Report on Visit to Kalyan District Prison

Submitted to: Maharashtra State Human Rights Commission as a part of Winter Internship Programme 2024- 25

Between Bars & Verdicts: The Plight of Under-Trial Prisoners

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Additionally, we are also grateful to the guest lecturers, Dr. Vijay Raghavan (Prayas Foundation) and Mr. Nagesh Patil (Senior Jailor) whose knowledge and expertise in this area have helped us to broaden our understanding.

We are obliged to have received the opportunity to investigate and provide a thorough report on the important topic of "Undertrial Prisoners" as part of our internship programme. Our understanding of this problem has been greatly influenced by the information and assistance provided by the Commission.

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1. Introduction

On 8th January 2025 at 11.00 AM, a team of Maharashtra State Human Rights Commission (MSHRC) officials, along with the interns from the winter internship program 2024-25 visited the Kalyan District Prison, Maharashtra which is setup under the Maharashtra Prison Manual 1974, under Chapter 1, Section 1(2).

"Mistake turned into misery, life turned into death, until justice suffers, and injustice is covered" – an undertrial prisoner's story who are in between bars and verdict. A grim reality for lakhs of undertrials seeking their chance for justice, as these individuals are incarcerated not because they have been proven guilty but because they still waiting for their trial as not convicted. The Constitution of India provides equality and justice to each person before the law and so are the prisoners guaranteed and recognized by the courts of India, for the basic human rights.

The purpose of the visit was to inspect and assess human rights particularly in terms of equal justice and free legal aid, exploitation, bail rejection, health hygiene and rehabilitation. Under section 29 (c) and section 12 (c) of the Protection of Human Rights Act, 1993.

During the visit, the team accessed the premises and discovered the alarming conditions in which the inmates were living. The visit was aimed to identify areas that need improvement and to ensure that the inmates rights and wellbeing are upheld as per the provisions of the law.

The Model Prison Manual (MPM) of 2016 defines the word prisoner, and under Chapter XXIV (Undertrial Prisoners) of the MPM, classifies undertrial prisoners in a manner prescribed and not otherwise regarding admission, identification, release, etc. To identify the functioning of the Act, rules and of the guidelines a detailed case-study is prepared on the undertrial prisoners of 'Kalyan District Prison' ascertaining the statistics, and all other data through primary research.

2. Objectives of the Visit

i. To identify the detention period of the undertrial prisoners in Kalyan District Prison.

ii. To determine the living conditions of the undertrial prisoners and gauge their access to basic living necessities.

iii. To assess the state of legal awareness, legal aid and access to government schemes.

iv. To examine the status of the bail application of the prisoners, specifically under Section 479 (1) of the Bharatiya Nagarik Suraksha Sanhita, 2023.

3. Research Methodology

In this research report, both primary and secondary data collection methods were utilized.

i. The primary data included questionnaires, observations, and interactions, while the secondary data comprised reference books, publications, acts and manuals available.
ii. The qualitative research involved observations, interactions and group discussions with prison officials to understand the functioning of the prison and the challenges they face.
iii. The research was descriptive as it employed data collection techniques such as questionnaires, observational methods and case studies.
iv. The exploratory approach of research further helped to identify problems and challenges encountered by the studied population along with potential solutions and opportunities for improvement.

4. Legal Framework

4.1 Mandate

The mandate of any visit of the Maharashtra State Human Rights Commission flows from Section 12 of the Protection of Human Rights Act, 1993. As the Kalyan District Prison is an institution which is under the control of the State Government, it becomes one of the functions of Maharashtra State Human Rights Commission to visit such institutions and observe the living conditions. Section 12 (c) also provides that the Commission can make recommendations to the Government after any such visit.

4.2 Provisions of Bail in the Bhartiya Nagarik Suraksha Sanhita

The Bhartiya Nagarik Suraksha Sanhita (BNSS) is an act that consolidates and amends the law relating to criminal procedure. Section 479 of the Bhartiya Nagarik Suraksha Sanhita deals with bail provisions for under-trial prisoners.

It states that a person who has been detained for up to half of the maximum imprisonment period for an offence during investigation, inquiry, or trial under the Sanhita can be released on bail by the court. If the person is a first-time offender with no prior convictions, they can also be released on bond if they have been detained for up to one-third of the maximum imprisonment period for the same offense.

i. Section 479 (1) introduces a new leniency for first-time offenders, allowing them to be released after serving one-third of their maximum sentence. However, it excludes offenses punishable by death or life imprisonment.
ii. Section 479 (2) states that individuals facing multiple charges are not eligible for bail, even if they have served more than one-third or one-half of the maximum sentence for any of those charges.
iii. Section 473 (3) requires the jail superintendent to apply to the Court for the release of undertrials once their detention period has crossed the prescribed threshold.

This development is significant as many under-trial prisoners who were not liable for statutory bail rights under the earlier 436A of the Criminal Procedure Code, are now eligible for bail under the newly added Section 479 of the Bhartiya Nagarik Suraksha Sanhita.

4.3 Existing Legal Framework on ways to release under-trial prisoners

i. Transfer to Open jails

Open prison is a trust-based reform facility where the prisoners go out for work to earn a livelihood and come back in the evening. They have the freedom of living with their immediate family members. State Governments frame their own rules specifying the eligibility criteria for admission to an open prison. In India, except for the State of Jharkhand, only convicts are sent to open prisons. The power to framing such open prisons or for determining the criteria for transfer of under-trial prisoners to open prison lies with the respective state prison manuals in our case Maharashtra Prisons Manual, 1974.

ii. Probation of Offenders Act, 1958

In India, 'release on probation' implies the release of a convicted person into the community under the supervision of a probationary officer instead of sentencing him to imprisonment. It is typically used for less serious offences, first-time offenders, and specifically young offenders, achieving the twin aims of decongesting prisons and speedy disposal of cases.

4.4 Legal Aid

i. Structure and Statute

Legal aid forms the cornerstone of the right to approach the courts to secure justice. In 1987, the legal services framework was institutionalised for the first time in India with the enactment of the Legal Services Authorities Act, 1987 (LSA Act, 1987). The object of this beneficiary legislation is to constitute legal services authorities to provide free and competent legal services to the disadvantaged sections of society so that no citizen is denied the opportunity

to secure justice because of economic or other disabilities. Section 12(g) of the LSA Act, 1987 provides that persons in custody are entitled to free legal aid in the form of representation in court or legal advice.

ii. Legal Awareness

According to the Model Prison Manual 2016, newly admitted prisoners should undergo orientation programs to learn about rules and regulations. Rights should be communicated in a language they understand. One major concern for prisoners is a lack of knowledge about their case status. Regulation 8 of the SOP on Access to Legal Aid Services to Prisoners and Functioning of the Prison Legal Aid Clinics, 2022 of the National Legal Services Authority introduces a 'Case Table' for newly admitted prisoners, where the Prison Superintendent explains the offenses, rights, and duties of prisoners, and ensures they are represented by legal counsel. The Maharashtra Prisons Manual has updated its prison policy to mandate the installation of touchscreen kiosks at every prison to facilitate their awareness.

iii. Prison Legal Aids Service

The National Legal Aid Services Authority's Standard Operating Procedure on Access to Legal Aid Services to Prisoners and Functioning of the Prison Legal Aid Clinics, 2022, mandates that Prison Legal Aid Services should be situated in open areas with unfettered access to prisoners. They are staffed by Jail Visiting Lawyers (JVLs) and Paralegal Volunteers (PLVs), who act as mediators between prisoners and the District Legal Services Authority. The number of JVLs and PLVs appointed should be directly proportional to the population of inmates in each prison. A grievance box inside a prison provides a simple and accessible method for prisoners to voice their concerns and seek assistance from the prison and legal services authorities.

5. Landmark Cases

1. **Hussainara Khatoon I-VII vs. Home Secretary, State of Bihar. (1979 AIR 1369):**

- Facts:
  A writ of Habeas Corpus was filed before the Supreme Court in which it was inferred that the prisoners are denied of their right to speedy trial guaranteed under Constitution of India. It was also stated that prisoners are denied bail and are detained even after the expiration of their detention period.

- Ratio Decidendi:
  The Supreme Court held that the right to speedy trial is a fundamental right, and prolonged detention violates that right. It went on to order the release of all the undertrials listed in the petition and declared the right to free legal aid as part of Directive Principles of State Policy.

2. **Moti Ram v. State of Madhya Pradesh (1978 AIR 1594):**

- Facts:
  A magistrate ordered the accused to furnish a bail bond of Rs. 10,000. Also, the court refused to accept the accused's brother's sureties as his property was not in the state.

- Ratio Decidendi:
  The Supreme Court noted that fixing large number of sureties will defeat the purpose of bail provisions and monetary bail is not an indispensable element of the criminal procedure.

3. **Madhav Hoskot v. State of Maharashtra (1978 AIR 1548):**

- Facts:
  The petitioner filed a Special Leave Petition in the Supreme Court due to the non-availability of legal aid services at the trial stage in a case wherein he was convicted for forging his degree. Also, the petitioner claimed that his right to seek justice was delayed because the High Court did not provide a copy of judgement till 4 years.

- Ratio Decidendi:
  The Supreme Court dismissed the Special Leave Petition saying that matters related to the public importance or affecting the morality of the court are taken under Article 136 of the Constitution. It is the State's responsibility to provide free legal aid to the prisoner if they are unable or disabled from acquiring the same. For the first time in India, it established the right of prisoners to free legal assistance under Article 21 of the Constitution's liberty provision.

4. **Ranchod Mathur Wasawa vs. State of Gujarat, (1974) 3 SCC 581:**

- Facts:
  The matter reached the Supreme Court when petitioner claimed that the state is not providing sufficient and quality legal aid which is depriving him of his right to present his case.

- Ratio Decidendi:
  The Court had observed that the Sessions Judge should view with sufficient seriousness the need to appoint State Counsel for undefended accused in grave cases. Indigence should never be a ground for denying fair trial or equal justice. Therefore, particular attention should be paid to appointing competent advocates, equal to handling the complex cases, not patronizing gestures to raw entrants to the Bar.

5. **Sonadhar V. State of Chhattisgarh Slp (Crl) No. 529/2021:**

- Facts:
  The accused/petitioner served out his 14-year term, and his case was to be taken into consideration for remission. However, the petitioner's case was sent after two years and even then, it took another year for the Home Department to take the matter for remission on, leading to the petitioner's eventual release from custody.

- Ratio Decidendi:
  According to the court, if there are no mitigating circumstances, inmates who have served 10 years of their sentence and whose appeal will not be heard soon should be freed on bail. First, the top court declared that inmates detained for more than 10 years must be allowed bail unless there are sufficient grounds to refuse release. It further emphasized that if a prisoner has served fourteen years, their case might be presented to the government for consideration of early release. The bench proceeded by adding that collecting data on people who have been detained for more than ten and fourteen years, respectively, is crucial and should be performed by all high courts to ease this process.

6. **Bhim Singh v. Union of India, (2015) 13 SCC 605:**

- Facts:
  The petition has been filed to bring to the fore the issue of 31,000 Scheduled Tribe (ST) and Scheduled Caste (SC) under trial prisoners held in various Naxal affected State.

- Ratio Decidendi:
  The Court directed that jurisdictional Magistrate/Chief Judicial Magistrate/Sessions Judge shall hold one sitting in a week in each jail/prison for two months commencing from 1-10-2014 for the purposes of effective implementation of Section 436(A) of the Code of Criminal Procedure. In its sittings in jail, the above judicial officers shall identify the undertrial prisoners who have completed half period of the maximum period or maximum period

of imprisonment provided for the said offence under the law and after complying with the procedure prescribed under Section 436(A) pass an appropriate order in jail itself for release of such undertrial prisoners who fulfil the requirement of Section 436(A) for their release immediately

7. In Re: Policy Strategy for Grant of Bail

- **Order Dated 31.03.2023 (MANU/SCOR/14591/2023):**
  With a view to ameliorate the problems of undertrials not being released on bail, several directions were passed by the court:

  a. The Court which grants bail to an undertrial prisoner/convict would be required to send a soft copy of the bail order by e-mail to the prisoner through the Jail Superintendent on the same day or the next day. The Jail Superintendent would be required to enter the date of grant of bail in the e-prisons software [or any other software which is being used by the Prison Department].

  b. If the accused is not released within a period of 7 days from the date of grant of bail, it would be the duty of the Superintendent of Jail to inform the Secretary, District Legal Service Authority who may depute para legal volunteer or jail visiting advocate to interact with the prisoner and assist the prisoner in all ways possible for his release.

  c. National Informatics Centre would make attempts to create necessary fields in the e-prison software so that the date of grant of bail and date of release are entered by the Prison Department and in case the prisoner is not released within 7 days, then an automatic email can be sent to the Secretary, District Legal Service Authority.

  d. The Secretary, District Legal Service Authority with a view to find out the economic condition of the accused, may take help of the Probation Officers or the Para Legal Volunteers to prepare a report on the socio-

economic conditions of the inmate which may be placed before the concerned Court with a request to relax the condition(s) of bail/surety.

e. In cases where the undertrial or convict requests that he can furnish bail bond or sureties once released, then in an appropriate case, the Court may consider granting temporary bail for a specified period to the accused so that he can furnish bail bond or sureties.

f. If the bail bonds are not furnished within one month from the date of grant bail, the concerned Court may suo moto take up the case and consider whether the conditions of bail require modification/ relaxation.

g. One of the reasons which delays the release of the accused/ convict is the insistence upon local security. It is suggested that in such cases, the courts may not impose the condition of local surety." We order that the aforesaid directions shall be complied with.

8. Re - Inhuman Conditions In 1382 Prisons

a. Order Dated: 05.02.2016 (2016 INSC 144)

The Under Trial Review Committee in every district should meet every quarter and the first meeting should take place on or before 31st March 2016. It will also investigate the issue of implementation of the Probation of Offenders Act, 1958 particularly about first time offenders so that they have a chance of being restored and rehabilitated in society.

b. Order Dated 4.12.2018 (MANU/SCOR/39649/2018)

Guidelines have been framed by National called “The Standard Operating Procedure for Under-Trial Review Committees”. These Guidelines are taken on record and the Undertrial Review Committees will adhere to these Guidelines.

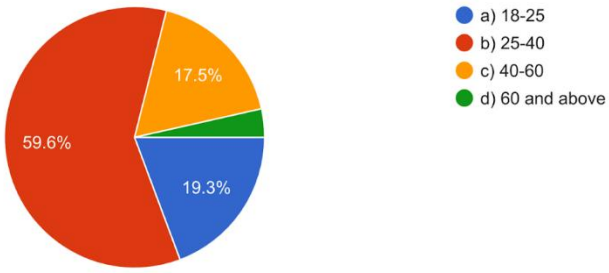
c. Order Dated 08.05.2018 (2018 INSC 463)

The State Governments and Union Territory Administrations should also seriously consider the feasibility of establishing open prisons in as many locations as possible.

6. Analysis

The analysis of the undertrial prisoners have been derived from our observations and findings from our visit to the Kalyan District Prison. This chapter explores the socio-economic backgrounds, legal awareness, and access to legal aid among undertrial prisoners in Kalyan District Prison, and how these factors influence one another. It highlights discrepancies in the system that need addressing. Despite various government schemes aimed at expediting the bail process, the data shows these initiatives often fail in practice. This disconnect will be examined through insights from a survey of 57 undertrial prisoners.

6.1 Age

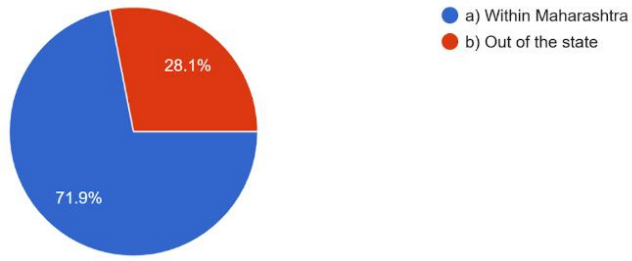


Of the 57 respondents, 34 were aged between 25 and 40, 10 fell in the 40–60 range, 11 were between 18 and 25, and only 2 were above 60. These statistics also align with the conclusions of the *Crime in India* report by the National Crime Records Bureau (NCRB), showing that most individuals charged are between the 20–40 age group. This distribution highlights that most of the prisoners, 45, are in their prime working age, a period when they are likely the primary earners for their families, as we will see further on.

Given their age and responsibilities, one would reasonably expect these young undertrial prisoners to possess at least a basic awareness of their legal rights. However, as the analysis reveals, this assumption is far from reality.

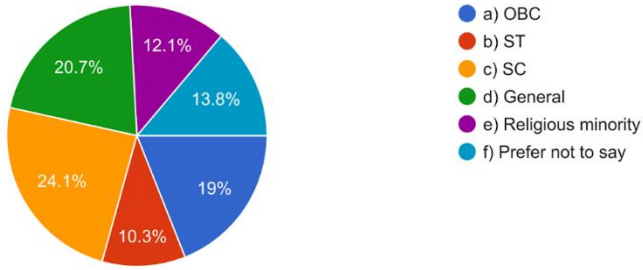
6.2 Ethnic Background

Out of the 57 respondents 41 were from within Maharashtra whereas 16 were from other states. One must note that the struggles of these 16 inmates would vary from those within the state as courts and procedures become confusing and foreign. This demands the need for legal awareness and government assistance for said undertrial prisoners.



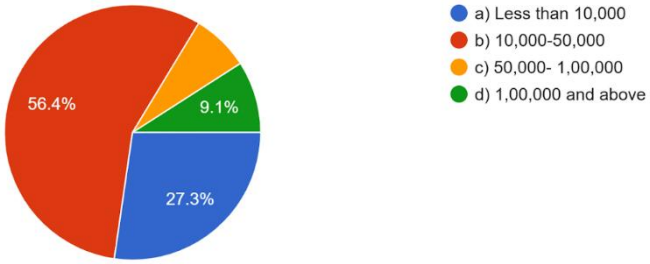
6.3 Religious/Caste Background

Of the 57 undertrial prisoners who responded to the question on religious and caste backgrounds, majority of the prisoners (46 out of 57) belong to marginalized communities. This is indicative of systemic marginalization, deeply rooted in disparities in arrests, access to financial resources, and legal literacy. Such findings underscore the urgent need for targeted measures to ensure a fair and accessible bail process, particularly for those from disadvantaged backgrounds.



6.4 Monthly income

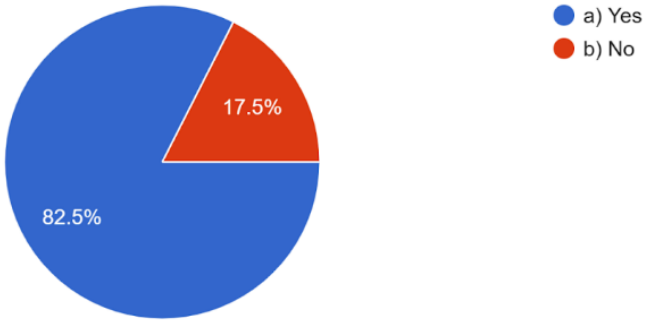
A significant majority, 46 undertrial prisoners, reported earning less than ₹50,000. Such limitations would hinder the bail application process, as the lack of funds for legal representation and bail payments proves an obstacle.



Furthermore, this financial strain extends beyond the prisoners themselves, impacting on their families, who rely heavily on their income, as we will see in

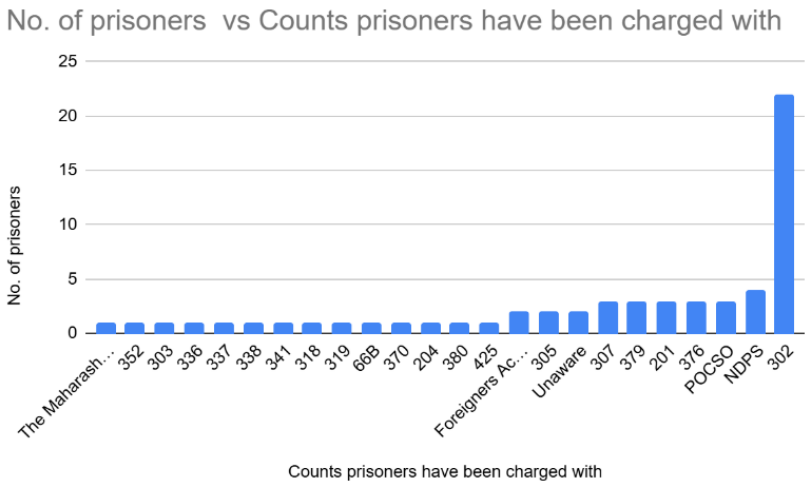
further responses. This cash crunch highlights the critical need for prisoners to have access to the legal aid they are entitled to and greater awareness of the provisions under Section 479(1) of the Bharatiya Nagarik Suraksha Sanhita, 2023.

6.5 Family and financial dependence



47 out of the 57 respondents have revealed that they have a family relying on them financially. This shows that the family has now lost a main breadwinner and now funds must be sacrificed between sustenance, legal representation and bail applications. Thus, to avoid financial strain on the family as well as the undertrial prisoner, they must get access to the legal aid and government schemes they require.

6.6 Counts the prisoners have been charged with

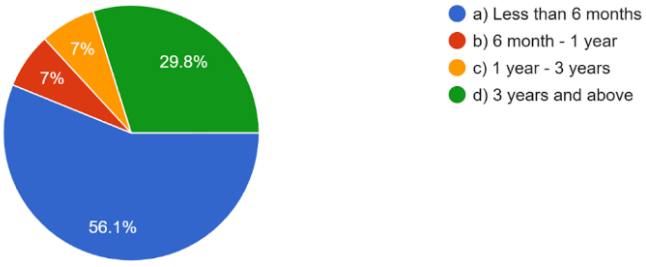


The largest group of respondents, 22 prisoners, have been charged with murder, rendering them ineligible for the provisions under Section 479(1) of the Bharatiya Nagarik Suraksha Sanhita, 2023. However, this does not negate their entitlement to legal aid and government. When categorizing the offenses, 47 prisoners fall under bodily offenses, 9 under property offenses, and the remaining undertrial prisoners face charges under the Narcotic Drugs and Psychotropic Substances Act, 1985 or the Foreigners Act, or the Maharashtra Control of Organised Crime Act, 1999. 2 respondents reported being unaware of the charges against them.

While this number may seem small, it is troubling, as such a situation should not occur at all.

For prisoners to benefit from the provisions of Section 479(1) of the Bharatiya Nagarik Suraksha Sanhita, 2023, or any government schemes, they must first understand why they were arrested. This lack of awareness among even a small fraction of undertrial prisoners highlights a gap. Ensuring that every prisoner is fully informed of their charges is a foundational step toward safeguarding their legal rights and facilitating access to justice.

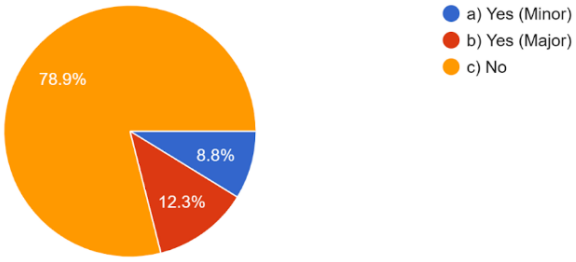
6.7 Duration of detention



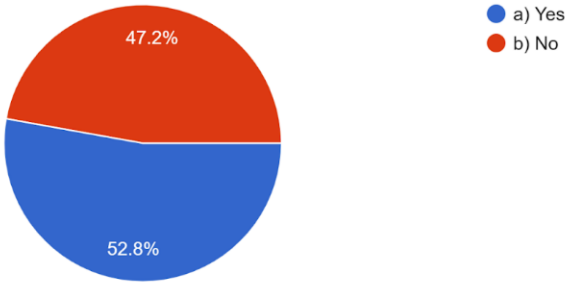
The majority, 32 undertrials, are newcomers to the prison system, however, a significant number, 17 undertrials, have been imprisoned for over three years. This prolonged detention is likely tied to the fact that many prisoners are charged under Section 302, but further analysis also reveals that most of these prisoners lack access to legal aid or awareness of government schemes, contributing to their extended incarceration.

6.8 Prior convictions

Looking into the 57 respondents we see that most of the crowd, 45 individuals, are first-time offenders, making them eligible to avail the provisions under section 479(1) of the Bharatiya Nagarik Suraksha Sanhita, 2023. Only 5 prisoners have had a major prior conviction and 7 have minor prior convictions.



6.9 Understanding conditions for receiving bail.

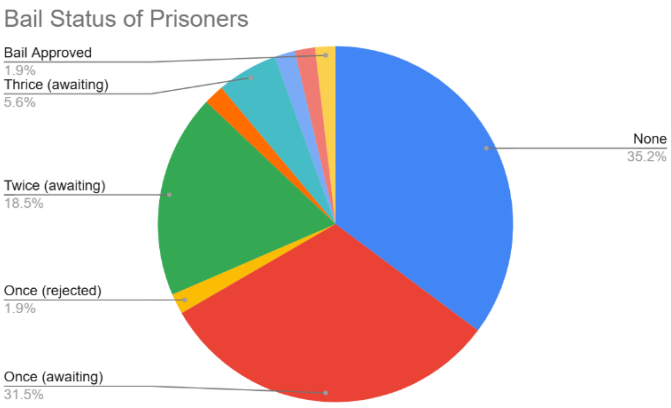


This section highlights a significant issue: nearly half of the prisoners are unaware of the conditions for receiving bail. This reflects a serious lapse in the provision of legal aid services and indicates that prison superintendents are failing in their duty to educate prisoners about their rights under Section 479(1) of the Bharatiya Nagarik Suraksha Sanhita, 2023.

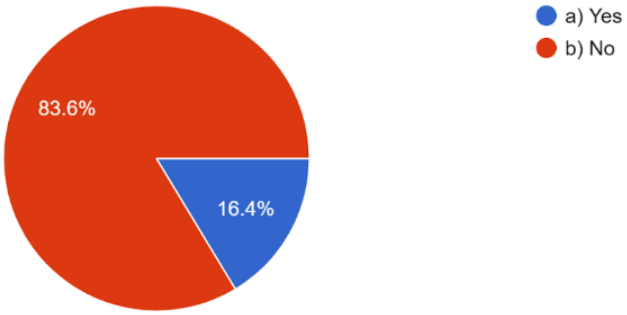
6.10 Bail Status of Prisoners

Of the 57 respondents, 19 have never applied for bail, 17 are awaiting the outcome of their first application, and only 1 prisoner has been granted bail. Efforts must be made to educate prisoners with repeated rejections on the reasons for denial and guide them on how to proceed effectively. Similarly, the 19 prisoners who have not applied for bail need to be informed about their options and the bail process, as outlined in the earlier section on bail conditions. Addressing these gaps is essential for ensuring fair access to justice.

No of times the prisoner has applied for bail	Number of prisoners
None	19
Once (awaiting)	17
Once (rejected)	1
Twice (awaiting)	10
Twice (rejected)	1
Thrice (awaiting)	3
Four Times (awaiting)	1

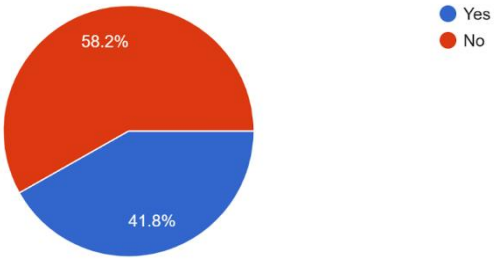


6.11 Awareness of government schemes



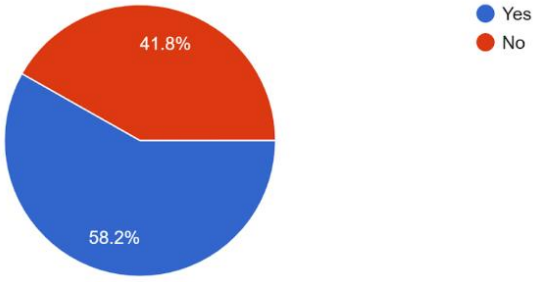
Alongside Section 479(1) of the Bharatiya Nagarik Suraksha Sanhita 2023, various government schemes are available to undertrial prisoners for their bail applications. However, the data collected indicates that more than 80% of prisoners are unaware of these schemes. This highlights the dismal state of legal aid and the lack of proper legal representation for prisoners. Efforts must be made to ensure that these prisoners are informed about the available schemes.

6.12 Awareness of fundamental rights under the Indian constitution



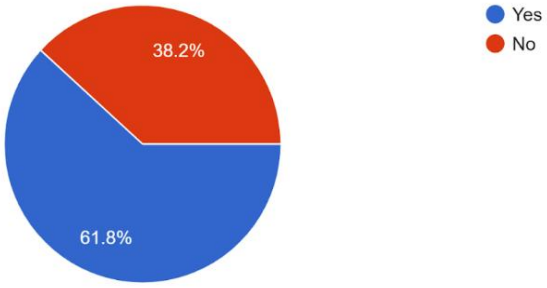
The most disheartening revelation from the data collection was that more than half of the inmates were unaware of their fundamental rights under the Indian Constitution. This highlights the lack of legal education among these prisoners. It is imperative that they be made aware of their rights, as this would help them access legal aid, government schemes, and secure bail.

6.13 Awareness of legal aid entitled to them



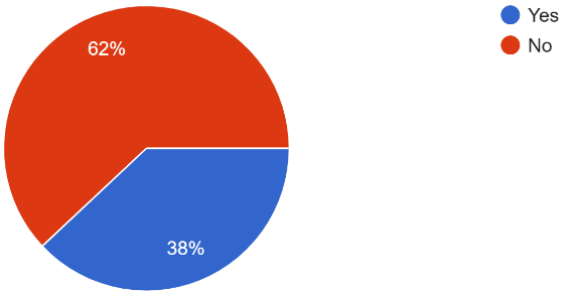
Almost half of the inmates were unaware of the legal aid to which they are entitled. Since most of these prisoners are the sole breadwinners for their families, young, and from marginalized sections of society, such legal aid would be highly beneficial to them. Prison authorities should ensure that inmates are made aware of this service. Only then will they be able to access government schemes and the provisions of Section 479(1) of the Bharatiya Nagarik Suraksha Sanhita, 2023.

6.14 Legal representation



Just slightly over half of the inmates have legal representation. This discrepancy must be addressed, as every prisoner is entitled to legal representation to ensure they receive a fair trial and can access the bail provisions available to them. It is also crucial for inmates to have legal representation, as it streamlines the bail application process and ensures they are informed about the necessary steps, especially given their socio-economic backgrounds.

6.15 Satisfaction with the legal aid services provided

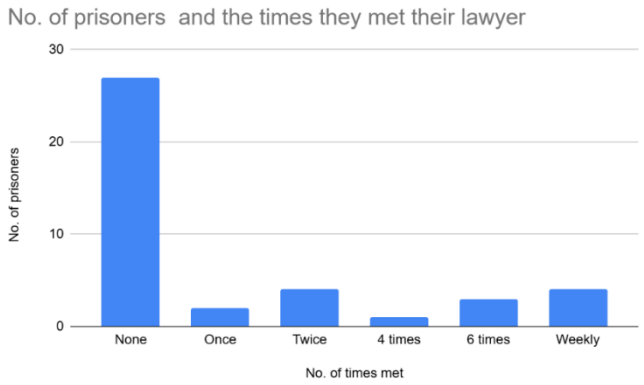


More than half of the inmates reported being dissatisfied with the state of legal aid services provided to them. Combined with their lack of awareness of government schemes and basic rights, this leaves them in a highly disadvantageous position. Efforts must be made either by advocates to improve their services, or by the government and prison authorities to ensure inmates are informed about their rights and available schemes.

6.16 Communication with their lawyer (on a 6-month basis)

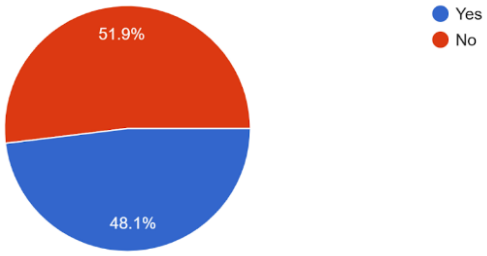
The fact that 27 prisoners have not even met with their lawyer is a grave miscarriage of justice and highlights the lack of proper legal representation for individuals who have not yet been convicted. Efforts must be made to ensure that prisoners meet with their lawyers regularly. If in-person meetings are not possible, video conferencing facilities— which, as we will see, are highly underutilized— should be leveraged to facilitate these meetings.

No. of prisoners	No. of times met
27	None
2	Once
4	Twice
1	4 times
3	6 times
4	Weekly



6.17 Video Conferencing facilities

Half of the prisoners either lacked access to or were unaware of the new video conferencing facilities available on the prison premises. Efforts must be made to address this, as access to such facilities would not only help prisoners stay connected with their families, especially those from out of state, but also streamline communication with their lawyers and facilitate court proceedings.



7. Observations and Findings

In our visit to the Kalyan District Prison, we examined various aspects of the prison's environment, including legal awareness, access to bail provisions, healthcare (both physical and mental), hygiene and sanitation, vocational training, recreational facilities, infrastructure, and nutrition. Although we did not visit the insides of a barrack, we conducted a walkthrough of the areas outside, including the video conferencing facilities, infirmary, kitchen, etc. The observations are as follows:

7.1 Legal Awareness

As highlighted in the previous sections, there was a significant lack of legal awareness among the prisoners, particularly regarding their rights, government schemes, and bail provisions. No efforts were made by the prison authorities to address this gap, such as displaying bulletins or posters about bail provisions or prisoners' rights. It was also observed that the biometric touchscreen for the perusal of prisoners' kiosks was nowhere to be seen.

7.2 Legal Aid services

According to the prison authorities, the Legal Aid Clinic operates only at a specific time on Saturday mornings. Our findings indicate that half of the prisoners were unaware of the legal aid services available to them or even the existence of a legal aid clinic within prison premises. During our visit, we observed that the designated cubicle for legal aid services appeared battered and out of use. There was no proper maintenance or signage indicating the clinic's operating hours. Furthermore, it was observed that the legal aid clinic was being used as a storage area. These discrepancies need to be addressed, as most of the prisoners in the prison were undertrials, and access to legal aid services is imperative.

7.3 Hygiene and Nutrition

The prison premises appeared well-maintained, with clean pathways. At first glance, the kitchen seemed clean and organized; however, it was noticed that food waste and refuse were pushed to the corners, which was unsanitary. The food waste bin was positioned too close to the food being prepared for serving.

Moreover, regulations regarding hairnets and aprons were not being followed. There was no proper storage facility for leftover food from the meal cycles. A food distribution chart posted outside suggested that proper nutrition was being provided to the prisoners.

7.4 Recreational Activities and Vocational Training

While the prison authorities and prisoners mentioned recreational activities like volleyball, we found no evidence to confirm this. The only recreational item observed was a carrom board stored in the Legal Aid Clinic. Furthermore, vocational training opportunities for prisoners appeared to be lacking. Access to education, recreation, and skill development is essential for rehabilitation and overall well-being, and these areas require immediate attention.

7.5 Video Conferencing Facilities

The video conferencing facilities were well-maintained, and prisoners were utilizing them to connect with their families. Though there were as many as 20 cubicles for the facility, a police person always stood guard intruding the privacy of the undertrials. However, many prisoners were unaware of this facility's existence. Additionally, there was limited use of the video conferencing system for judicial proceedings, which could be optimized.

7.6 Healthcare

(a) Mental Health- A psychiatrist visits the prison once a week to provide counselling services, which is commendable.
(b) Physical Health- While medical services were being provided, we observed a lack of privacy during consultations. Doctors attended to multiple patients simultaneously without proper barricading or separation, which compromised privacy. We also observed that there were no ambulances in the nearby vicinity.

7.7 Overcrowding and understaffing and infrastructure

The prison was overcrowded, with a capacity of 500 prisoners, but actual number of prisoners was around 2,200. The prison authorities have requested

an expansion of the premises. Additionally, the prison is understaffed, which poses a challenge in managing the large number of inmates.

7.8 Formation of self-help groups

A small group of prisoners has formed self-help groups to assist fellow inmates as well as prison staff in administrative tasks. These groups help address the issues stemming from overcrowding and mitigate its detrimental effects.

7.9 Women Prisoners Ward

We had observed overcrowding in the women's prison as well, with 153 female prisoners in total, exceeding the total capacity. There was a lack of sanitation facility, as well as a hygiene. There existed no cradle or breastfeeding facilities within the female wards, given that there were children within the prison.

8. Case Studies

Here are four case studies highlighting issues faced by undertrial prisoners at Kalyan's District Prison:

8.1 Example 1: Bail Rejection

Inmate A was arrested with no prior criminal record, his bail applications were rejected multiple times owing to unavailability of cash sureties. This underscores the judiciary's insistence on cash surety.

8.2 Example 2: Inmates' Legal Aid Awareness and Access

Inmate B was arrested of charge under Section 302 of the Indian Penal Code, 1860 and remanded to a correctional facility pending trial. Coming from a low-income background with less education the inmate was unaware of his legal rights and lacked the financial means to hire a private lawyer. Many prisoners at Kalyan District Prison have reportedly expressed that they were unaware and not informed of the legal aid services they were entitled to.

8.3 Example 3: Lack of Availability of Resources

Inmate C was arrested of petty theft and was neither aware or informed of any bail provisions he was entitled to, nor he has any surety for bail. He was emotionally and mentally frustrated as he didn't have any family member, any close relative or any friend who can help him to get bail for his release.

8.4 Example 4: Prior Convictions

Inmate D was arrested for allegedly committing murder. The inmate had a prior conviction of charge under Section 326 of Indian Penal Code, 1860. This case involved an inmate previously convicted under Section 326 Indian Penal Code,1860 for causing grievous hurt. After serving his sentence, he was released but later re-arrested for a similar offense, indicating a pattern of violent behaviour.

9. Suggestions

9.1 The orders relating to the legal aid clinics should be enforced and prison authorities should comply with the directions passed in the Re-inhuman conditions in 1382 prisons case.

9.2 Touchscreen kiosks should be immediately set up to facilitate prisoners' right to access their case status.

9.3 There needs to be either proper barricading within the infirmary, or there needs to more doctors brought into the prison, to address the issue of privacy, and mitigate the issue of the same doctor attending to multiple patients at the same time.

9.4 There should be more educational and training programmes provided for the prisoners to facilitate effective rehabilitation and smooth reintegration into society

9.5 It was clear from the interviews that prisoners were unaware of their fundamental rights. Without such basic awareness it is difficult for them to demand effective trials. Thus, it is imperative that there exist awareness programmes for the same. The prison authorities could also post bulletins covering the fundamental rights in Marathi, Hindi and English.

9.6 Government schemes pertaining to financing of bail bonds should be reached till the last prisoners. Efforts should be made to raise awareness regarding the scheme in mission mode.

9.7 The mandate under the law to facilitate correspondence of bail orders from the court to the prisons should be strictly enforced. In case of unavailability of certain conditions imposed to fulfil the bail, the adjoined District Legal Services Authorities and empaneled lawyers should be informed at the earliest.

9.8 Prison Legal Aid Clinics should be made functional throughout the week to give legal and psychological support to the under-trials.

9.9 Undertrials should be released on probation to ease the burden on prisons and courts.

10. Conclusion

Kalyan District Prison encounters numerous systemic issues such as access to legal aid, overcrowding, mental health challenges, and gaps in rehabilitation. However, there are initiatives underway aimed at addressing these problems through enhanced awareness programs, mental health support, vocational training, and infrastructure development. Particularly, legal aid services require greater outreach and integration to guarantee that all inmates are aware of their rights and can obtain the legal assistance entitled to them. This research report has highlighted broader concerns in the Indian prison system and are part of ongoing endeavours to enhance the quality of life and legal protections for those incarcerated. It has helped us gain insight into the social and economic circumstances of inmates, particularly highlighting the struggles of those awaiting trial, who find themselves trapped in a legal limbo.

Annexure 1

Section A: Demographic Information

1. What is your age?

   a) 18-25
   b) 25-40
   c) 40-60
   d) 60 and above

2. Where are you from?

   a) Within Maharashtra
   b) Out of the state

3. What is your religious background?

   a) OBC
   b) ST
   c) SC
   d) General
   e) Religious minority
   f) Prefer not to say

Section B: Crime and Arrest Details

1. What is the nature of the crime you are accused of?

   (Open ended)

2. For long have you been under detention?

   a) Less than 6 months
   b) 6 month - 1 year
   c) 1 year - 3 years
   d) 3 years and above

3. Do you have any prior convictions? If so, of what nature?

   a) Yes (Minor)

b) Yes (Major)
c) No

4. Are you aware of the charges pressed against you?

a) Yes
b) No

5. Under what counts have you been charged with?

(open ended)

Section C: Socio-Economic Profile

1. What is your monthly income?

a) Less than 10,000
b) 10,000-50,000
c) 50,000- 1,00,000
d) 1,00,000 and above

2. Do you have anyone relying on you financially?

a) Yes
b) No

3. Are there any other earning members in your family?

a) Yes
b) No

Section D: Bail Application and Process

1. How many times have you applied for bail?

2. How optimistic are you about your possibility for bail?

a) Pessimistic
b) Neutral

c) Optimistic

3. Are you aware of and understand the conditions for receiving bail?

a) Yes
b) No

4. Are you aware of the different types of bail?

a) Yes
b) No

5. Do you have enough resources to apply for cash bail?

a) Yes
b) No

6. Are you aware of any government scheme to support your bail surety?

a) Yes
b) No

7. Have you availed any such scheme?

a) Yes
b) No

8. Were you denied from availing any such scheme?

a) Yes
b) No

9. Do you have access to video- conferencing facilities?

a) Yes
b) No

Section E: Access to Justice

1. Are you aware of your rights under the Indian Constitution?

   a) Yes
   b) No

2. Are you aware of the legal aid service entitled to you?

   a) Yes
   b) No

3. Do you have legal representation?

   a) Yes
   b) No

4. Are you satisfied with the legal aid provided to you?

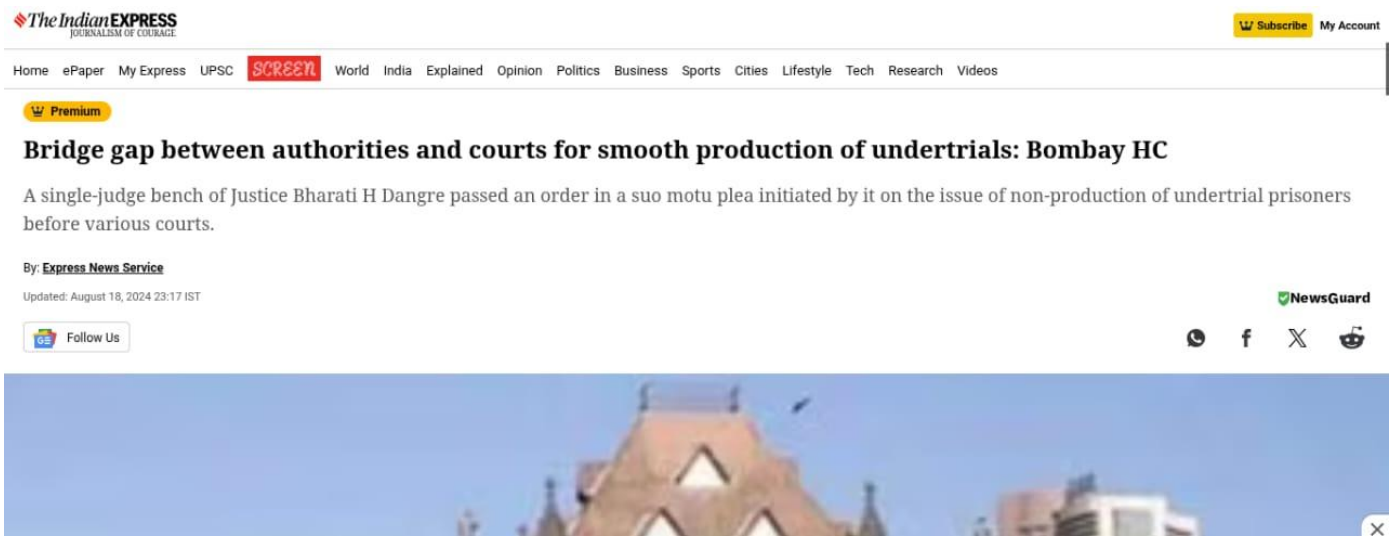
   a) Yes
   b) No
   c) Prefer not to say

5. How often do you get to meet your lawyer? (In a 6-month period?)

Annexure 2


THEWEEK
Ensure effective implementation of advisory for terminally ill prisoners HC tells Maharashtra govt
PTI
Updated: December 17, 2024 21:20 IST


In India, less than half of undertrial prisoners identified for release are actually released
This is why India's mechanism to release undertrial prisoners is inadequate.
By: Shreehari Paliath & IndiaSpend
Date: 30 Dec, 2024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Bridge gap between authorities and courts for smooth production of undertrials: Bombay HC
A single-judge bench of Justice Bharati H Dangre passed an order in a suo motu plea initiated by it on the issue of non-production of undertrial prisoners before various courts.
By: Express News Service
Updated: August 18, 2024 23:17 IST
NewsGuard
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Poor Prisoners Left in Limbo as Centre's Bail Scheme Fails to Deliver
Shreehari Paliath, IndiaSpend
Nov 18, 2024
India is reported to have 573,220 prisoners, based on the latest government data released in 2023. The majority of them — more than three in four — are undertrials.


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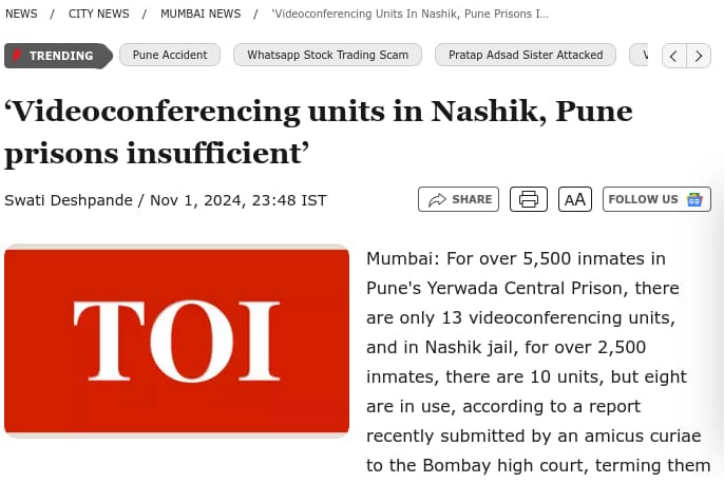
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Mumbai: For over 5,500 inmates in Pune's Yerwada Central Prison, there are only 13 videoconferencing units, and in Nashik jail, for over 2,500 inmates, there are 10 units, but eight are in use, according to a report recently submitted by an amicus curiae to the Bombay high court, terming them


'Videoconferencing units in Nashik, Pune prisons insufficient'
Swati Deshpande / Nov 1, 2024, 23:48 IST
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Inmates assault undertrial prisoner in Yerawada Jail
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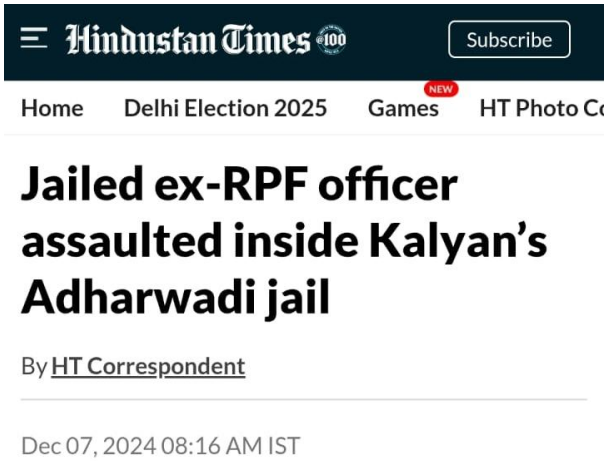
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Jailed ex-RPF officer assaulted inside Kalyan's Adharwadi jail
By HT Correspondent
Dec 07, 2024 08:16 AM IST

Pictorial Representation: Visiting Team

Image: Assistant Registrar Nutan Bhosle, and internship team from the Winter Internship Programme 2024-25 at the Kalyan District Prison.

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Research Report

Submitted to:

Maharashtra State Human Rights Commission

As a part of the Winter Internship Programme 2024

Women in Shelter Homes:
A study of the circumstances of admission and further rehabilitation

By:

Kshitij Ranade

Pretty J. Bhatia

Rithika Janmanchi

Rivka L. Saldanha

Saachi Sadh

Acknowledgment

We are Group D of the Winter Internship Program 2024 of the Maharashtra State Human Rights Commission, and we would like to take this opportunity to thank all those who have helped us during our tenure with their constant support and encouragement.

During our journey in this internship, we received immense support from the following authorities.

We would like to express our heartfelt gratitude to the Hon'ble Acting Chairperson and Member of the MSHRC, Mr. Sanjay Kumar, for his guidance and support throughout this internship. We extend our sincere appreciation to Shri. Nitin Patil, Secretary of the MSHRC, and Dr. Swarupa Dholam, Registrar, for her encouragement, valuable direction, and unwavering support, which greatly enhanced our learning experience. Additionally, we wish to thank the entire staff of the MSHRC for their cooperation and assistance, which facilitated our work and growth during this tenure.

We would like to thank Smt. Shobha Shelar, DWC, Women and Child Development—District Officer of Mumbai City, for delivering a lecture on Women’s Shelter Homes and helping us understand their importance, structure, and obligations.

We would like to thank the Shaskiya Kasturba Mahila Vasatigruha in Chembur, Mumbai, for granting us the opportunity to visit their Women's Shelter Home and gain insights into the lives and situations of each woman habilitated there. We are grateful to them for sharing with us the practical challenges that brought them here and the way they are being treated.

This internship has been an amazing learning process with the presence of different members of the Commission and the resource person for each field. We are extremely thankful to the Maharashtra State Human Rights Commission for the opportunities and experiences we have gained through this internship.

Index

Introduction

Women most commonly face the repercussions of our patriarchal society, often facing homelessness due to factors such as domestic violence and human trafficking. They also face exclusion from their families for various reasons, including HIV, mental illness, and similar problems. Homeless women, particularly young women, suffer the worst kinds of violence and insecurity. Once rescued from these distressing situations, they are frequently placed in government-run shelter homes. Thus, the government aims to provide shelter facilities under its social welfare schemes under the Ministry of Women And Child Department. However, the transition to such institutions is rarely smooth. Many women encounter significant physical, psychological, and social challenges during this period.

The following report explores the correlation between admission circumstances and further rehabilitation in women's shelter homes, with a specific focus on observations made during a visit to the Shaskiya Kasturba Mahila Vasatigruha in Chembur, Mumbai. There are around 22 Government Women's Shelter Homes covered in each division corresponding to one or more districts. Shaskiya Kasturba Mahila Vastigruh in Chembur covers the district of Mumbai.

Section 6 of The Protection of Women from Domestic Violence Act, 2005 states that shelter homes established by State Governments serve as safe havens for women seeking refuge. Additionally, at one's discretion, the shelter home can ensure an individual's identity remains confidential from the harasser.

The study will also delve into how different types of shelter environments and societal perceptions impact the overall well-being of women and their ability to regain autonomy and stability. As a whole, we are focusing on the circumstances of their admission and further steps of rehabilitation. Investigating the correlation between these factors can provide key insights into improving the effectiveness of shelter homes and the rehabilitation processes they offer. This study holds the potential for shaping better policies, improving shelter home practices, and empowering women to rebuild their lives with dignity and security.

Objectives of the Study

1. To Identify the Factors Leading to Women's Admission in Shelter Homes
2. To compare the admission process done with the help of police and a common man
3. To reveal whether the rehabilitation of women in shelter homes is linked to the circumstances under which these women entered the home
4. To know the reason behind the ratio of women not being able to seek rehabilitation
5. To access and amend a better way for women in shelter homes to re-enter society

Methodology

The qualitative method of research is the technique that has been adopted for this research. Our data collection was based on both primary and secondary resources. Our main primary source was the questionnaire we utilized to interview the women of the shelter home and also included our observations from the visit. Secondary sources included acts and schemes introduced by the government. The research methodology involves the analysis of research reports, articles, and information gained from Government authorised online sources. The qualitative approach includes an in-depth review of the relevant statutes, case laws, case studies, and observations from the visit. All information is either derived from the collected sample size or government-sanctioned online materials.

For the collection of the said samples, a questionnaire was used and answers were collected from the residents during the visit. The questionnaire focused mainly on the demographics of the residents, the circumstances that led to their admission, and the treatment they have received at the shelter so far. The sample collected was diverse and representative of the various experiences faced by the women at the Shaskiya Kasturba Mahila Vasatigruha.

Women Shelter Homes

Shaskiya Kasturba Mahila Vasatigruha in Chembur, Mumbai comes under the Ministry of Women and Child Development.

There are three types of Women's Shelter Homes:

1. Closed Home: A protective home for sexual assault victims (+18); They fall under the government schemes Ujjawala Yojana and Swadar Gruh.
2. Semi-closed Home: Shaskiya Kasturba Mahila Vasatigruha is a semi-closed home where women are admitted willingly. It is a shelter providing protection, and there are 22 of the same all over Maharashtra.
3. Working Women's Hostel: These homes provide shelter at a substandard cost to working women. They were created following a government scheme introduced in 1972-73, that aimed to provide hostel facilities for working women. Since they can pay for their accommodation, they are moved out of the semi-closed home.

In Shaskiya Kasturba Mahila Vasatigruha women are survivors of domestic violence, gang rape, human trafficking, and other distressful circumstances. The shelter accepts women from all backgrounds, including destitute, abandoned, divorced, and distressed women. In such homes, if the women have children, they are allowed to stay with their mothers up to 6 years of age. In our sample size, there was a woman with two children who were receiving care inside the home.

The Indian Constitution ensures equal rights and protection under the law, regardless of gender, caste, or socioeconomic status. This is especially significant for women, as the principle of equity upholds their right to live with dignity and security. Under the same principle, the state can make special provisions for safeguarding the rights of women, as they face heightened discrimination in our society. Article 21 of the Indian Constitution guarantees the right to life and personal liberty, which has been interpreted by the courts to include the right to shelter. The right to shelter is not just limited to a physical space but also encompasses a safe, secure environment, free from violence, abuse, or exploitation. Thus, shelter is considered an integral part of a woman's fundamental rights under the Constitution.

Legal provisions regarding women's shelter homes

A women's shelter home is a place that provides temporary shelter and refuge for destitute women in need. Women who find themselves in emergency situations, or in circumstances with threats to their safety and well-being, or a lack of housing and shelter can seek emergency accommodation in places like these. These shelters are often government-run and funded, such as the Shaskiya Kasturba Mahila Vasatigruha in Chembur, Mumbai where this study is focused.

This section of the report focuses on legal provisions, both national and international, which govern women's shelters and deal with providing affordable housing to women in need.

International Legal Frameworks on Women's Shelter Homes

1. UDHR (1948)

In 1948, the Universal Declaration on Human Rights adopted by the United Nations recognised the Right to Shelter and Adequate Standard of Living as a universal human right. This right includes sufficient and sanitary accommodation, civic amenities and most importantly, the right of the destitute to avail safe refuge in times of need.

2. CEDAW (1979)

The Convention on Elimination of all forms of Discrimination Against Women recognises the correlation between gender-based violence and homelessness in women. The CEDAW framework allows for women to seek reparations for the violation of their civil rights, while emphasising the need to provide adequate shelter for victims of abuse and discrimination.

3. ICESCR

According to Article 3 of the International Convention on Economic, Social and Cultural Rights-

> "*The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant.*"

Under this provision, the signatory states agree to take special measures to ensure the human rights of women are safeguarded, and they can enjoy their development as human beings.

National Legal Frameworks on Women's Shelter Home

1. Manual (Rules for Management of the Institution established under the Social & Moral Hygiene and After Care Program, 1973)

The Manual speaks on various areas such as the Management of Institution, Admission, Discharge, Leave, Transfers, Discipline and Miscellaneous.

> *"Chp 2, S.15 The Superintendent shall look after the daily well-being and health of the inmates, cleanliness, and distribution of meals and clothing.*
>
> *Chp 2, S. 16. the superintendent shall maintain adequate and satisfactory public relations conductive to the implementation of the institutional programme.*
>
> *Chp 3: Appointment, Duration, Functions and Nature of the Advisory/Managing Committee."*

2. Maharashtra Department of Women and Child Development

The Maharashtra Department of Women and Child Development, through its various schemes and policies like Ujjwala, One Stop Centre, the department aims to to prevent trafficking of women and children for commercial sexual exploitation through social mobilization and involvement of local communities. Utilising the help of local NGO's, the department aims to rehabilitate the survivors of domestic violence and rape, by providing safe havens for their recovery and improvement of their quality of life.

3. Protection of Women from Domestic Violence Act, 2005

Under section 6 of the Act- *"If an aggrieved person or on her behalf a Protection Officer or a service provider requests the person in charge of a shelter home to provide shelter to her, such person in charge of the shelter home shall provide shelter to the aggrieved person in the shelter home."*

Under section 9 (f) and section 10 (C) of the Act, Protection Officers and service providers respectively are required to provide the aggrieved person with shelter in a shelter home if she so requires, and to forward a report of the lodging of the aggrieved person to the police station within the local limits of which the incident took place.

Schemes and Policies

1. Ujjwala Scheme

Introduced in 2007 by the Ministry of Women and Child Development, this scheme was established to prevent women and children from being exploited through trafficking for commercial sexual exploitation. The scheme seeks to provide basic necessities for immediate and long-term rehabilitation services. It also facilitates the rescue of victims from the place of their exploitation and places them in safe custody.

2. Swadhar Gruh Scheme

Introduced by the Ministry of Women And Child Development to help female victims of difficult circumstances who are in need of institutional support for rehabilitation. Under this scheme, every district will have a Swadhar Greh set up with a capacity of 30 women. Benefits of the scheme will be availed by women of age above 18 years. Girls up to the age of 18 years and boys up to the age of 8 years are allowed to stay in Swadhar Greh with their mothers.

3. Women & Child Development Department, Government Decision No. 81/2001-

Under the Revised Maher Yojana (Government Decision dated 25.5.2001), the government has raised the monthly subsidy for destitute, abandoned, virgin mothers, raped, or distressed women aged 18-40 who have stayed in state or voluntary shelters for over 30 days. The subsidy has been increased to ₹1000 (from ₹250) for women, ₹500 (from ₹150) for the first child, and ₹400 (from ₹100) for the second child, starting from 1.4.2014, with a 10% annual increase. Beneficiaries must register their Aadhaar and receive payments through direct bank transfer (ECS). The necessary budget provisions will be made to cover the increased expenditure.

4. Regarding the Recognition of Women's Hostel Under Section 21 of the Immoral Trafficking (Prevention) Act 1956

The government has approved the recognition of 20 Government Women's Hostels (State Homes) as shelter homes under Section 21 of the Immoral Trade Prevention Act, 1956. This approval follows a proposal for granting recognition to these hostels, which are required to have a license under the Act due to the admission of women detained under the Act. A key condition for the approval is that "released girls" should be kept separately from other inmates. (List of 20 shelter homes given in Annexure)

5. Subsidy Scheme for Marriage of Devdasi or Daughters of Devdasi-

A scheme aiming to eradicate the practice of Devdasi and rehabilitate them. Eligible for those who are recognized as Devdasi before 1996 and meeting the other criteria as mentioned in the scheme. Under this scheme a grant of Rs. 25000/- or Rs. 50,000/- (in case of bride being graduate) is given. Necessary documents as per scheme are to be submitted to the District Women and Child Development Officer before or within 90 days of marriage.

6. Financial assistance scheme for marriage of orphan girls in the institution Government Decision Social Welfare-

The financial assistance scheme offers Rs. 25,000 for the marriage of orphan girls living in government or voluntary institutions such as orphanages, state homes, and protection homes under the Revised Maher Yojana. To qualify, the girl must be over 18, enrolled in an eligible institution, and, if her parents are alive, the family's annual income must be below Rs. 20,000. The institution's superintendent must submit the application and necessary documents to the Commissionerate, after which the grant is deposited in the girl's bank account to support her marriage and household expenses.

7. Late Latatai Sakat Yojana which works for the welfare of Devadasi :-

The Late Latatai Sakat Yojana honors efforts to eliminate the Devadasi system and support rehabilitation. It offers an annual award of Rs. 1 lakh to an individual and Rs. 50,000 each to two NGOs actively working in this field for at least five and three years, respectively. Applicants must meet specific registration and performance criteria, provide necessary documentation, and submit applications via the District Women and Child Development Officer. A selection committee reviews nominations and finalizes the awards, with recommendations assessed by the Commissioner and the Maharashtra government.

8. Aid scheme for education of children of Devadasi

The Aid Scheme for the Education of Children of Devadasis offers annual subsidies of Rs. 1600 for boys and Rs. 1750 for girls from 1st to 10th standard in Zilla Parishad, Municipal, or approved private schools. Eligibility is restricted to children of Devadasis registered before 1996, who have resided in Maharashtra for 10 years, and meet the income criteria for economically backward families. Applicants must provide school, income, and residence certificates, with funds directly deposited into their accounts for educational expenses. The District Women and Child Development Officer manages fund distribution and ensures proper use of the subsidies.

Inspection policies

The following procedure should be followed for the inspection of women's shelter homes established by the Department of Women and Child Development of Maharashtra or under central government schemes in Maharashtra, via circular no. 201402061223334430 of the government of Maharashtra.

1. The District Probation Officer and Probation Officer in the Office of the District Women and Child Development Officer should thoroughly inspect the institutions of the Women and Child Development Department, Government Women's State Homes, Shelter Homes, Voluntary Subsidized Aadhar Homes, Swadhar Homes under Central Government Schemes, STEP Scheme Projects, Institutions working under Ujjwala Scheme, etc. once a month and whenever

necessary and submit their report to the District Women and Child Development Officer.

2. The District Women and Child Development Officer should thoroughly inspect the residential institutions of women working under Central and State Schemes in the district every three months and submit the report to the Commissionerate. This report should clearly state the problems and needs of the institution and give clear feedback on what action is required from the Commissionerate and the government level to resolve them. At least two non-governmental women members of the comprehensive District Women's Advisory Committee working at the district level should be accompanied during the inspection. The inspection report should be signed by the members of the inspection team.

3. Inspection of women's residential institutions working in each district with the financial assistance of the Central and State Governments should be carried out by the Deputy Chief Executive Officer (Child Welfare), Zilla Parishad of the concerned district. It will also be done through officers. They should keep two chief servants under their charge with them during the inspection and they should also get their signatures on the inspection report. The schedule of the institution inspection in this regard should be informed to the concerned by the Divisional Deputy Commissioner, Women and Child Development of the concerned department. The said inspection should be organized every year from July to November.

Circumstances Leading to Admission

The focal point of this section pertains to the circumstances under which women were admitted to the Shaskiya Kasturba Mahila Vasatigruha. In our conversation with the superintendent of the shelter home, we were informed that women from all economic backgrounds were welcome to live in the shelter. To better understand these circumstances, a questionnaire was prepared before visiting this shelter home, and a section pertaining to these circumstances was included. The questions were centered around who admitted them to the shelter, whether they were forced to be there, and whether the admission process was tedious.

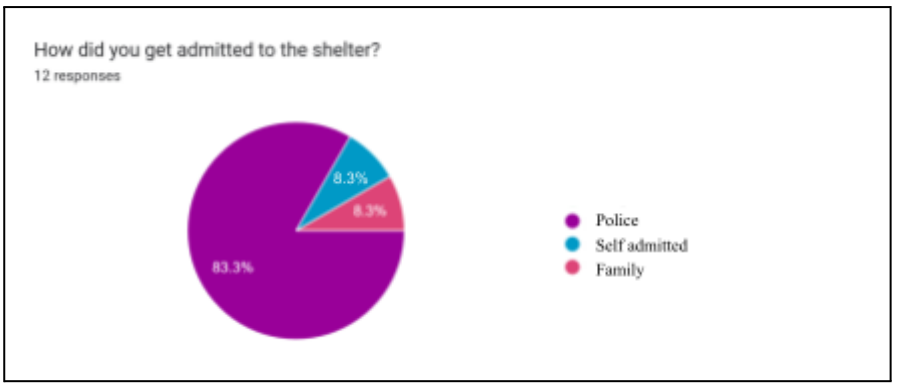
The total number of women living in the shelter as of January 2025 is twenty-three. During our visit, eight women had gone for vocational training with the help of the NGO Prayas. There were a total of five women at the shelter who we were unable to question one because of her severe mental condition, another wished to not speak with us, and three were dumb and deaf. Due to all these circumstances, our total sample size for the questionnaire was twelve women.

During our interactions with the women residing at the home, we came to know that many of them were not originally from Maharashtra. Six women had come to Maharashtra to search for their husbands, however, upon arriving here, with no place to go, many remained homeless and thus were found by the police and taken to these shelters.

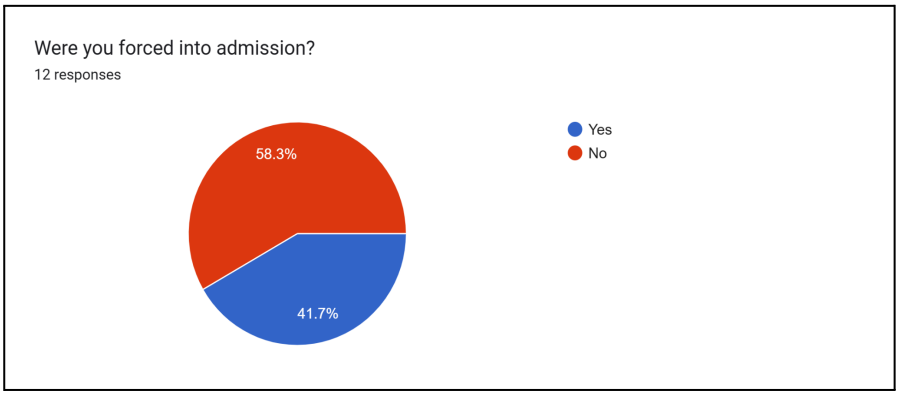
In addition to this, several cases of domestic violence and family trouble drove these women to reside in the shelter. Four women fled from their hometown, where they faced abuse from their partners and family, and came to Mumbai in hopes of a better life. Many remained homeless, and eventually were found by the police and brought to the shelter. Some stayed with friends and were subsequently brought to the shelter as they had no means to sustain themselves.

Although not plenty, two were placed in the shelter due to their suffering from mental illness. They were homeless and often suffered from recurring episodes. The police brought them into the shelter home where they would be able to live in a safe environment and receive the necessary help for a holistic recovery.

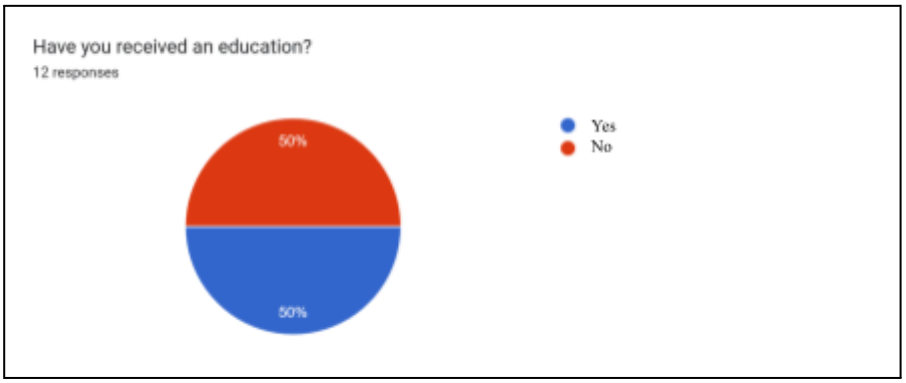
Of the twelve respondents, ten women were admitted to the shelter by the police, one by their family, and another was self-admitted. This is mainly due to the circumstances they were living in before entering the shelter. Most women were homeless as they had come to Maharashtra in hopes of finding their husbands and escaping the harsh conditions they were living in.



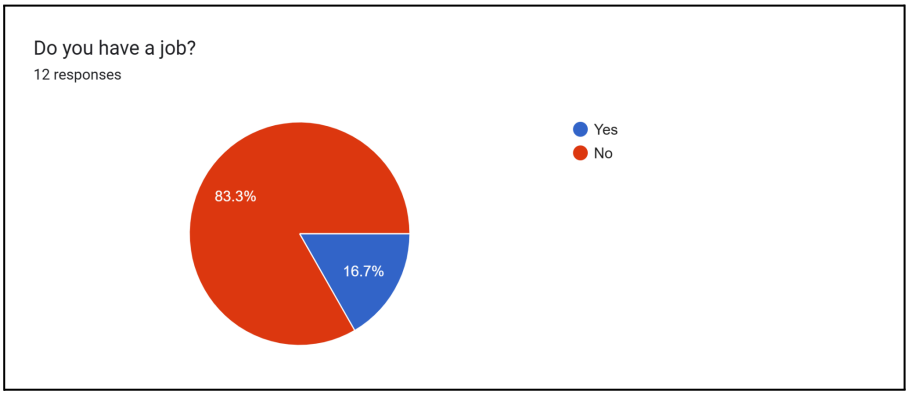
Despite a large proportion of the respondents not being self-admitted, seven answered that they were not forcefully admitted, while five felt forced. These statistics prove that the respondents weren't against the idea of living in a shelter home. The conversations with the women revealed how some were glad to be receiving the facilities offered by the shelter as those are things they would not have gotten, had they continued to live outside. Those who felt forced into admission felt trapped at the shelter and believed that their life outside was more fulfilling even if it meant that they were homeless.



There was an equal percentage of women who received an education as compared to those who didn't. Many completed their education till the tenth standard, with a few even completing twelfth grade. Not many were able to afford a bachelor's degree. Some women were not aware of their education as they had lost part of their memory due to traumatic events. Many who were educated did work before living in the shelter. They usually worked in factories and as daily wage workers.



Most women residing in the shelter home did not have jobs before being admitted to the shelter. While ten did not have a job, 2 did. Despite half the respondents being educated, less than a quarter worked. The main reason was that they were either unable to work due to marriage or were not hired due to their mental instability. A considerable amount of our sample size suffered from mental illnesses and thus faced difficulties in securing jobs.



Rehabilitation at the Shelter

The shelter home has facilitated activities and programs that are aimed at the rehabilitation of the women. Under the Swadhar Gruh scheme, women are provided with vocational and educational training to help with their rehabilitation. As part of its goal, the shelter seeks to empower women and equip them with skills and traits that will allow for their successful assimilation into society.

Twice a week, NGOs such as Prayas and Shanta visit the shelter home and conduct educational training sessions. These sessions aim to provide the women at the shelter with fundamental knowledge that is essential. They are taught English and have learned the alphabet and action words. These sessions also include segments where the women can sing, dance, and draw. This is done to enhance their fine motor skills.

Aside from this, at the shelter home itself, once a week NGOs come and teach the women sewing. This is a form of vocational training for those who are unable by any means to go outside and receive this form of training as the others do. There is a designated room where there are multiple sewing machines for the women to use. The primary goal of this is to equip the women with basic skills that they can utilize and rely on to earn a livelihood outside the shelter.

With the help of NGOs, many women from the shelter are given the opportunity to get vocational training from outside the shelter. These are mainly for women whose mental and physical condition allows them to complete these tasks without much strain on their health. These training programs are run throughout the weekdays and women receive a stipend for this as well. The provisions of stipends allow them to earn and save money which can be used once they leave the shelter. It enables women to become financially independent and also fosters a sense of self-confidence that boosts their morale.

While the shelter does offer programs through which women can become independent and equip themselves with skills that will help them live an independent life outside the shelter, during the interactions with the women residing at the shelter, it became increasingly evident that these opportunities

were not made available for everyone. Those who suffered from mental illnesses and physical disabilities were not able to go outside for vocational training. Instead, their training was limited to the sewing taught at the shelter. Additionally, these women were also responsible for the household chores at the shelter (ie. cooking and cleaning). Since the shelter allows for mentally unstable women to live at the shelter, they must organize programs that will benefit all women regardless of their mental or physical capacity.

At the shelter, the residents receive visits from a psychiatrist twice a month. They get one-on-one counseling sessions and according to the Superintendent of the shelter, can talk to the psychiatrist for as long as they want. However, according to the responses we collected from the residents, the majority of them only received counseling immediately, or within a few days of admission. Further into their stay, they received no such counseling sessions. If they did, they did not feel they got the necessary amount of help they needed. Furthermore, the psychiatrist also provided them with medication to help with their mental recovery/trauma.

Once a week, a male physician from a nearby government hospital comes in for physical check-ups of the residents. Since the physician only comes once a week, the residents complained the visits sometimes turn irregular, or that they cannot obtain enough time with the physician. For more serious ailments or conditions, they are taken to a nearby government hospital to be examined by the doctors there.

The shelter has organized and planned for educational and vocational training programs, as well as check-ups conducted by medical professionals to ensure the mental and physical well-being of all the residents. However, certain provisions must be made to ensure that these programs and check-ups are beneficial to all residents.

Case Study

1) Woman X

Woman X is physically handicapped. There are no PWD facilities available at the shelter home, thus leaving her confined to her room. Her lack of movement and change of environment has left her with low self-esteem.

2) Woman Y

Woman Y is non-verbal and suffers from partial amnesia. She has been at the shelter home for 4 years. She was unable to get vocational training through an NGO due to her mental illness. She is responsible for certain chores at the shelter. As a result of her lack of economic and self-independence at the shelter, she does not believe that she will be able to re-enter society

Observations

- **Hygiene**
  - Open dustbins were kept near the water tank.
  - Waste was not segregated (one dustbin has both food and clothes kept in it).
  - The bathroom toilets were broken and not clean.
  - There was an unpleasant smell near the bathroom.

- **Kitchen**
  - The grains appeared to be spoilt.
  - The jute sacks filled with grains/rice/flour had no manufacturing or expiry date, so it was difficult to determine whether they were safe to be consumed.
  - The kitchen utensils looked rusty.
  - There was no cold storage.
  - Some kitchen produce was stored outside the kitchen, on the floor of the vocational training room.
  - Food was being cooked by the women living in the shelter.

- **Health and Medication**
  - Medication was stored in the same place as the library books.
  - A psychiatrist only visited the shelter home twice a month, despite there being a large number of mentally ill residents.
  - There was no separate area for the medical room, it was shared with the recreational room.
  - A male doctor comes to the shelter once a week to conduct checkups on the women residing at the shelter home.
  - A majority of the medications prescribed were primarily for treating mental disorders and illnesses.
  - <u>Medication prescribed</u>
    - Clonazepam- it is a drug used for anxiety and sedation. It is used for short periods, usually not more than 12 weeks, like the initial period of severe traumatic and psychiatric symptoms. It runs the risk of misuse for sedation and abuse (over-use).

        - Other drugs like Fluoxetine and Resperidone are used to treat psychotic illnesses and reduce aggression. They are mild sedatives but do not have much potential for abuse.

- **Family visits**
    - Only female relatives can visit.
    - The interaction has to be done under the supervision of a staff member.
    - The residents can interact with their relatives either in the lobby or the superintendent's office.

- **Amenities**
    - There are multiple operational sewing machines kept in the vocational training room.
    - There is no library, only a shelf of books in a cupboard that also stores medicines.
    - There are two TVs however one of them is non-functional.
    - There is a crib available however it is used as storage.
    - The water filter is broken and dirty.
    - There are no cloth stands for the women to hang their clothes.
    - There are no washing machines.
    - The geyser is only switched on for one hour twice a day, once in the morning and once in the evening.
    - The mirrors in the bathroom were broken and dirty.
    - The shelter home did not have any provisions for PWD (there was no lift or ramp despite there being physically handicapped women residing in the shelter home).

- **Staff**
    - The shelter home is understaffed, there are 2 vacancies.
    - There are discrepancies between what the staff and residents say regarding disagreements between the women living in the shelter home.
    - The staff have not conveyed instructions on emergency procedures to the women at the shelter home.

- **Rehabilitation**
    - Women who were physically handicapped and mentally unstable could not go outside for vocational training.
    - The women receive educational training twice a week, however they only learn basic English.
    - There were minimal library books, only one shelf.

- **Miscellaneous**
    - All the women have their belongings stored in a singular bag that is kept on their beds.

Pictures

Pulses in the kitchen appeared spoilt, dry, and stale.

Two TVs kept in the recreational room and one of them was non-functioning.

Though there being a presence of one month old kid, the crib was used for storage.

Broken water filter. There were leaves and dirt accumulated in the drinking area

The dustbin has different types of waste (clothing and plastic) disposed in it. It has also been placed near an open water tank. This could lead to the contamination of the water.

Broken cold storage. The fridge does not work.

Broken toilets

Dusty and rusty kitchen utensils

Medicines prescribed to the women.

Suggestions

Based on the sections of the Manual (Rules for Management of the Institution established under the Social & Moral Hygiene and After Care Program, 1973), the following are our suggestions:

Hygiene

- Washrooms should be re-constructed and their cleanliness should be maintained.
- Water should be stored in a clean and dry place, in a tightly sealed storage.
- Proper segregation of dry and wet waste.

Kitchen

- Cold storage should be used efficiently, preventing food wastage.
- The expiration dates of food items (vegetables, grains, etc,.) must be monitored.

Health & Medication

- The frequency of psychiatrist visits in a month must increase for the betterment of their mental health.
- Once a week, a male doctor visits the shelter to conduct weekly check-ups for the women. If a woman wishes to consult a female doctor, she is required to go to a hospital. For the comfort and safety of the women, it would be better if a female doctor would be the one coming to the shelter for the weekly consultations.

Amenities

- There were no ramps or lifts in the shelter home. The shelter home's infrastructure was not PWD-friendly despite there being numerous physically handicapped women residing there.
- As of now, the shelter home does not have a permanent ambulance. To better equip themselves in times of emergencies, it is crucial that they have an ambulance on standby at all times.
- The shelter must provide the women with functional washing machines and cloth stands to meet the needs of all the women living in the shelter

(physically handicapped, mentally ill, etc) and to improve their quality of life.

- Water Coolers being provided are to be provided efficiently & effectively.

Staff

- There should be professional staff for cooking and cleaning at the shelter. If the women there are appointed to do the work, they should be physically and mentally capable of doing so.
- The issue of understaffing should be addressed.

Rehabilitation

- Extensive vocational training programs should be organized for those with different mental and physical capacities.
- The educational programs must encompass more subjects/areas that should be taught to women other than basic English.
- Basic financial literacy should be taught to women.

Miscellaneous

- To ensure the safety of the women during times of emergency, the staff should assume the responsibility of educating those living in the shelter of the emergency procedures.
- Rules for the Management of the Institution, established under the Social & Moral Hygiene and After Care Program, 1973 are obsolete and need amendment according to present circumstances.
- As of now, there is no proper legal framework regulating women's shelter homes in Maharashtra. An established legal framework is required to ensure that the shelter home is operating at high standards.
- According to Chapter 3 of the Manual, there should be an advisory/managing committee to monitor the shelter homes established. Currently, there is no such body, and thus one should be established to oversee the conditions of shelter homes.
- There should be satisfactory ways for women to socialize with those living outside the shelter home.

Conclusion

Throughout this study, one thing was made evidently clear to us, it is that even though safeguards exist to ensure the upliftment of destitute women and the protection of their human rights, problems and lacuna still exist in the grassroots implementation of these efforts. These shelter homes act as safe havens for women who have faced abuse or grave circumstances that have led them to destitution. For a majority of the women who were examined for the purposes of this study, admission into the shelter home came as a breath of fresh air, an opportunity to recover and grow as human beings, which is what the various laws and government schemes intend to do.

However, we must aim to resolve these remaining lacunas to ensure that the women who seek shelter at these homes have the opportunity to fully rehabilitate themselves back into society. This is what this report aims to do. By identifying the problems that exist with the system, we can aim to resolve them and help to improve the lives of these destitute women.

Annexure

1. Manual (Rules for Management of the Institution established under the Social & Moral Hygiene and After Care Program, 1973
2. Admission form
3. Voluntary Leaving Application
4. Questionnaire
5. Staff Data
6. List of Women Shelter Home in Maharashtra
7. Women & Child Development Department, Government Decision No. 81/2001-
8. Regarding the Recognition of Women's Hostel Under Section 21 of the Immoral Trafficking (Prevention) Act 1956
9. Schemes for Devdasi
10. Inspection policies

RESEARCH REPORT

Submitted to:

Maharashtra State Human Rights Commission

As a part of Winter Internship Program 2024

"Evaluating the success of rehabilitation program for patients at Thane Regional Mental Hospital"

Submitted by:

Anushri Gharbude

Riddhi Chavan

Siddhi Patel

Srushti Autkar

Ziya Mirza

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INTRODUCTION

Mental health is an essential component of overall well-being, influencing how individuals think, feel, and behave in their daily lives. In India, mental health has historically been a neglected area of healthcare, marred by stigma, lack of awareness, and inadequate facilities. However, with increasing recognition of mental illnesses and their impact on society, the Indian government has taken significant steps to reform mental healthcare policies and improve patient treatment.

On 15.01.2025, the commission, led by the Asst. Registrar, visited The Regional Mental Hospital in Thane, Maharashtra. Accompanying the Asst.-Registrar were interns from the Winter Internship Program and two law students participating in pro-bono services with the commission. The medical superintendent and other Regional Mental Hospital staff members were present during the visit. The commission reviewed relevant records and documents of the hospital.
This visit aimed to evaluate the conditions at Regional Mental Hospital, and the treatment provided to patients, ensuring adherence to mental health standards and the protection of their human rights. The assessment involved a tour of the facility, observation of patient areas, and interviews with staff and patients. The key areas of focus included living conditions, patient care, staff interaction, safety, treatment, therapy and rehabilitation programs.

This report encapsulates findings derived from empirical observations and data gathered from the Regional Mental Hospital. Its purpose is to bridge the gap between the Mental Health Act and its practical application. Additionally, it provides a comparative analysis of the previous Mental Healthcare Act of 1987 with the revised act of 2017.

OBJECTIVES

1. To analyse the range of the rehabilitation programs provided to the patients
2. To assess the effectiveness of the rehabilitation programs offered
3. To assess the impact of the rehabilitation program in recovery and reintegration of the patients into society
4. To analyse the Mental Healthcare Act of 2017
5. To assess the violations of human rights associated with mental health patients
6. To analyse the surveys and studies done by the government
7. To propose recommendations for enhancing the effectiveness of rehabilitation programs

LEGAL FRAMEWORK

1. Mental Healthcare Act, 2017:

The Mental Healthcare Act (MHCA), 2017 replaced the earlier Mental Health Act 1987, showcasing a more progressive and rights-based approach in mental health. The Mental Healthcare Act upholds the patient autonomy, dignity and their rights during the mental healthcare process thus marking a bold step in Indias mental health legislation. The act allows access to mental healthcare as a right to every citizen.

Section 2(1) of the Mental Healthcare Act, 2017 does not explicitly define "mental health" in a standalone section. However, it indirectly addresses the concept through its focus on ensuring the well-being and rights of individuals with mental illness.

> (*o*) "**Mental healthcare**" includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness;
> (*s*) "**Mental illness**" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;

It implicitly aligns with definitions provided by organizations like the World Health Organization (WHO), which describe mental health as a state of well-being in which an individual can: Realize their own potential, Cope with normal stresses of life, work productively, and Contribute to their community.

2. Rights of Persons with Disabilities Act, 2016:

The Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) was enacted to provide comprehensive rights and protections to persons with disabilities in India. It replaced the Persons with Disabilities (Equal Opportunities, Protection

of Rights and Full Participation) Act, 1995**,** aligning Indian law with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)**.** The Act aims to ensure equality, dignity, and inclusion for persons with disabilities by guaranteeing their access to education, employment, healthcare, and social security.

Recognition of Mental Illness as a Disability

- The Act expands the definition of disability to include mental illness, ensuring legal protection and rights for those affected.
- Section 2(s) defines a "person with disability" as someone with long-term physical, mental, intellectual, or sensory impairment that limits their full participation in society.
- The Schedule of Disabilities under the Act explicitly includes mental illness as a recognized category.

Inclusion of Persons with Mental Illness

- A person with mental illness can be considered to have a benchmark disability if they have at least 40% disability, as certified by a medical authority (Section 2(zc)).
- This certification allows them to access legal rights, government benefits, and welfare schemes under the Act.

3. Provisions related to Rehabilitation of patients in the Mental Healthcare Act, 2017:

The Act emphasizes on mental health as a human right. Section 18 recognizes the right to mental healthcare, ensuring that every individual has access to services and facilities necessary for maintaining their mental well-being.

1. **Section 18(4)(b)** – Provision of half-way homes, sheltered accommodation, and supported accommodation for persons with mental illness.
2. **Section 18(4)(c)** – Provision of mental health services to support the family of a person with mental illness or home-based rehabilitation.

3. **Section 18(4)(d)** – Hospital and community-based rehabilitation establishments and services.
4. **Section 19** – Right to community living: Ensures that a person with mental illness has the right to live as part of society and not remain in a mental health establishment merely due to lack of family or community support.
5. **Section 98** – Discharge planning: Requires mental health establishments to formulate a plan for the rehabilitation and reintegration of patients back into society upon discharge.

The Act focuses on:

- Promoting independent living.
- Encouraging family and community participation.
- Facilitating employment and financial independence.
- Addressing stigma and ensuring full social reintegration.
- The Mental Healthcare Act, 2017, emphasizes the principle of dignity, autonomy, and inclusion, ensuring that rehabilitation is not limited to treatment but extends to restoring individuals' roles in society.

4. **Comparative study between the Mental Healthcare Act, 1987 and Mental Healthcare Act, 2017:**

- The 1987 Act was primarily institutional and custodial, offering limited rehabilitation opportunities. While the 2017 Act introduced a progressive, patient-centric, and rights-based framework, emphasizing rehabilitation as a crucial component of mental health care.
- The 2017 Act focuses on holistic recovery, including community support, vocational training, and reintegration into society.
- The Mental Healthcare Act, 2017, marked a significant shift from custodial care to community-based rehabilitation, ensuring dignity and autonomy for individuals with mental illnesses.

COMPARISON TABLE

Aspect	Mental Health Act, 1987	Mental Healthcare Act, 2017
Approach to Mental Health	Focused on institutional care; viewed mental illness medically. Limited rehabilitation.	Rights-based approach aligned with UNCRPD. Emphasized community-based rehab, social integration, and holistic recovery.
Scope of Rehabilitation	Vague provisions; limited to institutions, no focus on community-based rehab.	Recognized as a **right (Sec 18)**. Mandated community-based services, halfway homes, and employment support.
Rights of Patients	Patients had little autonomy; indefinite institutionalization allowed.	**Rehabilitation recognized as a right.** No unnecessary institutionalization (**Sec 19**). Patients can live in the community with support.
Integration of NGOs & Community	Minimal role for NGOs or community organizations.	Encouraged collaboration with NGOs, private institutions, and communities for rehab programs.
Compliance with International Standards	Did not comply with UNCRPD or emphasize human rights.	**Aligned with UNCRPD**; prioritized dignity, autonomy, and socio-economic inclusion.
Stigma & Awareness	Focused on hospitalization, reinforcing stigma; no public awareness measures.	**Public awareness campaigns** to reduce stigma and promote inclusion.

GOVERNMENT SCHEMES

1. NALSA LEGAL SERVICES AUTHORITY UNDER LEGAL SERVICES AUTHORITIES ACT, 1987.

The scheme is implemented by the National Legal Services Authority (NALSA) under the Legal Services Authorities Act, 1987. It aligns with laws such as the Mental Healthcare Act, 2017 (MHCA) and Rights of Persons with Disabilities Act, 2016 (RPwD). Ensures access to free legal services for persons with mental illnesses and intellectual disabilities. Follows India's commitment to international human rights laws, especially the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2008.

- **Implementation:** Specialized Legal Services Unit (LSUM) called "Manonyay" in every district. Panel lawyers & para-legal volunteers trained in mental health and legal rights. Legal services at multiple locations, including mental health establishments (MHEs), police stations, courts, prisons, and shelter homes. Collaboration with government departments, NGOs, and health professionals. Awareness and outreach programs to educate communities about legal rights.
- **Schemes & Services:** Legal aid for cases involving discrimination, abuse, denial of rights, medical treatment, custody, and property disputes. Helplines for assistance: NALSA (15100) and Tele-MANAS (14416). Legal representation for mental health patients in courts, including those in prisons and custody. Awareness campaigns, training sessions, and counselling for stakeholders.

Statistics & Reporting: Regular monitoring and reporting at the District, State, and National levels. Formats for tracking legal services, outreach programs, and case progress. Periodic assessments by District Legal Services Authorities (DLSA) to ensure effectiveness.

Limitations: Implementation challenges due to lack of awareness and trained legal professionals. Limited infrastructure for legal clinics in mental health facilities. Coordination issues between legal and healthcare systems. Social stigma and family reluctance in accessing legal aid.

2. NATIONAL MENTAL HEALTH POLICY, 2014

Launched by the Government of India in 2014 to improve mental healthcare services and ensure rights-based treatment. Aims to promote mental well-being, prevent mental illness, provide treatment, and ensure social inclusion. Based on constitutional rights (Article 21 – Right to Life, Article 47 – Duty of the State to improve public health) and international commitments like the UNCRPD (2008).

Implementation: Integrated into the National Mental Health Programme (NMHP) for effective service delivery. Strengthens mental health services at the district level through the District Mental Health Programme (DMHP). Focuses on reducing stigma through awareness campaigns and training of healthcare workers. Encourages collaboration between health, education, social welfare, and justice departments.

Schemes & Services: National Mental Health Programme (NMHP): Provides treatment and services at primary, secondary, and tertiary levels.

- District Mental Health Programme (DMHP): Expands mental healthcare facilities to district hospitals and community health centres.
- National Tele-Mental Health Programme (Tele-MANAS): Offers 24x7 mental health counselling services (Helpline: 14416).
- Suicide Prevention Strategy (2022): Aims to reduce suicide rates by 10% by 2030.
- Decriminalization of Suicide under the Mental Healthcare Act, 2017: Recognizes suicide attempts as a mental health issue rather than a crime.

Statistics: 6-7% of India's population suffers from mental disorders, and 10-15% require active mental health interventions. Only 1 psychiatrist per 100,000 people, leading to a severe shortage of mental health professionals. Suicide rates in India are over 1.6 lakh suicides reported in 2021, highlighting the need for intervention. DMHP implemented in 716 districts, yet many lack trained personnel and resources.

Limitations: Severe shortage of mental health professionals (psychiatrists, psychologists, social workers).

- **Limited funding:** Mental health gets only about 1% of the total health budget.
- **Lack of awareness & stigma:** Many people avoid seeking treatment due to social taboos.
- **Poor implementation:** Many states lack mental health facilities, especially in rural areas.
- **Coordination gaps:** Weak integration between health, education, and social sectors.

3. THE NATIONAL TELE MENTAL HEALTH PROGRAMME (Tele-MANAS)

Tele-MANAS is an initiative by the Government of India to provide accessible and affordable mental health services across the country. The programme was launched on October 10, 2022.

- **Objective:** To offer free, round-the-clock tele-mental health services, ensuring that individuals can access support whenever needed.
- **Helpline Number:** Individuals can access services by calling the toll-free number 14416.
- **Services Provided:** The program offers telephone-based counselling, psychotherapy, psychiatric consultations, and referrals.
- **Collaborations:** Implemented in collaboration with the National Institute of Mental Health and Neurosciences (NIMHANS) and the Indian Institute of Technology (IIT) Bangalore.
- **Schemes:** Integration with Existing Programs: Tele-MANAS is part of the broader National Mental Health Programme (NMHP), aiming to integrate mental health services with primary healthcare.
- **Digital Platforms:** The program utilizes digital platforms to reach a wider audience, especially in remote and underserved areas.

Limitations:

- **Limited Awareness:** Many individuals, especially in rural areas, may not be aware of the availability of tele-mental health services.

- **Infrastructure Challenges:** Limited access to digital devices and internet connectivity in certain regions can hinder the effectiveness of tele-mental health services.
- **Statistics:** Mental Health Burden: India has a significant mental health burden, with one in every seventh person estimated to be suffering from a clinically diagnosable mental disorder.
- **Service Reach:** Since its launch, Tele-MANAS has been working towards expanding its reach to cater to the vast population of India, though specific usage statistics are currently limited.

Rehabilitation Programs at Regional Mental Hospital, Thane

Established in 1901, the Regional Mental Hospital in Thane is one of the oldest institutions for mental health care in Maharashtra. Falling under the jurisdiction of the Maharashtra State Health Department, the hospital spans a vast area of 59 acres and is located in Dharamveer Nagar, Thane. The facilities at this hospital are designed to accommodate 1850 patients and is staffed by a team of 565 staff and has a total of five functioning units to administrate currently. The institution provides a range of services, including inpatient and outpatient psychiatric care, specialized treatment for various mental health conditions, comprehensive rehabilitation programs, crisis intervention, medication management, physical health monitoring and shelter.

- **Procedure for Admission of a Patient**

The admission process at the Regional Mental Hospital in Thane begins with submitting valid legal documentation as required under the Mental Healthcare Act, 2017. For voluntary admissions, patients or their guardians must provide written consent, while involuntary cases require authorization, such as a magistrate's order or certification from two qualified medical practitioners.
Once the documentation is complete, the medical team conducts an initial assessment to evaluate the patient's mental and physical condition, considering their medical history and socio-environmental factors. Throughout the process, the patient's rights are carefully upheld as per the provisions of the Act. Following the assessment, patients are transferred to the Acute Ward for closer observation and further care.

- **Discharge and Re-admission Policies**

Under the Mental Healthcare Act As per Section 89 of the Mental Healthcare Act, 2017, patients admitted for treatment must not remain hospitalized for more than 180 days. If a patient's condition does not improve within this timeframe, a detailed report explaining the reasons for continued hospitalization is prepared and submitted to the Mental Health Review Board (MHRB) for further action. In cases where a patient recovers and is discharged but later requires re-admission, the 180-day cycle restarts, rather than resuming from the previous duration. This ensures that each admission is treated separately, with a new evaluation and care plan.

REHABILITATION PROGRAM

Rehabilitation at Regional Mental Hospital in Thane is aimed at helping patients regain independence, confidence, and the ability to engage with society. The programs typically include:

1. Occupational Therapy

Occupational therapy involves engaging patients in meaningful activities that improve their ability to perform daily tasks and routines. This therapy helps improve fine motor skills, sensory integration, and overall cognitive function. Activities typically include painting, crafting, gardening, and simple tasks.
Scientifically, occupational therapy improves neuroplasticity, helping the brain rewire itself to adapt to functional demands. It reduces symptoms of anxiety and depression by promoting a sense of achievement and routine, essential for patients regaining independence.

2. Vocational Therapy

Vocational therapy is a rehabilitation process where patients are trained in practical skills to improve their employability and independence. Skills such as tailoring, carpentry, paper plate making, and basic technology-based work are taught to align with the local job market. It helps increase self-reliance and decrease dependence on caregivers, and by training structured skills, it contributes to worth, which helps against the feelings of worthlessness most patients with mental illnesses go through.

3. Paper Plate Making (डोना in Hindi)

Paper plate making is a skill activity offered during vocational training. It involves the stages of cutting, pressing, and moulding paper into finished product forms on simple machinery. This activity provides patients with a hands-on task that enhances fine motor skills, concentration, and attention to detail. It also offers a potential income-generating opportunity, boosting self-esteem and economic independence.

4. **Music and Dance Therapy**

Music and dance therapy use rhythm, melody, and movement to stimulate emotional, cognitive, and physical responses. Sessions may involve listening to calming music, playing instruments, or engaging in structured dance movements. It releases endorphins and improves serotonin levels, thus helping to relieve depression and anxiety. In addition, these therapies enhance motor coordination, improve emotional expression, and promote social interaction in group settings.

In addition to regular rehabilitation activities, the hospital organizes festival-based programs, such as Diya crafting during Diwali and making decorative for Navratri, to foster cultural participation. These activities enhance artistic expression, teamwork, and cultural connection, while providing therapeutic benefits and a sense of belonging.

CASE STUDY

Patient X Representing the Majority of Patients at the Regional Mental Hospital, Thane

Background

Patient X is a 35-year-old male with a primary level of education. His experiences, summarized here, are reflective of the majority of patients interviewed during this survey. He was voluntarily admitted to the Regional Mental Hospital, Thane, following a rage episode, and had been staying there for approximately three months. Like most other patients, he had no prior experience with mental health treatment outside this facility.

Living Conditions and Treatment

Patient X, like many others, reported satisfaction with the hospital's cleanliness and overall safety. The staff were described as respectful and approachable, and meals were provided on time with proper nutrition. However, most patients, including Patient X, expressed dissatisfaction with the family visitation arrangements, which typically allowed only brief meetings (5–10 minutes) once or twice a month.

While Patient X was aware of his treatment plan and had access to necessary medical care, he, like others, did not regularly participate in therapy sessions. A common concern among patients was the lack of clarity regarding their diagnosis, leading many, including Patient X, to perceive their hospitalization as a punishment rather than a path to recovery.

Rehabilitation Experience

Patient X's rehabilitation experience mirrors that of many others at the hospital as he was not enrolled in a formal rehabilitation program and was housed alongside older patients, which several patients found unsuitable. Nevertheless, he appreciated the positive reinforcement system, such as rewards for good behaviour, and managed to form meaningful connections with others. However, the lack of a structured rehabilitation plan was a shared concern, as it limited opportunities for patients to prepare for reintegration into society.

Key Observations

- The dissatisfaction with family visitation arrangements was a recurring theme, emphasizing the need for more frequent and meaningful interactions with loved ones.
- The widespread lack of awareness regarding diagnoses highlighted a gap in patient education, which could undermine trust and adherence to treatment plans.
- The absence of structured rehabilitation programs tailored to individual needs was a significant concern, raising questions about the hospital's ability to prepare patients for life beyond their stay.

CASE LAW

1. **Ms. Asha Shamandas Bajaj vs Mrs. Meeran Borwankar on 22 October 2008**

Facts:

Ms. Asha Bajaj was detained under Section 23 of the Mental Health Act, 1987. The police officer alleged that Ms. Bajaj's mental health was deteriorating, posing a threat to herself and a Superior Police Officer- Mrs. Borwankar's. The evidence cited included SMS messages sent by Ms. Bajaj to the officer. The court interacted with Ms. Bajaj and her mother, although Ms. Bajaj appeared normal during the interaction, she admitted to sending the messages. A medical officer at Sasoon General Hospital diagnosed Ms. Bajaj with a psychological disorder and recommended further observation and treatment. Ms. Bajaj's mother assured the court she would care for her daughter. However, the court noted that similar assurances were given previously but were not honoured. The court expressed concern that releasing Ms. Bajaj could pose a threat to her own life and the lives of other police officers. Ms. Bajaj, through legal counsel, challenged her detention in the Bombay High Court. She argued that her detention was unlawful and violated her fundamental rights, particularly her right to liberty and personal freedom.

Ratio Decidendi:

The court noted that the Mental Health Act 1987 replaced the Indian Lunacy Act of 1912 with a more humane approach to mental illness, emphasizing treatment and destigmatisation of mental illness. Further the court outlined the procedures for voluntary and involuntary admissions under the Mental Health Act, highlighting the importance of due process and medical assessments.
The court held procedural irregularity in the matter. Specifically, the record did not indicate that the grounds for taking Ms. Bajaj into protection were communicated to her or her mother. This lack of communication was deemed a violation of her rights. The court pointed out that after detention under Section 23, the provisions of Section 24 of the Act, which govern the production of the mentally ill person before a competent authority, should have been followed.

The court further noted that while the current Act of 1987 provides the basic provisions for the rehabilitation of mentally cured patients, it still falls short in certain aspects, indicating a need for a more effective and proficient Act.

The court remarked that, *"The attitude of the society towards persons afflicted with mental illness has changed considerably and it is now realised that no stigma should be attached to such illness as it is curable, particularly, when diagnosed at an early stage. Thus the mentally ill persons are to be treated like any other sick persons and the environment around them should be made as normal as possible".*

2. **Ravinder Kumar Dhariwal v. The Union of India**,

Facts:

The case involves Ravinder Kumar Dhariwal v. The Union of India, where the issue pertains to mental disability and employment discrimination. The appellant, an employee of CRPF (Central Reserve Police Force), faced disciplinary proceedings after developing a mental health disorder. The case examines whether the disciplinary proceedings against him were discriminatory under the Rights of Persons with Disabilities Act, 2016 (RPwD Act), particularly considering provisions protecting disabled individuals from employment discrimination.

Ratio Decidendi:

The Supreme Court ruled that disciplinary proceedings against persons with mental disabilities can constitute indirect discrimination if their disability was a contributing factor. It stated:

- A person with a disability is entitled to protection under the RPwD Act if disability was one of the factors leading to discriminatory action.
- The mental disability of a person need not be the sole cause of the misconduct; even a diminished control over conduct due to mental illness must be considered in determining discrimination.
- Employment dismissal based on behaviour linked to mental illness must be evaluated for indirect discrimination under the principles of reasonable accommodation and proportionality.

3. Gaurav Kumar Bansal v. Mr. Dinesh Kumar 2019

Facts:

Gaurav Kumar Bansal, an advocate, filed a Public Interest Litigation (PIL) addressing the dire situation of individuals with mental illness who, despite being cured, were forced to remain in mental health institutions due to a lack of rehabilitation facilities. The PIL highlighted the need for adequate rehabilitation homes and support systems for individuals with mental illness who have been discharged from hospitals but lack family support or resources to reintegrate into society.

Ratio Decidendi:

The Supreme Court of India took cognizance of the issue and issued several directions to the State Governments and Union Territories to. Primarily, to establish rehabilitation homes for individuals with mental illness who have been cured but are homeless or rejected by their families.

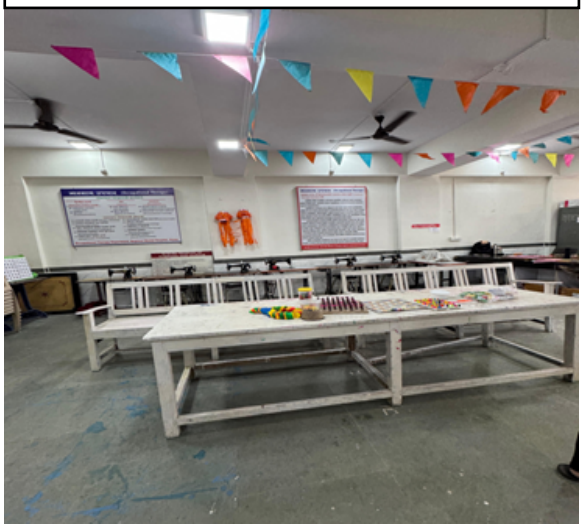
To encourage NGOs to set up such homes with financial assistance from the State and Central Governments. To aim to provide vocational training to help individuals with mental illness become self-sufficient. Ultimately to ensure compliance with the Mental Healthcare Act, 2017.

OBSERVATIONS

Observations from the Regional Mental Hospital, Thane

As part of our student visit to the Regional Mental Hospital, Thane, we conducted a detailed assessment of the hospital's amenities, hygiene, staff behaviour, and overall conditions. Our observations, based on direct on-site inspections, are categorized below:

FEMALE OCCUPATIONAL THERAPY ROOM



1. Amenities and Infrastructure

- **Occupational Therapy Room**: The room designated for occupational therapy appeared staged, with no real activities taking place at the time of our visit. It seemed as though the setup was merely for appearance, rather than being an actively used space to engage patients in therapeutic exercises or skill development.

WASHROOM BESIDE MALE OCCUPATIONAL THERAPY ROOM

- **Washroom Facilities**: The washrooms in the male occupational therapy room and female wards lacked hygiene and sanitation. Missing doors and the absence of a main barrier in the women's ward led to persistent foul odours, raising concerns about privacy, dignity, and health risks.

FOOD STORAGE IN STORAGE ROOM

- **Food Storage Hygiene Issues**: A mouse was spotted in the food storage area, raising concerns about contamination and hygiene standards in the hospital's kitchen. Additionally, a large pile of garbage was observed outside the storeroom, further adding to the unsanitary conditions in the facility.

- **Gym Facilities**: The hospital had a gym facility, but it was clearly not in use. The equipment was either broken, inadequate, or gathering dust. Additionally, there were not enough machines to accommodate all patients who might wish to use them. In the female Occupational Therapy (OT) room, there was no gym equipment at all, further limiting opportunities for physical activity and rehabilitation.

GYM EQUIPMENTS IN MALE OCCUPATIONAL THERAPY ROOM

LAUNDRY ROOM

- **Laundry Facilities**: The laundry room was unclean and only partially functional, with inadequate maintenance and hygiene. This raised concerns about the cleanliness of patient clothing and bedding, potentially contributing to health and hygiene issues.

- **Unused and Poorly Maintained Spaces**: Several areas within the hospital appeared abandoned or in a state of disrepair. Spaces that could have been used for patient care, rehabilitation, or recreation were instead left unused and deteriorating, suggesting a lack of proper management and resource allocation.

ABANDONED BUILDING AND POORLY USED SPACE INSIDE THE HOSPITAL

Other observations made by the students during the visit include:

- **Outdoor Area and Pollution**: The garden located outside the patient living quarters was neglected and appeared unmaintained. Additionally, leaves were being burned near the premises, contributing to heavy smoke and air pollution. This posed health risks for patients and staff, especially those with respiratory issues.
- **Accessibility Issues**: There were no facilities for handicapped women, limiting access and mobility for disabled female patients. Furthermore, there were no ramps leading to the men's restroom, creating difficulties for blind or physically challenged male patients who required accessible pathways.

- **CCTV Footage of Male Ward**: Surveillance footage of the male ward revealed numerous patients sitting and sleeping on the floor due to a lack of beds or resting spaces. This indicated a possible shortage of basic accommodations and highlighted the poor living conditions for male patients.
- **Food Storage Hygiene Issues**: A mouse was spotted in the food storage area, raising concerns about contamination and hygiene standards in the hospital's kitchen. Additionally, a large pile of garbage was observed outside the storeroom, further adding to the unsanitary conditions in the facility.
- **Kitchen Conditions**: The kitchen was found to have severe waterlogging issues, making it an unhygienic environment for food preparation. The staff kitchen was also in poor condition, suggesting that even hospital workers were subjected to inadequate facilities.
- **Child Safety Concerns**: During the burning of leaves outside, several children were seen in the vicinity without any guardians or hospital staff supervising them. This raised concerns about the safety of minors who may have been visitors or possibly residing on the premises.
- **Library Facilities**: The hospital did not have a proper library. Instead, there was only a single cupboard containing a small selection of books, which was insufficient to serve as a meaningful resource for patients. A library can play a crucial role in mental health recovery by offering therapeutic reading and cognitive engagement, but this aspect was largely neglected.
- **Recreational Access**: Patients in the female ward had limited access to entertainment and leisure activities. A single small television was provided for 12–13 women in each ward, making it difficult for everyone to use it effectively. Given the large number of patients, the hospital should provide additional recreational resources to support mental well-being.
- **Kitchen Conditions**: The kitchen was found to have severe waterlogging issues, making it an unhygienic environment for food preparation. The staff kitchen was also in poor condition, suggesting that even hospital

- **Food Testing Transparency**: Hospital staff claimed that they regularly collected food samples for testing to ensure quality and safety. However, when asked to provide proof or documentation of these tests, they were unable to do so, raising doubts about whether such quality control measures were actually being followed.

2. Staff and Patient Care

- **Understaffing Issues**: The hospital was noticeably understaffed, particularly in the female ward. Only three staff members were responsible for attending to 12–13 female patients at a time, making it difficult to provide proper care and attention to each patient's needs. This shortage of trained personnel could result in neglect, delays in addressing patient concerns, and an overall decline in the quality of care.
- **Restricted Patient Movement**: Upon questioning the maids responsible for patient care, it was revealed that patients were not allowed to go outside at all, not even once a week. This was a significant shift from previous practices, as the maids mentioned that such restrictions had only been in place for the past five years. Preventing patients from stepping outside for fresh air or physical movement can negatively impact their mental and physical well-being.
- **Unattended Visitors**: During the students' visit to the female ward, the maids in charge locked the students inside with the patients and left to have their meals outside. This was an alarming breach of protocol, as it not only left the students in a potentially unsafe situation but also meant that the patients were unattended during that time.
- **Lack of Staff Training**: When questioned about hospital policies, a maid who had been employed for nine months admitted to having no knowledge of the rules and regulations in place. This pointed to a serious gap in staff training, as employees working closely with patients should be well-informed about protocols, patient rights, and emergency procedures.
- **Allegations of Physical Abuse**: During interviews with patients in Unit 3 ward, multiple individuals reported that a particular staff member had physically assaulted them at night. If true, this is a serious violation of

patient rights and safety, warranting an immediate investigation and corrective measures to prevent abuse.

- **Male Students Allowed in Female Wards**: During our visit, male students were allowed inside the female wards to interact with patients, and the head nurse showed no objection to this practice. This raised concerns regarding patient privacy and the enforcement of gender-sensitive policies within the hospital. Ensuring safe and respectful interactions in mental health facilities should be a priority, particularly in gender-segregated areas where patient comfort must be taken into account.

OCCUPATIONAL THERAPY STATISTICS

Analysis of Occupational Therapy Statistics – December 2024

Based on a thorough review of the occupational therapy statistics provided by the hospital and a subsequent on-site visit, several discrepancies and observations were noted:

- **Gender Disparity in Activities**: The section on Screen Writing, Stationery, and Bookbinding records only male participation, with no female involvement.
- **Repetitive Mention of Bookbinding**: Bookbinding appears three times in the report, seemingly to artificially inflate the patient participation rate.
- **Gym Facility Issues**: The statistical data indicate that 55 males and 26 females participate in gym activities. However, upon inspection, the male gym area contained substandard equipment, while the female occupational therapy room lacked gym equipment altogether.
- **Library Discrepancy**: The report states that 19 males and 28 females participate in library activities. However, no library was found during the visit, calling into question the validity of these figures.
- **Inconsistencies in Patient Engagement**: The total number of recorded occupational therapy sessions is 1,186, which suggests that each patient participates in approximately two activities. However, during the visit, multiple patients reported that they were only taken to occupational therapy once a week or, in some cases, once every two weeks.

(19) OCCUPATIONAL THERAPY REPORT December 2024

SR.N	Name of Activity	Patients involved		Total
		Male	Female	
1	Screen printing/Stationary/bookbinding	70	0	70
2	Envelope/Paper Bag making	0	5	5
3	Tailoring	2	12	14
4	Carpentry	8	0	8
5	Gardening	0	17	17
6	Latern/ Diya/ Ganpati Idol	0	0	0
7	Minor Crafts	20	42	39
8	Agarbatti Making	0	0	0
9	Music Therapy	65	53	118
10	Games	79	28	107
11	Physical rehab	58	24	86
12	Gym	55	26	81
13	Door Mat	0	0	0
14	File making	51	0	51
15	Book binding	2	0	2
16	Weaving	0	15	15
17	Assessment in ward	129	82	173
18	Library	19	28	47
19	Paper plate/ bowel Making	0	0	0
20	Performing arts	8	24	32
21	Nursery	0	0	0
22	LED Series Activity	0	0	0
23	Yoga/ exercise/ gae	54	32	86
24	Day care	9	7	16
25	Tea Coffee M Wending	15	11	26
26	OPD	30	10	40
27	Computer	18	5	23
28	Workshop/ sale cum exhibition/stall	0	8	8
29	Work Fitness Assessment/ Learning Disability assessment	4	4	8
30	Book Binding/ Minor Crafts/ Artificial Flowers	2	22	20
31	Cognitive Activities	52	35	87
32	Kitchen/ House keeping	0	7	7
33	Prevocational Activities/ Xerox/ Candel Making/ Imitation Jwelery	30	30	60

NHRC Advisory Guidelines:

(1). Rehabilitation of Recovered Patients:

1. Expedite the establishment of halfway homes under Section 19(3) of the Mental Health Act, 2017.
2. Include mental health under corporate social responsibility funding as per the companies act 2013
3. Develop a more comprehensive approach combining physical exercise, meditation, counselling, medicine and drug treatment.
4. Ensure no patient remains in mental health establishments after being declared fit for discharge.
5. Revise and implement rehabilitation provisions for patients above 60 years under section 18 of the Act.
6. Include audio-visual and recreational activities in rehabilitation programs to provide positive stimulation.
7. Promote occupational activities and skill building for patients to aid recovery and social integration.

(2). State Services and Mass Awareness:

1. Assign a legal aid officer in each establishment to ensure compliance with Section 27 of the Act.
2. Organize camps to issue and update Aadhar cards for patients facilitating access to government benefits.
3. Assist patients with opening bank accounts and acquiring Aadhar cards for those unable to recall personal details and ensure awareness of social benefits.
4. Prevent establishments from being misused to delay legal proceedings.

(3). Mass Awareness and Sensitization:

1. Launch campaigns in local languages using various media to raise public awareness about mental health.
2. Provide patients and families with assistance in accessing social schemes and benefits.

3. Digitize record-keeping while ensuring data security and patient privacy.
4. Establish in-house diagnostic and pathological labs in all establishments.
5. Ensure availability of medicines and necessary equipment.
6. Set up grievance redressal cells in establishments with digital records of complaints and resolutions.

(4). Outreach and Community Services:

1. Promote yoga and public awareness of mental health and provide yoga therapy to patients.
2. Create a public web portal for registering mental health professionals in meeting section 31(3).
3. Establish and regulate mental health apps and virtual advisory services.
4. Offer tele-psychiatry, tele-counselling, and other digital mental health services.
5. Increase awareness of Tele-MANAS and similar programs, ensuring accessibility for patients and their families.

SUGGESTIONS BASED ON GUIDELINES AND OBSERVATION

1. **Implementation of the NHRC guidelines:** The above guidelines given by NHRC need to be implemented. The statistics provided are silent on insurance policies, government schemes, web portals, halfway homes, legal aid officer and grievance redressal cells. No information was shared about the same during the visit at Thane Regional Mental Hospital.
2. **Educational workshops for family members:** Offer educational workshops for family members to help them understand mental health conditions and treatment options that can help in ongoing treatment and in the rehabilitation process. Regular family meetings would help in better reintegration back into society.
3. **Provisions for visually impaired:** Increase accessibility for visually impaired patients, the hospital should be equipped with accessible signage, ramps and tactile paths to assist patients with visual impairments.
4. **Frequent Occupational therapy sessions:** Operational therapy sessions should be held at least 3-4 times a week to provide consistent skill-building and aid patients in easier reintegration back into society. The operational therapy rooms capacity could be increased so more patients would be able to take part.
5. **Better utilization of land:** Thane regional mental hospital has significant unused land that could be transformed inro therapeutic and functional spaces. This land could be developed into outdoor therapy areas, gardens, vocational training centres, or recreational spaces where patients can engage in meaningful activities. Such spaces can be utilized for horticulture therapy, physical exercise, or even community-building activities, contributing to the overall mental and emotional well-being of patients. Many old buildings are no longer suitable for habitation, reconstruction of these buildings is required.
6. **Increase in outdoor activities:** Patients currently face significant restrictions on their movement within the premises, which can lead to feelings of confinement and stagnation. Supervised outdoor activities

should be introduced to allow patients to interact with the outside world, enhancing their social skills and improving mental health. The UN Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the right of persons with disabilities, including those with mental health conditions, to fully participate in society. Article 30 highlights their right to engage in cultural life, recreation, and leisure activities, which includes outdoor activities that support social interaction and mental well-being.

7. **Provisions for UDID card helpdesk:** Many patients and their families struggle to navigate the complex process of obtaining a Unique Disability ID (UDID) certificate, which is crucial for accessing government benefits and support. The hospital should establish a dedicated helpdesk to guide families through the application process, provide necessary documentation, and follow up on pending applications.
8. **Awareness programs on Legal Rights of patients:** Patients and their families are often unaware of their legal rights and the hospital's responsibilities under the Mental Healthcare Act, 2017. The hospital should organize regular informational sessions to explain the legal protections, treatment rights, and grievance redressal mechanisms guaranteed by the Act. This transparency would empower patients and their families, foster trust in the institution, and ensure compliance with legal mandates.
9. **Regular sanitary cleaning checks:** The sanitation facilities within the premises are inadequate, with several areas requiring urgent attention to hygiene. Regular cleaning schedules should be implemented, with dedicated staff to maintain high cleanliness standards.
10. **Increase in staff capacity:** The hospital is operating with significant staff shortages due to unfilled vacancies, which negatively impacts patient care and increases the workload on existing staff. Recruitment processes should be streamlined to expedite hiring and ensure adequate staffing levels.

CONCLUSION

This study highlights significant gaps in the rehabilitation and reintegration of mental health patients at the Regional Mental Hospital, Thane, despite existing provisions under the Mental Healthcare Act, 2017, and NHRC guidelines. While efforts such as occupational therapy, vocational training, and Tele-MANAS services have been implemented, challenges remain in awareness, accessibility, infrastructure, and patient rights education. The absence of structured rehabilitation programs, lack of legal aid officers, grievance redressal mechanisms, and UDID card assistance, along with restricted mobility and inadequate staffing, further hinder patient recovery. Additionally, the underutilization of land and lack of outdoor activities contribute to a restrictive environment, preventing patients from fully engaging in social reintegration. To ensure holistic recovery and dignity, it is crucial to strengthen legal compliance, expand rehabilitation initiatives, improve living conditions, and enhance community outreach. Addressing these gaps will align the hospital's operations with international human rights standards, ensuring that individuals with mental illnesses receive effective, dignified, and rights-based care.

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Research Report
Submitted to:
Maharashtra State Human Rights Commission
As a part of Winter Internship Programme 2024

"Eradicating Manual Scavenging: The Right for Equality and Dignity"

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We are equally thankful to the Brihanmumbai Municipal Corporation (BMC) for granting us the opportunity to visit their site and gain first-hand insights into the practical challenges and efforts involved in addressing pressing issues.

As part of our internship, we had the opportunity to explore and present a detailed report on the critical issue of "Manual Scavenging", an undertaking that deepened our understanding of the grave human rights violations associated with this practice. The insights we gained from the Commission’s resources and the support extended by all involved have been instrumental in shaping our research and analytical approach to this pressing issue.

INDEX

INTRODUCTION

Manual scavenging refers to the inhuman practice of manually cleaning, disposing of, or handling human excreta from insanitary latrines, open drains, pits, railway tracks, or similar spaces before the excreta fully decomposes. This work is often carried out using bare hands, brooms, or metal scrapers, and includes transporting the waste in baskets to dumping sites for disposal. According to “The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act”, 2013, a manual scavenger is defined as a person engaged or employed by an individual, local authority, agency, or contractor for this degrading task. The term "manual scavenging" is construed to encompass all such activities.

The practice of manual scavenging in India is deeply rooted in historical caste-based discrimination. It is predominantly carried out by Dalits, who belong to the Scheduled Castes, and are often compelled to perform this degrading task under the guise of a "traditional occupation." Historically, manual scavengers have been treated as untouchables and subjected to severe social and economic exploitation, reinforcing a cycle of marginalization. The prevalence of manual scavenging is significant despite legislative measures aimed at its abolition. Organizations estimate that over 12 lakh people are engaged in this practice, although official statistics from the Ministry of Social Justice and Empowerment for the year 2002–2003 identified 6,76,009 manual scavengers. Of this population, over 95% belong to Scheduled Castes. The persistence of this practice highlights systemic failures to address its root causes, including caste discrimination, poverty, and lack of alternative livelihood opportunities.

Despite the enactment of laws like The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993, and later The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013, manual scavenging continues in many parts of the country. This reflects the challenges of enforcement and the need for comprehensive rehabilitation measures to eliminate this practice.

RESEARCH METHODOLOGY AND OBJECTIVES

Methodology:

The Qualitative Method of Research, is the technique which has been adopted for this research. It involves the analysis of various research publications, articles, and information gained from Government authorised online sources. The qualitative approach includes an in-depth review of relevant case laws, statutes, expert opinions and observations during a visit.

Objectives:

1. To analyze the Role of Legal Frameworks in Addressing Manual Scavenging

2. To analyze the role of commission to eradicate manual scavenging

3. To analyze the precedents focusing on eradicating manual scavenging

4. To assess the Human Rights Violations Associated with Manual Scavenging

5. To evaluate the Impact of Rehabilitation and Social Reintegration Programs for Former Manual Scavengers

6. To analyze the surveys and studies done by the government

7. To propose suggestions for Strengthening Policies and Advocacy to Eradicate Manual Scavenging

LEGAL FRAMEWORK

1. Acts:-

1.1. Central Acts:-

- **The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993**, though a progressive step, had significant shortcomings, which necessitated the enactment of the Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013. Below are the **reasons and lacunas** of Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993:

1. Limited Scope:

- The 1993 Act primarily focused on banning dry latrines and manual scavenging in the context of such latrines. It did not address manual scavenging in other settings, such as septic tanks, open drains, railway tracks, and sewers.
- The definition of "manual scavenger" was restrictive, covering only those dealing with human excreta from dry latrines.

2. Implementation Gaps:

- The Act left the responsibility of implementation to the states, but there was no strong mechanism for monitoring or accountability at the national level.
- Many states failed to notify or enforce the Act effectively, citing lack of clarity or resources.

3. Lack of Comprehensive Rehabilitation:

- While the 1993 Act mentioned rehabilitation (Section 5(2)), it did not mandate any structured programs for the socio-economic rehabilitation of manual scavengers.
- There were no binding provisions for education, training, or financial assistance for transitioning manual scavengers to alternate livelihoods.

4. Weak Enforcement and Penalties:

- The penalties under the 1993 Act were mild, with a maximum imprisonment of one year or a fine of ₹2,000, failing to act as a deterrent.
- Enforcement authorities had limited power, and offences, though cognizable, were rarely prosecuted effectively.

5. No Nationwide Ban:

- The 1993 Act applied to certain states (Andhra Pradesh, Goa, Karnataka, Maharashtra, Tripura, West Bengal) and Union Territories but required other states to adopt it separately. This led to inconsistent application across the country.

- **The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013:-**

The Act provides a comprehensive legal framework for prohibiting manual scavenging and rehabilitating manual scavengers. It consists of the following key provisions:

- *Preliminary (Sections 1–3):*

  Establishes the Act's scope, overriding other inconsistent laws, and defines key terms like insanitary latrines and manual scavengers.

- *Identification of Insanitary Latrines (Section 4):*

  Mandates local authorities to survey insanitary latrines, ensure their conversion or demolition, and construct sanitary latrines.

- *Prohibition (Sections 5–10):*

  Prohibits insanitary latrines, employment of manual scavengers, and hazardous cleaning of sewers or septic tanks. Contracts for manual scavenging are void. Violations attract penalties, including imprisonment and fines.

- *Identification and Rehabilitation (Sections 11–16):*

  Requires surveys to identify manual scavengers in urban and rural areas. Provides rehabilitation measures, including financial aid, housing, and scholarships for children, skill development, and alternative employment.

- *Implementing Authorities (Sections 17–20):*

  Assigns responsibilities to local authorities, District Magistrates, and inspectors for enforcement and compliance.

- *Procedure for Trial (Sections 21–23):*

  Declares offences as cognizable and non-bailable, triable by Executive Magistrates, and includes provisions for corporate accountability.

- *Vigilance and Monitoring (Sections 24–32):*

  Establishes Vigilance Committees at district and sub-division levels and Monitoring Committees at the state and central levels to ensure implementation.

- *Miscellaneous (Sections 33–39):*

  Promotes modern technology to replace manual scavenging, bars civil court jurisdiction, and empowers the government to make rules and address difficulties.

The Act envisions eradicating manual scavenging through stringent enforcement and structured rehabilitation mechanisms.

1.2. State Act:-

- **The Maharashtra State Commission for Safai Karmacharis Act, 1997 (Act 44 of 1997):-**
  - Objective: Establish a State Commission to safeguard the rights and welfare of Safai Karmacharis (cleaning workers), including eradicating manual scavenging.

- Definition (Section 2): "Safai Karmachari" refers to individuals engaged in cleaning work, including manual scavenging.
- Constitution of the Commission (Sections 3-5)
- Composition: Chairperson, Vice-chairperson, and Members appointed by the State Government.
  Tenure: Specified by the State Government.
- Functions and Duties (Section 6): Investigate complaints of rights violations, recommend welfare measures to the State Government, monitor and enforce laws against manual scavenging, advise on policies related to Safai Karmacharis' welfare and rehabilitation.
- Powers of the Commission (Sections 7-8)
  Summon individuals and documents for inquiry.
  Inspect workplaces to ensure compliance with laws.
  Conduct research, surveys, and studies on Safai Karmacharis' conditions.
- Reports and Recommendations (Section 9): Submit periodic reports to the State Government on: violations of rights, recommendations for policy reforms and welfare schemes.
- Safeguards and Penalties (Sections 10-12): Ensure protection against exploitation and discrimination, recommend penalties for non-compliance with laws affecting Safai Karmacharis.
- Miscellaneous (Sections 13-17).

2. Central Government Schemes:-

a) NAMASTE (National Action for Mechanised Sanitation Ecosystem) scheme

a. Objective: - Enhance safety, dignity, and socio-economic conditions of sanitation workers.
b. Key Goals: - Eliminate manual scavenging, ensure zero fatalities, Promote mechanized sanitation.
c. Beneficiaries: - Sewer and Septic Tank Sanitation Workers (SSWs).
d. Key Features: - Skill training with stipends, PPE and occupational safety, Health insurance (Ayushman Bharat), capital subsidies up to ₹15 lakhs, Emergency Response Units.
e. Implementation: - Duration:2023-2026, Agencies: Ministries and NSKFDC, Monitoring: Central, state, district levels.

f. Outcome: - Mechanized sanitation, Skilled **SANIPRENEURS**, Uplifted worker dignity and livelihood.

b) <u>Self-Employment Scheme for Rehabilitation of Manual Scavengers (SRMS)</u>

a. Objective:-Rehabilitate manual scavengers and their dependents through alternative livelihoods.
b. Beneficiaries:-Identified manual scavengers and unemployed dependents (spouses, children over 18).
c. Key Features:- Financial Support (₹40,000 cash assistance, Loans up to ₹15 lakhs for sanitation projects, Capital subsidy: 33.3%-50% of project cost, Low-interest rates (5-6%), 2-year moratorium, 5-7 years repayment)
d. Skill Development:- Up to 2 years of training, ₹3,000/month stipend., Training in technology, apparel, vocational skills, etc.
e. Implementation and Oversight:- Agencies: NSKFDC, state bodies, local authorities, Special committee monitoring, Online application, toll-free support, transparency mechanisms.
f. Strict Fund Use Guidelines:- Penal interest for fund misuse (9%), alignment with developmental programs (e.g., dry latrine conversion).
g. Outcome:- Dignified, sustainable livelihoods via diverse self-employment projects in agriculture, services, and industry.

c) <u>Pre-Matric Scholarship Scheme (1977-78)</u>

a. Objective:- Improve educational access for children of marginalized occupational groups.
b. Beneficiaries:- Children of manual scavengers, tanners, flayers, and waste pickers, Open to all Indian nationals, irrespective of religion, Adopted children eligible after three years.
c. Key Features:- Covers Class I to X for 10 months/year, Day Scholars: ₹110/month + ₹750 annual grant, Hostellers: ₹700/month + ₹1,000 annual grant, Additional allowances for disabled students.
d. Implementation:- 100% central assistance, Applications via State/UT authorities, Certification of parental occupation required.
e. Outcome:- Enhanced educational opportunities for marginalized children.

ROLE OF COMMISSIONS

1. National Human Rights Commission

- The NHRC serves as the primary watchdog in implementing anti-manual scavenging legislation, particularly the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013. The Commission issues directives to state governments and local authorities to enforce the ban, takes suo moto cognizance of violations and deaths, and conducts regular reviews of state compliance with rehabilitation schemes.
- On the rehabilitation front, the NHRC oversees various support initiatives, including monitoring rehabilitation schemes and ensuring proper compensation to victims' families. The Commission supervises skill development programs and works to facilitate alternative employment opportunities for former manual scavengers, aiming to secure their dignified integration into the mainstream workforce.
- As an advisory body, the NHRC provides key recommendations to stakeholders involved in eradicating manual scavenging. It advises central and state governments on policy matters, suggests amendments to existing laws, and recommends improved safety protocols for sanitation workers. The Commission also proposes comprehensive rehabilitation packages to support affected individuals and their families effectively.

2. National Commission for Safai Karamcharis

- The National Commission for Safai Karamcharis plays a crucial role in addressing the welfare of sanitation workers in India. Established under the National Commission for Safai Karamcharis Act of 1993, the commission is tasked with recommending specific action plans to eliminate inequalities and improve the status of Safai Karamcharis across various dimensions of their social and economic life.
- The commission's primary function involves studying and evaluating implementation of rehabilitation programs for Safai Karamcharis. It has the authority to investigate specific grievances and take suo moto notice of matters related to program implementation, non-compliance with guidelines, and measures aimed at social and economic upliftment of sanitation workers.

- One of the commission's key responsibilities is preparing periodic reports to Central and State Governments highlighting issues affecting Safai Karamcharis. These reports serve as critical documentation of challenges faced by sanitation workers and provide recommendations for policy interventions and systemic improvements.
- The commission possesses significant investigative powers, including the ability to call for information from government and other authorities regarding Safai Karamcharis. Its advisory role extends to both Central and State Governments, helping them effectively enforce the provisions aimed at eliminating manual scavenging and rehabilitating manual scavengers.
- It is also mandated to consult with the Central Government on major policy matters affecting this vulnerable workforce, ensuring their concerns are systematically addressed at the highest levels of governance. Structurally, the commission comprises a Chairperson, Vice-Chairperson, and five members nominated by the Central Government, with a mandate to represent and protect the interests of Safai Karamcharis across India.
- The Act recognizes the importance of the Commission by dedicating a specific section (Section 31) to outlining its functions and powers. While the Act provides a framework for the Commission's operations, it also allows flexibility through Section 32, which enables State Governments to designate similar state-level commissions to perform comparable functions within their respective jurisdictions.
- The comprehensive approach outlined in the Act reflects a systematic effort to not just prohibit manual scavenging, but to actively work towards the dignity, rehabilitation, and social justice of those historically engaged in this dehumanizing practice.

3. National Safai Karamcharis Finance and Development Corporation (NSKFDC)

- The National Safai Karamcharis Finance and Development Corporation (NSKFDC) offers various loan schemes and financial assistance to support Safai Karamcharis, manual scavengers, and their dependents. These initiatives focus on education, business development, skill enhancement, and rehabilitation.
- Key loan schemes include the **General Term Loan**, which provides up to ₹15 lakhs with interest rates of 3-6% and a repayment period of 10 years. The

Mahila Adhikarita Yojana offers loans up to ₹2 lakhs with 2-5% interest rates and a 5-year repayment period, specifically targeting women. The **Education Loan** supports higher education, with up to ₹10 lakhs for studies in India and ₹20 lakhs for studies abroad, offering special interest rate concessions for women. Additionally, the **Green Business Loan** supports eco-friendly ventures with amounts ranging from ₹7.5 to ₹30 lakhs under varying terms.

- The NSKFDC also provides **skill development training programs**, offering employment-linked training with monthly stipends of ₹1,500 for Safai Karamcharis and ₹3,000 for manual scavengers.
- For manual scavengers, additional rehabilitation support includes **one-time cash assistance of ₹40,000 per family**, a capital subsidy of up to 50% of project costs for self-employment initiatives, and assistance in procuring sewer and septic tank cleaning equipment. These schemes aim to empower marginalized workers in the sanitation sector, ensuring their socio-economic upliftment and rehabilitation.
- The Ministry of Railways Notification dated 4th June 2014 G.S.R. 376(E) stated In exercise of the powers conferred by clause (b) of sub-section (2) of Section 36 read with clause (e) of sub-section (1) of Section 2 of the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (25 of 2013), the Central Government hereby notifies that any person engaged to clean water flush sanitary latrines in railway passenger coaches or station area or railway tracks in station area shall be provided the following namely:-

  A. Protective gear such as-

  (i) the uniform along with water protective Apron; (ii) the face mask or nose mask; (iii) the Gloves; and iv) the Boots.

  B. Devices such as-

  (i) the broom with long handle;
  (ii) the toilet commode brush or any equipment for removal of choking of toilets used in coaches or any other;
  (iii) mechanized equipment identified by Railways for such purpose.

4. Maharashtra State Human Rights Commission

- The Maharashtra State Human Rights Commission (MSHRC) plays a vital role in addressing manual scavenging. It investigates complaints by thoroughly verifying claims, identifying perpetrators, and recommending corrective actions to the relevant authorities. The Commission also encourages students to research issues related to manual scavenging, converting their research reports into petitions to raise awareness and advocate for action.
- Based on investigations and research findings, the MSHRC issues notices to government agencies and private entities involved in such practices, directing them to take immediate corrective measures. It also conducts public awareness campaigns to educate people about the harmful effects of manual scavenging, relevant legal provisions, and the importance of adopting proper sanitation practices.
- The MSHRC actively monitors the implementation of government rehabilitation programs, ensuring manual scavengers are provided alternative livelihoods, education, and skill development opportunities. Additionally, the Commission advocates for legislative and policy changes to strengthen the legal framework against manual scavenging and improve the effectiveness of rehabilitation efforts.Furthermore, it implements the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act 1993 and The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 which was formulated by the central government to ensure eradication of manual scavenging.

CASE LAWS

1. MSHRC Suo Moto Case No. 1992/13/18/2024

- Facts - Suo Moto Cognizance by the Maharashtra State Human Rights Commission, with respect to news in Marathi Newspaper Lokmat, regarding the tragic death of three workers at the time of removing the garbage from a drainage chamber. Whether precautions were taken before taking up the work is not stated, raising concerns about the negligence of the authorities in ensuring safety.

- Order dated 05.04.2024 - The Commission noted this and emphasised the accountability of the Municipal Commissioner of Nanded Municipal Corporation by issuing summons and calling upon them to hold fact finding inquiry. Also directed them to place on record the copy of the contract entered into by them with the contractor to do the work.

2. Shramik Janata Sangh and others v. State of Maharashtra and others - (WP No. 1570/2023)

- Facts and Issues - Shramik Janata Sangh filed Writ Petition, contesting the Maharashtra government's claim that all 36 districts in the state were free of manual scavenging as per certificates issued by district collectors in 2023. The petitioners argued that despite these claims, incidents of manual scavenging persisted, citing instances of sewer cleaning and deaths of manual scavengers in April and August 2024. They further pointed out that compensation had been paid in 81 cases, as per state records, contradicting the claim of eradication. The petitioners also raised concerns about the irregular functioning of vigilance committees under the 2013 Act, and the lack of transparency in their operations.

- Order dated 20.08.2024 - The Bombay High Court directed the Social Welfare Department to implement measures ensuring compliance with the Act of 2013. The department was ordered to publish the composition of all state, district, and vigilance committees, including actions taken, on its website by the next hearing. Dedicated email addresses and a social media handle were mandated for reporting manual scavenging cases. The court

instructed vigilance committees to hold timely meetings, circulate agendas, and upload outcomes on the website. Additionally, the state was required to verify the continued existence of manual scavenging.

3. Dr. Balram Singh v. Union of India and Ors. (WP No. 324/2020) *(2023 INSC 950)*

- Facts and Issues - Dr. Balram Singh filed a Public Interest Litigation (PIL) in the Supreme Court of India against the Union and State Governments. The PIL challenged the inadequate implementation of the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013. The petitioner argued that the government had failed to effectively eradicate manual scavenging and provide adequate rehabilitation for individuals engaged in this hazardous occupation, despite the existence of the 1993 and 2013 Acts. Key concerns raised in the PIL included the failure to implement the Acts, the violation of fundamental rights (Articles 17, 21, and 23) of manual scavengers, and the lack of accurate data on the number of individuals involved in this practice.

- Judgement dated 20.10.2023 - The Supreme Court issued a landmark judgment in the case, directing the government to strictly implement the 2013 Act. The Court emphasized the need to completely eradicate manual scavenging and mandated the use of mechanized cleaning systems for sewers and septic tanks. The judgment increased compensation for sewer worker deaths from ₹10 lakhs to ₹30 lakhs, with additional provisions for disability-based compensation and comprehensive rehabilitation packages. The Court also directed the establishment of oversight committees at the national and state levels to monitor the implementation of the Act and ensure the accurate identification and rehabilitation of all individuals engaged in manual scavenging. The judgment aimed to bring about systemic reforms to address this critical social issue and protect the dignity and rights of marginalized communities.

4. Vimla Govind Chorotiya and Ors. v. State of Maharashtra and Ors. – (WP No. 15651/2021) *(MANU/MH/2811/2021)*

- Facts and Issues - In this case, three widows filed a petition in the Bombay High Court seeking compensation for the deaths of their husbands who were employed as manual scavengers. The case highlighted the continued

prevalence of manual scavenging in Maharashtra despite the Act of 2013. The petitioners argued that the State had failed to effectively implement the 2013 Act and ensure the safety and rehabilitation of manual scavengers. They contended that the State and private contractors were liable for the deaths of their husbands due to the hazardous nature of their work and the lack of adequate safety measures.

- Judgement dated 17.09.2021 - The Bombay High Court held the State of Maharashtra liable for the deaths of the manual scavengers. The court directed the State to pay ₹10 lakh in compensation to each of the widows, emphasizing the precedent set in the Safai Karamchari Andolan case. The court also ordered a review of surveys on manual scavenging to accurately identify individuals engaged in this hazardous occupation. Furthermore, the court directed the State to ensure the implementation of comprehensive rehabilitation measures for manual scavengers as mandated by the 2013 Act. The judgment underscored the State's responsibility to protect vulnerable individuals from exploitation and ensure the effective enforcement of laws aimed at eradicating manual scavenging.

5. Safai Karmachari Andolan v. Union of India – (WP No. 583/2003) *(2014 INSC 212)*

- Facts and Issues - The Safai Karmachari Andolan, an organization dedicated to eradicating manual scavenging, filed a Public Interest Litigation (PIL) in the Supreme Court of India. The PIL challenged the continued prevalence of manual scavenging in India despite the existence of the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993. The petitioners argued that the government had failed to effectively enforce the ban and provide adequate rehabilitation for manual scavengers, many of whom belong to Dalit communities. The PIL highlighted the hazardous nature of this work, the high mortality rates among manual scavengers, and the violation of their fundamental rights, including the right to life, dignity, and freedom from forced labor.

- Judgement dated 27.03.2014 - The Supreme Court delivered a landmark judgment in 2014, recognizing the continued existence of manual scavenging as a grave human rights violation. The Court directed the government to take immediate steps to eradicate manual scavenging completely and ensure the

strict enforcement of the 1993 Act. The judgment emphasized the need to accurately identify and rehabilitate all individuals engaged in manual scavenging, providing them with a one-time cash assistance, scholarships for their children, housing, and alternative employment opportunities. The Court also mandated compensation of ₹10 lakhs to the families of manual scavengers who died while cleaning sewers or septic tanks. The judgment aimed to hold state governments and municipal authorities accountable for implementing mechanized cleaning systems and ensuring the safety and dignity of all citizens.

STUDIES AND SURVEYS DONE BY CENTRAL GOVERNMENT

National Survey on Manual Scavenging:-

Main objective of the survey is to identify persons left during the surveys, whether they are at present involved in manual scavenging or not but were engaged in manual scavenging during 2013 or thereafter. Therefore, every effort should be made to identify all such persons. Over endeavour should be that no eligible person is left from identification, no matter some not eligible persons are included in the survey.

As per the provisions of the Act, two surveys have been conducted for identification of manual scavengers in the country and identified 58098 manual scavengers. All identified and eligible manual scavengers have been provided assistance for their rehabilitation. On 24.12.2020 a Mobile App "Swachhata Abhiyaan" was launched to identify existing insanitary latrines and manual scavengers if any engaged, therein. All identified and eligible manual scavengers were to be provided rehabilitation assistance. After field verification of the data uploaded on the App, no existence of insanitary latrine has been verified. Therefore, there is allegedly no report of practice of manual scavenging currently in the country.

State	**As per 2013 survey**	**As per 2018 survey**	**Unidentified according to 2018 survey**
Maharashtra	0	7298	6325

In 2024, the government issued guidelines for a survey on manual scavenging. According to the BMC officials, the survey commenced in 2024 and remains ongoing. The current survey's incomplete status prevents a comprehensive understanding of the current landscape of manual scavenging. Definitive insights are yet to be obtained. Final conclusions must await the survey's completion.

OBSERVATIONS AND INTERACTIONS

As this research is conducted using the qualitative research method, the qualitative data has been primarily collected through observations made during a visit conducted by the Maharashtra State Human Rights Commission on 23rd January 2025 at a Manhole on Dr. Dadasaheb Bhadkamkar road, near Navjeevan Society, Grant Road (E), Mumbai 400 007.

Our observation at the above mentioned site revealed a workforce comprising a total of 16-17 workers and 3 officers at the site.

- Workers were distinguished by uniforms: 9 in khaki uniforms (BMC workers), 6 in blue uniforms (contractual workers), and all wearing neon orange jackets.
- Two individuals in civil clothing wore neon green jackets, identifying them as supervisors.
- The officers held positions of Sub-Engineers/ Junior Engineers at the BMC.

Key Observations:-

- Personal Protective Equipment (PPE) was donned only after our arrival, suggesting the use of safety gear was primarily for display purposes. Some PPE, including hand gloves, jackets, safety shoes, helmets, and masks, appeared unused.

- A small suction machine, was present at the site to access narrow spaces and unclog pipes in drains or manholes where the larger pipes could not reach.

- The site was equipped with machinery operated by contractual workers and the BMC workers were acting as helpers.
- A structured hierarchy and clear roles were evident among the workers and supervisors.
- A large recycling truck was present at the site, equipped with pipes designed to suction water and garbage from the manhole, recycle the water, and return it to the manhole.

- In areas where machine scavenging is not possible, ladders were kept in a van along with other equipment, for the workers to enter the manholes in case of emergency.

- No active manual scavenging practices were observed at the site but while returning from the site, a manhole cover was observed to be open a little further ahead in that area. Two workers in khaki uniforms without any kind of PPE, were seen working near the manhole.

- These workers were using only a pipe to clean inside the manhole, indicating that the use of safety gear and machinery is still not fully implemented in all areas.

- This is an instance of Shaheed Bhagat Singh road, Fort, where we can see that the workers are cleaning and collecting waste without using any kind of safety gears.

These observations underscore the inconsistency in safety measures and the limited reach of mechanized operations in some zones.

Interaction with Workers and Officers:-

Workers:-

Upon interacting with the workers at the site, insights were gathered regarding their working conditions, awareness, and past experiences. The key points are:

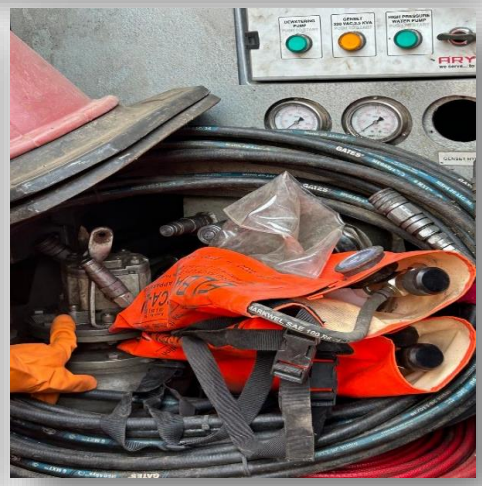
- Workers highlighted a lack of safety equipment, stating that proper masks had not been provided since the COVID-19 pandemic and expressed dissatisfaction with their healthcare, citing a lack of regular health checkups.
- Workers mentioned that typically only 2-3 personnel are assigned for cleaning - usually a driver, one worker, and occasionally a supervisor. The larger number of workers present that day was specifically due to the visit and appeared to be for display purposes.
- A worker mentioned that the neon green jacket was provided to him upon arriving at the site that morning and is not issued daily. Some of them also stated that they were not provided with soaps, napkins or towels regularly.
- Most workers were aware that manual scavenging is banned but lacked knowledge about rehabilitation campaigns or schemes for manual scavengers.
- Older BMC workers shared that manual scavenging practices had been prevalent around seven years ago, with workers entering manholes and tanks for as little as ₹15 and the primary form of support mentioned by them on death of a worker, was jobs offered to the family members of the deceased.
- They stated that, over time, conditions have improved, and workers are now provided with a few equipment and machinery to handle such tasks.
- Workers demonstrated the functioning of recycling and blockage removal machines at the site but admitted that manual waste removal is still required in narrow spaces.
- Where the workers near the open manhole are concerned, they were operating manually and without any protective gears, and upon asking the reason for doing so, they stated that they were only unclogging the drain with a pipe, and the official cleaning was scheduled for the following day. This highlights that manual cleaning practices, though officially prohibited, may still occur in certain areas.

Officers:-

Interaction with the officers provided insights into the functioning, responsibilities, and limitations of the sewerage department. The key points are:

- Officers stated that complaint based cleaning is done i.e. gutters are cleaned as per complaints received by the control room, disaster management and their respective wards.
- When asked about the progress of the survey of 2024, they stated that they were aware of an ongoing survey, managed under the Assistant Engineer of the Ghatkopar region, but had no detailed knowledge of its current status.
- Officers acknowledged that it is more convenient to issue tenders and hire contractual workers through companies for cleaning tasks, when asked about the hiring of workers.
- When asked about their operational responsibilities, the officers stated that the sewerage department is solely responsible for maintaining sewerage systems and does not oversee storm drains or damages inside gutters, which fall under the jurisdiction of the civil department of BMC.
- Officers shared that daily targets are set to clean the gutters (around 5-6 per day), ensuring consistent progress in maintenance.
- When asked about their rainy season operations they stated that during the rainy season, the department's role shifts, and related work is handled by a different BMC department.
- Three types of machines are used by this department - Recycler Machines which are used for recycling and cleaning sewer water, Compact Machines which are designed for cleaning in small or narrow areas, and Main Sewer Machines which are used for larger sewer lines.
- As per the officers this is the sewerage department and it only deals with the maintenance of sewerage. The primary responsibility of the department is the removal of silt from the gutters to maintain optimal flow and prevent blockages.
- According to the officers, workers are provided with safety gear, including helmets, safety shoes, hand gloves, soap, towels, and napkins, to ensure basic hygiene and safety.

Other Relevant Pictures:-



MEDIA COVERAGE

THE TIMES OF INDIA

BMC TO CONDUCT SURVEY ON MANUAL SCAVENGING

OCT 4, 2024 22:24 IST

Mumbai: Brihanmumbai Municipal Corporation (BMC) will conduct a survey of manual scavengers across its entire area from October 6 to October 16, following the directives of the Ministry of Social Justice and Empowerment. Although a similar survey in 2013 recorded no manual scavengers in Mumbai city and suburbs, a new survey will be carried out in response to a writ petition on manual scavenging.

The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, passed by the Central Government in 2013, provided guidelines for the survey conducted in the same year. or the upcoming survey, the BMC's Solid Waste Management Department.

Hindustan Times

TWO DIE WHILE TRYING TO SAVE MANUAL SCAVENGER

JAN 02, 2025 07:38 AM IST

MUMBAI: THE DRIVER AND CLEANER OF A SEWAGE SUCTION VEHICLE DIED ON MONDAY AFTER THEY ALLEGEDLY ENTERED A MANHOLE WITHOUT ANY SAFETY GEAR IN A BID TO SAVE A WORKER WHO WAS TASKED WITH CLEANING THE SEWER LINE. THOUGH THE WORKER SURVIVED, THE DRIVER AND CLEANER INHALED GASEOUS FUMES INSIDE THE MANHOLE LEADING TO THEIR DEATH, SAID POLICE. THE OWNER OF THE HOUSE WHERE THE INCIDENT OCCURRED, THE CONTRACTOR THROUGH WHOM THE WORKER WAS HIRED, AND THE OWNER OF THE SUCTION VEHICLE HAVE BEEN BOOKED FOR CAUSING DEATH BY NEGLIGENCE AND VIOLATING THE BAN ON MANUAL SCAVENGING, IMPOSED IN 2013.

The Indian EXPRESS

TOTAL 81 PEOPLE HAVE DIED IN THE STATE DUE TO MANUAL SCAVENGING, MAHARASHTRA FREE OF SUCH PRACTICE: GOVT TELLS HC OF 81 DEATH CASES, 11 WERE FROM MUMBAI CITY AND SUBURBAN DISTRICTS, 12 FROM THANE, 7 FROM PALGHAR AND 2 FROM RAIGAD DISTRICTS.

JULY 20, 2024 01:59 IST

The Maharashtra government has informed the Bombay High Court that a total of 81 people have so far died due to manual scavenging in the state. It said that a total compensation of Rs 8.1 crore (Rs 10 lakh each) has been distributed to the kin of the deceased persons as per government circular of 2019.

The 2019 notification was issued for implementation of the Manual Scavengers and Their Rehabilitation Act, 2013 through the local bodies, contractors or social justice department. As per the notification, vigilance panels were required to probe the cases of manual scavengers who died since 1993.

MUMBAI'S DEATHHOLES: NO INSURANCE, SAFETY GEAR OR GOOD PAY BUT WORKERS DRIVEN BY DESPERATION

MAY 2, 2024 22:22 IST

THE GAS INSIDE THE TANK... IT ENTERS YOUR NOSE, BURNS YOUR EYES AND THEN HITS YOUR BRAIN. AFTER THAT, THERE'S A BLANK," THAT IS HOW RAJU RECOLLECTS HIS NEAR-DEATH EXPERIENCE A COUPLE OF YEARS AGO WHEN HE ENTERED A SEPTIC TANK TO CLEAN THE SLUDGE. HOWEVER, HIS BROTHER-IN-LAW MANAGED TO RESCUE HIM IN THE NICK OF TIME. BUT RAJU'S SURVIVAL WAS SHEER LUCK.

IN THE PAST ONE MONTH, TWO CASES OF MANUAL SCAVENGING WERE REPORTED IN THE CITY. IN THE FIRST, THREE MEMBERS OF A FAMILY LOST THEIR LIVES AFTER ENTERING A TANK OF A PUBLIC TOILET AT AMBUJWADI ON MARCH 21.

SUGGESTIONS

The National Human Rights Commission advisory on the *Protection of Manual Scavengers and Hazardous Cleaning Workers* emphasizes eliminating manual scavenging through mechanized cleaning technologies, proper safety gear, and modern infrastructure.

- This report denies the fact that manual scavenging is not practiced in Maharashtra. It emphasizes on evidence to prove that the practice still continues.
- Employers and local authorities should be held accountable for ensuring worker safety, fair treatment, and access to welfare schemes like insurance and healthcare.
- Rehabilitation measures should include skill training, financial aid, and educational support for workers and their families.
- To create a methodical procedure for surveying people and monitoring the removal of manual scavenging.
- To encourage the use of contemporary technology and design advancements in order to stop risky behaviours.
- To emphasise how crucial community involvement and awareness-raising efforts are to solving this problem.
- To protect the safety of employees and attend to the welfare and legal requirements of impacted families.
- To provide guidelines for safeguarding sanitation workers' welfare and safety while making sure their rights are respected.

By observation and data analysis, we found that following suggestions can be impactful to curb the practice of manual scavenging.

- Heavy penalties for contractors/authorities who bypass machine use requirements
- Regular safety training and certification for sanitation workers
- Emergency response systems and medical support on standby
- Regular health checkups
- Deploy camera inspection systems for monitoring
- Establish State Commissions to keep a check on whether the practice of manual scavenging is in practice or not.

By implementing these suggestions, public authorities can take meaningful steps toward eradicating manual scavenging and promoting sanitation across the nation

CONCLUSION

In conclusion, while there have been strides toward eradicating manual scavenging, this research highlights persistent issues of non-compliance, inadequate worker safety measures, and inconsistencies in the implementation of policies and practices. Observations from site visits, interactions with workers and officers, and a review of systemic practices indicate that manual scavenging remains a reality in certain areas, with safety protocols often followed only for display during inspections. These findings underscore the urgent need for stricter enforcement of the Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013, robust worker safety protocols, effective rehabilitation programs, and consistent monitoring mechanisms. Eliminating this practice is not only a legal imperative but also a fundamental human rights obligation, requiring collective action to ensure equality, dignity, and justice for all individuals involved.

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Research Report

Submitted to:

Maharashtra State Human Rights Commission

as a part of the Winter Internship Programme 2025

SUBJECT: Ashramshala

TOPIC: An analysis of key issues in Ashramshalas and suggestions for their solutions.

By: ARTI DUDHANI

JAYNE KUMAR

NISHIGANDHA RAMGUDE

RAVIKANTH GUPTA

TIA JHONSA

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1. Introduction

On the 22nd of January 2025, the Commission visited two educational institutions: The Government Ashramshala, Shahpur, Dahagaon, and the Eklavya Model Residential School, Shahpur. The visiting team comprised the Registrar of the Maharashtra State Human Rights Commission and 25 law students, including 23 interns under the Winter Internship Program of the Commission and 2 participants from its pro bono services. The visit was conducted in the presence of the Assistant Project Officer of the Shahpur Region and the principals of the aforementioned schools.

During the visit, the team reviewed relevant records and documents provided by the school authorities. This included data on the total number of students, the number of admitted students, the division of day scholars and hostel residents present on the day of the visit, the total staff employed, and the hostel capacity. Additionally, the team engaged with school officials, including the principals and the Assistant Project Officer, to gain insights into the functioning of the schools.

To ensure a holistic understanding, the team also distributed questionnaires to the students, gathering feedback on various aspects such as their school experience, infrastructure, hostel facilities, academics, safety, and security. The students were also invited to share their recommendations for improvement. Law students participating in the visit made detailed observations, which will be incorporated into this report.

The present report is thus based on a combination of empirical data collected from school officials and feedback from students, along with the observations made by the visiting team. It aims to provide a comprehensive analysis of the functioning and challenges of the schools, focusing on critical areas such as infrastructure, academics, safety, and overall student welfare.

1.1 Ashramshala

Ashramshalas are residential schools established to provide quality education to the Scheduled Tribe communities in India, addressing their unique socio-economic and cultural needs. In Maharashtra these schools are managed by the Tribal Development Department of the Government of Maharashtra, are run either directly by the state or through registered non-governmental organizations (NGOs) under government subsidies. The initiative is rooted in the historical efforts to integrate tribal communities into mainstream education systems, ensuring equitable access to learning opportunities.

Ashramshalas were conceived to address the educational challenges faced by tribal populations, such as geographical isolation and limited infrastructure. The program began as part of broader tribal development initiatives, aligning with constitutional commitments and legislative measures like the **Scheduled Tribes Order Amendment Act, 1976**, and subsequent declarations under the Tribal Sub-Plan. The focus is to foster literacy, cultural preservation, and socio-economic upliftment of tribal communities.

Key players involved in the functioning of Ashramshalas in Maharashtra include the Tribal Development Department of Maharashtra, the Central Government for policy and funding oversight, and NGOs responsible for operating subsidized schools with state approval. The schools are supported by various administrative entities, including the Secretary, Commissioner, Project Officers, and school-level management committees, ensuring the proper implementation of policies and schemes. Teachers, hostel superintendents, and non-teaching staff play crucial roles in day-to-day operations, ensuring students' education and well-being.

The primary objectives of Ashramshalas are to ensure universal access to education, improve living standards, preserve tribal heritage, and equip tribal students with skills for better livelihood opportunities. By addressing gaps in education, health, and infrastructure, these schools embody the government's commitment to inclusive development and empowerment of marginalized communities.

1.2 Eklavya Model Residential School

Eklavya Model Residential Schools (EMRS) were established in 1997-98 with the objective of providing quality education to Scheduled Tribe children in remote and underserved areas. These schools aim to empower tribal students by enabling them to access higher education, professional courses, and employment opportunities.

Each EMRS is designed to accommodate 480 students, offering education from Class VI to XII. Initially, grants for the construction and operation of these schools were provided under A**rticle 275(1)** of the Constitution. Recognizing the need for expansion, the government committed to establishing an EMRS in every block with over 50% ST population and at least 20,000 tribal residents by 2022, aligning their standards with those of Navodaya Vidyalayas.

Complementing this initiative are Eklavya Model Day Boarding Schools (EMDBS), introduced to cater to areas with higher tribal population density (90% or more). These schools provide an opportunity for tribal students to access quality education without requiring residential facilities. Additionally, Centers of Excellence for Sports (CoE for Sports) are being set up to nurture sporting talent among tribal youth. These centers are equipped with state-of-the-art infrastructure, specialized training facilities, and comprehensive support systems, including boarding, lodging, and medical care, in partnership with the Sports Authority of India.

By integrating education, cultural preservation, and skill development, EMRS aim to empower tribal communities, foster inclusivity, and create pathways for socio-economic progress. This initiative reflects the government's vision of equitable and inclusive development for India's tribal population.

2. Observations

2.1 Observations Regarding Infrastructure Facilities

A. Observations and Report Entry on Infrastructure Issues in **Ashramshala, Dahagaon.**

(i) **Classrooms**

- Guidelines: All classrooms should have a minimum area of 400 sq. ft., adequate furniture (benches and chairs), green/blackboards, sufficient air and light, and storage space for notebooks and educational materials.
- Observation: Storage cupboards were absent, and the space for keeping notebooks and other materials was inadequate.

(ii) **Record Room**

- Guidelines: The school should have a separate record room equipped for safekeeping documents, with one record room for secondary schools and one for higher secondary schools.
- Observation: There was no designated record room. School records were stored in the principal's office.

(iii) **Computer Room**

- Guidelines: The computer room should have a minimum area of 500 sq. ft., at least 20 computers with one printer for secondary schools, 25 computers with one printer for higher secondary schools, and facilities like a scanner, projector, UPS, and internet connection.
- Observation: The computer room was smaller than 500 sq. ft., lacked adequate computers (less than 20), and essential facilities such as a printer, scanner, and projector were missing.

(iv) **Laboratory**

- Guidelines: The laboratory should be a minimum of 700 sq. ft., fully equipped with lab materials, electricity, water supply, fire safety, and a first aid kit.
- Observation: The laboratory was undersized, lacked necessary equipment, and did not have fire safety measures or a first aid kit.

(v) **Library**

- Guidelines: The library should be a minimum of 1,000 sq. ft., with ample books for students and teachers, sufficient furniture, and storage racks. A computer with an internet connection should also be provided.

- Observation: The library was significantly smaller than 1,000 sq. ft., had very few books, and lacked a computer with an internet connection. There was no designated store room for library materials.

(vi) **Playground and Sports Equipment**

- Guidelines: The school should have a playground of at least 1 acre with adequate sports materials and a designated room for storing sports equipment.
- Observation: There was no playground, and the available sports equipment was in poor condition.

(vii) **Hostel Facilities**

- Guidelines:
    - Hostels should provide mosquito nets, blankets, and mattresses for students.
    - Clean drinking water should be available.
    - Bathrooms should be equipped with mirrors, geysers, and solar water heaters.
    - Changing rooms should be available outside the bathrooms.
    - Sick rooms should be well-maintained.
- Observation:
    - Mosquito nets and blankets were not provided by the school; students brought them themselves.
    - Drinking water was unclean.
    - Bathroom mirrors were broken and dysfunctional, and there were no geysers or solar water heaters.
    - Changing rooms were absent.
    - The sick room was present but in poor condition.

(viii) **Internal Roads and Safety Measures**

- Guidelines: Internal roads should be properly paved and well-drained to avoid waterlogging. CCTV cameras and proper waste disposal systems should be installed.
- Observation: Internal roads were unpaved, and waste segregation and disposal systems were not implemented. CCTV cameras were also missing.

(ix) **Additional Observations**

- Construction work was being carried out during school hours, posing a safety hazard for children.

- The canteen and multi-purpose hall were combined into a single space, compromising functionality.
- Rooms lacked curtains, even when construction work was occurring nearby.
- No designated field for children to play in.

B. Observations and Report Entry on Infrastructure Issues in Eklavya Model Residential School

(i) **Computer Lab**

- Guidelines: The computer lab should have a minimum area as per the prescribed standards, with adequate computers, a printer, scanner, projector, and internet connectivity.
- Observation: The computer lab was not fully set up. Computers were yet to be installed, and essential facilities such as a printer, scanner, and projector were missing.

(ii) **Hostel Facilities**

- Guidelines:
  - Boys' and girls' hostels should be equipped with proper bedding, including bunk beds and mattresses.
  - Clean drinking water should be available.
  - Bathrooms should have mirrors, geysers, and solar water heaters.
  - Mosquito nets should be provided.
  - Changing rooms should be available outside bathrooms.
- Observation:
  - Boys' hostel had bunk beds but no additional beds, while the girls' hostel had neither bunk beds nor regular beds.
  - No clean drinking water was available in the boys' hostel.
  - Mirrors in bathrooms were broken.
  - Geysers and solar water heaters were not provided.
  - Mosquito nets were not available.
  - No separate changing rooms were present outside bathrooms.
  - The girls' washroom door was broken, causing privacy concerns.

(iii) **Sick Room and Medical Facilities**

- Guidelines: The sick room should be well-maintained, with a fully stocked first aid kit containing unexpired medicines.
- Observation: A sick room was available, but the first aid kit contained expired medicines.

(iv) **Laundry Facilities**

- Guidelines: A Dhobi Ghat (designated washing area) should be provided for both boys and girls to ensure proper hygiene and cleanliness.
- Observation: No Dhobi Ghat was provided for boys or girls, resulting in improper spaces for washing clothes.

(v) **Water and Sanitation Facilities**

- Guidelines: The school should ensure a proper water supply and sanitation system for students, with functional taps and well-maintained restrooms.
- Observation: No tap water facility was available in the boys' hostel.

(vi) **Internal Roads and Safety Measures**

- Guidelines: Internal roads should be properly paved, and CCTV cameras should be installed for security.
- Observation: Internal roads were in poor condition, and CCTV cameras were absent.

2.2 Academic & Curriculum

Below mentioned are the observation of Ashramshala, Dahagaon:

(i) **Science Teaching**:

- Guidelines
  - Using simple local materials for experiments at the primary level and maintaining well-equipped labs at secondary levels.
  - Developing a scientific and environmental outlook with creativity and analytical skills.
- Observation:
  - Laboratory Condition:The science lab was in poor condition, with dust covering materials and expired chemicals on shelves. The lack of maintenance indicated infrequent use.
  - Gap in Implementation:The practices observed were not aligned with the manual's guidelines, particularly in maintaining updated lab facilities and encouraging experiential learning.

(ii) **Mathematics Teaching:**

- Guidelines: Developing reasoning skills is essential in mathematics education.
- Observation: Teachers did not incorporate puzzles or interactive learning experiences to stimulate mathematical reasoning and problem-solving.

(iii) **Inclusion of Activities:**

- Guidelines: Activities such as mathematical demonstrations, creating mathematical materials, using audio-visual media, and solving puzzles (especially involving three-dimensional structures) expose children to diverse reasoning
- Observations:
  - Lack of 3D Cubes and Hands-on Learning Tools:
  - There were no 3D cubes or hands-on activities implemented for "learning by doing." This gap hinders the development of spatial reasoning skills and deeper understanding of complex concepts.

(iv) **Sports Facilities at Ashram School**

- Guidelines:
  - Outdoor Sports Facilities - As per the government guidelines, the school should have well-equipped grounds for sports such as cricket, kabaddi, kho-kho, volleyball, basketball, and long jump.
  - Indoor Facilities - recommend providing indoor games such as carrom and chess.

- Observation:
  - No playground or sports infrastructure for these activities was found.
  - Although carrom boards and chess sets were present, they appeared neglected and stored merely for formality. The equipment seemed unusable for regular play.

To assess the effectiveness of Marathi language instruction at the Aashramshala Sanhita following the SCC curriculum.

(i) **Language Proficiency:**

- Students are capable of reading Marathi and English but face significant challenges in fluency and comprehension.
- English comprehension is weak due to limited exposure, as the major focus is on Marathi.
- Many students struggled to read basic Marathi text properly, joining individual alphabets instead of reading whole words fluently.

(ii) **Communication Skills:**

- Students were noticeably less communicative.
- Possible reasons include fear, lack of confidence, or limited exposure to communication-enhancing activities.

(iii) **Lack of Skill Development Practices**: Activities such as debates and elocution, which are emphasized in government educational guidelines, were not observed to be practiced regularly.

To assess the effectiveness of English language instruction at the EMRS School following the CBSE curriculum.

(i) **Language Proficiency**: Despite being affiliated with the CBSE board, which emphasizes English as a medium of instruction, many students were unable to speak or comprehend English effectively.

(ii) **Communication Gap:** There was a noticeable lack of communication in English among students, indicating limited practical usage of the language.

(iii) **Curriculum Implementation**: Although English is part of the curriculum, its practical application appears insufficient, leading to a gap between instruction and student understanding.

(iv) **Teacher Proficiency**: The teachers themselves struggled to communicate in English, including the individual introducing MHRC interns and the register in-charge. The poor proficiency in English highlights the urgent need for qualified English teachers. This directly impacts students' ability to learn and use the language effectively.

2.3 Observations Regarding Staff and Administration in Ashramshala, Dahagaon.

As per the manual "Ashramshala Sanhita, 2019" Chapter 1.2, the guidelines specify the required number of teaching and non-teaching staff based on the number of students in the institution. However, during our visit to the Ashramshala,Dahagaon conducted by the Maharashtra State Human Rights Commission, the following discrepancies were observed:

(i) **Teaching Staff**: There was insufficient Teaching Staff as the number of teachers was inadequate. One teacher had to manage and teach two subjects, which affected the quality of education provided.

(ii) **Specialist Staff Missing**:

- There was no sports teacher to manage physical education activities
- No librarian was available, although the manual specifies the need for a full-time librarian in higher secondary Ashramshalas.
- There was no laboratory assistant, even though the manual mandates this position in secondary and higher secondary schools with science classes.

(iii) **Non-Teaching Staff**

- Watchman: While we were informed that there was a watchman stationed at the main gate, we did not see the watchman during school hours. Further, there were no watchmen for the boys' hostel or the girls' hostel. The absence of watchmen during our visit posed a safety hazard, as the school and hostel premises were residential facilities with young boys and girls freely roaming the campus. This could potentially allow outsiders to enter the premises unchecked, creating risks for the children.

- Sweepers: There was only one sweeper available, managing both the school and hostel, leading to an insufficient level of cleanliness and sanitation.
- Peon: The school did not have a peon, which added to the operational burden.
- Hostel Superintendents: The male superintendent was in charge of the boys' hostel, and the female superintendent managed the girls' hostel. Both superintendents were overburdened as they were solely responsible for managing the large number of residential students. This was exacerbated by the fact that all teachers lived off-campus, leaving the superintendents to manage student welfare without adequate support.

(iv) **Additional observations on administration and campus safety**

- Election Duty: Teachers were assigned election duties, during which they were absent for extended periods. Given that this is a residential facility, such absences left the students without adequate supervision, further compromising their safety. Additionally, it was observed that teachers were distressed due to this added responsibility.
- Construction During School Hours: Construction work was ongoing within the Ashramshala, Dahagaon; premises during school hours. The construction site was located in areas frequently accessed by children. Further, no safety measures, such as safety nets or gear, were in place to protect the children from potential harm caused by falling debris. This posed a significant safety risk for students.
- In Ashramshala, Dahagaon teachers were assigned as superintendent who had the duty of warden. Hence, the teachers did a 24 hour duty as teaching staff and then looking after the students as warden.

2.3 **Food and Nutrition**

A. As per the manual "Ashramshala Sanhita, 2019" Chapter 2.2, below mentioned are the observations of Ashramshala, Dahagaon.

(i) **Water Availability and Cleanliness**

- Manual Provision (2.2.1 (a)) states that the school must ensure the availability of pure and clean drinking water and maintain cleanliness in Ashramshala,Dahagaon.
- Observation: During our visit, we found seven water filters in the girls' residential area, but only three were functional—two maintained by the school and one sponsored by the Starbucks Foundation. The remaining filters were rusted and non-operational, limiting access to clean drinking water. This highlights inadequate maintenance and the urgent need to repair or replace faulty filters to ensure safe water for students.

(ii) **Waste Management**

- Manual Provision (2.2.2 (c)) : The manual specifies that solid waste should be classified into organic, inorganic, and recyclable categories and managed accordingly.

- Observation: At Ashramshala, Dahagaon; all extra food waste and milk tetra packs were disposed of in a decomposing pit without proper waste segregation. There was no structured waste management system in place. The lack of segregation and improper disposal methods can lead to sanitation issues and environmental hazards.

(iii) **Nutrition and Meal Availability**

- Manual Provisions (2.2.3 (a) & 2.2.3 (e)) : The manual mandates that students receive adequate and good-quality meals, including breakfast, lunch, and dinner, in sufficient quantities in their daily diet. Also that meat should be given twice a month, and those who do not eat meat sweets should be given.
- Observation: The school's meal provision aligns well with the manual's requirements. Students were provided with not just three but four meals (including snacks), and they were allowed to take as much food as they required. The flexibility in food quantity ensures that students do not go hungry and receive adequate nutrition.However, ongoing monitoring of food quality remains essential to ensure continued compliance with the manual's standards.

B. Observations of Eklavya Model Residential Schools

As per EMRS Guideline Annexure IV, Sr.No. 2 Funds are allotted for the mess.

(i) **Contaminated Food**

- Observation: During the visit, we could not witness it but multiple students reported that they frequently find insects in their food and that the kitchen lacks hygiene practices. This suggests inadequate pest control measures highlighting a serious gap in hygiene and sanitation in food preparation and storage areas; this can lead to food contamination, putting students at risk of various health issues.
- Health Consequences of Insect-Contaminated Food
    - Bacterial and Viral Infections – Insects can carry harmful bacteria like Salmonella and E. coli, leading to food poisoning, diarrhea, vomiting, and stomach cramps.
    - Parasitic Infections – Some insects may introduce parasitic eggs, causing intestinal worm infections.
    - Allergic Reactions and Respiratory Issues – Contaminated food can trigger allergies, while cockroach exposure may worsen asthma and respiratory conditions.
    - Food Spoilage and Nutritional Deficiencies – Contaminated food may become inedible, leading to poor nutrition and reluctance to eat.

Failure to address this issue can lead to serious health complications among students, affecting their overall well-being and academic performance.

(ii) **Poor Food Quality and Lack of Variety**

- Observation: Many students at Eklavya mentioned that the food provided to them lacks variety and quality of food and may not be prepared with sufficient quality standards. Majority of the students were dissatisfied with the food provided to them.
- Consequences:
    - Nutritional Deficiencies – A monotonous and low-quality diet may not provide essential nutrients, leading to deficiencies and weakened immunity.
    - Loss of Appetite and Disinterest in Food – If students are unhappy with their meals, they may eat less, affecting their overall health and concentration in studies.

(iii) **Open Drainage Behind the Kitchen**

- Observations: During our visit we noticed the presence of an open drainage system behind the kitchen. This directly leads to an unhygienic environment attracts flies, insects, and pests, which can contaminate food and cooking surfaces. Alot of flies were seen hovering around the kitchen premises.
- Consequences:
    - Food Contamination – Flies from the drainage can carry bacteria and germs, increasing the risk of foodborne illnesses like diarrhea, typhoid, and cholera.
    - Unpleasant Cooking Environment – The foul smell and unhygienic surroundings can impact the mental and physical well-being of kitchen staff, affecting food quality.
    - Increased Risk of Pest Infestation – Open drains create an ideal breeding ground for cockroaches, mosquitoes, and rodents, further worsening sanitation issues.

2.5 Community Engagement Observation: Cultural Disconnection Among Students at Ashramshala, Dahagaon

During our observational visit to Ashramshala, Dahagaon: we noted a significant lack of cultural awareness among students, despite their location in regions with a rich indigenous heritage.

(i) **Lack of Cultural Awareness:** Students demonstrated limited understanding of their traditional practices, including indigenous dances, songs, and rituals. Celebrations such as Adivasi Divas were observed, but their historical and cultural significance was lost on many participants.

(ii) **Absence of Tribal Cultural Education**: Indigenous traditions often revolve around nature- based songs and dances, yet students showed little to no understanding of these practices. secular education. However as per Ashramshala Sanhita, while ashram schools are not allowed to impart any kind of religious education, it mentions that songs from tribal tradition should be sung further it mentions that local festivals related to tribal culture and important to students can be celebrated in the school.

(ii) **Neglect in Curriculum:** The curriculum lacked structured content on indigenous cultural history, folklore, and traditional art forms, failing to integrate local knowledge into formal education and accelerating cultural erosion.

(v) **Erosion of Indigenous Identity**: The lack of cultural education risks disconnecting students from their roots, threatening the survival of their traditions, identity, and community pride.

(vi) **Missed Opportunities in Arts and Craft:** Schools overlooked promoting traditional arts and crafts such as pottery, weaving, and woodwork. These skills, if preserved, could foster cultural pride and create sustainable livelihood opportunities for students.

2.6 Financial Support and Observations

The Eklavya Model Residential Schools scheme ensures significant financial allocation for the development and maintenance of tribal schools, as outlined in the Guidelines by the Ministry of Tribal Affairs, Government of India of 13th November 2020. However, during our visit to the school, discrepancies between the allocated budget and actual on-ground implementation were observed, highlighting serious gaps in resource utilization.

Comparison: Manual Guidelines vs. Observations

Category	Guideline Provisions	Source from Guideline	On-ground Observations
Beds and Bedding	Budget for residential school complexes, including hostels, is Rs. 20 crore, plus maintenance grants for essential items like furniture.	**12.1 (a)** and **12.3**: "Capital cost for hostels…" and "Maintenance grants for furniture…"	Boys lacked mattresses; girls lacked beds entirely, with students sleeping on the floor.
Safety	Schools must provide safe living conditions, and maintenance grants can cover minor works like pest control and safety measures.	**13** "Maintenance grants for minor works…"	Reports of snakes and rodents present a risk to students' health and safety.
Drinking Water	Maintenance grants can be used for procuring non-recurring essential items like water coolers.	**12.3**: "Procurement of essential, non-recurring items including kitchen, dining, hostel, recreation…"	Non-functional water coolers in hostels, with no alternative safe drinking water sources available.
Sanitation	The infrastructure budget must ensure	**12.1 (a)** and **12.3**: Includes capital costs	Broken doors, leaking taps, and damaged mirrors

	functional toilets and hygiene facilities in hostels and schools.	for school complexes and maintenance grants for repair.	indicate neglect in sanitation and hygiene facilities.
Uniforms	The recurring cost allocation of Rs. 1,09,000 per child per year includes provision for meals and other basic needs including with uniform.	**Annexure IV,** Sl. No. 2 Direct Expenditure on Students	Teachers reported that the student's guardians did not provide the students with uniform but the according to annexure IV uniform should be provided by the school.
Food Quality	The recurring cost allocation of Rs. 1,09,000 per child per year includes provision for meals and other basic needs including with food.	**12.2 (2), & Annexure IV,-** "Recurring cost @ Rs. 1,09,000 per child per year…"	Students not served with the quality food. Food cooked in unhygienic conditions with house fly filling the cooking space coming out of the open drain next to the kitchen.

2.7 Hygiene and basic cleanliness observations

A. The observed conditions in the **Ashramshala Dahagaon,** highlight major disparity from the provisions detailed in the Ashramshala Sanhita 2019, specifically under chapters mentioned. A comparison of the manual's provisions with the findings reveals the following:

(i) Waste Management (Chapter 2.2.2):

- Manual Provisions: Waste management must include segregation of solid waste into organic, inorganic, and recyclable categories, and liquid waste should be managed locally through Ashora pits or similar systems. Garbage bins should be available near classrooms and hostels.
- Observation: Waste segregation was not practiced, and all waste, including non-biodegradable items like tetra packs, was dumped into a single pit behind the dining area. This practice violates the manual's requirement for proper disposal systems. Authorities cited insufficient space for storing or managing waste effectively.

(ii) **Sanitation and Hygiene (Chapter 2.2.2 & 2.2.6):**

- Manual Provisions: The manual mandates clean and functional sanitation facilities, regular pest control, and hygienic hostel conditions. Open drains are prohibited, and personal hygiene education should be provided to students, particularly female students. Sanitary pad disposal machines must be installed and maintained with adequate supplies.
- Observation: The washrooms were broken and unhygienic, with open drains found in the kitchen and dining area. Hostel conditions were poor, with dusty beds and mold on

walls. Female students lacked menstrual hygiene education, and sanitary pad disposal machines were installed but empty due to a lack of supply.

(iii) **Nutrition (Chapter 2.2.3):**

- Manual Provisions: Meals must include breakfast, lunch, snacks, and dinner, with meat provided twice a month or sweets for non-meat eaters. The Health and Nutrition Committee should inspect food quality, and complaints must be addressed promptly. Sample plates must be retained until the next meal.
- Observation: While the manual's provisions regarding meal quality and inspection were referenced, no evidence of regular inspections or a functioning Health and Nutrition Committee was observed. Complaints about food were not highlighted, but the lack of oversight raises concerns about adherence to nutritional standards.

(iv) **Health and Hygiene Rules for Cooking (Chapter 2.2.4):**

- Manual Provisions: Cooks are required to follow strict hygiene practices, including wearing clean uniforms, tying hair, removing shoes outside the kitchen, and trimming nails. Kitchen cleanliness must be ensured, and cooking should preserve nutritional value by following practices such as washing vegetables before chopping and covering food during cooking.
- Observation: The state of the kitchen, with open drains and unhygienic conditions, suggests non-compliance with these standards. There was no visible enforcement of the prescribed hygiene rules for cooking staff.

(v) **Health and Nutrition Committee (Chapter 2.2.5):**

- Manual Provisions: A committee, including representatives such as the superintendent, cook, and student leaders, must regularly review health and nutrition facilities. Their responsibilities include inspecting cleanliness, addressing complaints, and ensuring food quality and hygiene.
- Observation: There was no evidence of an active committee conducting regular reviews or addressing issues such as waste management, sanitation, or food quality. This failure directly contributes to the poor conditions observed.

B. Further with regard to **Eklavya Model Residential School**. The Guideline of 2020 issued by the Ministry of Tribal Affairs. Chapter 6 clearly outlines the need for schools to maintain hygiene and cleanliness to ensure the health and well-being of students. During the visit the hygiene and cleanliness levels at the Shahpur EMRS were observed to be in significant violation of these guidelines. The issues are detailed below:

(i) **Deviation in Menstrual Hygiene Provisions:**

- Guideline: Point viii of the guidelines state that Special nutritional requirements and provisions for menstrual hygiene (sanitary pads, incinerator, etc.) of girl students.
- Observations: Girls at the school reported they do not have access to sanitary pads, as mandated in the guidelines. Instead, they use cotton cloth during menstruation, which is unhygienic and poses health risks such as infections. The girls revealed that they had

never received any formal menstrual education. They were taught to use cloth at home due to lack of alternatives, highlighting a critical gap in education and awareness. Hence this was not only in violation of the guidelines but also compromised the dignity, health, and confidence of female students.

(ii) **Sanitation and Waste Management:**

- Guidelines states the following:
  - Point i: State-of-the-art infrastructure for schools, including hostels and related facilities.
  - Point viii: Special nutritional requirements and provisions for menstrual hygiene (sanitary pads, incinerator, etc.) of girl students.
  - Point ix: Provision of adequate purified drinking water and sanitation facilities.
- Observations:
  - Improper Waste Disposal: Open sewage and waste disposal were observed right behind the kitchen area, creating an unhygienic environment and exposing students to health risks. No System for Waste Management:There is no incineration system for menstrual waste or proper garbage disposal facilities, which is a direct violation of the guidelines. Hence, the unhygienic environment poses risks of waterborne diseases and infections, particularly for children .
  - Broken Toilets and Bathroom Doors: Toilets and bathrooms in the school were found in a state of disrepair, with broken doors and fixtures, compromising privacy and hygiene.

(iii) **Cleanliness of School Premises and Kitchen:**

- Guidelines: Point i talks about, State-of-the-art infrastructure for schools, including hostels and related facilities and Point viii mentions special nutritional requirements.

- Observations:
  - Dusty and Unclean Classrooms: Classrooms were found dusty and poorly maintained, indicating a lack of routine cleaning.
  - Unclean Kitchen and Storage Areas: The kitchen storage area was observed to be dirty, with food items stored in unhygienic conditions.
  - Pest Infestation: The kitchen was infested with house flies, which not only raises concerns about food safety but also puts students at risk of foodborne illnesses.

3 Challenges Faced in Eklavya Model Residential Schools (EMRS) and Ashramshala, Dahagaon

Based on observations and findings, both Eklavya Model Residential Schools (EMRS) and Ashramshala, Dahagaon face serious challenges related to infrastructure, hygiene, budget utilization, and student well-being. The following are challenges specific to each type of school.

Category	Eklavya Model Residential Schools (EMRS)	Ashramshala, Dahagaon
Beds and Sleeping Arrangements	Boys lacked mattresses, girls had no beds.	Beds were dusty, but not missing.
Safety Risks	Reports of snakes and rodents near hostels.	No major reports of wildlife risks.
Drinking Water Issues	Non-functional water coolers, no alternative safe drinking water.	No major complaints, but hygiene was questionable.
Sanitation and Toilets	Broken toilets, non-functional doors, leaking taps.	Open drains, broken washrooms, mold on walls.
Waste Management	No waste segregation, open sewage near the kitchen.	Dumping of all waste in a single pit, no incinerators.
Menstrual Hygiene	Girls lacked sanitary pads, had no education on menstrual health.	Sanitary pad machines were empty, no menstrual awareness programs.
Food Quality and Hygiene	Students complained about poor food quality.	No complaints recorded, but nutrition oversight was lacking.
Kitchen Hygiene	Unclean kitchen and storage areas, pest infestation.	Open drains near the cooking area, poor enforcement of hygiene rules.
Budget Utilization Issues	Funds not effectively utilized for beds, uniforms, food quality, or sanitation.	No clear budget discrepancies noted, but lack of monitoring in hygiene and food standards.

Monitoring and Oversight	No evidence of food inspections or safety committees.	Health and Nutrition Committee was non-functional.

4. Comparison Between Eklavya Model Residential Schools (EMRS) and Ashramshala, Dahagaon.

The observations during our visit, coupled with an analysis of the prescribed provisions, highlight major discrepancies between policy and on-ground implementation. While Eklavya Model Residential Schools (EMRS) are allocated a higher budget per student and receive substantial capital and maintenance grants, their facilities are often inadequately maintained, with critical gaps in essential amenities such as bedding, drinking water, and sanitation. In contrast, Ashramshala, Dahagaon; despite having relatively lower financial allocations, display severe lapses in waste management, food inspection protocols, and hygiene enforcement, raising concerns about the overall well-being of students. A structured comparison of both institutions is presented below:

1. Infrastructure and Basic Amenities

Aspect	**Eklavya Model Residential Schools (EMRS)**	**Ashramshala, Dahagaon**
Sleeping Arrangements	Boys had beds but lacked mattresses; girls had no beds and slept on the floor.	Beds were present but were dusty and unkempt, affecting hygiene.
Safety Concerns	Reports of snakes and rodents.	Reports of snakes and rodents.
Drinking Water	Water coolers, alternative safe drinking water sources were not available in the hostel but were outside the hostel.	Non-functional water coolers, alternative safe drinking water sources were outside the hostel.

2. Hygiene, Sanitation, and Waste Management

Aspect	Eklavya Model Residential Schools (EMRS)	Ashramshala, Dahagaon
Sanitation & Toilets	Many broken or non-functional toilets, with doors missing and taps leaking.	Open drains in kitchen and dining areas; washrooms had leaking taps and broken door.
Waste Management	Open sewage and improper disposal of waste behind the kitchen.	No waste segregation, all waste dumped into a single pit.
Menstrual Hygiene	No provision of sanitary pads, no education on menstrual health.	Sanitary pad disposal machines were present but empty, with no menstrual education.

3. Food and Nutrition

Aspect	Eklavya Model Residential Schools (EMRS)	Ashramshala, Dahagaon
Food Quality	Students complained about low-quality food and inadequate meal variety.	No recorded complaints, but lack of food inspection protocols raised concerns.
Kitchen Hygiene	Dirty kitchen and storage areas, with pest infestation and open drains.	Poor kitchen conditions, with open drains affecting food safety.
Health & Nutrition Oversight	No evidence of a Health and Nutrition Committee monitoring food quality.	The committee was non-functional, leading to poor food inspection.

4. Financial Resource Utilization and Oversight

Aspect	Eklavya Model Residential Schools (EMRS)	Ashramshala, Dahagaon
Budget Allocation	Rs. 1,09,000 per child per year, plus capital and maintenance grants.	Financial allocations were lower but were not effectively monitored.
Utilization of Funds	Despite higher financial support, schools lacked proper infrastructure and amenities.	Poor oversight and lack of accountability in spending on hygiene and food.
Uniforms & Essentials	Students did not receive uniforms, which should have been covered under budget.	No major uniform complaints, but hygiene maintenance was inadequate.

5. Suggestions

(i) An NHRC advisory should be made for ashramshalas and other government funded residential schools.

(ii) **Infrastructure Facilities**

- A dedicated mechanism should be established to prevent encroachment on school land, with clear demarcation, legal safeguards, and periodic land audits.
- Ensure well-ventilated, adequately lit, and hygienic living spaces with proper sanitation, clean drinking water, and safe recreational areas.
- Install CCTV cameras in common areas and ensure female wardens or supervisors in hostels to enhance student safety.

(ii) **Academic & Curriculum**

- Implement regular training workshops for teachers focusing on interactive teaching methodologies and inclusive education.
- Introduce science corners in classrooms, encourage practical learning using local resources, and conduct periodic science fairs and exhibitions.
- Integrate indigenous knowledge systems with modern subjects, emphasizing practical skill-building, environmental education, and local culture.

(iii) **Staff & Administration**

- Conduct mandatory training programs for teachers and staff on non-violent disciplinary methods and child rights protection.

- Implement strict guidelines prohibiting physical punishment, with a reporting and grievance redressal mechanism.
- Schools should have trained counselors to address mental health concerns and provide emotional support.
- Increase community and parental participation in school governance through active engagement in decision-making.

(iv) **Food & Nutrition**

- Introduce a rotational meal plan to ensure a variety of food options.
- Improve food quality by sourcing fresh ingredients and training kitchen staff on nutrition and meal preparation.
- Cover the drainage properly to prevent insects from breeding and entering the kitchen.
- Introduce fly-proof mesh or netting in the kitchen to minimize the entry of insects.
- Implementing proper waste bins for different types of waste and educating students on proper disposal methods would help bring the school in compliance with the manual.
- regular pest control, improved kitchen hygiene, and better food storage practices.

(v) **Community Engagement**

- Encourage periodic parent-school meetings and feedback sessions to bridge gaps in student welfare.
- Partner with local artisans, agriculturists, and professionals to offer hands-on workshops and mentorship programs for students.

(vi) **Financial Support**

- Implement Direct Benefit Transfer (DBT) cards, ensuring that students can directly access allocated funds for essential needs.
- Conduct regular audits to ensure proper utilization of funds.

(vii) **Hygiene & Cleanliness**

- Conduct a session for female students approaching puberty and give them training on health and feminine hygiene and provide them regularly with products to ensure this.
- Provide a permanent nurse to residential schools to ensure safety in case of emergency.
- Involve students in maintaining school cleanliness through hygiene clubs and reward-based initiatives.

6. Conclusion

The findings from our visit and research on Ashram Shalas and Eklavya Model Residential Schools (EMRS) reveal significant gaps between policy provisions and on-ground implementation. Despite clear guidelines established under the EMRS Guidelines (2020) and

the Ashram Shala Sanhita, both institutions face systemic challenges that compromise the safety, health, and overall well-being of students.

In the case of Eklavya Model Residential Schools, financial allocations are substantial, yet basic infrastructure, sanitation, and essential student needs remain unmet. The lack of beds, unsafe hostel conditions, inadequate drinking water, and poor sanitation facilities raise serious concerns regarding the accountability of budget utilization. Furthermore, absence of menstrual hygiene products highlight a disconnect between allocated resources and their actual deployment.

Ashramshalas, though functioning with relatively lower financial support, exhibit severe lapses in waste management, food inspection, and hygiene maintenance. The lack of waste segregation, improper sanitation, and non-functional Health and Nutrition Committees indicate a failure in monitoring and enforcement of essential health and safety standards. Additionally, kitchen hygiene and menstrual health awareness remain major areas of concern, further affecting students' dignity, safety, and quality of life.

7. References

- Ashramshala Samhita 1st march 2019
- EMRS GUIDELINES NOV 2020

Sick Room and it's washroom

Ceiling Wall of the boys hostel

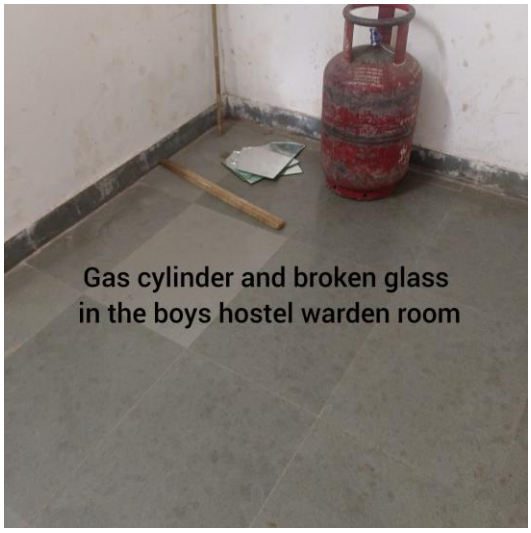
Boys hostel washroom and bathroom

Pesticide in Kitchen Storage

Open drainage system in the kitchen
of boys hostel ashramshala

The gas cylinder and fire extinguisher
and inverter battery are in the same room .

Water cooler is rusted and not in working condition



Ekalavya School boys
Hostel Washroom and Bathroom