

Subject: Report about visit To Bikaner  
 To: sgnhrc@nic.in, US <covdnhrc@nic.in>

Date: 03/05/18 07:21 PM  
 From: "Dr. Vinod Aggarwal" <arsv50@gmail.com>

Report on Jail Bikaner april.docx (16kB)  
 Bikaner PDs.docx (55kB)

Human rights format as on 16.04.2018 (7).xlsx (32kB)

Report II about bikaner ICDS.docx (26kB)

**Dr Vinod Aggarwal, IAS(Retd.)**  
 Special Rapporteur for Central Zone  
 9910093988(mobile)

Dated: 4<sup>th</sup> May, 2018

I visited Bikaner in Rajasthan as per approval of NHRC, vide letter no 29/2-31/2017- Protocol, dated 20/04/18. The tour report – I, is about, my visit to central jail Bikaner along with the format of jail report.

II nd report is based on visit to Aanganwadi Kendras and discussion about the ICDS in Bikaner district. The coverage of ICDS through AWCs is only 17% for 0-6 children and less than 10% for pregnant and lactating women in the district. This could be considered lowest coverage of ICDS program in any district in the country. There are only 4 children who are severely malnourished in the district, which clearly establishes the bankruptcy of the ICDS program in the district. All the districts, which I visit in the state shows that the program is run in a way that there are no real need of the results and the expenditure must be getting siphoned off.

III rd report is about the visit to fair price shops and meeting with the District Supply officer of Bikaner. It is my feeling that state govt. in the state is not keen to implement the Aadhaar seeding and thousands of quintals of food grains are going to unworthy. The short comings in the program of Aadhar seedings etc has been brought out in report –III and not repeated here again and I have sent the reports by the mail.

I received one complaint of very serious complaint about District supply officer, Shri Gautam Chand Jain and his cohorts like enforcement inspector Shri Saroj Bishnoi, Deva Ram and computer assistants about major embezzlement of food grains in association with dealers. According to complainant these persons have found out a way to side step the system of e-pose machine. The state department of food and civil supplies has written to the district supply office about 12 fair price shops where irregularities were found. The whole seller had grave irregularities and many fair price shops have differences in stocks of more than quintals in grains. kerosene stock had a difference of 1525 litres which can be considered major irregularity. This information is as per letter, signed by Sangita Meena dated 3/11/17, from the Department of Food and civil supplies, This letter is enclosed by the complainant's letter on n/p 4-7.

Another letter obtained by complainant is the reply by district supply officer to the state govt. vide his letter dated-10/11/17 mentions that proceedings have been started against

7 fair price shop owners in Tehsil Poogal,

5 dealers in Nokha Tehsil.

4 dealers in Bikaner city.

8 dealers in Dungargarh Tehsil

9 dealers in Chattargarh tehsil

7 dealers in Lunkaransar Tehsil.

6 dealers in Khajuwala Tehsil and

7 dealers or whole sellers in Kolayat Tehsil have been found involved in major irregularities.

Out of these dealers, the DSO himself has written that FP dealer M/s Ishack khsn in Bikaner city has forged the papers 6404 litres of kerosene oil and also mentioned that that the dealer has misused Aadhar cards. The other 3 dealers in Bikaner urban had also committed big irregularities. Most of these cases should have FIR and dealers should have been behind bars. Such gross irregularities are not possible without involvement of DSO of the district. But it seems no action has been taken against him till date.. This irregularity has been reported by the District Supply office it seems at the instance of State Govt. and it is possible he may have down played the complaint as he could be in hand in glove with the dealers and no serious action has been initiated by DSO against any one of these about 53 dealers in the district. This report is enclosed from page 8- 25 in the plaint received by me.

The complainant Shri Dwarka Prasad Hatteela. Out of these dealers, The DSO himself has written that the dealer M/s Ishaach khan has forged the papers 6404 litres of kerosene oil and also mentioned that that the dealer has misused Aadhar cards. The other 3 dealers in Bikaner urban had done big irregularities. Mr Dwarka Prasad Hatteela is himself a fair price dealer seems inimical to the District Supply officer .But even than as the plaint has many verifiable facts, it is alluded that the Concerned District Supply office and his cohorts are managing the district Collector and/ or the state department of civil supplies. Despite of the complainant may be a habitual complainant and may have some personal axe to grind, the facts brought out and enclosed with his letter deserve examination at NHRC and than an enquiry committee may be constituted after seeking a fact finding report from the State Government on this matter where human rights of poor people are being compromised by this officer along with at-least 50-100 fair price dealers along with whole sellers of these commodities. His Petition which is almost in 50 pages is enclosed with this letter of mine, which I am giving by hand in your office for an action appropriate by the NHRC.

Yours Sincerely,

Dr Vinod Aggarwal.

Shri Ambuj Sharma .  
Secretary General,  
NHRC

**Report on visit to Central Jail Bikaner by Dr. Vinod Aggarwal - Special Rapporteur - on 26<sup>th</sup> April, 2018.**

Format of Jail report is enclosed as annexure-1, the central jail is newly constructed about 12 years old. The district Jail has been built but not separated till date, because of lack of personal.

**Recommendation after the visit, Discussion with Jail Deputy Superintendent of Central Jail and Deputy Jailor and inmates are as follows.**

1. The central jail was very old but 12 years back the campus was shifted to new campus. As such even the new jail is not far off with modern design and facility could be given to the jail and inmates may have a comfortable life
2. The jail is meant to house 1600 prisoners and at present the capacity up to 70 % is being used to house the inmates. There is no over-crowding in various wards. the Jail campus is spread over 160 Bighas and lot of space is available in the jail campus
3. Large no (638) of inmates who are going through rigorous imprisonment, but because of lack of entrepreneurship in the local jail management, not many of them are employed in the jail factories as The majority of inmates going through rigorous imprisonment could not be employed because lack of opportunities. The rate given to the inmates is also quite low. This is the area where jail administration may think to increase production many folds and at-least wages as per BPRD norms and employment to all those who want to work or required to work.
4. The jail should have a 80 - bed hospital, but in actual, it has 24 bed hospital including 10 bed dorm for TB patients. The women jail has space for treatment room and 4 beds . The doctors only visit

on call which is not correct. It is felt the treatment room at the women jail should be fully operational and the central jail side its capacity should be augmented. It is feeling that doctors are just whiling away the time and not devoting to the jail. The attendance system for medical personal need to be done in a way that their duty hours are verified.

5. 2 of the inmates complained for lack of availability of medicines and other treatment of stricture in the palm of the hand. The doctors available were requested to take care of these problem. The case of stricture in palm of the hand may require treatment at Jaipur as the tertiary care centre in Bikaner was not in position to handle it.
6. The Kitchen definitely requires up-gradation, in the form of provision of Chimney, Automatic door closure, Impermeable walls, wire mesh in the windows, Fly catcher in the kitchen,, along with modern platform are the immediate need. The flooring and other facilities need up-gradation. As such Kitchen had electric kneader and Automatic roti maker, but chappatti maker is out of order since installation and should have been replaced, which has not been done, Its gives employment to 35 persons in 2 shifts
7. As per high court order the jail authorities are finding difficult to make 6 kitchens for the inmates. When kitchen for every 200 inmates are to be made than no need of automation in the kitchen , but Implementation may not be easy even in this almost new jail..
8. Out of 438 prisoners who are under-trials, there were 31 are there more for more than 3 years and 10 are in jail for more than 5 years. These are the cases should be reviewed by the visitors and these cases should be decided fast by the judiciary, as it is said justice delayed is justice denied.

- 8
9. In the State of Rajasthan, the powers to the Divisional Commissioner in divisional HQ town jails and District collectors at other places are authorized are quite sufficient in granting parole and such complaints are much lesser, of not release as compared to UP and other states.
  10. There is shortage of personals Out of 139 posts of head warders and warders there are 84 in position, and out of them 21 are women and Jail administration is not able to handle that many numbers of lady warders. In jail service, the senior officers need to give guidance how these female warders can be used in major male jail. The Post of Jail Superintendent and 2 jailor and 4 deputy jailors are vacant. There was lack of supervision in the jail.
  11. Most of the places roads are not in good condition and many wards although almost only 12 years old and habitable, but gives a look of a thirty year old building because of poor construction and very poor maintenance..
  12. The posts of Sociologist, social worker, Psychologist are the need of hour in the jails. Besides the creation of positions of the supervisors in the production of various items they will impart training to the inmates. There is need of sales representative to augment the sales.
  13. There are 12 custodial deaths in last 3 years, only one case is a suicide. The other details related to the closure of cases, the jail authority failed to provide.

Dr Vinod Aggarwal  
Special Rapporteur  
Annexure 1

# Office of Superintendent, Central Jail Bikaner (Raj.)

## Inspection format

Jail's Name- Central Jail Bikaner

Date- 26.04.2018

Central Jail Bikaner (Rajasthan)		Male - 1512	Female- 88	Total: 1600
1	Name of the prison			
2	Sanctioned capacity of the prisons			
3	Prisoners profile	As on 26.04.2018		
3.1	Actual strength of the prisoners-	Annexure (A) Enclosed Herewith		
		Male	Female	Total
		425	13	438
		0	0	0
		0	0	0
		425	13	438
		21	0	21
		614	24	638
		0	0	0
		635	24	659
		1	0	1
		2	0	2
		0	0	0
		1063	37	1100
		0	0	0

3.2	The details of the prisoners including undergoing life imprisonment and under death sentence
	Male- 461 and Female -24 Total- inmates presently serving imprisonment for life and under death sentence- 00 Prisoners

3.3 Daily average strength of the previous month	around 1150
--	-------------

4 Accomodation

Area of the Jail	180 Acres
Age of the buildings	12 years
Status of building- to what extent. The provisions of model prison manual have been complied with in terms of location away from congested location of various blocks at a prescribed distance from the perimeter wall. Separate enclosures for the female ward etc. keeping the principles of safety and security uppermost in mind?	Yes
Problem of seepage, leakage etc.	No
Lighting and ventilation	Well
Institutional arrangements for repairs and maintenance	Yes, PWD dept.
Number of wards/ Barracks	12 Wards/ 48 Barracks
Number of special cells	49 (General cells)
Any other provisions	NO

4.1 Arrangement of seperation of.

Under trial	Yes
Young prisoners	Yes
Women prisoners	Yes
Mentally sick prisoners	Yes, (Mental Ward)
Drug addicts	No
Suffering from infectious disease like TB etc	Yes, (TB Ward)

5 Staff ANNEXURE (C) enclosed

Sanctioned strength (in various categories)	Serial No. Post	Sanctioned	Posting	Vacancy	Remarks
Actual strength (in various categories)	1 Superintendent	1	0	1	
Adequacy of otherwise of sanctioned and available staff	2 Deputy Superintendent	1	1	0	
Steps taken to fill up the vacancies.	3 Resident Medical Officer cum Superintendent	0	0	0	
Terms and conditions of service and employment of all categories of personnel keeping the service and morale	4 Specialist Medical Officer Psy.	1	1	0	
	5 Medical Officer	1	1	0	
	Medical Staff (on contract basis whole time)	3	3	0	
	6 Dental Technician	1	1	0	
	7 Jailor	3	1	2	
Has any objective and dispassionate assessment of the service condition vis-à-vis operational efficiency been made if so, what are the findings and what corrective measures have been taken	8 deputy jailor	7	3	4	
	9 Video conferencing operator	0	0	0	operated by Warder Staff
	10 Computer operator	0	0	0	operated by Warder Staff
	11 Clerk ( Upper division clerk)	2	2	0	
	12 Lower division clerk	4	2	2	
	Cashier	0	0	0	
	Junior Accountant	1	0	1	
	13 Chief Head Warder	0	0	0	
	14 Head Warder	14	13	1	
	15 Warder	125	50	54	
	16 Female Warder		21		
	17 Nurse ( male)	3	2	1	
	18 Nurse ( Female)	1	1	0	
	19 OAS	1	1	0	
	20 Cook	1	0	1	
	Factory Supervisor	1	1	0	
	21 Coinpounder	0	0	0	



22	Tailor master	1	1	0
23	Weaving master	1	1	0
24	Blacksmith Master	0	0	0
25	Carpentry master	1	0	1
26	Barber	1	0	1
27	Sweeper	3	2	1
28	Driver	1	0	1
29	Bagwan	1	1	0
30	Peon	2	2	0
31	generator operator	1	1	0
<b>TOTAL:</b>		<b>183</b>	<b>112</b>	<b>71</b>

5.1 Human Resource Development

Institutional arrangements for training of officers and staff in various categories.	No
Duration of training of each category	Not Available
Arrangements of the content quality and impact of training on correctional behaviour inside and on rehabilitation of the convicts after release need for further strengthening	Not Available
6 Right of Prisoners:	
6.1 Right to speedy trial	
No. of UTP's lodged in prison	438
What is the average duration for which they have been lodged in prison	Not Available
What are the contributory factors to delay in disposal of cases of UTP's?	Delay in the trial process
Specific suggestions to reduce this duration.	Speed up the trial process
6.2 Right to be released on bail	

No of petitions pending in the trial court for disposal	37
No of case where prayer for bail has been rejected but the advocate concerned has not yet communicated the reasons for rejection	Data not available
No. of cases where the prisoners are unable to arrange sureties	Data not available
No of cases where the bail amount is high. What are the specific suggestions to improve the situation and register expeditious disposal of pending bail applications.	Data not available
<b>6.3 Rights of the convict to appeal:</b>	
No. of cases where appeal petitions are pending in the High Court	Data not available
No. of years for which these petitions are pending contributory factors specific suggestions for expeditious disposal	Data not available
<b>6.4 Rights of convicts for premature release/ Remission</b>	
What is the composition of the State sentence review board	1). Secretary (Jail Department), 2). DG & IG of Jail Department, Jaipur 3). District Magistrate 4) Police Supdt. 5) Jail Supdt.
No. of cases pending for review	Data not available
Duration for which they are pending & reasons for pendency specific suggestions to expedite disposal	Release is pending for final consideration of the Board.
Procedure followed as per guidelines of NHRC and Sec 433 CrPc.	YES
Whether meeting SS R Board is held. Mention dates	Data not available
<b>6.5 Right to food</b>	

Scales of diet for various categories of prisoners	enclosed Herewith
Storage of articles	General godown
Arrangement of cooking and distribution of food	LPG cooking system in General kitchen
Mean and mode of preparation of food	LPG cooking system in General kitchen
Menu of food provided to the inmates procurement of eatables etc.	Edible articles are purchased through E tender presided by DG & IG of Jaipur (Rajasthan)
Does the kitchen have the following:	
i. A modern chimney regardless of the type of fuel used	NO
ii. Sufficient no. of exhaust fans	YES
iii. Fly proof automatic closing doors	NO
iv. Floors made of an impermeable material	YES
v. A platform for washing, cleaning and cutting vegetables	YES
vi. An electric kneader for preparing paste out of Atta prior to making chapattis	Yes
vii. Chapatti making machines/ mixers and grinders	NO
viii. Adequate no. of taps inside the kitchen	YES
ix. LPG and Hotplates	LPG cooking system
x. Container made of stainless steel to keep the cooked food hot prior to being served	Yes
xi. Cooking and serving utensils to be of stainless steel	For Cooking using Iron Utensils and for serving utensils to be stainless steel
6.6 Right to water	
Whether sufficient, clean and purified drinking water is supplied in the jail source of water.	YES, Drinking water supplied by Tube-well & R.O System

whether periodical cleaning of water storage tanks are done	Yes
whether sufficient water supply is provided in toilets and for bathing and cleaning of clothes purpose.	YES
General cleaning around source of water	YES
6.7 Right to sanitation	
Does every barrack used for sleeping have sufficient no. of W.C.s, urinals, and washing places at the ratio of 1 unit for every 10 prisoners	Yes
Are the latrines of sanitary type with arrangements for flushing	No
Is it ensured that toilets are places on in impermeable basis higher than the surrounding ground and are so built that the sun rays can easily enter the latrines and that rainwater is kept out	YES
Is it ensured that the latrines are so designed that all excreta and wash materials get into receptacles without fouling the sites.	Yes
have the inside walls of the latrine been fitted with glazed ceramic tiles upto a height of 1 meter from the floor level as far as possible	YES
6.8 Right to personal hygiene	
Does the prison provide covered cubicles for bathing @ one for every 10 prisoners with proper arrangements to ensure privacy	Yes
is it ensured that every prisoner takes bath as frequently as necessary for better personal hygiene according to climatic conditions	YES
Is it ensured that prisoner washes his clothing at least once a week	YES

<p>If so have you ensured the use of necessary washing materials ( soap, washing powder, detergent etc.) has been authorised for both male &amp; female prisoners</p>	<p>YES</p>
<p>is there a mechanised laundry to wash items of clothing and bedding at the time of return of these items to the clothing store</p>	<p>NO</p>
<p><b>6.9 Right to clothing</b> The model prison manual provides this right and the manner of exercise of this right both the convicts as well as the UTPs</p>	<p>Clothing is provided to all the convict prisoners and to those Under trial prisoners who require the same</p>
<p>Is it ensured that these provisions are being complied with</p>	<p></p>
<p><b>Right to health and medical care</b> The model prison manual provides this right and the manner of exercise of this right both the convicts as well as the UTPs</p>	<p>Yes</p>
<p>Is hospital accomodation available on the scale of 5% of the daily average of the inmate population</p>	<p>No</p>
<p>Is the location of the hospital sufficiently away from the barracks</p>	<p>Yes</p>
<p>are the floors and walls of the hospital of impermeable material</p>	<p>Yes</p>
<p>Is there arrangement of uninterrupted supply of potable water and electricity</p>	<p>Yes</p>
<p>Is there a hospital kitchen with arrangements for proper upkeep and maintenance</p>	<p>No</p>
<p>Is it ensured that ailing prisoners who have been admitted to the prison hospital get their diet (inclu milk) according to approved scales</p>	<p>YES</p>

6.10

Are samples being sent to approved laboratories for testing	Yes like HIV & HB
How often at what interval & with what findings	Regularly
What preventive and corrective measures have been taken to ensure the water is free from impurities & is potable	Water supply by PHED & R.O. SYSTEM
No of Doctors	1 permanent M.O., 1 Psychiatric
No of Para Medical personnel	7
No of Beds	17
Availability of medicine, Adequate/ inadequate	Adequate
Visits by specialists	Yes
Isolation/ segregation of patients suffering from infectious diseases	Yes
No of patients suffering from T.B.	1
No of patients suffering from HIV/ AIDS	5
Arrangement for detection and prevention of HIV/ AIDS	A.R.T CENTER Govt PBM Hospital Bikaner (raj.)
Are instructions about medical examination of each prisoner on admission being followed	Yes
Ambulance service	Yes
No of prisoners suffering from other chronic diseases like heart, cancer, irreversible kidney failure, cardio respiratory, leprosy etc and details of their treatment	HEART-20, CANCER-01
Drug de-addiction and counselling services	Yes

<b>8 Mental illness:</b>	How many mentally ill persons have been detained in the jail and for what duration?	53 inmates
<b>HOW MANY TIMES THE I.G. OF PRISONS HAS VISITED THEM U/S 39(1) of mental health Act 87?</b>	Jail Visit	Daily (Posted)
<b>What are the main observations</b>	How many times these persons have been visited by a psychiatrist or where a psychiatrist is not available by a medical officer empowered by the State Govt. u/s 39(4) of mental health Act 1987	Daily (Posted)
<b>9 Children staying with mothers ( Convicts)</b>	What checks and safeguards are being observed to promote health, safety, education, nutrition, immunization of children in 0-6 group while allowing them to stay with their mothers ( convicts) in terms of the directions of the Supreme court in R.D. Upadhyay Vs. State of Andhra Pradesh& others, WP No. 559 of 1994 with Criminal Appeal No. 69 of 2009 decided on 01/11/2000	0

Rules are Follow

<b>10 Institutional treatment</b>	Classification institutional routine educational vocational training and work spiritual development organised recreation	Vocational training on computer, electrical and electronic assembling, Fitter, Mechanical, garments, tailoring, wooden furniture making, Various Education programmes from IGNOU to post graduate levels. Meditation, Yoga classes, Reiki, English and Hindi drama. Sports, cricket, volleyball, badminton and a lots of indoor games.
Rehabilitation assistance canteen facilities	NO	NO
<b>11</b>	Daily wages prescribed both time rate and piece rate for:	NO
Trainees	Semi skilled workers	Semi skilled Rs. 130/- per day
skilled workers	mean and mode of payment of wages	Skilled Rs. 150/- per day
mean and mode of payment of wages	Technical Problem	Technical Problem
<b>12 Condition of Undertials:</b>	Detention period as on 16.04.2018	upto 3 months 170
upto 3 months	3-6 months	48

6-12 months	63
1-2 years	75
2-3 years	51
3-5 years	21
above 5 years	10 (Cause enclose)
Are Undertrials kept separate from convicted prisoners	Yes.
No of UTP granted bail but unable to seek release because of failure to arrange sureties	Data not available
Is there any problem of providing escorts to UTP for court appearance	Yes, No Sufficient escort available from police sp bikaner
Holding of Lok Adalats in jail premises	NIL

**13 Custodial death: Annual statement of**

deaths for last three years	NO
Annual statement of escape from the prison/ Escorts for the last 3 years	
Annual statement of deaths in last 3 years	12 (List enclose)
Have these deaths been investigated? If so what are the findings & general observations	Yes.
What checks and safeguards have been adopted to prevent suicides of prisoners	Counseling, Yoga, meditation, Psychotherapy etc.

**14 Women prisoners:**

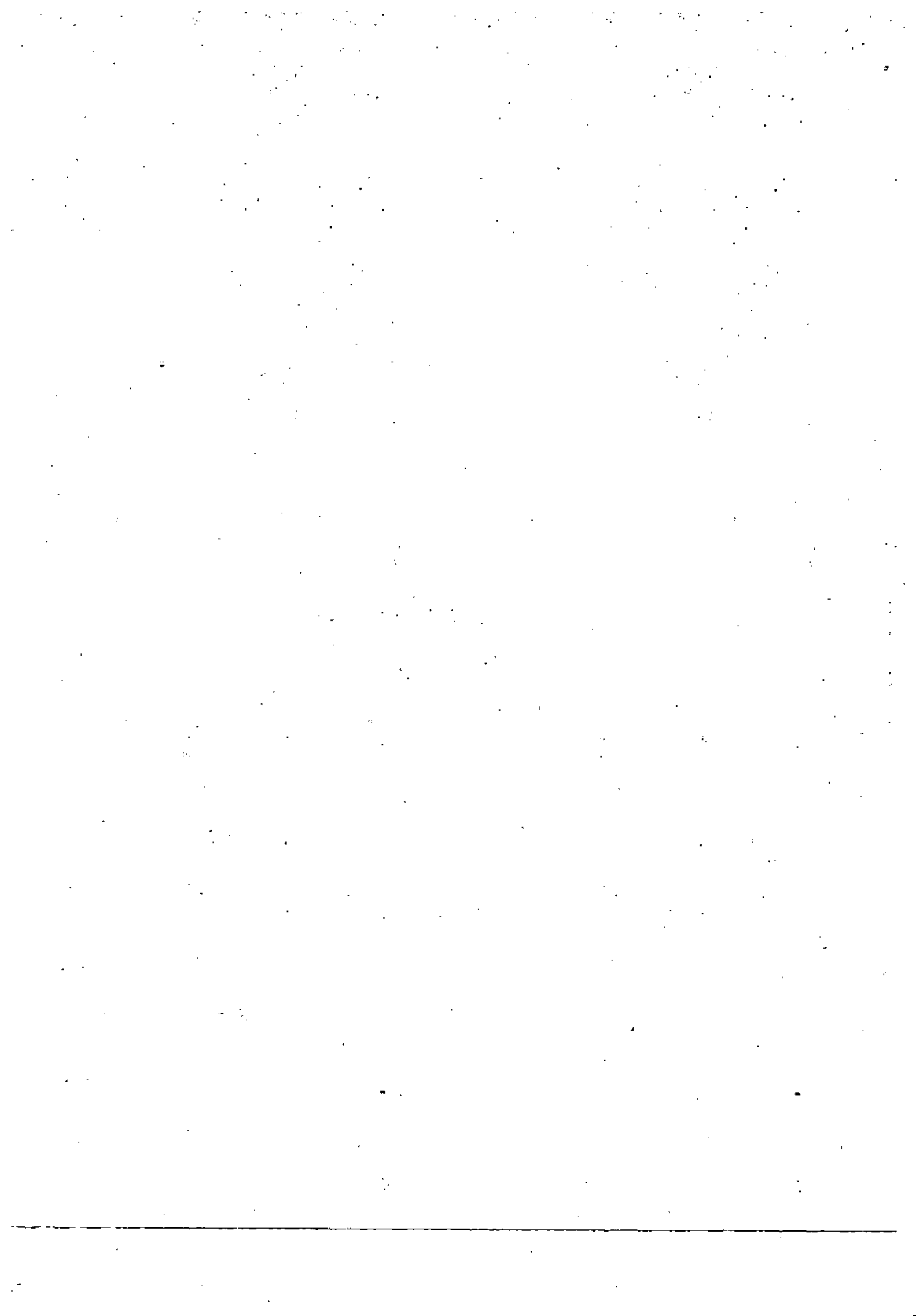
Sanctioned capacity	88
Actual strength	37
Details of staff	21 Female Warder, 02 Female Head Warder, 02 A.N.M.,
No of Children with women prisoners and their age group	0
are women prisoners kept in separate accommodation	No
Facilities for special care, education and recreation of young children staying with women prisoners	No



General comments on health facilities for women prisoners and children staying with them with special mention of availability or otherwise of a separate female ward in prison hospital and inoculation programme for the children		Yes
Facilities of vocational training for women prisoners		Yes
No. of women prisoners suffering from T.B. and psychiatric problems		01 Psychiatric
<b>15 Basic Amenities:</b>		
Letters (receiving, despatching and distribution system feed back by the senior officers and records maintained in this regard, if any		YES
Whether prisoners' rights have been displayed in the prison		YES
<b>16 Interviews of the prisoners</b>		
<b>16.1 Interviews of the prisoner by Jail/ District officials</b>		
Mean and mode of interview details of redressal of complaints, if any		By jail officers and judicial officers and monitoring committee
<b>16.2. System of interviews with family members and lawyers</b>		
What is the procedure which is in vogue for grant of such interviews		Through application process & V.M.S. System
How many such requests on an average are being received.		More than 40 per day
HOW MANY REQUESTS HAVE BEEN TURNED DOWN & REASONS THERE OF?		Requests are turned down only if the interview rules are not satisfied
<b>17 NO OF VISITS/ Inspections during the last one year by :</b>		
Judicial authorities	Regularly once a month	
Non judicial authorities		

18	Involvement of NGOs and social activists in prison activities:	YES
18.1	Functioning of board of visitors:	
	When was the board of visitors last constituted	Nil in the year of 2017
	What is the frequency of visits of the Jail by the BOV	Nil in the year of 2017
	Are the observations recorded by the BOV soon after the visit?	N.A.
	What is the current status of compliance with these observations?	N.A.
19	General remarks:	
	On the functioning of the prison administration, problems and grievances and suggestions for improvement	

Superintendent  
Central Jail Bikaner



## Report II

### Report on Status of Integrated Child Development Services (ICDS) in Bikaner district of Rajasthan by Dr Vinod Aggarwal, Sp. Rapporteur, NHRC on 27<sup>th</sup> April, 2018.

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

1. Supplementary nutrition
2. Immunization
3. Health checkup and Growth Monitoring
4. PRE-SCHOOL NON FORMAL EDUCATION
5. NUTRITION AND HEALTH EDUCATION
6. REFERRAL SERVICES

Above mentioned six services: Immunization, health checkups and referral services are offered in collaboration with health Department. In Bikaner ICDS was started long time back. At present there are 1327 AW centers and 176 mini - AWC sanctioned and out of which 1308 main and 130 mini AWCs are already running. There are 7 rural and one urban, total 8 projects, in the district. Under the guidance of the State Govt. there is convergence MNREGA for construction of AW Centers.

At present, 365 AW Centers are running in their own buildings. Another 354 are running in govt. schools. 159 are in other govt. buildings. Thus almost 22% are in their own buildings. Another 21% are situated in Govt. schools. Another 135 are in other Govt. building. Thus now more than 53 % AW Centers are in govt. buildings. Only 47% are running in rented or rent free building, which makes it very well endowed ICDS as compared to other districts of Rajasthan or other states.

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

Children 0-6 years in Bikaner	Beneficiary of ICDS in Bikaner	% of total children covered	Remarks
375314	65712	17.5	small coverage

0-5 years children in Bikaner district	0-5 children who are weighed	% of total 0-5 children who are weighed	Remarks
312762	79239	25.3	a small % is weighed

**2. Situational Analysis of Rajasthan, UP and Haryana along with data of country as a whole.**

Rajasthan now the area wise biggest state in western part of India is home to nearly 16% population of children in the age group of 0-6 years (Census 2011). That translates to total 12.5 percent of that population is in the age group of 0-6 years. A large number of these children live under difficult and challenging conditions, because of poverty, lack of education, information and health services. The situation is better than neighboring states of Haryana, Punjab and State of Delhi, but still 17% of female children who are above 6 years and have not attended the school as per NHFS 15-16. Still 17% of households improved sanitation facility. 78% house-holds don't have health insurance or health cover. More than 20% of women who married before the age of 18. Although UT of Chandigarh don't have the larger numbers of malnourished and under nourished children but still 29 % children below 5 years are stunted. There are comparative figures of Haryana, UT of Chandigarh and Delhi State and of whole of the country. Chandigarh generally has the better parameters on all heads, but still 4% children under 5 years are severely underweight.

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

Indicators	UP	Rajasthan	Haryana	INDIA
Total Fertility Rate ( TFR)	2.7	2.4	2.1	2.2
Institutional Birth %	85	84	80	79
Children age 1 -2 years, fully immunized	67	55	62	62

Under Five mortality Rate	47	51	41	50
Infant Mortality Rate	35	41	33	41
Children Under five who have stunted growth	46	39	34	38
Children Under five who are wasted	18	23	21	21
Children Under five who are underweight	6	8	9	7.5

#### 4. Reason for poor malnutrition and health indicators in Rajasthan and specifically Bikaner.

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

No of total Pregnant women	Regd under ICDS among them	% of coverage	Remarks
5865	4197	71	Better coverage as compared to children

But the figure is not reliable. If the figure of population of the district is about 23 Lakh with 3.12 lakh 0-5 children and TFR of 2.4 the every year delivered should be in range of 62-63 thousands not 5865 as suggested by

ICDS incharge. Similarly the information given about lactating mothers of 5351 is also not near with the actual figure of 60000 every year.

#### **5. Nutritional Status of Children of Bikaner**

There are 375314 children in 0-6 years in Bikaner. About 43557 children of 0-3 years are provided THR or take home ration for supplementary nutrition. About 44819 3-6 year children are provided THR of in the Aangan wadi kendras. In the Month of March 2018, weight for 0-5 children was taken for 79239 children out of which 70280 children were found of normal weight. Only 11 % or 8760 children were found under weight and but in case of Severely mal nourished children the figure was only 4 which makes it 0.001 % as compared to NHFS 15-16, it should be 8%. If these figure are relied and are correct than the NHFS survey figures can't be correct. If these figures are correct than, do we really need an elaborate ICDS program.

The CIA World Fact book- Unless otherwise noted, information is as per 1<sup>st</sup> January, 2018(enclosed) This entry gives the percentage of Children under 5 considered to be under-weight means weight for age is approximately 2 kg below for standard age of one year, 3 kg below standard for ages 2 and 3 years, and 4 kg below standard for ages 4-5. India is having a figure of 35.7 which matches our NFHS \$, 2015-16 survey. We are 5<sup>th</sup> lowest in the World. Only 4 countries are below us. Even SAARC countries as poor as us, like Pakistan is no 8, Bangladesh is no 7 and Nepal is no 9 from the bottom and better than India. Afganistan is 17<sup>th</sup> from the bottom should be considered shame on us, a country ravaged with internal war for last 35 years and could not have a Aanganwadi scheme running in that country. When I visit a district, the district authorities submit figures which are almost not possible. This is only possible if the real needy children are not reaching the ICDS scheme and it suits everybody as top class performance is reported, which I don't think is logically examined by the State Government.

Visited few centrters in the Bikaner rural and Bikaner urban area and it was realized that there are no proper toilets in AWCs. There is no potable water procided to the children coming under the AWCs when the number of awcs are 1308 and mini awcs are 130

23

how come the the total children getting benefits are only 65712 children, 4197 pregnant and 3644 lactating mothers. On average each centre has 51 beneficiaries, which include 5-6 pregnant or lactating mothers and 30, 0-3 year children, thus on average 15 children 3-6 years come to the AWC on daily basis which is low performance where more than 2-3 workers are working. The growth charts are not being properly maintained and many of the children did not have the immunization schedule being followed as per the requirement. The Children shifting from moderately malnourished to normal weight range are very few. The AWCs, I visited the no of Children going for moderately malnourished to normal zone and vice versa, there was very little difference. The 288 children out of total malnourished of 7110 showed some improvement and 221 shown declining of health parameters

**Recommendations: and Actionable Points**

1. THE CHILDREN SELECTION FOR AANGAN WADI CENTRES SHOULD MATCH THE STATE AVERAGE OF MAL- NOURISHED DATA, A DEVIATION OF 10-15 % SHOULD ONLY TO BE POSSIBLE BASED SOME PARAMETERS WHICH SUGGEST THAT DISTRICT HAS SUPERIOR PARAMETERS BASED ON INCOME AND OTHER SOCIAL PARAMETERS, MEANING THERE BY BIKANER IS INDICATING 12%, 0-5 CHILDREN COMING TO AANGANWARI ARE MODERATELY MALNOURISHED, WHICH IS 12 % BELOW THE STATE NHFS 2015-16. IT CAN'T BE RELIABLE.
  
2. We must fix a period in which a moderately malnourished child is restored to normal weight range in 9-12 months since he starts attending the ICDS.
  
3. For severely malnourished children, their number should have been around 8-9 % but the figures of district administration is unbelievably low and only 0.001 %. This number is totally unacceptable of only 4 children of severely malnourished in the whole district. the district authorities should be taken to task for under reporting and have a relook at these figures.



4. These severely malnourished children must be treated in NRC and that must be made mandatory, for 2-4 weeks should be brought from severe to moderate category in 6-9 months and that should be the parameter of AWC work performance in ICDS.

5. Out of more than 3.5 lakh, 0-6 years children only 17% are covered in the ICDS, which is very low. The coverage of pregnant and lactating mothers is also less than 10%. I feel the ICDS program is non starter the way it is being run in the district as no potable water, toilets and full immunization has also not been provided.

5. It seems the Govt. of India has also realized that the ICDS program has failed in evoking the desired results and quietly started a new program with name of National Nutrition Mission, with a target to prevent and reduce Stunting & Prevent Underweight prevalence in 0-6 children by 6% at the rate of 2% per annum. Further to reduce the prevalence of Anemia by 9% in 6-59 months of children and women and adolescent girls of age between 15-49 years, the rate of 3% per annum. The reduction of low birth weight by 6% is also one additional target. Well these should have been the goals of ICDS

29

## Report- III, on Public Distribution System in district of Bikaner in the Rajasthan State

As per Government policy, following 7 categories of families are not given benefit of National Food Security Act (NFSA). These are:

1. If the family owns a cement concrete house/flat on a plinth of 1000 sq ft in Municipal Corporation area or city area.
2. If the family owns a cement concrete house/flat on a plinth of 1500 sq ft in Municipality area or city area.
3. If the family has a Government /Semi Government/ local self governments employee in the family
4. If the family pays income tax,
5. If the family owns 4 land more than the prescribed limit for small farmers.
6. If the family owns a 4 wheeler other than tractors and other commercial vehicles.
7. If the family has income of more than one lack of rupees.

The others, who are included are either Antodaya family or BPL family. The third category is State BPL family and fourth category is Annapurna scheme beneficiary family. Besides these 4 types of families the following also get benefit of the PDS cards under NFSA:--

- A head of family is beneficiary of Chief Minister's lone woman scheme.
- B. When family is beneficiary of national widow pension scheme.
- C. When the head of family is beneficiary of national disability pension
- D. When the head of family is Beneficiary of Indira Gandhi old age pension scheme.
- E. When head of family is liberated bonded labour.
- F. When head of the family is home-less and in CM rehabilitation scheme
- G When family is among the specially notified as weaker scheduled tribes such as Sahariya and kathauti
- H. Land less agricultural labourer family.
- I Marginal farmers having land up to one hectare.
- J. Small farmers having land up to 2 hectares.
- K. Such SC/ ST families which are sufferers under the atrocities Act.
- L. The head of family is labourer under labourer social security act of 2008
- M Head of the family is registered under the construction workers act 1996.
- N. Students in all Government run Hostels
- O Rag Pickers families
- P. Surveyed families living in kutchi basti
- R. Residents of registered orphanages, old age homes
- S. Street -vendors

- T. Leper and cured lepers
- U. Cycle rickshaw pullers
- V. Wanderer tribes
- W Astha Card holder
- X Porters
- Y Non government cleaning personal
- Z Uttrakhand tragedy families

The NFSA has been implemented in the state since October 2013. In 2<sup>nd</sup> round Bikaner district was included since September 2016. Previously there were 384944 household with 2363937 units in the district. But after deletion of 90471 cards and some additions at present there are 300034 NFSA beneficiary families in the district. These about 3 lakh cards have now 14.09 lakh units. At present as per the information shared, about 23223 cards with 98597 units are without Aadhar seeding of any one from the card holder family. 2.78 lakh cards with 13.1 lakh units of NFSA beneficiary where head or member of family has seeding of Aadhar.

From the above information it is clear that Rajasthan state is being ahead of Bihar, UP in distribution of essential commodities through Aadhar linked cards. Rajasthan is behind Jharkhand and Chhattisgarh in the Aadhar seedings. The whole state of Rajasthan has 63.6 % Aadhar seeding. The district of Bikaner is third from below in State of Rajasthan, where only 50% Aadhar seeding has been done. There are 13.1 lakh units of Aadhar, out of which only 6.89 lakh units have Aadhar seeding has been done. With this about 50% of Aadhar seeding, the district supply office is claiming to cover 94% of NFSA families have coverage. The different rural and urban area of the district have different level of Aadhar seeding. Urban area especially Bikaner are much below the target NFSA units and some area are above the units to be given in a region. The District supply officer was not concerned about it but to me the no of seeded units much below the target has great significance. The area having 87 % seeding in Nokha rural AREA AND Bikaner urban area has only 31% seeding much below 53% is of great significance. This shows either excessive NFSA beneficiary in some regions are more and reasons need to be investigated. The table on the next page may be seen:

Blocks and urban areas In Bikaner district	No. Ration cards / house hold in region	Total population	% Achievement expected	Unit of NFSA to be achieved	current NFSA unit	units seeded with aadhaar in %	Difference +/-
Bikaner R	35930	233937	69.1	161627	167112	71.4	-5485
Bikaner U	115380	644406	53	341535	200710	31.1	140825
Nokna R	55992	374177	69.1	258519	324462	86.7	-65943
Nokha U	9630	62699	53	33230	34136	54.4	-906
Dungargarh	34386	241025	69.1	166524	122969	51.0	43555
Dungargarh	8049	53294	53	28246	43988	82.5	-15742
<b>Total</b>	<b>384944</b>	<b>2363937</b>		<b>1504240</b>	<b>1409116</b>	<b>53.9</b>	<b>95124</b>

From the above table it is clear that Ration cards are issued nor in orderly way and neither in a way that NFSA is implemented in true spirit. If in urban area of Bikaner there should have been 341535 units based on 53% coverage and if only 200710 units are issued, than reasons for the difference should be clear to the District supply officer, which he was not able to explain at all.

There was a complaint about the working of District Supply officer, which I will be handing over the Secretary General separately.

#### **Recommendations:**

1. The district authorities are now going very slow about deletion of units, It seems that, this step is against the personal interest of employees in the food department and public at large. The linking of units with Aadhaar is only 49 %, and almost 50% of people are given ration based on other identifications.

2. The remaining verification and Aadhaar linking must proceed in a way that it is completed before the elections in the State this year. Directions need to be given for completing the verification in next 3 months. But it seems impossible.

3. In some Blocks like Nokha instead of 69% of people getting NFSFA, 85 % people have given the ration cards. There should be reasons for that

21

4. The Blocks and urban area falling behind should have a team of officers with proven record to get the work completed in short span, than only the Aadhaar linking will get completed and bogus units will finally get deleted.

5. A complaint was received that the shops don't open for the prescribed time and many times consumers go back without collecting their ration as shop is found closed.

6. Large no of APL have been covered by the NFSA. It need to be seen whether inclusion of large no above poverty line( APL) families in the ambit of NFSA. It should be examined whether state Government is well with in its power to include large no of APL families in the Ambit of NFSA. Like in the district of 3 Lakh NFSA families, out of which more than 50% are APL families who have been included in the ambit of NFSA.

7. The State Government has also included 24321 about 8% families in NFSA for which whether state is empowered or not.

## Report- IV, on Public Distribution System in district of Raipur in the Chattisgarh State

As per Government policy, following 4 categories of families are not given benefit of this system. These are:

1. If the family owns a cement concrete house/flat on a plinth of 1000 sq ft.
  2. If the family has a Government employee in the family
  3. If the family pays income tax,
  4. If the family owns 4 hectares of irrigated or 8 hectares of un-irrigated land
- The others are given either Antodaya ( pink) card or Priority house hold(Blue) card. The third category is green ration card for disabled persons' family.

### The Pink Card is given

When the head of family is a widow/ abandoned or lone woman

When head of family is suffering from serious or untreatable disease.

### When the head of family is disabled

When the head of family is 60 years and above and do not have sources for livelihood.

When head of family is liberated bonded labour.

When head of the family is home-less

When family is among the specially notified as weaker scheduled tribes.

### The Blue card given to Priority Card Holders(PHH) are

- 1. land-less agricultural labourer family.
- 2. Marginal farmers having land up to one hectare.
- 3. Small farmers having land up to 2 hectares.
- 4. The head of family is labourer under labourer social security act of 2008
- 5. Head of the family is registered under the construction workers act 1996.

From the above information it is clear that despite of Chattisgarh state is being head of Bihar, UP in distribution of essential commodities through aadhar linked cards. But Jharkhand and Chattisgarh seems to be at the similar level of completion. When one examines the verification of the whole household members than average falls to 85% in the whole district of Raipur. The rural blocks of the district the blocks of Amanpur and Dhariswa are below the district

