

**IN THE HIGH COURT OF ORISSA : CUTTACK.**

**W.P. (C) NO. 13403 OF 2015**

Sri Bipin Bihari Pradhan ... **PETITIONER.**

**-VERSUS-**

State of Odisha and others ... **OPP. PARTIES.**

**FIRST INTERIM REPORT.OF THE THREE MEMBER COMMITTEE**

**I. INTRODUCTION:**

1. This Hon'ble Court in the aforesaid matter vide order dated 14.07.2021 was pleased to appoint a Three Member Committee inter alia to ascertain the actual condition of the following leprosy colonies:

- (1) Leprosy Colonies in Puri town including Sanjay Leprosy Colony of Puri town,
- (2) Dhanabati Leprosy Colony of Jatni,
- (3) Bapujee Leprosy Colony of Jatni,
- (4) Bhagabat Leprosy Colony at Khurda;
- (5) Leprosy Home at Lewis Colony, Bamapada, Baleswar.

2. The Three Member Committee of Advocates was to find out the following:

- (a) Ascertain the actual living conditions and medical facilities available to the inmates living there.
- (b) Speak to/interact with the inmates and ascertain what the issues faced by them are and whether the interventions by way of NLEP and the State programmes have had a positive effect?
- (c) Interact with the trained leprosy workers/ paramedical workers/multipurpose health workers, catering to the needs of the inmates in the said colonies.
- (d) Interact with the families of those affected with leprosy and understand what their immediate and long term needs are;
- (e) Ascertain the status of compliance with the directions issued by the Supreme Court of India in Pankaj Sinha.

**Directions in Pankaj Sinha Vs. Union of India [2018 SCC OnLine SC 1502]**

3. At this juncture it would be worthwhile to take note of the directions in the case of **Pankaj Sinha Vs. Union of India [2018 SCC OnLine SC 1502]** as the compliance of the same at the ground level is to be ascertained. The directions are as follows:

“(i) The Union and the States are to undertake periodical national surveys for determining the prevalence rate and new cases detection rate of leprosy and, at the same time, publish and bring the reports of the National Sample Survey of Leprosy conducted in

2010-11 and subsequent thereto into the public domain. That apart, the activities of the National Leprosy Eradication Programme (NLEP) must be given wide publicity;

(ii) On leprosy day which is internationally observed every year on the last Sunday of January, the Union of India along with all State Governments should organize massive awareness campaigns to increase public awareness about the signs and symptoms of leprosy and the fact that it is perfectly curable by the Multi Drug Therapy (MDT). Awareness should also be spread about the free availability of MDT at all government health care facilities in the country, the prescribed course for MDT treatment and all other relevant information related to MDT. The content and information contained in the awareness programmes should discontinue to use frightening images of people disabled with leprosy and instead use positive images of cured persons sharing their experiences of being cured of leprosy;

(iii) The Union and the States are to ensure that drugs for management of leprosy and its complications including the MDT drugs are available free of cost and do not go out of stock at all Primary Health Centres (PHCs) or, as the case may be, public health facilities in the country;

(iv) All-year awareness campaigns should also be run, by the Union as well as the States, to inform the citizenry that under the

National Leprosy Eradication Programme (NLEP), treatment is provided free of cost to all leprosy cases diagnosed through general health care system including NGOs;

(v) The Union and the States must organize seminars at all levels which serve as platforms to hear the views and experiences directly from the former patients and their families as well as doctors, social workers, experts, NGOs and Government officials;

(vi) The awareness campaigns must include information that a person affected by leprosy is not required to be sent to any special clinic or hospital or sanatorium and should not be isolated from the family members or the community. The awareness campaigns should also inform that a person affected with leprosy can lead a normal married life, can have children, can take part in social events and go to work or school as normal. Acceptability of leprosy patients in the society would go a long way in reducing the stigma attached to the disease;

(vii) Health care to leprosy patients, at both Government as well as private run medical institutions, must be such that medical officials and representatives desist from any discriminatory behaviour while examining and treating leprosy patients. Treatment of leprosy should be integrated into general health care which will usher in a no-isolation method in general wards and OPD services. In particular, it must be ensured that there is no discrimination against

women suffering from leprosy and they are given equal and adequate opportunities for treatment in any hospital of their choice. To this effect, proactive measures must be taken for sensitization of hospital personnel;

(viii) Patients affected with leprosy, for whom partial deformity can be corrected by surgery, should be advised and provided adequate facility and opportunity to undergo such surgeries;

(ix) The possibility of including leprosy education in school curricula so as to give correct information about leprosy and leprosy patients and prevent discrimination against them should be explored;

(x) The Union and the State Governments must ensure that both private and public schools do not discriminate against children hailing from leprosy affected families. Such children should not be turned away and attempt should be made to provide them free education;

(xi) Due attention must be paid to ensure that the persons affected with leprosy are issued BPL cards so that they can avail the benefits under AAY scheme and other similar schemes which would enable them to secure their right to food;

(xii) The Union and the States should endeavour to provide MCR footwear free of cost to all leprosy affected persons in the country;

(xiii) The States together with the Union of India should consider formulating and implementing a scheme for providing at least a minimum assistance, preferably on a monthly basis, to all leprosy affected persons for rehabilitation;

(xiv) The Union and the State Governments must proactively plan and formulate a comprehensive community based rehabilitation scheme which shall cater to all basic facilities and needs of the leprosy affected persons and their families. The scheme shall be aimed at eliminating the stigma that is associated with persons afflicted with leprosy.

(xv) The Union Government may consider framing separate rules for assessing the disability quotient of the leprosy affected persons for the purpose of issuing disability certificate in exercise of the power granted under the Rights of Persons with Disabilities Act, 2016 (No. 49 of 2016).”

## II. REASONS FOR GIVING THE URGENT INTERIM REPORT:

4. The Committee of Three Members visited the places identified by the Hon'ble Court and after visiting the Lewis Leprosy Colony at Balasore, it felt to bring it to the kind notice of this Hon'ble Court certain aspects of the colony which may require the urgent attention of this Hon'ble Court. The Committee of Advocates felt that waiting till the first week of September may gravely affect the 33 leprosy recovered persons staying at a particular area (Area-2) and their respective families.

5. The Committee would request the Hon'ble Court to see the videos and the photographs in the connected pen-drive to get a clear picture regarding the precarious condition of the colony (more particularly Area No.2).

6. The Committee is in the process of preparing a detailed report regarding the other visits which have already been completed and the same would be placed as soon as possible.

III. **DIRECTIONS AT PARA 15 (a):- ASCERTAIN THE ACTUAL LIVING CONDITIONS AND MEDICAL FACILITIES AVAILABLE TO THE INMATES LIVING THERE.**

**LEPROSY HOME LEWIS COLONY, BAMAPADA BALASORE**

The inmates of this facility can be categorized in the following broad ways:-

**Category I:-** Leprosy affected persons who are disabled, malnourished, extremely aged, destitute and who have no immediate family members to give them physical support so that they can manage their daily personal chores and need support to answer the call of nature. In fact, the persons affected with leprosy even don't have hands to eat by themselves or lack the physical capacity to clean

themselves. They need immediate physical, medical attention and someone to give them round the clock assistance.

1. **Category II:-** Equally disabled, malnourished, extremely aged, leprosy affected, some of them who have had extreme sensory loss that they can't even speak. But they do have immediate family members. However they are extremely poor, do need immediate medical attention and care which an allying aged person would require.
2. **Category III:-** Disabled and leprosy affected persons, atleast above the age of 55 years. But can walk around and to a great extent can manage their daily chores, eat by themselves, move around and also answer natures call all by themselves. They also have immediate family members who are otherwise engaged as daily wage workers or can be gainfully engaged.

**A. PHYSICAL SETTING AND DEMARCATION OF THE PLACE**

The instant leprosy colony comes under Panchayat Area and not under Balasore Municipal Area. The colony can be demarcated into three areas:-



1. **Area 1:-** When approached from the main road to the colony, the first area would consist of a primary school up to class 5, temple, and a leprosy ward (inaugurated in 1981) and an administrative building.

The ward consists of a well constructed building; internally it has tiled flooring and walls and is properly colored. The left hand side of the ward building is only for female members. But the ladies toilet is extremely unhygienic; the water does not get evacuated from the toilet and subsequently gets stagnated inside the toilet due to lack of proper drainage facility and hence spills all over the ward.

The administrative building is quiet old with asbestos roofing. Besides the administrative building place for cooking was available where fire wood and earthen stove was found.

In between the ward and the administrative building there is a cement road.

2. **Area 2:-**Houses besides the administrative building: Just beside the ward and the administrative building there is a small field and it is surrounded by houses mostly kaccha houses made of mud with polythene or some asbestos roofing. Some houses have cement walls but appeared to be very old houses with asbestos roofing.

There are no cement pathways for walking also. Only marshy areas which are very difficult to walk on especially for leprosy affected persons.

3. **Area 3:-** This is a huge area mostly consisting of kaccha houses and huts. It is widely referred to as leprosy colony area.

There are no cement pathways for walking also. Only marshy areas which are very difficult to walk on especially for leprosy affected persons.

**Note:- Areas 1 to 3 actually belong to HKNS Hind Kusht Nivaran Sangh**

4. **Area 4:-** This area houses leprosy affected persons but does not belong to HKNS. But the Government has allocated land to leprosy affected persons and also has provided financial assistance to build houses.

It has some cement roads, drains, pucca houses and government built toilets.

A huge patch of area though allocated to the leprosy affected persons living in Area No. 3 but they are unable to built houses due to water logging and non –availability of roads.

**B. NUMBER OF FAMILIES AND LEPROSY AFFECTED PERSONS:-**

- All persons staying in Area 1 to 4 are families with leprosy affected members.
- But the living conditions of all patients and families are not uniform.
- Area 1 mostly houses persons from category I and II persons.
- Area 2 mostly houses persons from category II and III
- Area 3 and 4: mostly houses persons from II and III
- Ward:- it was seen especially in the ladies ward that some leprosy affected ladies who are also destitute have been staying there since long, like 5 years or more. They however could carry on their daily chores but did not have immediate family members to take care of them. But all of them were old.
- In toto there are a total of 294 people out of which 74 are leprosy affected persons.

### **C. MEANS OF LIVELIHOOD:-**

- Category 1 cant even beg and totally live with government assistance.

- Category 2 survives on begging, which has also stopped due to the covid situation.
- The able bodied man and woman of certain leprosy affected families have managed to engage themselves as daily wage workers or in other temporary jobs.
- Leprosy affected individuals who either have wheel chair or some supportive instrument or can at least walk around do engage in begging.
- The leprosy affected individuals don't seem to have developed any skill so that they can be gainfully engaged.

**D. GOVERNMENTAL FINANCIAL ASSISTANCE:**

- All persons are covered under the National Food Security Act, 2013 and do get 5 kg rice and financial assistance @ of Rs 500-700 per month.
- Leprosy affected persons staying in area 1 and 2 are provided with some vegetables.
- The inmates staying in the ward did admit that they at times also get cooked food by some private contractor.

**E. HOUSING :-**

- Area 1 :-The administrative building requires repair.

- In Area 2 there are mostly kaccha houses made of mud with polythene or some asbestos roofing. Some houses had cement walls but appeared very old houses with asbestos roofing. The kaccha houses are really vulnerable and in deplorable conditions. They are not well kept and require attention. Most of the category I persons are in these kaccha houses in area 2.
- In area 2 even the so called pacca houses require immediate repair and attention.
- Area 3 also consists of huts and kaccha houses of different sizes.
- Area 4 had kaccha houses but mostly have pacca houses built on self endeavor or through government financial assistance.
- Category I cannot access the facilities available in area 4 in terms of land and house.
- The ward presently appears to have turned into residence for some destitute old women who cannot even build their houses.

**F. LAND OWNERSHIP:**

- Area 1 to 3 belongs to HKNS
- Area 4 is govt. land allocated to leprosy affected persons with family members to build houses.

- There are no ownership disputes.
- Category I cannot access the facilities available in area 4 in terms of land and house.

**G. CLEANLINESS:-**

- Hygiene is a big concern
- The area surrounding the ward is filthy, especially the ladies section.
- There are open gully like drains for release of water.
- Area 2 and 3 is very marshy
- Without physical assistance category I persons cannot keep their surroundings clean.
- Garbage dumping was seen in many areas.

**H. . CLEAN WATER:-**Water connection was available by the local Panchayat. No major water issues. But people in category I would have difficulty in getting access to water without physical assistance.

**I. ELECTRICITY:** Electric connection was available in some of the houses, especially in the Area 1, 3 and 4. But area 2 has uncertain electricity connection.

**J. CLOTHING:** No assistance for clothing. Some of them narrated that once a year some people provide clothing in form of charity.

Especially for category I special clothing is required as they cannot even wear their own clothes and have merely covered themselves with some old rags.

**K. FOOD:** Most of them have ration cards. Government only provides 5 kg of rice per head. There are around 33 persons who have been identified by the HKNS and also by the local CDMO office who apart from rice are provided with vegetables. Some of them are also provided with cooked food by some hired contractor but it is not happening on regular basis.

Looking at the health conditions especially of category I and II nutritious food is lacking.

**L. MEDICAL CARE:-**

- The so called ward does not have any full time doctors or nurses.
- The area is not under actual supervision of any doctor, para-medical officer or dresser.
- But as it appears that the administrative building is under the control of HKNS, who provide ointments or lotions for wounds or ulcers.

- In case of other ailments neither they get proper attention nor do they get any medicines from the hospitals. They have to travel on their own to the local govt. facilities.
- There is total absence of after care for the leprosy affected persons. They are left to fend for themselves.

**M. FOOTWEAR**:- Long back some of them have received MCR 1 grade shoes. But it is not on regular basis.

MCR 2 is totally absent.

**N. EDUCATION**:- 40 children study in the primary school in Area 1 thereafter they go to the regular govt. school nearby. Especially in Area 4 and 3 it was seen some of the girls have also started going to regular colleges.

**O. TOILETS**:

- The ladies toilet in the ward requires immediate repair.
- Area 2 has no community toilets
- Area 3 and 4 have individual toilets built under the Bharat Swach Mission.

**IV. URGENT REQUEST FOR INTERIM DIRECTIONS VIS-À-VIS LEWIS LEPROSY COLONY AT BALASORE:**

- (a) Keeping in mind the photographs appended to the present report, the condition of some of the inhabitants at the area adjacent to the



office of Hind Kusht Nivaran Sangh (Area No.2) is extremely deplorable. Appropriate directions may kindly be issued to the Collector, Balasore and the Chief District Medical Officer, Balasore to immediately take corrective measures to shift the concerned patients to the nearby Leprosy Hospital within the same campus. The names of the leprosy recovered patients whose condition is extremely precarious are: ✓

- (1) Sukulu Soren, S/o. Late Anand Soren, aged about 55 years.
- (2) Sukhi Tudu, D/o. Bulia Soren, aged about 73 years.
- (3) Somrai Marandi, S/o. Ranjit Marandi, aged about 51 years.

- (b) Apart from the aforesaid three people, if the C.D.M.O. and his team find similarly situated persons, immediate steps may be taken to allow such people to continue with their lives in a dignified manner by shifting them to the nearby hospital.
- (c) As the 20 bedded hospital does not have any more beds to accommodate further patients, corrective steps in this regard be taken on an urgent basis. The toilets in both the male and female wards need a major overhaul and the Collector and the C.D.M.O., Balasore may be requested to take the necessary steps in this regard.

- (d) Since the Leprosy Hospital within the campus does not have a regular MBBS doctor, steps in this regard be taken on an urgent basis. At least two full time Nurses with leprosy treatment training be posted to take care of the persons whose photographs and videos have been shared with the present report.
- (e) Keeping in mind the precarious condition of the houses in Area No.2, the Collector, Balasore may be requested to take necessary corrective measures particularly keeping in mind the rainy season.
- V. REQUESTS FOR THE MEDIUM TERM (State may be directed to take instructions:
- A. Keeping in mind the directions of the Hon'ble Supreme Court in the case of Pankaj Sinha (supra), the residents of the aforesaid colony be immediately provided M.C.R. Footwear of Grade-I and Grade-II (keeping in mind the requirements of the residents) within a stipulated period. The State of Odisha may be requested to periodically monitor the requirements of such footwear and take adequate steps to meet the needs of footwear of the said inmates as the aforesaid footwear is of vital importance for persons affected by leprosy even if they have been fully cured of it.
- B The local Municipality may be requested to take steps for removal of garbage lying all over the colony. Areas where there is

- C. Since there is an acute shortage of toilets for the 33 families (there are only two toilets at the moment for 33 families), steps may be taken by the State to have adequate number of toilets.
- D. The visits of trained leprosy workers, paramedical workers, multipurpose health workers catering to the needs of inmates at Lewis Leprosy Colony should be substantially increased and the District Leprosy Officer may monitor the situation at ground level on a regular basis.

Bibin Prasad Tripathy  
B.P. Tripathy

G  
for  
Gautam Mishra

Pami Rath  
Pami Rath

Date 3.8.2021



SUKULU SOREN

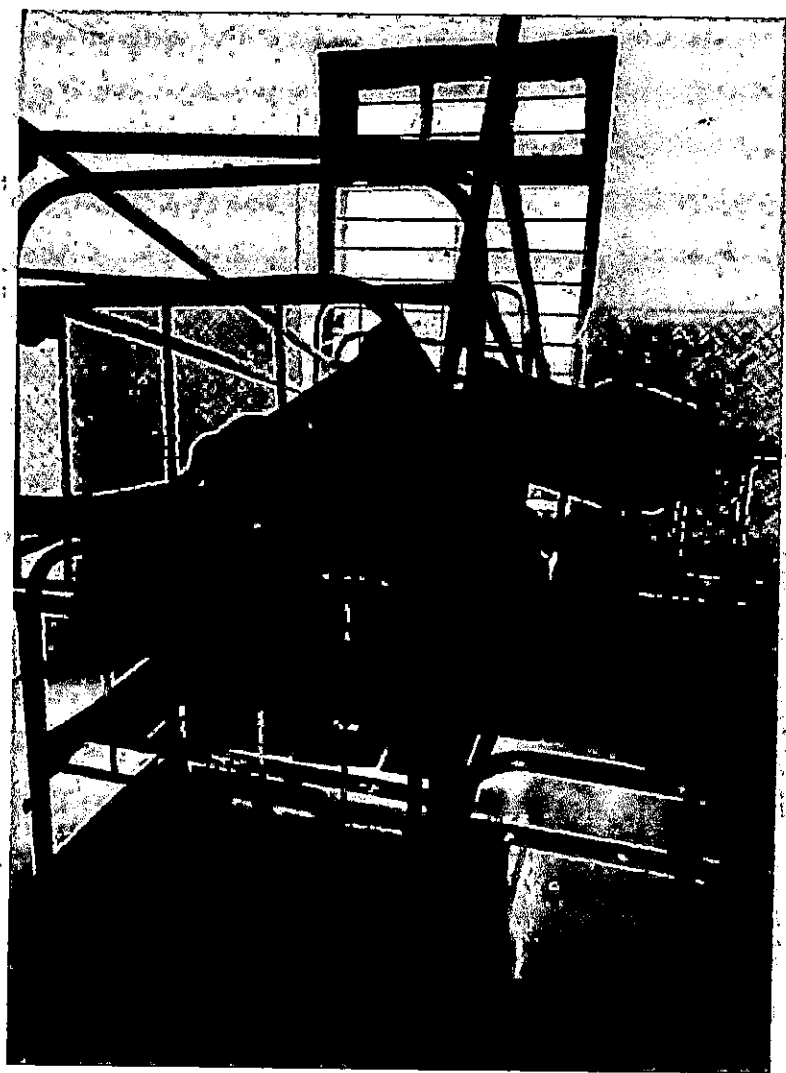


SUKHI TUDU

Malati Majhi



SOMRAI MARANDI



CONDITION OF BEDS AT THE  
MALE WARD OF HOSPITAL

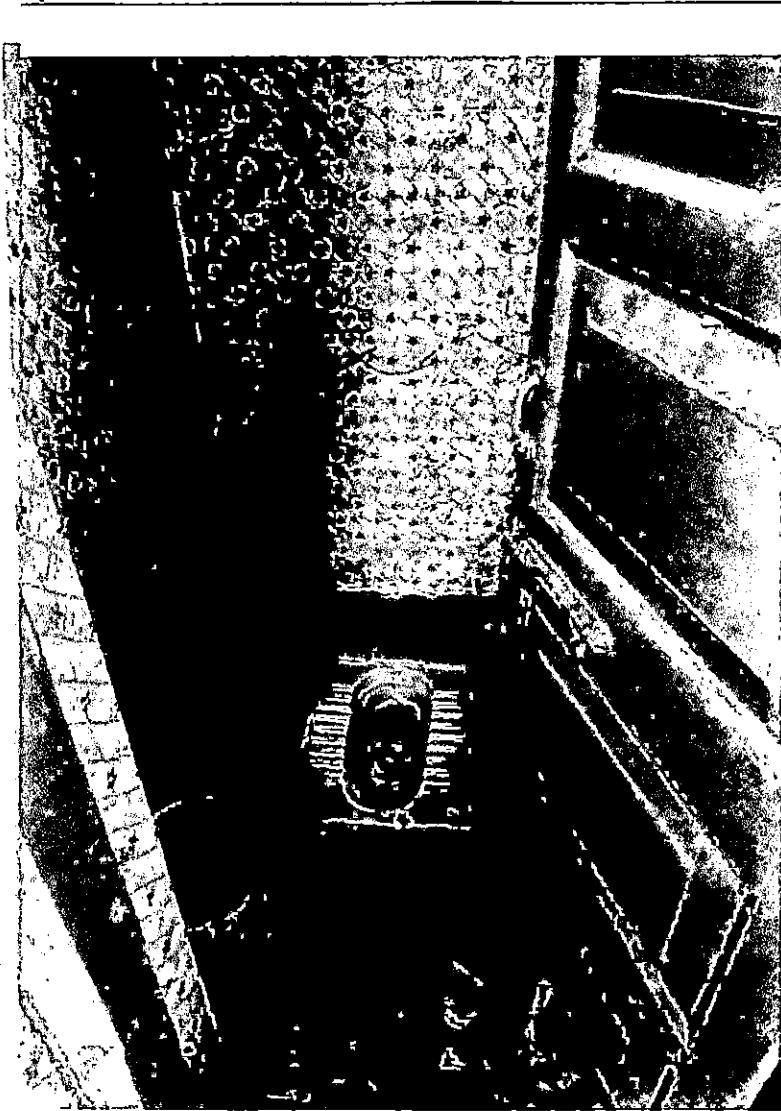


STATE OF AFFAIRS AT  
THE HOSPITAL.





BATHING AREA - MALE WARD



CONDITION OF TOILET AT THE  
MALE WARD OF HOSPITAL.



TOILET AT MALE WARD.



TOILET AREA

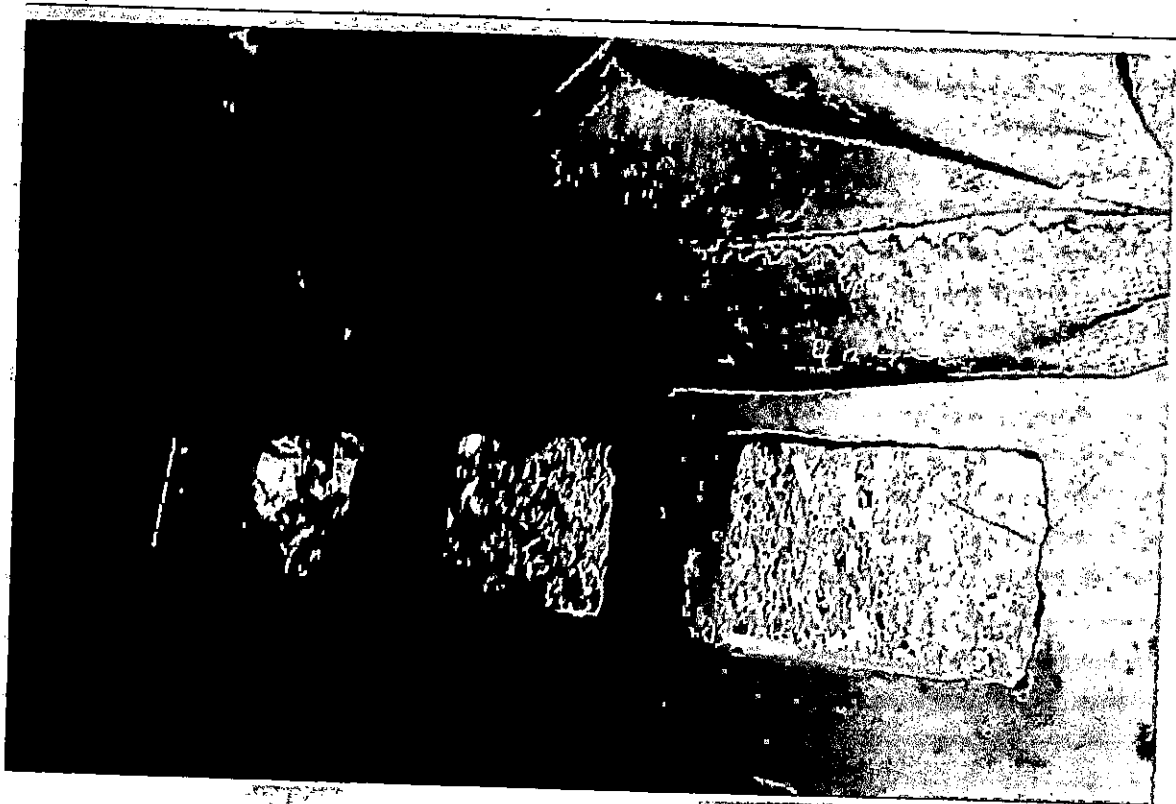
OF HOSPITAL- MALE WARD



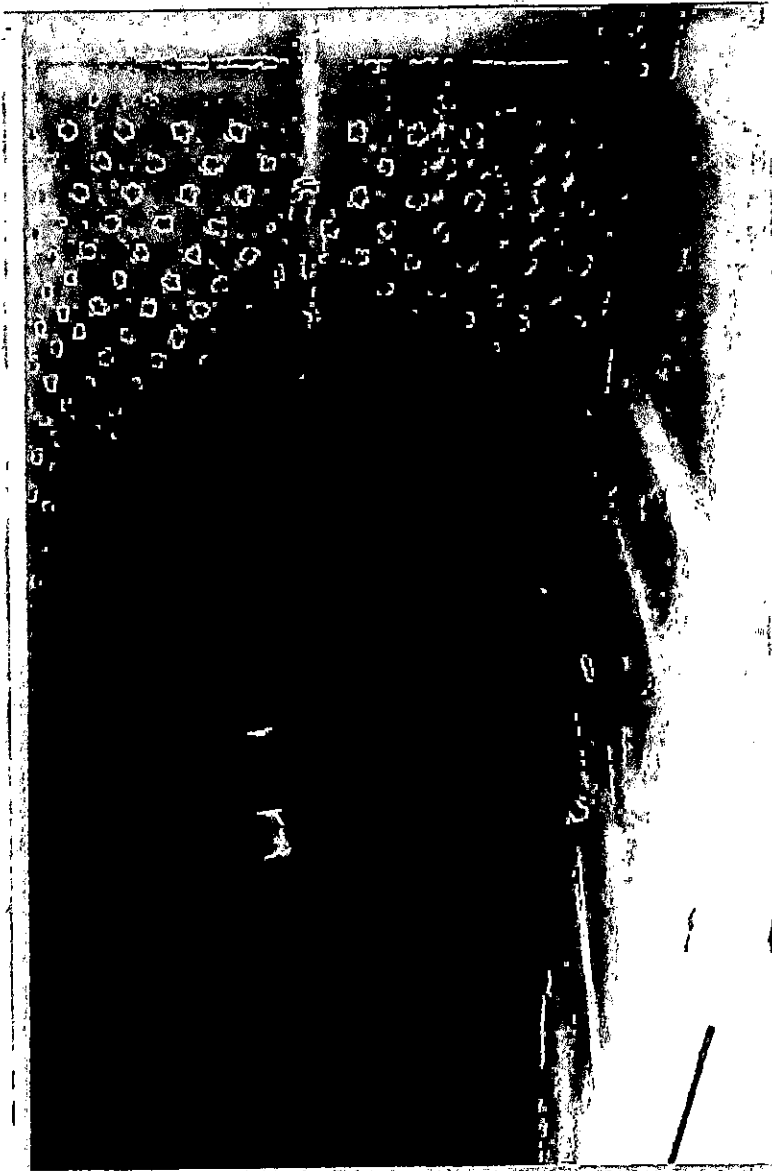
TOILET AT HOSPITAL  
FEMALE WARD.



GARBAGE STREWN  
ALL AROUND.



SURROUNDINGS OF THE  
WARD



BATHING AREA - FEMALE WARD.