic under District Legal Aid Authorities when counsellors fail to determine place of residence. ADHAR card is used to find homes. 4 children with disabilities have been restored to their families with the use of ADHAR cards. Some residents are from Bangladesh and Myanmar. All documentation for sending children back to Bangladesh

has been done and only approval from the Government of Bangladesh is awaited. The institute reports no death of any child in last five years.

3. The Home is spacious with open grounds. One 3-storeyed building only houses dormitories and 1 kitchen. There is a primary school in the compound which has 9 rooms for classes and vocational training. A separate building houses an office with 3 rooms. CWC also has a separate office in the campus. The buildings have ramps but no lifts.
4. Fire exits and safety plans are in place for all children including those with disabilities and fire drills carried out periodically. Fire-fighting equipment is also available to deal with small fires. Portable fire extinguishers are also installed.
5. There are 17 staff employed by government for this Home. This includes superintendent, social welfare officers, clerks, etc. There are 3 house fathers, 4 housekeepers, 2 counsellors, 2 child welfare officers, and 1 officer in charge. Additionally, 6 cooks prepare meals for residents.
6. The Home has proper boundary walls. Further for security, there are 12 security guards working across 3 shifts and 21 CCTV cameras.
7. 24 toilets provided for children in dormitories. Primary school has more toilets. Toilets are cleaned by a person hired for the same.
8. There is no tonsuring done for children with disabilities and they are allowed to keep different hairstyles.
9. Children with moderate MR reside with everybody else and there is no isolation policy.
10. There is no restriction on the areas accessed by children with disabilities. All places that are accessed by other children are also accessed by children with disabilities. There are 6 dormitories, each housing around 15 to 20 depending on age groups. Disabled children

are housed in dormitories along with other boys according to their ages. The school in the premises of the Home is also open to students with disabilities.

11. As per the Superintendent, some CwDs need caregivers for eating and toilet training. Currently, elder children provide this support.
12. All children, along with CwDs, do not have personal clothing and are provided three sets of clothing for a year.
13. There are adequate provisions for recreation in the Home. There is facility for playing football on the grounds. Further, park visits and picnics are organised. In a year, 2 outings are organised and CwDs also go for these outings.
14. As there are only moderately disabled residing in the home, aids and appliances are not required.
15. There is no dietician, but the home strictly follows standards prescribed by the Department. Fish and eggs are served thrice a week and meat is provided once a week. There are no special nutrition needs for children with disabilities and they eat what is served to all. As most children with disabilities have moderate disabilities, they do not require assistance in feeding but if required others help and assist.
16. One doctor visits thrice a week. Medical team from District hospital comes twice monthly. No ambulance is provided, but official car is used for hospital visits.
17. CwDs in the home have not been assessed for therapy needs. As per the Special Monitor, one child who has restricted movement in hands is in need of physiotherapy and another who has speech problem needs speech therapy.
18. Primary school, under the Department of Women and Child Development, inside the premises of the Home employs 2 craft teachers, 1 PT instructor, 1 music teacher, and 2

teachers. CwDs go to the said primary school but do not seem to be getting educated as no special educator is present and accessible material not provided.

19. No additional amount is provided by the social welfare dept for disabled children and all expensed of the CwDs are covered under JJ grants.

Recommendations

- It is recommended that additional staff should be provided for children with disabilities who need support in activities of daily living.
- Primary school needs to employ special educators to enable children with disabilities achieve quality education.
- Education material needs to be provided in accessible formats to children with disabilities.
- Therapy needs of children with disabilities need to be assessed and need based therapy should be provided. This would be important as all children with disabilities are with moderate disabilities and timely interventions can help prepare them for life once they complete 18 years of age and step out into the world.

III. PRAVARTAK HOME FOR INTELLECTUALLY IMPAIRED

Observations

1. Pravartak home for intellectually impaired was founded in 1986 by Pravartak Society, which also runs a home for elderly, school for deaf, etc. Since the Home is not sponsored by the State, they were reluctant to provide detailed information.

2. As per the Special Monitor, Mr. Ganguly, the head of the Home, is doing a brilliant job of single handedly managing the Home of 50 adults and children with severe intellectual disabilities without any State support.
3. 50 adults, both men and women, are housed in 2 separate buildings. 32 of them have MR with eplipsy, 4 are severely disabled with Cerebral Palsy and are confined to the bed. There are no fresh intakes, and all residents have been residing in this institution for decades. According to the Special Monitor, the residents do not have disability certificate and ADHAR cards.
4. The Home was initially supported by State with funding of Rs. 140 per child, later it was increased to Rs. 240 and Rs 500. In 2000, the Home gave up the fund transfer as the support amount was less and funds transfer was delayed. Since then, the Home is run through donations in kind, including food and clothes. No cash donations are taken.
5. Currently there are 3 house mothers and 3 cleaning persons in the Home. All work inside the home is done by residents, including security at the gate, which is manned by residents.
6. Women are supported by elder women to maintain menstrual hygiene. All cleaning work is done by residents, including cleaning of toilets and cooking.
7. As per the Special Monitor, there are no special educators and therapists to provide therapeutic interventions.
8. No recreational and leisure activities are provided by the administration and residents stay indoors most of the time.
9. Medicines are procured from pharmacists, especially for those who also have epilepsy, and when required residents are taken to hospital.

Recommendations

1. The fact whether State support is provided or the NGO generates resources in kind to run the home is a matter of consideration between the management of the Home and the Government of West Bengal. However, the State has a responsibility towards the residents who are severely disabled and require high support. Efforts need to be made to ensure that all interventions including issuance of disability certificates and ADHAR cards for those who do not have these, medical facilities, rehabilitation, therapy, etc are provided. As of now, the residents of this home do not get facilities of the government due to the absence of certification and thus are completely invisibilised.
2. Staffing is very poor. Adequate staffing with proper training needs to be addressed urgently. More counsellors, house mothers, cleaning staff, cooks are required.
3. Sanitation facilities and hygiene standards should be improved.
4. Laundry room needs to be established urgently.
5. Leisure, recreational and outdoor activities need to improve so that residents may lead better quality of life.
6. Rehabilitation measures need to be introduced and therapeutic assessment needs to be made for each resident and therapy provided.
7. Regular visits by rehabilitation professionals like speech therapists, physiotherapists, occupational therapists etc need to be organised.
8. Medical health facilities need to be improved considerably. Regular dentists, gynaecologists, paediatricians and other speciality doctors need to be empanelled and visits organised.

9. Dietician needs to be empanelled and individual nutrition plans to be drawn out for those who need this.
10. Emphasis on improving education is required.
11. All residents working in the home need to be paid wages which could be deposited in their bank accounts. If this is not possible, money earned could be used to provide basic necessities and toiletries, etc.

IV. SUKANYA HOME FOR DESTITUTE AND ORPHANED GIRLS (CHILD IN NEED OF CARE AND PROTECTION)

Observations

1. The Special Monitor met all girls with disabilities and observed them to be happy. The girls also displayed affection for the Superintendent and looked upon as a mother figure. The Superintendent, too, was observed to be happily interacting with the girls with disabilities.
2. The Home has 106 girls which include 7 girls with disabilities who have moderate disabilities including MR, ADHD and 2 residents with are deafness.
3. The Home is walled. Security guards are positioned and home has CCTV cameras installed.
4. The girls with disabilities are not restricted from entering any place and are allowed access to all places accessed by others. Furthermore there is no isolation policy since girls with moderate MR reside here and they are included in all processes.
5. Girls with disabilities are included in all leisure and recreational activities as provided to others of their age groups.

6. No tonsuring is done for girls with disabilities and they are allowed to wear different hairstyles.
7. For menstrual hygiene of girls with disabilities, assistance is provided by the elder girl residents.
8. There is no dietician in the Home, but it strictly follows standards prescribed by department. Girls with disabilities are provided food like all other residents.
9. Some of the girls with disabilities go to Bodhi Peeth school for intellectually disabled children, which is next door.
10. With respect to availability of aids and appliances for girls with disabilities, only moderately disabled girls reside in the home and do not required aids and appliances.
11. No special grant is made for girls with disabilities and they are covered under grants under JJ Act.
12. There are no therapists in the home and therapeutic needs of girls need to be addressed.

Recommendations

1. 2 deaf girls assist in the kitchen to cook meals. Whilst this is good, they need to be paid for this work. Bank accounts could be opened for them.
2. Therapy needs of girls with disabilities need to be assessed and need-based therapy should be provided. This would be important since girls with disabilities are with moderate disabilities and timely interventions can help prepare them for life once they complete 18 years of age and step out into the world.

Observations

1. Arogya Sandhan is an organization run by parents of children and adults with intellectual, developmental and multiple disabilities. The home is new, and was set up 2 years back by parents and managed by parents themselves. This involvement of parents is the reason why the home is different from other homes. No standards have been prescribed by State Government for the institution but it follows standards laid out by National Trust. The institution is registered under National Trust Act and the PwD Act of 1995.
2. The institution has a total of 18 residents (mental retardation, 1 with Cerebral Palsy, 2 with multiple disability, 6 with autism). Out of the 18 residents, there are 4 girls and women, and the rest are all men above the age of 18 years. The age-group of the residents is from 20 to 44 years. One resident is employed and has an ID. He gets salary of Rs. 3,600 in his bank account.
3. There are 2 and 1/2 floors housing 3 dormitories and 1 hall which is used for classes. Whole building is accessible. Ramps, lift and staircase are provided. 1 resident with Cerebral Palsy uses wheelchair, 1 resident uses walker. Girls and women are separately accommodated in first floor. Fire extinguishers are present on every floor.
4. The institution has one CEO, a special educator, 7 RCI trained and certified caregivers, 3 ayahs, 3 persons for housekeeping (1 male and 2 female). In addition, there are 3 cooks.
5. With respect to restoration, there is no need for it as only children with families are admitted into this institution.
6. Isolation is resorted to only in cases where the adult is hyperactive and his/her behaviour is unreasonable. There is one room for isolation. Residents are all adults above 20 years and have to be restrained by sitting on their backs. No medication is given in such situations. Isolation room is well ventilated. Adult is restrained for short periods depending on behaviour.

7. Time out is allowed to the residents.
8. There are CCTVs in every room and there are two security guards on the duty for 12 hourly shifts.
9. Vegetarian and non-vegetarian food is served to residents. Diet chart is prepared by dietician.
10. Each room has 2 toilets, totalling to 24 toilets. Menstrual hygiene managed by ayahs. Caregivers and women residents are also being trained.
11. Short hair-cuts and manicuring provided to all residents.
12. Special beds with railings that can be pulled up are available. Residents do not sleep on the floor.
13. All residents wear their own clothes which is supplied by parents. The parents also provide them with medicines.
14. Leisure activities include daily, outings, annual picnic, drama organized regularly for residents. TV and play games are also available to residents.
15. All staff are trained and certified by RCI, and re-training happens in house.
16. Drawing teacher comes in once a week. Sound and healing therapy supported by 3 parents also happens.
17. Doctors are available on call every Saturday. 1 counsellor is available daily and 1 psychiatrist is available on call. Medicines are provided by parents as required. There is no ambulance as of now as parents who work in the home have their personal cars.

18. Pre-vocational classes are held. Quizzes and puzzles are regularly given to the residents. Inclusive education school is there in the premises which is free of cost for the poor. Vocational training classes include *haldi* making, spice grinding, screen printing and phenyl making. These are then marketed.

Recommendations

1. Arogya Sandhan Home can develop into a role model institution in coming years as a result of involvement of parents.
2. Arogya Sandhan Home has applied for *Gharonda Scheme* of the National Trust. The State of West Bengal should further this and recommend them to National Trust.

VI. BODHI PEETH SCHOOL

Observations

1. Bodhi Peeth Special School for Intellectually Impaired Children was established in 1986 and run by the Mass Education Department, Government of West Bengal. It is the oldest special school in West Bengal.
2. In 2014, the school was shifted to Salt Lake.
3. The school has currently enrolled 48 children with intellectual and multiple disabilities. Notably, the school runs in 2 shifts.
4. One Teacher-in-Charge, 3 special educators, 2 craft teachers, 4 non-teaching staff, 1 part-time psychiatrist are currently present in the School.
5. School only has 1 office and 2 classrooms. It only has 1 toilet for staff and students.
6. School follows the Individual Education Plan (“IEP”), also called FACP (Functional Assessment Checklist Programming), for each child. There are 6 units: pre-primary, primary 1 and 2, secondary, pre-vocational 1 and 2.

Recommendations

- Mid-day meal should be provided to all students.
- The building is too cramped and the Mass Education Department is planning to shift the school to larger premises.