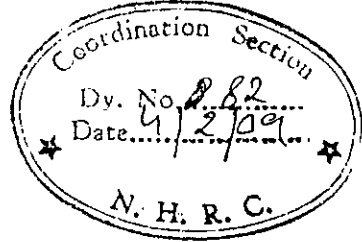


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From
Damodar Sarangi
Special Rapporteur
NHRC, East zone 1

Aurobindo Villa
Anant Vihar
Plot no-217/4
Pokhariput,
Bhubaneswar- 751020

DS/ Spl.Rptr / NHRC 12/ 01-09

Dated: 29th January, 2009

To
Mrs. Aruna Sharma, IAS
Joint Secretary
National Human Rights Commission
Faridkot House, Copernicus Marg,
New Delhi - 110001

Submit on file
J.P.A. *A.P. 2009*

Subj - Workshop on Human Rpt to Awareness and Facilitating Assessment of Enforcement of Human Rpts

Kindly refer to your D.O no. 1/8/2008-PRP&P dated 13.1.2009 on the above subject and my tour programme submitted to the secretary general under my memo no. DS/ Spl. Rappt / NHRC 01/1-09 Dt 9.1.2009.

2. As proposed in the tour programme, I reached Bhabanipatna (head quarters of Kalahandi district) on 20.1.2009 and halted there till 25.1.2009. During this period I visited district jail Bhabanipatna to verify the living conditions of the prisoners and to determine if their human rights are being properly respected and adequately protected by the prison and other authorities. A detail visit note, which is under preparation will be submitted to the commission in due course.

USCC
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3. During the said period I also visited 4 schools, 5 health centres (two PHCs, one CHC one sub centre and the district hospital), two PDS outlets and two police stations to collect required information relevant to the workshop on "Human Rights Awareness and Facilitating Assessment of enforcement of Human Rights in Kalahandi Distric " proposed to be organized shortly at Bhabanipatna by the Commission. A survey report, based on my field visits is also under preparation and will be sent to you in the next few days. Further information could be collected and collated during the first two days of the workshop as is proposed in the tentative programme enclosed with your DO under reference.

SAGS

4. During my visit to the district I also held discussions with the district collector to finalise the arrangements required for holding the workshop. Initially the district administration was reluctant to hold the workshop at Bhabanipatna due to 'lack of infrastructural facilities' and had suggested that the workshop be held at Balangir. I explained it to the collector

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that this workshop is meant to dwell upon human rights awareness in Kalahandi district and the working of various schemes introduced by the central and the state govts for the actualization of the rights to health, food, education, custodial justice etc in the district ,and as such it is imperative that the workshop is held in a place within the limits of the district. Besides, the facilities available at the district head quarters (as verified by me during my visit) are considered to be fairly adequate to meet the requirements of the workshop.

5. The collector has now accepted the responsibilities associated with the holding of the workshop. The workshop is proposed to be held in the conference hall of the collectorate, which could accommodate about 100 participants. The district circuit house has four suites and four more will be ready in a fortnight's time. The hon'ble member, senior officers from the commission, and officers from the state government, likely to attend the workshop could be accommodated in the circuit house. Besides, hotel accommodation and accommodation in other government bungalows are also available as informed by the district administration. The district officials required to attend the workshop would not require any accommodation for their night halt at Bhabanipatra as most of them will come from the district head quarters and the rest will commute from their respective head quarters.

Space for serving working lunch is available in the collectorate adjacent to the meeting hall. Transport requirements could be met by mobilizing govt vehicles at the disposal of the district administration and hiring additional vehicles depending upon actual requirement.

6. Elections to Orissa State Assembly and the Lok Sabha are expected to be held in April-May 2009. It is therefore desirable that the workshop is held before mid March 2009 i.e. before the district officials get occupied with election related duties. The commission may fix a suitable date for the workshop taking into consideration the above points and communicate the same early to the district administration so that they could start necessary preparations for the same.

Damodar Sarangi

Copy to:

Shri A.K.Jain, IAS, Secretary General National Human Rights Commission
Faridkot House, Copernicus Marg, New Delhi - 110001


Damodar Sarangi

169.22/LR.

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From
Damodar Sarangi
Special Rapporteur
NHRC, East zone 1

- Aurobindo Villa
Anant Vihar
Plot no-217/4
Pokhariput,
Bhubaneswar- 751020

DS/ Spl.Rptr / NHRC 1/ 02-09

Dated: 7th February, 2009

To
Mrs. Aruna Sharma, IAS
Joint Secretary
National Human Rights Commission
Faridkot House, Copernicus Marg,
New Delhi - 110001

Submit on file

Di/A *10/2/09*

Sub- Human Rights Awareness and Facilitating Assessment of
enforcement of Human Rights in Kalahandi District.

see

Kindly refer to my memo no. DS/ Spl.Rptr / NHRC 12/1-09, dated
29.1.2009 on the above subject.

2. I am enclosing a note on the status of Health Services, Education,
Public Distribution System and Custodial Justice in Kalahandi district,
as verified during my field visits to various units in the district from
21.1.2009 to 25.1.2009, for your information and necessary actions. I
propose to gather additional information on the subject during my next
visit to Kalahandi for attending the workshop. These information may be
of some assistance to the commission in formulating appropriate
recommendations for improvement of the quality of life of the residents of
the district.

Damodar Sarangi
Damodar Sarangi

Copy to:
Shri A.K.Jain, IAS, Secretary General National Human Rights Commission
Faridkot House, Copernicus Marg, New Delhi - 110001- for information and
necessary action.

Note on the status of Health Services, Primary Education, Public Distribution System and Custodial Justice in Kalahandi district as verified during the field visits of Shri Damodar Sarangi, Special Rapporteur NHRC (East Zone-1) to Kalahandi district from 20.1. 2009 to 25.1. 2009

I visited Kalahandi district in Orissa from 20.1.2009 to 25.1.2009 to collect required information/data, relevant to the workshop on "Human Rights Awareness and Facilitating Assessment of Enforcement of Human Rights", proposed to be organized by the commission shortly at Bhabanipatna (headquarters of Kalahandi district).

2. During this period I visited district jail Bhabanipatna, four schools, five hospitals and health centres, two PDS outlets and two police stations in Bhabanipatna and Dharmagarh subdivisions of the district as per details below.

Sl. No.	Dates of the visits	Places visited
1.	21.1.2009	District jail, Bhabanipatna
2.	22.1.2009	Dedhar Project Upper Primary school, PDS outlet at the premises of Dedhar Gram panchayat office, primary health centre Dedhar, Ashram school Golamunda, Medinipur central primary school, PDS outlet at Panchayat office Medinipur.
3.	23.1.2009	Karlapada PHC, Health sub centre at Chahagam, Borda CHC, District jail Bhabanipatna.
4.	24.1.2009	Kiapadar govt upper primary school, district headquarter hospital Bhabanipatna, district jail Bhabanipatna, town police station, Bhabanipatna.
5.	25.1.2009	Kesinga police station, Kesinga

My observations on the working of these units/ institutions are summarised below.

1. Bhabanipatna district jail

I visited the district jail on 21.1.2009, 23.1.2009 and 24.1.2009 for the verification of the living conditions of the inmates and to determine if their human rights are being properly respected and adequately protected by the jail and other authorities. A comprehensive visit note, covering all aspects of the prison conditions, the grievances of the prisoners and my recommendations for improvement of the living

conditions and proper enforcements of the rights of the prisoners is under preparation and will be separately submitted to the commission in due course. The following broad observations may be useful for the purposes of the workshop mentioned above.

- i) There is a six bedded hospital in the jail with a sanctioned staff strength of one doctor and one pharmacist. The post of the doctor is lying vacant since 31.5.2008. The CDMO is sending one doctor for an hour everyday to attend to the patients in the absence of the regular doctor. There is no ambulance or any other transport in the prison. Sick prisoners are shifted to outside hospitals only with the approval of the collector. In emergencies such approval is obtained over phone. This procedure involves avoidable delay. There have been at least 2 cases of custodial deaths during the last three years, in which the subjects died on way to better hospitals. The existing procedure for shifting inmates to better hospital requires review. Perhaps the superintendent could be authorized to send patients outside for treatment on the recommendations of the MO.
- ii) There is no shortage of medicines.
- iii) There are 18 mentally ill prisoners in the jail. There is no psychiatrist in the entire district. A psychiatrist from the medical college in Sambalpur, visits them once in six months. This is a blatant violation of the provisions of the Mental Health Act 1987.
- ii) The weaving and carpentry units in the prison are lying idle due to dearth of raw materials. The local forest officials are reluctant to supply timber to the jail. Consequently the prisoners, some of whom are very good workmen are being deprived of wages and remissions.
- iii) Fire wood is being used in the kitchen whose walls and ceilings are full of charcoal soot. Switching over to gas ovens is recommended. Cooked rice is piled over a tiled platform. This is not hygienic. Bamboo baskets may be used to store cooked rice. Rs 35/- per day per head is sanctioned for prisoners' diet. Hospital diet is as per the MO's recommendations. The diet scale is satisfactory.
- iv) Some TV sets have been gifted by outsiders. A machine for supply of safe & cold water has been accepted from Vedanta Alumina Ltd. Items in aid of entertainment, welfare, games and sports should be provided by the department. Dependence on private industries in particulars, may not be desirable. The library is defunct. Available books are locked in an almirah and dumped in a godown. The teacher appointed for the jail is working as a clerk. A convict prisoner is in charge of education of the

inmates. No one has passed any board examination from the jail in recent years.

v) PHD water supply is irregular. On half of the days the taps are dry. Prisoners pull water from the wells. There was no serious complaint over the issue of soap, oil and detergent powders.

vi) Issue of uniforms is not quite regular.

vii) Grant of parole has been few and far between. Those, whose appeals are pending are not granted parole. Many appeal petitions are pending for years. The refusal to grant parole during the pendency of such appeals therefore appears to be unfair.

viii) Interview

There is no interview room. Visitors have to interact with the inmates standing on the road through netted windows on the jail office wall.

ix) There are a number of very old and infirm inmates in this prison. They find it extremely difficult to bear the rigors of prison life. Shifting them to an open jail/opening a separate ward with facilities that could ensure reasonable comfort could be considered

x) The post of prison welfare officer is vacant. Six posts of warders are also vacant. These posts are expected to be filled up soon.

xi) The sanctioned capacity of the jail is 355(338 males and 17 females). As on 21.1.2009, 404 prisoners were locked in the prison (convict 228, under trial prisoner-176). Two of the convicts (including a woman) have been awarded the death penalty which is yet to be confirmed by the High Court. They have been accommodated in common wards which is not in order. One child is staying with its convict mother. The prison is marginally overpopulated.

xii) The jail buildings were constructed in the year 1936 and are fairly old. A new block of wards (ward 1&2) has come up in the year 2007. The quarters available for the staff are inadequate. 18 old quarters meant for the subordinates are unfit for occupation. The warders' barrack is dilapidated. Part of the jail land is under unauthorized occupation. There is a proposal to construct a shopping complex in the jail land, on the ground that this would stop further encroachment and earn revenue. The proposal is clearly absurd and should not go through.

xiii) Grievances of the prisoners mostly related to delay in trial and appeal, refusal of parole, and concerns for the education and sustenance

of minor children and unemployed wives left behind. The absence of a trained welfare officer is a serious handicap.

xiv) 5 prisoners have been granted bail but have not been able to find sureties apparently due to penury. The assistance of public spirited persons/institutions may be enlisted for their release.

2. Project upper primary school, Dedhar

I visited the school on 22.1.2009. There are eight classes in this school (from class 1 to class 8). The headmaster, Sri Kailashnath Das is a regular employee of the govt and gets a gross salary of Rs 12000/- per month. His qualification is matric CT. Besides the head master, there are three Janasikhyaks who are paid wages @Rs 1750/- each per month. These three i.e. Ranjit Sabar, Pankaj Sabar and Kailash Majhi are matriculates from the local village. All of them were found absent at the time of my visit i.e. around 1120 hrs. Ranjit Sabar and Kailash Majhi appeared at about 1040 hrs. Pankaj Sabar did not turn up till we left the school. The local residents complained that the teachers come to the school around 1100 hrs and leave by 1300 hrs. Smt Rashna Majhi, also a matriculate from the local village is in charge of bringing dropout girl children to the school. She also teaches in the lower classes. She gets Rs 500/ per month.

153 students are enrolled in the school. The class wise breakup is as follows.

Class i	32
Class ii	27
Class iii	29
Class iv	20
Class v	14
Class vi	13
Class vii	10
Class viii	8

These figures suggest that a number of students drop out before they complete primary education. Attendance figures ranged from as low as 30% on certain days to more than 70% on some other days. These figures were 79/109, 46/130, 84/130 and 38/127 respectively on 26.2.2008, 26.2.2007, 9.1.2007 and 17.11.2006 respectively.

Students have been provided books free of cost. Girl students have been provided with uniforms free of cost. All the students are being served midday meals. Teaching aids and equipments like maps, charts and bone models etc, supplied to the school about two months back, have not been unpacked yet. Sports kits for cricket, badminton and

volleyball etc are also lying unutilized. Available buildings and class rooms are considered adequate. There is no source of water. A tube well requires to be dug. I took the tests of the students of class viii in mathematics, and class IV in Oriya and arithmetic. Their performances were found to be dismal. Not a single student of class viii could solve a single problem in mathematics listed in their course books. No one could write correctly "Do you know Alexander the great?", a line again from their course book. Only one boy from class (iv) could multiply 8 to 7 correctly.

The local residents complained about poor quality of midday meals and said that only a handful of rice was served to every child which is not enough to satisfy their hunger. The cook and her assistant complained that their wages i.e. Rs 200/- and Rs 100/- respectively per month, are too meager. Some residents complained that supply of books to the students of class i, ii and iii was irregular. Many complained that the teachers are not only irregular, but they did not have adequate skill and knowledge to teach even in the primary classes. These allegations appear to have substance.

It is interesting to note that Sri Kailash Majhi who teaches social studies to the upper primary students did not himself know what 'Industrial Revolution' means. Industrial revolution happens to be the first chapter in the text book. There is a Village Education Committee with Sri Krushna Chandra Sabar as its president. He is under the impression that his only responsibility is to verify whether the teachers are coming in time and if midday meals are being served regularly. Other villagers complained that the president was not selected democratically and does not represent majority of the guardians.

The overall impression I gathered from my visit to this school is that while physical infrastructure and material support to the school have improved in recent years following the introduction of Sarbasikhya Abhiyan and other schemes, quality of teachers and the standard of teachings leave much to be desired. The state government have stopped recruiting teachers since the year 1998. Part time teachers engaged on contractual basis, have hardly the competence to impart quality education to the students. The system of formal inspection of the schools has been all but discontinued. During flying visits, SIs and the project officers are merely verifying whether mid day meals are being served and funds allocated for buildings, materials and equipments have been utilized. They have rarely bothered to verify the quality and methodology of teaching available to the students.

3. Ashram school, Golamunda

This is a residential school run by the social welfare department meant primarily for the education of tribal students. The school has 8 classes (class I to viii), six teachers and 470 students of whom 350 (all tribals) live in hostels. The rest 120 are dayscholars drawn from all the communities. The govt pays a stipend of Rs 500/- per month per boarder towards expenditures on food, uniforms, sanitation etc. Yearly, two sets of uniforms are issued. Against 350 boarders there are only 40 beds. Most of the students sleep on the floor. The floors of the dormitories are broken and plasters are peeling off the walls and ceilings. The hostel buildings were constructed only in the year 2001. It is therefore apparent that the building materials used were inferior and the quality of construction poor.

Of the six teachers, three including the headmaster were absent. One of them was on leave. The other two were reportedly on official duty out of headquarters. In the attendance file I saw two leave applications for leave of absence on 17.1.09. Interestingly the attendance register for 17.1.09 was signed by both the applicants, which tempts one to believe that such applications are being filed merely to mislead inspecting officers and that unauthorized absence is quite common. No record of inspections was available. The teachers present in the school pleaded that the same could be with the Headmaster. I propose to visit the school again during my next visit for verification of the quality of teaching and the standard of performances of the students in the presence of the headmaster.

4. Medinipur central primary school

This primary school has five classes i.e. from I to class V. Class III and class V have two sections each. In all, there are 377 students (class I- 70, class II -73, class III -82, class IV -68 and class V- 83). On the date of my visit only 248 students, that is about 66% of the enrolled strength were present.

Eight regular teachers, one Sikhya Sahayak and one Gana Sikhayak are posted. Two of them were absent ostensibly on medical ground. The Headmaster Sri Balakrushna Nag is from Medinipur itself. The Sikhya Sahayak and the Gana Sikhayak are also locals. All the other teachers are from Bhabanipatna. It is difficult to justify posting of 8 regular teachers and 2 contractual teachers in a school with 5 classes whereas in Dedhar U.P school only one regular teacher and three Gana sikhayaks have been posted for eight classes. The district Inspector of schools could not give any cogent reason for such unequal distribution of teachers and pleaded that the district and block level transfer committees chaired by the collector and the local MLA respectively are authorized to order such transfers. He also mentioned that since the year 1998 no regular teacher has been appointed. The Sikhya Sahayaks

engaged by the Zilla Parishad are working against vacancies of regular teachers.

The disparity in the strength of teachers posted to different schools gave an impression that teachers are reluctant to work in the interior areas and have largely been posted in schools in the vicinity of the district and sub divisional HQs.

I took the tests of students of class V. Of the 31 students present, only two could correctly find the LCM of 2, 3&4. Not one of them could spell the word 'farmer' correctly. The school was last visited by the block resource centre co-ordinator on 17.7.08. On that day 246 of 368 students were present in the school. He gave instructions about book distribution, cleanliness of the campus and use of TLM, but did not test the academic standards of the students. I went through the inspection register of the school. It was a treat to find the objectivity and thoroughness of the inspecting officers who visited this school in the years between 1920 and 1970. They invariably spent sometime in taking the tests of the students and issuing advisories to the teachers for improving the standards of their pupils.

It is unfortunate that in spite of increasing material support from the govt, the quality of instruction in the primary schools has actually gone down. There is no playground in the school. Nor there is a library. Under the district primary education programme some books were issued which are locked in the almirah in the head master's room.

Pass - Fail system has been abolished. Only those students who remain absent for the greater part of the year from school are detained. No periodical progress report is issued. Mark sheets are issued after the annual examination.

5. Kiapadar government UP school

This school is located inside reserve forests close to Bhabanipatna. The primary section was established in 1965 which was upgraded to an UP school 1989.

The class wise student strength is as follows.

Sl.no	Class	No. of students
1	I	19
2	II	19
3	III	31
4	IV	19
5	V	20
6	VI	61
7	VII	30
8	VIII	14
Total		213

Only 126 students i.e. approximately 60% of the enrolled strength was present on the date of my visit. There were only 5 class rooms. Students of class I to class IV were herded into one tin shedded hall. 21 girls from class VI are also accommodated in this hall. They and the 14 students of class VIII were all drop outs and have recently been persuaded to rejoin and stay in the hostel for girl students. The academic standards of the students were found to be quite poor. Of the 8 class V students present on the day of the visit, four could not add 888 and 3. Three of them said the sum should be 1221. No one could reproduce correctly a line from the Oriya text which when translated reads 'Chakradhar and Chandrika are siblings'. There are six regular teachers and 3 Gana Sikhyaks in the school, against a total of 8 classes. It is therefore not understood why 5 to 6 classes should be herded to one hall for teaching simultaneously by two teachers.

Like in other school, accommodation and other physical support to the school were found to be satisfactory. The teachers have taken some interest in bringing back dropout girl students to the school. They have been provided uniforms and free boarding and lodging. But like in other schools the standard of instructions has remained poor.

6. PHC Dedhar

I reached PHC Deora at 1315 hrs on 22.1.2009 only to find that the PHC was under lock and key. Not a soul was found there. The local residents complained that the PHC remained closed on most of the days. Once or twice a month it is opened for one to two hours. The post of doctor is lying vacant since long. The paramedical staff remain mostly absent.

Later I verified from the CMOH that one pharmacist, two class IV employees and one health worker are posted here. The health worker is reportedly suffering from paralysis and has been sent on deputation to Karlapara PHC. The remaining three paramedical staff have remained unauthorisedly absent leaving the hospital under lock and key. The CDMO promised to take disciplinary action against them. It is however difficult to believe that the senior functionaries of the health administration in the district were unaware of the situation. The villagers complained that they had informed the CDMO and the BDO about the misconduct of the staff in the past without any result.

7. Kalapadar PHC

This PHC was opened in the year 1967 in buildings that belonged to the local panchayat samiti. The sanctioned strength of the Health Centre is 1 MO, 1 Pharmacist, 1 Health worker (woman), two attendants and one LH visitor.

This is single bedded hospital. Indoor patients are accommodated in a room in the right flank of the hospital building. There is no record of

admission of indoor patients. Women in labour are usually accommodated in this room for a few hours before and after delivery. This room does not have a toilet or any source of water. 7870 patients (including 1600 old cases) reported in the out door during the current financial year. The common complaints were malaria and Diarrhoea. There is no facility for any pathological tests in the hospital. Patients are referred to private clinics for such tests. There is no ambulance or any other transport in the PHC. The MO is however authorized to hire transport to transfer patients to the district hospital in emergencies. There is a Rogi Kalyana Samiti but proceedings of its meetings, if any are not available. The working hours of the hospital are from 0800hrs to 1200 and 1500 to 1700 hrs in winter and 0700 hrs to 1100hrs and 1600 to 1800hrs in summer.

There are two quarters for the staff. One is occupied by the MO and the other by the LAV. These quarters do not have any water connections. Water is fetched from a tube well in the bazaar. There have been shortage of vaccines. All the members of the staff were present during the visit. The MO appeared to be quite sincere to his job. His family is located in Bhubaneswar and he is residing alone in a quarter which does not have rudimentary facilities. While in case of the other PHC and the CHC visited by me, the local residents had many complaints regarding the conduct and performances of the MOs and the paramedical staff, the locals in one voice expressed unequivocally their praise and gratitude for Dr. Bhoi, the MO.

8. Health subcentre, Chahagram

This sub centre has two employees. Shri Tarakanta Sahoo and his wife Gitanjali Sahoo are both health workers. Both belong to Medinipur village and are regular employees of the government. They have both passed +2 science examination. Tarakanta and Gitanjali have taken training for one and one and a half year duration respectively in their trade. The sub centre runs from a two room single storied house which also serves as the residence of the staff. There is no water connection to the building. Electricity is available. Medicine for malaria, ORS substantive kits, delivery kits, BP instrument, a weighing machine and labour table have been supplied to the sub station. Funds have been provided for the purchase of phenyl, collection of water from the village tube well, whitewashing of the walls of the sub centre etc. Disposable syringes are issued. There is however no facility for cold storage. Shortage of vaccines was reported. The salary for the female worker often remains in arrears due to delay in receipt of funds from the govt. Both the health workers appeared to be quite sincere about their job and their morale was high. The command area of the sub centre has a population of 5500. Between April to December 2008 there have been 36 deliveries in the subcentre against a total of 87 deliveries reported from the area.

The percentage of institutional deliveries is still quite low. The sub centre is in charge of vaccination, health education and supervision of 3 Asha workers, 5 Anganwardis and 2 mini Anganwardis. The MO of the local PHC supervises the functioning of the sub centre. The sub centre requires an attached toilet for the labour room and internal water supply.

9. Borda CHC

This CHC has a sanctioned strength of 4 MOs, 1 pharmacist, 1 staff nurse, 1 DVR, 1 LT, 1 BE, 1 VS, 1 Junior clerk, 1 sanitary inspector and 1 LHV. 2 posts of MO are lying vacant as also the posts of VS, Junior clerk and the LHV. This is a 16 bedded hospital. On the date of visit there was only one indoor patient. The indoor wards gave a deserted look and did not appear to have been occupied in recent times. As per the hospital reports the bed occupancy rates has increased from 6.68% in the year 2003-04 to 13.77% during 2007-08 There were no bed sheets or pillows, dust had settled on the mattresses. The MO in charge pleaded that these items are stolen if not kept under lock and key. The local people however complained that neither the doctors nor the paramedical staff stay in the hospital premises even though residential quarters for most of them are available. Their attendance is irregular and they are reluctant to take care of indoor patients.

Most of the equipments installed in the hospital are out of order and indoor treatment is practically absent. There is a minor OT but no X-Ray. Test facilities for malaria and TB are available. Pipe water supply is irregular. The lone tube well gets dry in summer. Load shedding is frequent. The population of the command area is 1 lakh 62 thousand. Between April 2007 and March 2008, 24881 patients have been treated in the outdoor. Some patients from Balangir district also come to this hospital for treatment.

The MO in charge, Mana Majhi is posted here for the last 19 years. The villagers claimed that he lives in Bhabanipatna and rarely attends to his duties. Sri Majhi in turn pleaded that it is only for the last 9 months that he is commuting from Bhabanipatna. He is from Mayurbhanj district and his prayer for transfer to the coastal region is not being heard. The villagers however alleged that he has developed some vested interests and does not want a transfer.

Against 2899 home deliveries registered from the command area of the CHC between April 2007 and March 2008, there were only 385 institutional deliveries during the same period. Judging from the fact that there are as many as 26 sub centres, 15 male and 28 female health workers, 5 additional ANM and 120 ASHA workers under this CHC, the number of institutional deliveries appear to be very low and should improve.

The conditions obtaining in the hospital are not quite conducive to proper treatment and care of the patients.

10. District HQ Hospital, Bhabanipatna

This hospital was established in the year 1910. The sanctioned bed strength is 165 (female ward- 26, surgical ward- 31, male medicine ward -23, children ward- 25, maternity ward- 22, TB ward -18 and eye ward-20). An infectious ward with 20 beds has been constructed out of MP LAD Fund but has not received government sanction till now for which a proposal has been submitted to the Health Directorate. In an average 120 indoor and 350 outdoor patients are treated daily at the hospital.

The sanctioned and actual strength of staff are reproduced below

Category of staff	Sanctioned strength	In position	Vacancy	Remarks
A.D.M.O(Medical)	1	1		
Medicine Specialist CL.I.Sr.	1	0	1	
Surgery Specialist	4	1		
Anesthesia	2	1	0	Contractual
O& G Specialist	1	0	1	
Paediatric Specialist	1	1	0	
TB & Chest Specialist	1	0	1	
Ophthalmology	2	1	1	
Skin & V.D Specialist	1	0	1	Contractual
Pathology Specialist	1	0	1	
Radio Specialist	1	0	1	
ENT Specialist	1	1		
Dentist	2	1		Contractual
Orthopedic Specialist	1	1		Managed by class II Spl.
Eye Specialist (CI.II)	1	0	1	Managed by contractual staff
Anesthetist	1	0	1	
Asst. Surgeon	11	11		
LTRMO	11	10	1	
Asst. Matron	1	1	1	
Nursing Sister	5	4	1	
Staff Nurse	23	25		
Pharmacist	8	8		
TSK	1	1		
Sr.Lab Technicians	2	3	1	
Jr. Lab Technicians	4	3	1	

Radiographer	3	1	2
Jr. Clerk	1	0	1
Sr. Clerk	1	1	
Attendant	40	23	17
Sweeper	30	21	9

As would appear from the above table, there is acute shortage in the ranks of specialists. The hospital is trying to tackle the situation with the services of retired specialists on contractual basis. Facilities for pathological tests for QBC, BCC are available. Electrolyte analysers, X-ray, ECG, USG, TMT and City scan machines are also available.

A Regional Testing Centre is functioning in the hospital premises. Many of the equipments installed in the Centre are either out of order or lying idle for a variety of reasons including the lack of trained technicians to operate them and the absence of maintenance contracts.

As per information furnished by the CDMO, during the last financial year i.e. from April 2007 to March 2008, 184557 patients were given outdoor treatment in the district hospital. During the said period 37368 patients were given indoor treatment. The number of patients given indoor and outdoor treatment dropped significantly compared to the previous year in which 51797 and 326992 were treated in the indoor and outdoor respectively. 497 of the patients (313 general and 184 pediatrics) died in the hospital.

2327 deliveries were recorded during the year 2007-2008 against 1986 in the previous year, which suggests increasing preference for institutional deliveries. The bed occupancy rate increased from 86.01% to 96.44% during the same period. As has been mentioned above the no. of indoor patients had actually decreased over the previous year. If that be so increased bed occupancy could only be possible if indoor patients were treated as such for much longer durations compared to the previous year. This requires confirmation and further clarification from the CDMO.

The paediatric wards of the hospital are particularly overcrowded. Against a sanctioned strength of 25 beds, 41 beds have been placed in this ward including cribs and bassinets. Only one paediatric specialist is posted in the hospital who is overburdened. A new extended ward is under construction. After the addition of extra beds, his work load will further increase.

The OBS & Gynecology ward has a sanctioned bed strength of 22 only. 31 beds however have been placed in this ward to manage over crowding. The post of O & G specialist is lying vacant. The specialist posted in the PPC is managing this ward in addition to her own duty.

Only 34 quarters are available for the staff against a sanctioned strength of over 160 doctors and paramedical staff.

Cleaning of linen is done in washing machines using detergents and bleaching powder. The raising of a steam laundry unit is recommended. Shortage of medicine is often reported. Govt supply is not adequate. The CDMO is however authorized to make local purchase of medicines with the approval of the collector.

There are 2 OTs. The older one requires renovation. Super specialists are not available. There is no pathologist in any of the govt hospitals in the whole of western Orissa which should cause some concern. There is a blood bank in the hospital premises which is run by the RedCross.

VCCTC/PPTCT/STD clinics are available. HIV patients are however referred to Berhampore for treatment. There are no waiting hall facilities for relatives attending to the patients. Many of them were found cooking in the open. There are two government ambulances with three drivers which could be hired by patients on payment of Rs 6.50 per Km. Three private ambulances also render services on payment of fuel charges.

Rs 2/- per patient is charged for registration of outdoor patients and additional Rs 5/- per indoor patient. For CT scan Rs 800/- is charged and for Ultra Sound Rs 200/-. There is a telemedicine centre located in the buildings of the Regional Diagnostic Centre.

I went round the wards. The paediatric and maternity wards were found to be overcrowded. Most of the women admitted in the hospital were found to be anemic. Diet charge is only Rs 20/- per day which is almost half of what is sanctioned for prisoners.

The ICU is non functional as the staff has not been given training required to run the same. There is no psychiatrist in the hospital. In fact there is not a single psychiatrist anywhere in the district. Patients are referred to Burla Medical College for consultations/treatment.

The following complaints were received from the patients' relatives

- i) Kaushalya Nayak, D/o- Kishore Kumar Nayak, aged six years is suffering from 'sickle cell disease'. Her father, who is a small shop keeper has been spending Rs 3000/- per month for the last three months for purchase of medicines etc for her treatment. He requested that the cost of treatment be borne by the govt.
- ii) Premalata a 13 days old girl child is admitted for treatment in the paediatric ward. Her weight was recorded as 1 ½ kg at the time of birth. Her father Bali Rana is a landless labourer. He has already spent Rs 1000/- for purchase of medicine. He does not have a BPL card. Requests for free treatment. The CDMO promised to place their cases before the Rogi Kalyana Samiti for redress.

A post partum centre is functioning in the district hospital for ANC registration, immunization of the mothers and infants and family planning activities. The performances of the PPC are reflected in the following table.

Sl.no	Items	2003-04		2004-05		2005-06 (upto Dec 05)	
1	ANC Registration	1515	1290	1492	1235	1535	870
2	TT to mother						
a	TT to 1 st dose	1515	1007	1492	1009	1535	610
a	TT to 2 nd dose	1515	807	1492	722	1535	489
c	Booster dose	1515	281	1492	287	1535	165
3	Infant immunisation						
a	B.C.G	1384	1227	1323	1185	1379	863
b	DPT	1384	1227	1323	1109	1379	906
c	Polio	1384	1227	1323	1109	1379	883
d	Measles	1384	1220	1323	1127	1379	1007
e	Vit. "A"	1384	1220	1323	1127	1379	1007
f	DPT Booster	1384	910	1323	782	1379	708
g	Polio Booster	1384	910	1323	782	1379	708
4	D.T. Booster	1290	1057	1353	1094	1106	739
a	D.T. Booster	1290	1057	1353	1094	1106	784
b	TT (16 years)	997	1032	1002	965	1084	834
5	Family Planning Activities						
a	T.O./V.O	269	308	286	370	285	111
b	IUD	125	90	144	90	152	94
c	O.P.	245	306	334	371	284	299
d	C.C	273	290	302	406	241	3540
Total population		E.C.	0-1yrs	1-2 yrs	2-3 yrs	3-4 yrs	4-5 yrs
63461		10073	990	1186	1176	1195	1190

From the above table it would appear that there is a huge gap between the number of ANC registered and the immunization given to mothers and infants. A number of mothers and infants dropout by the time the second and subsequent doses fall due.

The revised National Tuberculosis Control Programme was launched in the district in January 2002. 24 microscopic centres have since been opened in the district. In all 3250 patients were put on DOT during the years 2002 to 2004 of whom 2586 have been cured, 143 patients died. In 319 cases there was default in treatment which calls for better follow up in future.

The CDMO projected the following requirements, which require immediate attention.

- i. Posting of staff to the ICU
- ii. Development of a proper Drainage System
- iii. Construction and repairs of staff quarters

iv. Sanction of a Mobile Accident Squad with Ambulance.

11. PDS outlets, Dedhar

This outlet functions from the premises of the Gram panchayat office, and serves 866 families (BPL-327, APL-103, Antorday 103 and Annapurna 12). The panchayat has a total number of 1184 families. 313 of them have not been issued any card and no one without card is being issued rice, though it is the declared policy of the govt to supply 25kg rice @ Rs2/- to all families in KBK districts even if they are above the poverty line. 26 of the existing cards were taken away by ABDO for verification of complaints. These have not been returned, but the beneficiaries are being issued rice without insisting on the production of these cards. Kerosene @ 2 to 3 litres is being supplied to all the residents including those without any card. This is a local arrangement for the benefit of the families who do not have any card and the BPL families from whose quota this additional demand is met are not complaining.

At the rate of 4 litres per family the requirement for 1184 family is 4736 litres against which only 3200 litres are being supplied. There were many complaints regarding BPL listings. Many old, infirm and apparently destitute men and women met me and complained that they have not even been issued with APL cards, whereas many rich people have been favoured with BPL cards. Many deserving old people have been denied old age pension again due to faulty listings. The seniors officers of the district acknowledged that many undeserving families have been included in the BPL lists but they are not authorized to modify the lists without the approval of the state govt. they are already in the process of correcting the lists.

Many residents, including the Sarpanch complained that the rice bags received from the storage agents, supposed to contain 50 Kgs of rice each are actually weighing 48 kgs and as such the beneficiaries are not being supplied with their full quota. Besides rice for APL families for August 2008 has not been supplied till now.

12. Ration store Medinipore Panchyat

Against 2565 families` residing in the panchayat only 1997 have cards (BPL-741, APL 999, Antordaya-223 and Annapurna- 14). All card holders have to come to panchayat office for collection of rice. Some beneficiaries have to track 6 to 7 kms to reach the distribution centre. Distribution of kerosene has however been entrusted to self help groups who operate in every village. The rice bags received in the distribution centre weigh about 49 kg. Kerosene @ 4 litres a month is issued to BPL card holders. Others including those without cards are issued 2 litres per family per month. The quality of rice was poor. There were 20 to 30 'dead' grains' in a handful of rice. Here again many poor and old people, apparently destitutes, complained to me that they have not been issued

any card under any scheme whereas many affluent villagers have been issued BPL cards.

Smt Malati Sahoo, W/o- Late Raghu, Sri Prafulla Sahoo W/o- Shyamal Sahoo both land less labourers and Laxmidhar Sahoo S/o- Late Arjun Sahoo, a Rikshaw puller pleaded for their inclusion in the BPL list. They do not have any card as of now.

13. Town police station Bhabanipatna & Kesinga police station

There are separate lockups, with toilet facilities for male and female prisoners in both the police stations. But the walls are blind without any ventilators. The toilets have half height doors, but their placement in the town police station is such that it does not offer a direct view of the movement of prisoners in and out of the toilets to the sentry outside. The lockups require proper ventilations for light and air. The ventilators may be properly netted to prevent attempts to suicide by the prisoners. At both the police stations the all arrest registers, the arrest memo and the inspection memos were found properly maintained. The officers-in-charge are fairly well conversant with the rights of the prisoners and various directions issued by the Hon'ble Supreme Court on the subject. Lady police are available in both the police stations for guarding and escorting women prisoners.

Based on the information gathered in course of my field visits and my interactions with the officers of the district administration I would like to summarise my observations as follows

A. Health services

Out of the sanctioned strength of 176 medical officers for the district, as many as 68 posts are lying vacant. These vacancies have occurred due to unauthorised absence of 15 MOs, resignations, reluctance of MOs posted to this district to join their posts and the delay in the filling up of vacancies. Medical officers are generally reluctant to join this district due to its remoteness from developed towns. Besides most qualified doctors hail from the coastal areas of the state and hesitate to work in western Orissa. No transparent transfer policy is in force. Doctors without socio-political clout are compelled to serve in the district indefinitely whereas those with the right connections are rarely posted to these areas.

The shortage of doctors has also led to a situation where available doctors have either been compelled or chosen to continue in the same hospital for years without transfer, which is not a healthy practice. List of such doctors continuing in the same unit for more than 7 years is given below.

Sl. no	Name of the Medical institution	No of sanctioned post institution wise	Name of the MO in position	Designation	Qualification	Date of joining in the present station	Date of superannuation
01	DHH, Bhawanipatna	Asst. Surgeon	Dr. Lalishri Bhokta	LTRMO	MS(Ophth)	29.4.2000	31.12.2031
02	DHH, Bhawanipatna	Asst. Surgeon	Dr. Sidheswar Marandi	Asst. Surgeon	MBBS	4.4.2001	31.8.2030
03	DHH, Bhawanipatna	Asst. Surgeon	Dr. Jayantibala Naik	Asst. Surgeon	MBBS	9.8.2001	30.11.2027
04	DHH, Bhawanipatna	AHO	Dr. Subhransu Pradhan AHO, BPT	AHO, BPT	MBBS	18.4.2001	31.7.2033
05	Police hospital, Bhawanipatna	Asst. Surgeon	Dr. Debasis Das	Asst. Surgeon	MBBS	3.12.2001	31.7.2035
06	SDH, Dharmagarh	Jr.CI.I Spl	Dr. Anantaram Tripathy, Class-II Spl	SPL.(Med)	MD. Med	9.11.2001	30.4.2009
07	SDH, Dharmagarh	Asst. Surgeon	Dr. Radhakanta Gantayat	LTRMO	MBBS	30.6.1991	30.11.2017
08	UGPHC, Biswanath Pur	Asst. Surgeon	Dr. Malaya Kumar Tripathy	A/S(RFWC)	MBBS	27.9.1995	31.12.2027
09	UGPHC, M. Rampur	Asst. Surgeon	Dr. Banamali Sahu	A/S (RFWC)	MBBS	10.12.1993	31.7.2028
10	UGPHC, Jaipatna	Asst. Surgeon	Dr. Rabindranath Singh	A/S	MBBS	4.4.2001	30.11.2030
11	PHC, Chiliguda	Asst. Surgeon	Dr. Saliata Bihari Naik	MO	MBBS	1.12.1992	31.3.2009
12	PHC(New) Charbahal	Asst. Surgeon	Dr. Dinabandhu Sahani	MO	MBBS	24.12.1994	28.2.2023
13	CHC, Borda	Asst. Surgeon	Dr. Mono Majhi	A/S	MBBS	30.4.1990	30.6.2023
14	A.H Kesinga	Class.-II Spl.	Dr. Nirmal Chandra Sahoo	Spl.Paed.	MD. Paed	17.10.1990	31.3.2015
15	PHC(New) Belkhandi	Asst. Surgeon	Dr. Ashok Kumar Agrawal	MO	MBBS	1.4.1991	29.2.2016

16	CHC, Narla	Asst. Surgeon	Dr. Prafulla Kumar Sahoo	MO I/C	MBBS	30.1.2001	30.9.2033
17	PHC(New) Ullikuda	Asst. Surgeon	Dr. Santanu Jena	MO	MBBS	4.4.2001	31.5.2032
18	PHC(New) Bordi	Asst. Surgeon	Dr. Styasai Naik	MO	MBBS	29.9.2001	31.5.2032
19	PHC, Kalampur	Asst. Surgeon	Dr. Aswini Kumar Kar	MO I/C, PHC	MBBS	19.11.2001	31.5.2032

The lack of proper family accommodation and the poor standards of education in the district also discourage doctors from serving here. Shortage of equipments and infrastructure for treatment denies them the job satisfaction, so important for the morale of professionals. Taking advantage of the absence of doctors, a section of the paramedical staff have also become truant.

The department appears to be either incapable or unwilling to enforce discipline. The local CDMO has sent draft charges to the health department against all the doctors who have deserted their posts, but is not sure if charge sheets have actually been issued. That I found a PHC under lock and key and all its posted staff absent at mid hours of the day is indicative of the level of indiscipline pervading the department. Many of the equipments and machines installed in the district and other hospitals have either gone out of order or are lying unused due to lack of trained personnel to operate them. It is disturbing to find that the only ICU of the district has not been operationalised for want of trained manpower. Repairs are also delayed in the absence of maintenance contracts.

Care and treatment of the mentally ill is almost non-existent. The district must get a psychiatrist quickly. Despite intervention by the state and central govt through many a welfare schemes undernourishment of the local residents, particularly women remains a serious problem. Most women admitted to the hospital were found anemic. The scale of diet supplied to them is inadequate. The diet money which is almost half of what is sanctioned for prisoners requires to be enhanced. The supply of need based diet as prescribed by the MO should be introduced as is done in the case of prisoners. The percentage of institutional delivery must improve as also immunization of mothers and infants.

B. Education

There are in all 124 schools in the district including primary, upper primary and UP schools which function conjointly with secondary schools. In all 6732 teachers are posted in these schools against a student strength of 302651. Of these teachers only 3839 were appointed

on regular basis. The rest 2893 are sikhya sahayaks & gana sikhyaks engaged on contractual basis and are being paid from funds sanctioned by the central govt under the SS scheme. Of these sikhya sahayaks, 238 have since been absorbed against regular vacancies of teachers following prolonged agitation by them.

The state government has discontinued the recruitment of regular teachers since 1998 and is now heavily dependent on the central govt in running primary schools with the help of SSs. Sarbasikhya Abhijan is scheduled to be closed in the year 2010. It is not known how the state govt will address the situation following the likely lay off of the sikhya sahayaks. They are likely to demand their absorption against posts of regular teachers. Some of these SSs and gana sikhyaks are not adequately qualified. Blanket regularisation of their services may cause permanent damage to the academic standards of future students.

On paper, the percentage of enrolment has been shown as 92.86 % in regard to students from all communities and 92.583 % for SC and 86.755 for ST communities. But judging from the attendance of the students as verified during my field visits and the sharp dropout figures in the higher classes, these figures may not be correctly representing the no. of children actually getting proper primary education. The quality of instructions imparted by some of the sikhya sahayaks and the gana sikhyaks has been found to be poor.

There has been some progress in the implementation of the National Programme for Education of Girls at the elementary level. This district has been allotted 147 MCS (Module Cluster Schools) and 494 CCC (Child Care Centres) under the above programme. The selection of MCS coordinators has also been finalized. 13 number of Kasturaba Gandhi Balika Vidyalaya have already been opened. I visited one of these schools (Kiapadar) where residential accommodation for girl children has been provided and some girls who had dropped out from school have been brought back for further education. Girl students have been provided with school uniforms in all the schools.

In general, infrastructural support to the primary schools has been fairly satisfactory. New buildings are coming up, free books have been supplied, equipments for science education, sports kits etc have also been supplied. Teachers are being paid @Rs 500/ per annum to purchase/procure teaching aids from TLM grants. Midday meal scheme is working satisfactorily except for grievances regarding the very low wages given to the cook (Rs 200/- per month) and the helper (Rs 100/- per month) and stray complaints regarding the pilferage of ration.

But the quality of education has definitely decayed in these government run schools. A number of Saraswati Sikhya Mandirs (primary schools run by Hindu religious groups) have come up in the district and it was reported to me that the performances of students of these schools are far better than in government schools and parents who

are comparatively well up are sending their children to these schools. I collected the list of students who have been awarded scholarships, based on the result of primary scholarship examinations held in the year 2006, 2007 and 2008 and found that most of these scholarships went to students of these Sikhya Mandirs. A comparative analysis is give below.

Year of the examination	Nature of the examination	No. of scholarship	Scholarships awarded to govt schools	Scholarship awarded to SSM
2006	Lower primary	18	6	12
2006	primary	49	31	18
2007	Lower primary	16	4	12
2007	primary	45	23	22
2008	Lower primary	18	7	11
2008	primary	49	22	27

From the above, it will appear that at the lower primary stage most of the scholarships have gone to SSMS whereas the number of scholarships awarded to the SSM students based on primary scholarship examinations has, over the years, over taken the figures for government schools.

There could be three reasons for the fall of standards of students of primary schools.

- i) The local elite sections are sending their children to SSM and other private schools and are not interested in the state of govt schools. The less privileged who are forced to send their children to govt schools are not enlightened enough to monitor the progress of their wards and the performances of the teachers. The president and members of the VECs in these areas are usually very meek and are not able to make any impression on the teachers. The teachers in the private schools are more dedicated and are also more accountable to the management.
- ii) The system of inspection of govt schools has weakened in recent years and teachers are not being held particularly accountable for poor performances of their pupils
- iii) The SIs of schools are busy with their 'other administrative functions' and are rarely holding annual inspections. If at all they hold such inspections they hardly give time for the verification of the academic standards of the students or the competence of the teachers. Under SS Abhijan, BRC and CRC coordinators have been engaged at the block and the cluster level. But they do not enjoy the same degree of disciplinary authority which is vested on the SIs. They too spend very little

time on testing the quality of teaching and the performances of the students.

Once the teachers are made accountable for the performances of their pupils and regular inspections to verify the quality and methodology of instructions are held by supervising officers, the performances of government schools will also improve.

C. Public Distribution System

This district has a population of 13, 35,494 as per census 2001. 17.6 % of the population belongs to the scheduled castes and 28.84% to the schedule tribes. As per the survey held in 1997, there are 1, 93,054 BPL families in the district. In all 316449 families have been given ration cards under the BPL, AAY, APL schemes. Those with BPL cards are issued 25 kg rice per card @ Rs 2/- per kg, AAY card holders are issued 35 kg of rice per card @ Rs 2/- per card. 108299 APL families are in receipt of 25 kgs of rice @ Rs 2/- per kg with effect from August 2008.

Judging from the number of cards and the size of average families, these cards should have been sufficient to cover the entire population. The fact that a large no of families were found to be without any card during the field survey, suggest that the distribution of cards might not have been very fair. BPL rice is largely being distributed through the panchayat. In many places the erstwhile VLWs have been entrusted with the task of distributing rice. Kerosene is being distributed through local self help groups. Earlier, these self help groups were also distributing rice. But due to shortage in measurement of rice received from the storage agents they become reluctant to take up the responsibility. The complaint of the local residents was largely over the alleged faulty enlistment of BPL beneficiaries and the shortage of 1 to 2 kg of rice in each 50 kg bag received from the storage agents.

D. Custodial justice

The living conditions of the prisoners were found to be generally satisfactory. The grievances of the prisoners were broadly as follows.

- i) The jail industries have practically become defunct. Payment of wages and grant of remission has been irregular.
- ii) There are a number of old prisoners who are finding it difficult to bear the rigors of prison life.
- iii) A number of appeals and trials are pending for long. Legal assistance to the undertrials is insignificant.
- iv) There are a number of mentally ill patients in the district jail. There is no psychiatrist in the district hospital or any other government hospital in the district. A psychiatrist from Burla Medical College, Sambalpur visits them once in six months. The post of medical officer is lying vacant.

- v) Facilities for interview are inadequate. There is no visitors room. Relatives interact with the inmates through two netted windows on the jail office wall, standing literally on the road.
- vi) There is hardly any facility for education of the inmates. The library is non functional. The sanctioned teacher is working as a clerk. A convict prisoner is imparting education.

The conditions of hajats of the two police stations visited by me and the maintenance of relevant registers relating to arrest, detentions and escort of prisoners has been discussed at para 13 above. I had requested the district SP to send me a list of complaints received by him during the last three years on custodial torture, wrongful confinement, malicious arrests etc and the result of enquiries, if any, initiated on the same. I had also sought information from him on incidents of atrocities against members of the scheduled caste and scheduled tribes, if any, reported to the police and the status of the cases registered over the same, the condition of hajats in the police stations/ out pots etc, whether separate hajats with toilet facilities for women are available in all the police stations and other related information. Unfortunately the SP had to suddenly proceed on leave due to bereavement in the family before he could meet me with the required inputs. Further information on the quality of Custodial justice, Right to culture and Protection of Community Assets etc will be collected during my next visit to the district.

Secretary General

CP. Sarangi
 Damodar Sarangi