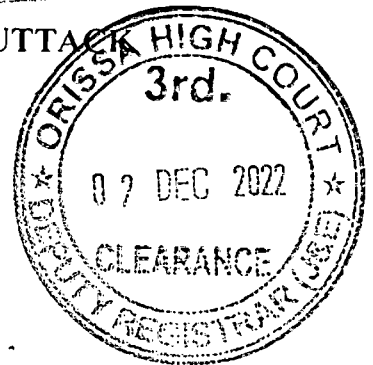


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154

IN THE HIGH COURT OF ORISSA : CUTTACK

W.P.(C) No.13403 Of 2015



Bipin Bihari Pradhan ... Petitioner

-Versus-

State of Odisha and Others ... Opp. Parties

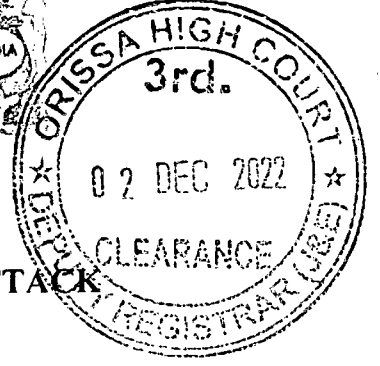
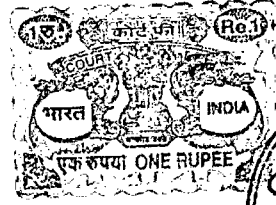
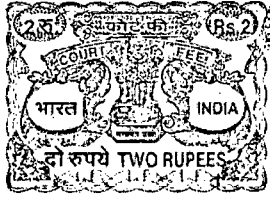
I N D E X

Sl. No.	Description of documents	Pages
1.	Affidavit in compliance of Order dtd. 16.11.2022 on behalf of Commissioner-cum-Secretary to Govt., Health & Family Welfare Department, Odisha	1 - 3
2.	<u>Annexure – A.</u> Copy of the Operational Guideline (3 pages- Cover page Abbreviations, Flow chart for referral mechanism)	4-6
3.	<u>Annexure – B.</u> Category wise and district wise available Healthcare providers for Leprosy Eradication Programme	7

Cuttack

Date : 02.12.2022

ADDL. GOVERNMENT ADVOCATE



IN THE HIGH COURT OF ORISSA : CUTTACK

W.P.(C) No.13403 Of 2015

Bipin Bihari Pradhan ... Petitioner

-Versus-

State of Odisha and Others ... Opp. Parties

AFFIDAVIT IN COMPLIANCE OF ORDER
DTD.16.11.2022 ON BEHALF OF
COMMISSIONER-CUM-SECRETARY TO
GOVT., HEALTH & FAMILY WELFARE
DEPARTMENT, ODISHA

I, Dr. Ajit Kumar Mohanty, aged about 62 years, Son of late Bhabagrahi Mohanty, at present working as Special Secretary (PH) to Government, Health & Family Welfare Department, Odisha, Loka Seva Bhawan, Bhubaneswar, Dist.: Khurda, do hereby solemnly affirm and state as follows :

1. That, I am working as Special Secretary (PH) to Government, Health & Family Welfare Department, Odisha and have been duly authorised by the Commissioner-cum-Secretary to Government, Health & Family Welfare Department, Government of Odisha to swear this Affidavit on her behalf.

Ajit Kumar Mohanty



2.12.2022

2. That, it is humbly submitted that the Hon'ble High Court vide order dated, 16.11.2022 has directed as follows:-

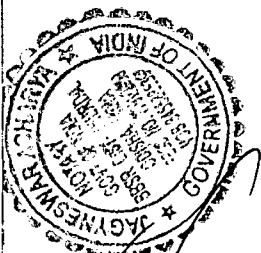
"xxx xxx xxx

4. Mr. Muduli undertakes to file a further affidavit disclosing the number of Multi Purpose Health Workers, available for treating persons affected with leprosy which numbers have been increasing steadily as is evident from the Annexure-2 to the present I.A. The further affidavit be filed at least one week prior to the next date with an advance copy to the learned counsel for the Applicant and the Amicus Curiae and everyone else who wants it.

xxx xxx xxx"

3. That, it is humbly submitted that, the Multi Purpose Health Workers (Male & Female) are available for follow up and care of persons affected with leprosy under National Leprosy Eradication Programme in addition to other programmes under General Health Care System.

4. That, it is humbly submitted that, in addition to 10920 nos. of Multi Purpose Health Workers (3469 nos. of Male & 7451 nos. of Female) other Paramedical Staffs numbering 55262 nos. are also involved in Case detection, follow-up and care etc. namely i) CHO (Community Health Officer), ii) Multi



J. K. Chavan

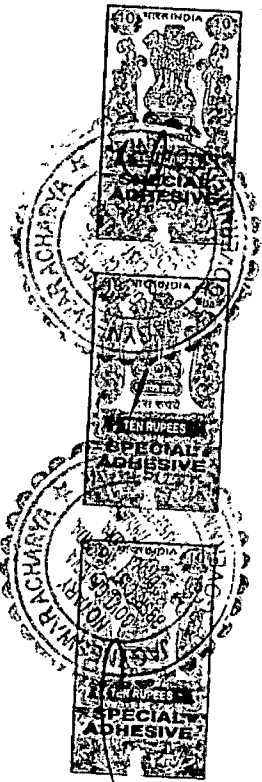
Digit. K. Chavan

Purpose Health Supervisors (Male & Female) and iii) ASHA.

5. That, it is humbly submitted that different manpower such as 66182 working for National Leprosy Eradication Programme (NLEP) activities are also involved in Active Case Detection & Regular Surveillance (ACD&RS). The Operational Guideline (3 pages- Cover page Abbreviations, Flow chart for referral mechanism) is annexed herewith as Annexure - A. Category wise and district wise available Healthcare providers for Leprosy Eradication Programme is annexed as Annexure - B.

6. That, the deponent craves leave of this Hon'ble Court to file further Affidavit(s) in support of their contentions, in the interest of justice and for effective adjudication by the Hon'ble Court.

7. That, the facts stated in the aforementioned Paragraphs are true to the best of my knowledge and based on Official records.

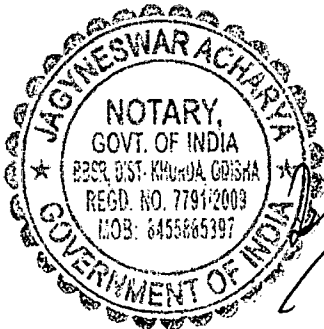


Identified by:
[Signature]
IDENTIFIED BY ME
ADVOCATE, BBSR
Advocate
Bhubaneswar

[Signature]
DEPONENT
Notary, Govt. Of India
Odisha, BBSR, Dist-Khurda
Regd. No. 7791/2009
Mob. 9661006174

Date : 02.12.2022

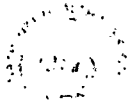
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[Signature]

[Signature]
ADDL. GOVERNMENT ADVOCATE
Jagyneshwar Acharya
Notary, Govt. Of India
Odisha, BBSR, Dist-Khurda
Regd. No. 7791/2009
Mob. 9661006174

Annexure - 1
Annexure-A

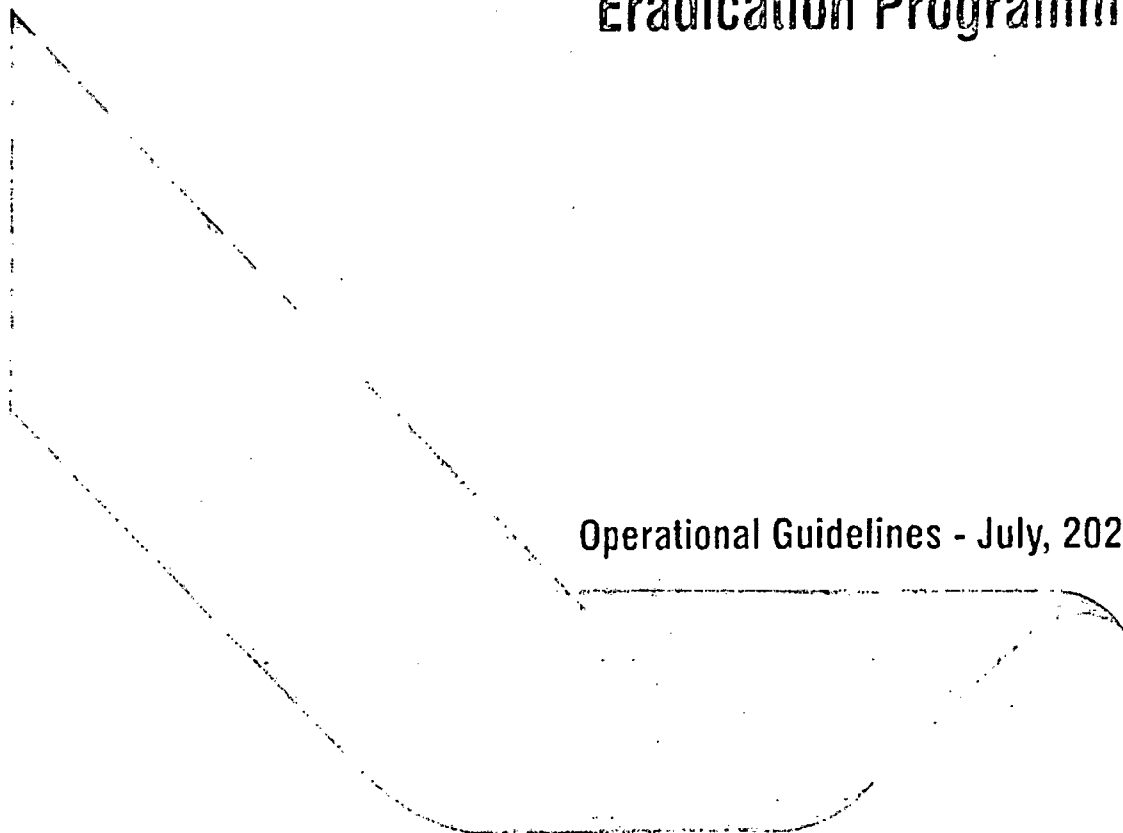


Ministry of Health & Family Welfare
Government of India



National Leprosy Eradication Programme

Operational Guidelines - July, 2020



Central Leprosy Division

Ministry of Health & Family Welfare, Government of India
Nirman Bhawan, New Delhi 110011

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True copy attested

[Handwritten signature]
Under Secretary to Govt.
Health & F.W. Deptt.

Abbreviations

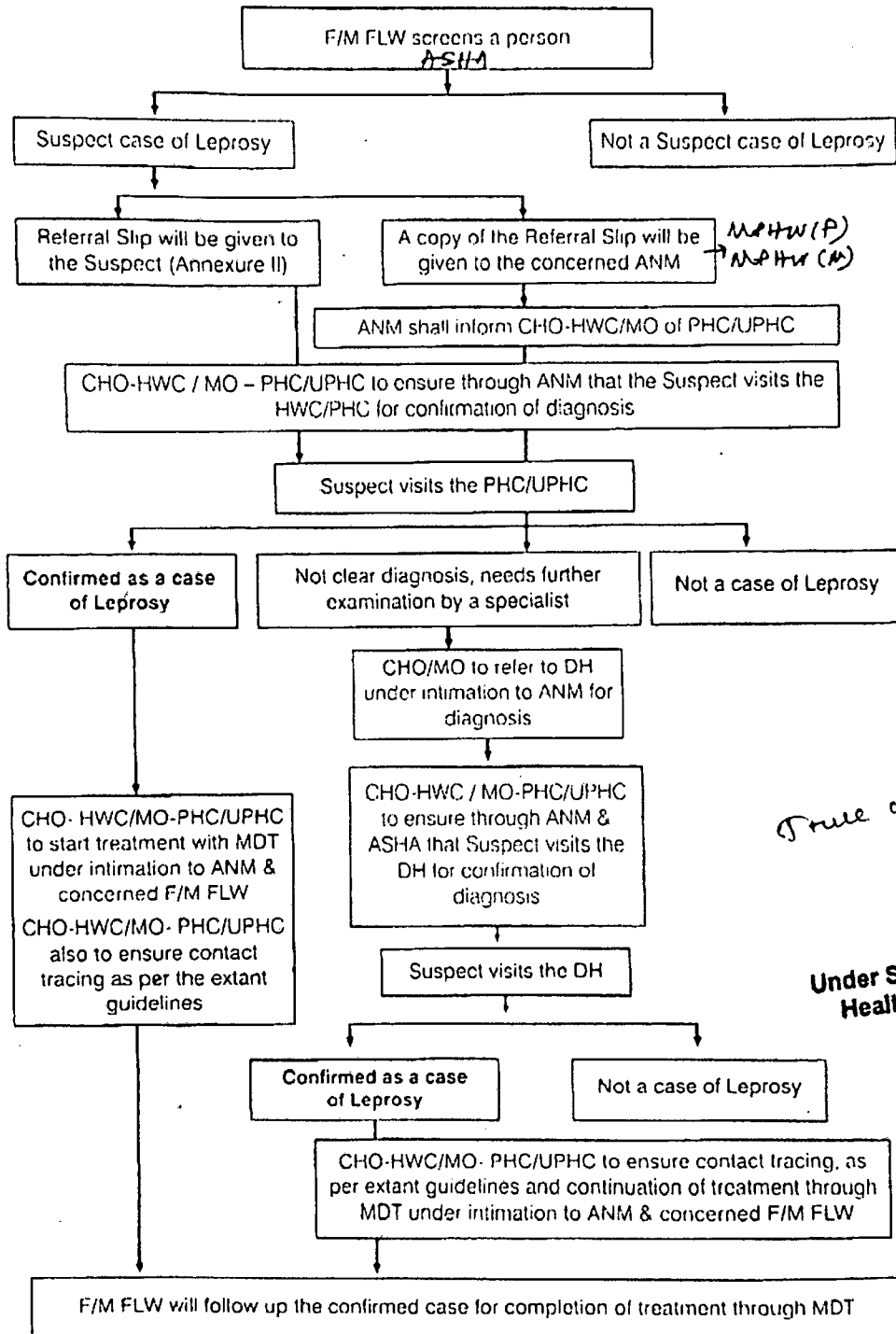
F/M	Female/Male Frontline worker (ASHA/NMS (Non-Medical Supervisor)/NMA (Non-Medical Assistant) /Trained female or male Health Worker/Trained Community Volunteer/Trained Person affected by leprosy/ trained member of Mahila Arogya Samiti (MAS)
ANCDR	Annual New Case Detection rate
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
BLO	Block Leprosy Officer
BMO	Block Medical Officer
CHC	Community Health Centre
CHO	Chief Health Officer
CHO	Community Health Officer
CLD	Central Leprosy Division
DH	District Hospital
DLO	District Leprosy Officer
FY	Financial year
F/M	Female/Male
G1/D/G2D	Grade I disability, visible deformity
HH	Household
HTRA	Hard-to-reach area
HWC	Health & Wellness Centre
MAS	Mahila Arogya Samiti (MAS)
MO	Medical Officer
NHM	National Health Mission
NMA	Non-Medical Assistant
NMS	Non-Medical Supervisor
NI EP	National Leprosy Eradication Programme
PHC	Primary Health Centre
PR	Prevalence rate
SC	Sub Centre
SLO	State Leprosy Officer
UCHC	Urban Community Health Centre
UPHC	Urban Primary Health Centre
UT	Union Territory

True copy attested

[Signature]
Under Secretary to Govt.
Health & F.W. Deptt.

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Flow chart for referral mechanism



True copy attested

[Signature]
Under Secretary to Govt.
Health & F.W. Deptt.

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Annexure-II

District wise position of ASHA, Multipurpose Health Worker (Male & Female), Multipurpose Health Supervisor (Male & Female), Community Health Officers (CHO) as per the reports submitted by concerned sections

Sl. No	District	ASHA	Multipurpose Health Worker (Male)	Multi Purpose Health Worker (Female)	Multipurpose Health Supervisor (Male)	Multi Purpose Health Supervisor (Female)	Community Health Officer (CHO)
1	Angul	1218	101	186	32	32	90
2	Balasore	2085	85	300	58	49	181
3	Bargarh	1529	43	237	38	30	146
4	Bhadrak	1470	116	198	31	30	119
5	Bolangir	2252	144	258	41	39	150
6	Boudh	654	36	79	9	12	38
7	Cuttack	2254	195	365	85	67	162
8	Deogarh	385	25	44	6	8	31
9	Dhenkanal	1177	104	186	31	30	89
10	Gajapati	1350	92	165	27	17	91
11	Ganjam	3278	118	483	101	70	251
12	Jagatsinghpur	1139	102	168	24	37	98
13	Jajpur	1917	145	268	46	42	202
14	Jharsuguda	637	52	77	16	14	62
15	Kalahandi	1966	173	286	52	39	197
16	Kandhamal	1553	98	211	20	26	125
17	Kendrapara	1513	148	233	30	38	104
18	Keonjhar	2186	233	408	40	55	172
19	Khordha	1521	160	268	60	42	148
20	Koraput	2637	160	425	46	35	136
21	Malikangiri	1122	85	182	20	18	78
22	Mayurbhanj	3355	219	571	83	93	327
23	Nawarangpur	2027	83	324	32	34	142
24	Nayagarh	952	113	165	35	31	110
25	Nuapada	1146	72	132	16	12	72
26	Puri	1657	133	242	34	46	184
27	Rayagada	1853	108	319	28	24	139
28	Sambalpur	1052	96	172	17	34	110
29	Sonepur	624	47	105	17	10	71
30	Sundargarh	2528	183	394	65	62	184
	Total	49037	3469	7451	1138	1078	4009

True copy attested

Under Secretary to Govt.
Health & F.W. Deptt.Addl. Director of Health Services (Leprosy)
BhubaneswarDirector of Public Health
Odisha, Bhubaneswar

SCANNED

**COMPUTERISED FILING COUNTER
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ACKNOWLEDGEMENT SLIP**

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Case No : WP(C) 13403/2015

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Government of Odisha
Department of Social Security & Empowerment of Persons with Disabilities

No. 1404 /SSEPD
SSEPD-PG-PG-0006-2019

Bhubaneswar, dated 12.02.2019

NOTIFICATION

Sub: Constitution of a Technical Committee for formulation and monitoring of rehabilitation programmes for cured leprosy persons.

Government in SSEPD Department is hereby pleased to constitute a Technical Committee to recommend policy measures and to review their implementation for the rehabilitation of the cured leprosy persons with the following members.

- | | |
|--|----------|
| 1. Principal Secretary, SSEPD Department | Chairman |
| 2. Principal Secretary, Revenue & Disaster Management Department | Member |
| 3. Principal Secretary, Panchayati Raj & Drinking Water Department | Member |
| 4. Commissioner-cum-Secretary, Health & Family Welfare Department | Member |
| 5. Mission Director, National Health Mission | Member |
| 6. Dr. Schidananda Pati, NLEP Consultant, Odisha | Member |
| 7. Additional Director of Health Services (Leprosy) and Honorary Secretary, HKNS | Member |
| 8. Sri Duryadhan Sahoo, General Secretary, Indian Hansenians Association, Odisha | Member |
| 9. Sri Bhagaban Pradhan, Life Members and Executive Committee Member of HKNS, Odisha | Member |
| 10. Sri Umesh Chandra Nayak, President Association of People Affected by Leprosy | Member |
| 11. Dr. Dambarudhar Bhuyan, Former WHO Consultant of Leprosy | Member |
| 12. Director, SSEPD Department | Member |
| 13. Sri Shannyashai Behera, DSSO | Convener |

2. The Committee will undertake the following functions:-

- (i) Assessment and reduction of stigma suffered by the cured leprosy persons and the persons affected by leprosy in the State of Odisha.
- (ii) Making opportunities of education, employment, marriage and family life, health care and housing available to persons affected by leprosy.

SIDR BUILDING, CAPITAL HOSPITAL CAMPUS, UNIT-6, BHUBANESWAR - 751 001

Ph. No. 0674-2390116, Fax : 0674-2390117

E-mail ssepdscc.od@nic.in

1

... for numbers
... conditions
... based interventions of
... to be members of rehabilitation of cured leprosy persons
... their children and their family members.
... the representative of the Panchayat Raj

- (iii) Recommend rehabilitation programme to bring improvement in the quality of life of the cured leprosy persons living in leprosy health homes and colonies of the State.
- (iv) Promote reduction of fear, contagion, disability and deformities associated with leprosy.
- (v) Plan for increasing the participation of cured leprosy persons in social and economic life.
- (vi) Promote development of cognitive and behavioural therapy among the persons affected by leprosy.
- (vii) Promote individual, family and group counselling for persons affected by leprosy.
- (viii) Resolve problems experienced by the cured leprosy persons in accessing benefit under various poverty alleviation schemes of the Government.
- (ix) Recommend Interactive Learning and Action (ILA) approach to assess the effects of the counselling interventions on the social life of people affected by leprosy.
- (x) Strengthen supervision of Health homes, DPMR clinics and leprosy hospitals functioning in the State.
- (xi) Recommend creation of IEC materials for addressing stigma faced by the people affected by leprosy and promote livelihood and welfare programmes..
- (xii) Conducting study on various aspects of disability such as personal biases and mind-sets of different actors involved to help in dealing with leprosy related stigma through counselling.
- (xiii) Increase the understanding about the cause and effect of leprosy among the health services providers.
- (xiv) To generate awareness about the right based interventions of the government required to be undertaken for rehabilitation of cured leprosy persons, their stigma stricken children and their family members.
- (xv) Build knowledge among the representative of the Panchayati Raj Institutions about the illness, its causes and how it is transmitted.
- (xvi) Monitoring of welfare schemes of the State and Central Government for welfare and rehabilitation of cured leprosy persons.

3. The above committee will sit at least once every month to review the leprosy situation in Odisha and to draw action plan for awareness generation, new case detection, ulcer care, reconstructive surgery, distribution of ADL Kit and appropriate rehabilitation measures for the cured leprosy persons.

4. Any other person can be co-opted in the committee as and when required by the Committee.

By order of Governor

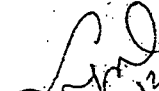
N. Chandra
Principal Secretary to Government

how many times they have sat

Memo No. 1405/SSEPD

Date: 12.02.2019

Copy forwarded to OSD to Chief Secretary, Odisha & PS to DC-cum-ACS for kind information of Chief Secretary and DC-cum-ACS.


Director, SSEPD

Memo No. 1406/SSEPD

Date: 12.02.2019

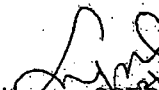
Copy forwarded to All Members/ All Departments/ Heads of Department/ All Collectors for kind information and necessary action.


Director, SSEPD

Memo No. 1407/SSEPD

Date: 12.02.2019

Copy forwarded to Director, Printing, Stationary and Publication, Odisha, Cuttack for information. He is requested to publish the notification in Odisha Gazette and supply 500 copies of the Gazette to this Department early.


Director, SSEPD

Proceedings of the 1st meeting of the State Technical Committee on Leprosy

The first meeting of the State Technical Committee on Leprosy was held on 6th July 2019 under the Chairmanship of the Principal Secretary, SSEPD, Department. The members present are at Annexure- A.

The meeting began with the welcome address by the Principal Secretary, SSEPD Department, wherein each of the members present was given a platform to introduce themselves and discuss their major concerns. Hon'ble Minister, SSPED addressed the gathering and shared his insights. The meeting was based on the Hon'ble Supreme Court judgment in Pankaj Sinha Case in WP(C) No. 767 of 2014 for treatment, care, protection and rehabilitation of the cured leprosy individuals. All the technical committee members shared their concerns, challenges and ideas based on various issues and a road map for developing effectual State services was carved out.

Following were the important points discussed in the meeting:

1. Conducting of periodic national survey:

Conducting of periodic national survey for determining new cases relating to detection rate of leprosy, to publish and bring in the public domain the reports of National Sample Survey on Leprosy; to conduct regular as well as sustainable massive awareness campaigns for the general public to dispel the fear associated with leprosy and support, encourage the people afflicted by the said disease to lead a life of equality and dignity. It was considered imperative to work on the mainstream and inclusion of the individuals on the spectrum of leprosy.

Action: Health and Family Welfare Department

2. Dressers, Paramedical Workers (Leprosy trained) and non-medical supervisors:

The importance of Dressers, Paramedical Workers (Leprosy trained) and non-medical supervisors was highlighted in the meeting as interventions and care in terms of leprosy, different co-morbidities and other related opportunistic health concerns require the support as well as rehabilitative services of the dressers and paramedical workers on a regular basis. It was further suggested that all the 94 leprosy colonies of

the State should have full-time dressers and paramedical workers (leprosy trained). The Special Secretary from the Health & Family Welfare Department indicated that when Odisha was declared a leprosy-free State in the year 2006-07, the paramedical workers (leprosy trained) became redundant. However, with the increase in the prevalence of leprosy again, the support services were further mobilized with the help of multipurpose health workers. All the members of the meeting collectively agreed upon the significance of dressers and paramedical workers (leprosy trained) are required for leprosy care and rehabilitative services. More so, it was suggested that the family members of the leprosy-affected individuals can be trained to work as dressers, paramedical workers (leprosy trained) and non-medical Supervisors according to their qualification, to augment better services, acceptance, livelihood support and curb social exclusion. The DSSO Headquarters stated that out of 1306 Paramedical Workers (leprosy trained) appointed under the Odisha Medical Cadre, 902 posts have been abolished and 404 posts of the paramedical workers (leprosy trained) should be filled up at the earliest. Hon'ble Minister, SSEPD, instructed the Special Secretary of H&FW Department to take up this matter with the higher authorities of his Department for filling up 404 Paramedical workers (leprosy trained), 103 Non-Medical Supervisors and Dressers in each leprosy colony as per the available vacancies.

Whether this has happened

Action- Health and Family Welfare Department

3. Availability of free medication:

The State Technical Committee on Leprosy discussed the availability of free medication for leprosy-affected individuals. The Special Secretary, Health & Family Welfare Department highlighted that free medication are being channelized through the District Leprosy Officers to the Community Health Centers, Public Health Centers, ANM Centers, Anganwadi Centers, Health Supervisors, Multipurpose Health Workers, and ASHA Workers, and so on. Furthermore, priority is now being given to the early detection of Childhood Leprosy and Grade II Deformity. In the case of Grade II Deformity, reconstructive surgery is often considered as an important medical as well as rehabilitative intervention. The State Leader cum President of APAL (Odisha), Shri Umesh Chandra Nayak; raised the problems caused due to asymptomatic neural leprosy in which the visible signs and symptoms are very difficult

to assess and diagnose. He indicated about a specialized ultrasound machine for the same and requested the concerned State Department to make available at least one such ultrasound machine so that an early assessment, diagnosis and intervention of this deadly form of leprosy can be made.

Action: Health and Family Welfare Department

4. Reconstructive Surgery:

Reconstructive Surgery is of utmost importance to deal with the deformities related to Leprosy. Previously it was done through private agencies. However, Lepra Society India has now taken the initiative of collaborating with Governmental agencies and has been conducting reconstructive surgeries in different areas. However, there are only 2 reconstructive surgery specialists. Therefore, it was recommended to increase the appointment of reconstructive surgeons for the cause.

The technical committee highlighted that Dr L.K Karmi is at present working as the District Leprosy Officer, Jharsuguda. He is the only specialist in Western Odisha to undertake reconstructive surgery of the leprosy patients. Therefore, both the Lepra Society and APAL requested not to transfer him from Jharsuguda. The Chairman of the meeting proposed to felicitate him on the special occasion of International Day for the Persons with Disabilities.

Action: Health & Family Welfare Department

5. MCR Footwear:

The need and importance of MCR Footwear were also discussed in the meeting. It was stated there are 2 types of MCR footwear depending on the conditions of the persons. The MCR shoes that cater to acute deformity is done only by the Lepra Society India in certain districts. Therefore, it was suggested that the procurement of MCR footwear by the other districts can be facilitated by coordination and collaboration with the districts in which they are already available.

Action - SSEPD, Health & Family Welfare, Lepra Society, CRSR - Bhadra R

6. Livelihood Opportunities and Rehabilitation:

Working towards building sustainable livelihood opportunities and rehabilitation of leprosy-affected individuals as well as their families was

reason
of lack
of MCR

considered as an important marker of social security and empowerment. The committee members shared their concerns regarding challenges due to social exclusion, lack of acceptance, lack of a sustainable livelihood opportunity and increasing vulnerability due to severe deformities. It was suggested that disability pension, housing, land ownership, skill training and livelihood opportunities needs to be extended to them, across all the leprosy colonies of the State.

Action – SSEPD Department, Panchayat Raj Department, Housing & Urban Development Department

7. Permanent Land Patta and Housing for the Inmates of the Leprosy Colonies:

Provision of permanent land Patta and housing for all the inmates of leprosy colonies across the State was discussed in the meeting. It was decided that the Revenue Department will bring circular about the identification of suitable land for resettlement of the inmates of the leprosy colonies and necessary amendment shall be brought in Odisha Land Rights to Slum Dwellers Act, 2017.

The cured leprosy persons should be covered under the housing schemes of the State and the Central Government to come out of their homeless condition and necessary circulars shall be issued to all the District Collectors to that effect.

Action: Panchayat Raj Department, Housing and Urban Development Department.

Resettlement of the inmates living on the railway land at Sanjay Ji Leprosy Colony in Puri District was discussed. It was suggested to resettle the inmates of the colony over the 6 acres of land available in Puri in the name of (HKNS).

Action: Revenue and DM Department

Leprosy affected individuals in Gandhinagar Leprosy Colony, Vysanagar, Jajpur Road are dwelling in adverse conditions in the forest land. Therefore, appropriate steps need to be taken for the identification of alternative leasable land for resettlement of the inmates of Gandhinagar Leprosy colony as well.

Action: Revenue & DM Department

8. Renovation of Homes Run by HKNS: Renovation of 4 dilapidated Health Homes run by HKNS.

Action - HKNS

9. Other significant aspects discussed and highlighted in the State Technical Committee Meeting include the following:

- Developing of leprosy related curriculum and adding the same in school and college subjects to prevent stigma and discrimination towards leprosy as per the directions of the Hon'ble Supreme Court.

Action - School and Mass Education Department and Higher Education Department

- There are 14 Leprosy hospitals and leprosy homes in the State of Odisha. There is a need to fill up existing vacant posts and creation of new posts as per the Govt. norms.

Action - Health and Family Welfare Department

- Since leprosy cured persons are living in unhygienic conditions in the leprosy colonies and leading life of destitution, they should be covered under the Antadoya Anna Yojana and they will surrender the NFSA Card if received earlier by them.

Action - SSEPD Department, Food Supplies and Consumer Welfare Department

- Overcoming the stigma, provisions for Marketing of the products made by leprosy cured persons and their family members, with Govt. support should be made.

Action - SSEPD Department, ORMAS

- Facilitating Outreach and Mobilization Unit for the children of Leprosy affected persons as per the SAHAYA Scheme. According to it following are the provisions: installation of a helpline, honorarium to counsellors and so on. A program management and monitoring team made be made functional for the smooth operation of SAHAYA Scheme meant for leprosy and destitute and street children.

- Mushroom cultivation, paper plate making, paper carry bags, flower or nursery, small scale industries, agarbatti making, tailoring, IT training, screen printing, photocopy, mobile repairing training, electronic training

cultivation, poultry farming, dairy farm, cement kiln and so on as per the abilities of the affected and the children.

- The representative of APAL proposed for the enhancement of monthly disability pension for the cured leprosy persons who are unable to do anything on account of their physical deformity. The State Govt. of Odisha may follow the guidelines of the Andhra Pradesh Govt. in this regard. Hon'ble Minister, SSEPD informed that the State may consider such a proposal in future according to its financial position.

- Employment of children of the leprosy-affected individuals in local industries, NGOs, municipality and blocks levels

Action - H & UD Department, Panchayat Raj Department

- Provision of physiotherapy, occupational therapy and general healthcare services through Kshyamata Express.

Action - SSEPD Department, IHS - Bhubaneswar, CRSR - Bhadrak, Angel and Arks - Cuttack

- A district cum colony-wise list of beneficiaries who have not been covered under any of the Governmental schemes, benefits and services should be made. All concerned departments shall be intimated regarding the same to facilitate the inclusion of the beneficiaries under the service delivery mechanisms of the State.

Action - Director, Health Services, HKNS and Lepa Society

- The State Leader of APAL also proposed to include Professor P.K. Sahoo, of Centre for Youth and Social Development, Bhubaneswar as the member of the Technical Committee.

Action: SSEPD Department

The meeting ended with vote of thanks to the chair.

N. Chandu

Principal Secretary

SSEPD Department

ANNEXURE 1

List of Participants Present in the 1st State Technical Committee Meeting on Leprosy

Sl. No.	Name	Designation	Department / Organization
1.	Shri Ashok Chndra Panda	Hon'ble Minister	Department of Social Security and Empowerment of Persons with Disabilities (SSEPD), Govt. of Odisha
2.	Shri Niten Chandra	Principal Secretary	Department of Social Security and Empowerment of Persons with Disabilities (SSEPD), Govt. of Odisha
3.	Sri Sannyashai Kumar Behera	DSSO (HQ)	Department of Social Security and Empowerment of Persons with Disabilities (SSEPD), Govt. of Odisha
4.	Dr. H.P. Pattanaik	Special Secretary	Health and Family Welfare Department
5.	Anil Kumar Patnaik	Joint Secretary	Housing and Urban Development Department
6.	Krushna Prasad Patra	Additional Secretary	Panchayat Raj & Drinking Water Department
7.	Sri D.N. Kar	Deputy Secretary	Revenue and Disaster Management Department

8.	Manas Kr. Khara	Consultant, Health Plan	National Health Mission
9.	Bhagaban Pradhan	Life Member	HKNS
10.	Dr. S.N. Pati	NLEP Consultant	Lepra Society, Bhubaneswar
11.	Dr. S.P. Sahu	Joint Director	Directorate of Health Services
12.	Dr. D. Bhuyan	Former WHO Consultant	WHO (Leprosy)
13.	Sri Jadumani Mahal	Joint Secretary	SSEPD
14.	Mr. Gyana Prakash Sahoo	ASO	SSEPD
15.	Nalini Mohanty	IHS (Kshyamata Express)	Institute of Health Sciences
16.	Dr. B. Parida	Kshyamata Express Coordinator	CRSR, Bhadrak
17.	Dr. Sareeta Behera	State Consultant for Disability	SSEPD-UNICEF
18.	Krushna Chandra Panda	Nehru Palli	
19.	Chandan Mohanty	AAECT	
20.	Umesh Chandra Nayak	State Leader	APAL

21.	JayaramKhamani	Hatibadi Health Home, Sambalpur	
22.	RamachandraMoharana	Byasasarovar Gandhi Nagar Leprosy colony, Jajpur	
23.	Kalandi Ch. Das	Shantidham Leprosy Colony, Khordha	
24.	RamjitTudu	Indira Leprosy Colony, Raghunathpur	
25.	BhikariMohakud	JibramJee Leprosy Colony, Puri	
26.	PrabhakarSahu	R.K. Colony, Bhubaneswar	
27.	DuryodhanSahu	IHA, BBSR	

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DEPARTMENT OF SOCIAL SECURITY & EMPOWERMENT OF PERSONS WITH DISABILITIES
RESOLUTION

The 23rd February, 2021

Subject— An umbrella scheme for Rehabilitation of Cured Leprosy Persons.

1. **INTRODUCTION:** Persons, cured of Leprosy are often distanced from the society. Persons experiencing destitution of this kind live in a vicious cycle of poverty, homelessness, powerlessness, stigmatization, discrimination, exclusion and material deprivation, all of which mutually reinforce each other. The Supreme Court of India while hearing Pankaj Sinha case (2014) has issued several directions to the Union as well as the State Governments for welfare of the Cured Leprosy Persons. Social Security & Empowerment of Persons with Disabilities (SSEPD) Department, Government of Odisha seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society. The SSEPD Department, as part of an integrated initiative for Cured Leprosy Persons promotes the new umbrella scheme “**Rehabilitation of Cured Leprosy Persons**” for their protection, care and rehabilitation in a mission mode with manifold objectives.
2. **OBJECTIVES:** To ensure equitable justice for Cured Leprosy Persons, the “Rehabilitation of Cured Leprosy Persons” scheme will focus on the following broad objectives:
 - (1) Ensure equal opportunities, equity, social justice & empowerment of Cured Leprosy Persons.
 - (2) Promote voluntary action and participation of all stakeholders for ensuring effective implementation of the scheme.
 - (3) Rehabilitation of Cured Leprosy Persons and create facilities for providing appropriate rehabilitation services.

- (4) Promote individual and group initiatives by Cured Leprosy Persons for employment, self-employment and other socio-educational services.
- (5) Assistance to children of Cured Leprosy Persons and encourage mainstreaming of their daughters.

3. **STRATEGY:** For mainstreaming and actualizing their potential, following activities will be taken up:

- (1) Survey and identification including issuance of required Certificates and multipurpose smart cards to them.
- (2) Promote health status through health insurance and supply and fitting of mobility aids to the Cured Leprosy Persons.
- (3) Facilitate education through pre and post-matric scholarship for education of their children.
- (4) Provide livelihood support through skill development training, supply of self-employment kit and formation of self-help groups.
- (5) Set-up Rehabilitation and Counselling Centers for facilitating rehabilitation of Cured Leprosy Persons.
- (6) Sensitization of workers & activists, community awareness campaign and conduct research & documentation on leprosy.

4. **PROGRAMME COMPONENTS:** The scheme of protection, care and rehabilitation of Cured Leprosy Persons aims at providing comprehensive rehabilitation support to all the target groups. The scheme will have the following programme components:

- (1) Survey & Identification
- (2) Assistive Devices
- (3) Assistance to Parents
- (4) Pre & Post-Matric Scholarship
- (5) Skill development training
- (6) Self-employment kit
- (7) Self Help Group
- (8) Rehabilitation Centres
- (9) Mainstreaming Award
- (10) Marriage Incentives & Support
- (11) Sensitization of Workers & Activists
- (12) Community Awareness Campaign
- (13) Research & Documentation

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5. **SURVEY & IDENTIFICATION:** Formal estimation of the number of cured leprosy persons living in Odisha is yet to be conducted. The Department therefore proposes to conduct survey and identification of Cured Leprosy Persons in the State from time to time.
 6. **ASSISTIVE DEVICES:** Cured Leprosy Persons who loose limbs and acquire deformities due to Leprosy and other accidental situations face difficulties in normal mobility. They require MCR shoes, wheel chairs, auxiliary crutches and other mobility and cosmetic appliances for their smooth mobility and protection from post-leprosy decay. Under this scheme provisions will be made for fitment of both fabricated and readymade appliances by network of fitment centres and DSSO offices. Rates as determined under BBSA scheme for different appliances are applicable for procurement and supply of such appliances and fitment to LCPs.
 7. **ASSISTANCE TO PARENTS:**
 - (1) **Need for Supportive Money:** Parents/ guardians need to be well informed in order to support their children, setting aside their discomfort and deeply held normative attitudes. Parents should be alert to the risk of the children facing bullying and other violence outside the home — in the extended family, at schools, on the playground, and support them accordingly. They also need to take cognizance of the escalation in stress and discrimination faced by children of Cured Leprosy Persons. Counselling and other mental health services that affirm the child's inferiority complexes are needed for the child as well as their parents. Support groups help parents to overcome social taboos and realize that they, as parents, are not alone. Additionally, existing for a such as the Anganwadi Centres, Self-Help Groups and Bharat Nirman Volunteers (BNVs) may be involved in awareness generation. Financial assistance will be provided to the parents of Cured Leprosy Persons in order to support such parents in successfully bringing up their children against societal intolerance, stigma, discrimination and violence. It shall also act as a feeder program for the component of pre- and post-matric scholarship.
 - (2) **Eligibility:** For purpose of claiming financial assistance, the following criteria shall apply:
 - (a) Parents are permanent domicile of Odisha.
 - (b) The age of the child is less than 18 Years.
 - (c) In case of death of the parent, supportive money will be made available to the guardian subject to production of the relevant Certificate of guardianship obtained from Competent Authority.

(3) **Extent of Assistance:** Assistance under the head will be provided to parent at the rate of Rs 1000/- (rupees one thousand only) per child per month and can be paid till the child attains the age of 18 years.

(4) **Modus of allocation/ sanction / disbursement of assistance:**

(a) The parents desiring to avail the assistance will submit an application as given in the **Annexure A** through the Block/ ULB Administration.

(b) The Block/ ULB Administration on receipt of such applications will verify the information given therein with reference to records available, and recommend for sanction to concerned DSSO.

(c) On the receipt of all such recommended applications, the concerned DSSOs will scrutinize the applications and get those sanctioned from the Collector as per rules and procedures.

(d) DSSO, as the case may be, after sanctioning the assistance, will place Block and ULB wise requirement of funds to SSEPD Department at the beginning of the financial year.

(e) After sanction of the assistance amount, the DSSO will ensure that bank account is opened in post office or scheduled commercial bank in the name of the child jointly with father / mother/ guardian.

(f) The District Social Security Officer (DSSO) will see that such requirement reaches him / her by the given date line.

(g) After receipt of requirement from the DSSO, the Department will release funds in first allotment to the DSSOs & fund will be remitted to concern child directly.

(h) After disbursement, the DSSOs will submit consolidated UCs to the Department by the 31st March with due countersignature of the Collector.

(i) The DSSOs will make online entry of data on parents assisted including information on the children of Cured Leprosy Persons including leprosy affected persons.

8. **PRE & POST-MATRIC SCHOLARSHIP:** Financial assistance will be provided to the Cured Leprosy children and children of Cured Leprosy Persons studying at pre- and post-matriculation or post-secondary stage to enable them to complete their education. These scholarships are for studies in India only and are awarded where the applicant is studying.

- (1) **Scholarship:** Applications will be submitted in prescribed format to the DSSO with certification/ recommendation by head of the educational institutions. Eligible students will get scholarship for a maximum period of 10 months in an academic year. Students availing scholarship from either the Central or State Govt. under any other scheme shall not be considered.

- (a) Rate of scholarship

Sl. No.	Category	Rate/ PM
1	Pre-Matric (From Std. V to X)	800
2	Post-Matric (From Std. XI –XII)	1,000
3	General Graduate/ Post Graduate Courses	1,500
4	Professional Degrees/ Diplomas/ Certificates	2,000

- (b) DSSOs will scrutinize the applications and shall submit requirement of funds to the Department by end of September. After receipt of the funds DSSOs will remit the scholarship to the accounts of the students with the approval of Collector.
- (c) The scholarship required will be remitted in advance for one year in question and roll over to the next academic session.
- (d) The utilization Certificate on the expenditure shall be submitted by the DSSO along with proof of remittance with due counter signature of Collector to the Department by 28th February of each year.
- (e) Efforts should be made to utilize funds in the same year. In exigencies the undisbursed balance amount should be rolled over for next year payment and shall be utilized first.
- (2) **Conditions of Eligibility:**
- (a) The applicant is a *bona fide* resident of Odisha.
- (b) The applicant is either a child cured of leprosy or a child of a cured leprosy person.
- (c) The applicant is a regular student of recognized educational institutions.
- (d) The applicant shall have family income of not more than Rs. 2,40,000/- per annum.
- (e) The applicant is not in receipt of any financial assistance from State Govt./ Central Govt. under any other scheme.

(3) **Modus of allocation/ sanction / disbursement of scholarship:**

- (a) Application as given in the **Annexure B** will be submitted through the head of institutions immediately after taking admission.
- (b) The head of institution on receipt of such applications will verify the information given therein with reference to records available, and recommend for sanction to concerned DSSO.
- (c) On the receipt of all such recommended applications, the concerned DSSOs will scrutinize the applications and get those sanctioned from the Collector as per rules and procedures.
- (d) DSSO, as the case may be, after sanctioning the scholarship, will place Block and ULB wise requirement of funds to the Department under intimation to the Collector concerned.
- (e) After sanction of the scholarship amount, the DSSO /head of the institution will ensure that bank account is opened in the name of the candidate in case the candidate is 18 years of age or above, or a joint account in the name of father / mother/ guardian of the candidates in case the candidate is below 18 years.
- (f) The District Social Security Officer (DSSO) will see that such requirement reaches him / her by the given date line.
- (g) After receipt of requirement from the DSSO, the Department will release funds in first allotment to the DSSOs & they will remit the fund to the students directly.
- (h) After disbursement, the DSSOs will submit consolidated UCs to the Department by the 31st March with due countersignature of the Collector.
- (i) The scholarship will be payable from the month of admission up to end of the academic session including the month of examination subject to maximum of 10 months in an academic year.
- (j) For continued absence for a period not exceeding three months, the scholarship shall be paid in full, provided that the absence is on health ground. In case of continuous prolonged absence without justified reasons, the DSSO concerned shall take a decision after making an inquiry.
- (k) The DSSOs will make online entry of data on students including information on passing out from the course followed with certification.

9. SKILL DEVELOPMENT TRAINING: Skill Development, is essential for Cured Leprosy Persons to get wage/self-employment and for higher earnings, and/or

improved working conditions, such as getting formal certification for hitherto informal skills, and/or moving from informal to formal sector jobs or pursue higher education/training. Trainings will be provided to Cured Leprosy Persons to enable them to start income generating activities on their own or get gainfully employed in some sector or the other. Soft skills (which would include computer literacy, language and workplace inter-personal skills relevant for the sector/trade) will be an integral part of the skills training process and will be suitably integrated into the course modules. All Skill Development courses offered under the scheme framework will conform to the standards prescribed under National Skill Qualification Framework (NSQF). Funds under skill development in different trades under NSQF approval will be available at the rate as determined by Ministry of Skill Development and Entrepreneurship.

(1) Eligibility

- (a) A beneficiary should be a person in destitution above 18 years of age.
- (b) Beneficiaries whose parents'/ legal guardians' income from all sources including the income of the beneficiary does not exceed Rs. 2.40 lakhs annually.

10. **SELF EMPLOYMENT:** Cured Leprosy Persons will be provided Self Employment Kits depending upon their trade requirement so that they can start their business from small scale or home-based units and earn livelihood for themselves and their families. For this purpose, such potential Cured Leprosy Persons can be identified along with the trade they are interested in pursuing and can be provided Self Employment Kits. The composition of kits and categories of kits which can be provided will be finalized in consultation with the SSEPD Dept. by the concerned DSSOs before procurement. Group endeavour for generating self-employment based individual income including production; marketing, service centres etc. can also be promoted by the beneficiaries. The projects must ensure the object of providing individual income to the members of the group. Such proposals must contain details of the activity, minimum ensured income per member etc. Projects not exceeding one time investment of Rs. 20.00 lakhs will be considered.
11. **SELF HELP GROUP:** Group based business activity can be good option for the Cured Leprosy Persons. The SHGs duly constituted by not less than 5 members (both males & females) and registered with DSSOs will be supported with one-time assistance of Rs.50,000/- for initial activity support and start-up capital. The programme envisages providing skill upgradation, entrepreneurship development training, book keeping and accounting, knowledge of market and some basic skills about activity etc. DDRCs/

NGOs / Voluntary Agencies / Development Agencies/ ITIs and RUDSETI type institutions/ capable agencies with good track record and professional competence to successfully implement such training.

12. **REHABILITATION CENTRES:** Cured Leprosy Persons, apart from training, medical support, shelter etc. also requires emotional and psychological support, and encouragement as well as personality development training. For this purpose, rehabilitation centres will be set-up with composite service facilities including skill training in different trades, personality development, yoga, soft skills education, counselling and other services. The centres will have facilities of residential training, farming activities, and psycho-social motivation for coming out of the State of destitution and reintegration with the mainstream society. The rehabilitation centres will strive to assist the Cured Leprosy Persons for engaging them in meaningful and sustainable activities as a measure of rehabilitation and livelihood support.
13. **MAINSTREAMING AWARD:** Cured Leprosy Persons are forced to live in solitude and often found indulged in soliciting or receiving alms in a public place in humiliating conditions. The Cured Leprosy Persons in process develop psycho-social problems and even develop sense of insecurity and inferiority complexes which at times prevent them from mainstreaming. In many cases in the initial period of mainstreaming effort many of the Cured Leprosy Persons find it difficult to continue in mainstream life even after availing packages of rehabilitative services. To ensure a long-term incentive and support the Cured Leprosy Persons they are required to be awarded incentives. The Cured Leprosy Persons returning successfully to mainstream society will be recognized as a role model for others and will be awarded with cash as may be determined from time to time.
14. **MARRIAGE INCENTIVES & SUPPORT:** Cured Leprosy Persons are often forced to stay out of the social circle along with their children. These persons experiencing destitution live in a vicious cycle of poverty, powerlessness, stigmatization, discrimination, exclusion and material deprivation, all of which mutually reinforce each other. The Cured Leprosy Persons have to face the challenge in getting their daughters married to persons in mainstream social life not only due to social taboos attached to them but also due to poverty and powerlessness. Cured Leprosy Persons getting their daughters married in mainstream social life are required to be facilitated for the purpose. This component envisages supporting such parents for marriage of their daughters. The support amount for this purpose will be limited to Rs. 50,000/-.

The applicants have to apply for assistance in the prescribed form at **Annexure - C** for consideration and sanction.

15. **SENSITIZATION OF WORKERS & ACTIVISTS:** Issues concerning Cured Leprosy Persons is a cross cutting issue for many line departments and a number of officers and staff of SSEPD and other departments are involved in providing different services to the Cured Leprosy Persons. Many of employees due to lack of adequate basic knowledge and information of problems and issues faced by the Cured Leprosy Persons are unable to handle the matters. To address the issue special provision has been made to sensitize Govt. officials, NGO heads, PRI members, corporate managers and such other officials on issues relating to Cured Leprosy Persons.

16. **COMMUNITY AWARENESS:** Services and infrastructure for rehabilitation of Cured Leprosy Persons are to be promoted and institutions in Govt., NGO and even corporate sectors are to be encouraged to come forward to work for the Cured Leprosy Persons. But due to want of proper information on availability of services for them a major section of Cured Leprosy Persons is unable to take the benefit of those available services. To sensitize the Cured Leprosy Persons and their families on services, schemes and programmes available for them and educate the community at large. Under this head following activities will be admissible:

- (a) IEC material preparation (print/ electronic)
- (b) Organization of fairs/ festivals
- (c) Publication of magazines/ news letters
- (d) TV/ Radio/ Print media publicity
- (e) Cultural shows/ street plays
- (f) Community level meetings/ campaigns
- (g) Posters, Hoardings, Banners
- (h) Events for Cured Leprosy Persons (sports/cultural)
- (i) Such other awareness activities

17. **RESEARCH & DOCUMENTATION:** Destitution is a situation of extreme vulnerability with multiple dimensions. Much can be learned about the experience of Cured Leprosy Persons by studying how they are living, socializing and advocating for their rights across different social and political conditions. Similarly, documentation on rehabilitation models and initiatives is another arena of concern. For this purpose, the Dept. proposes to support such research and documentation activities.

18. ROLES OF FIELD LEVEL FUNCTIONARIES:

(1) **ROLE OF DISTRICT ADMINISTRATION:** District Administration will coordinate and converge the programmes and schemes of the Government for promoting comprehensive rehabilitation of the Cured Leprosy Persons in the District. District Administration needs to undertake a detailed survey to identify all Cured Leprosy Persons living in the District so that an action plan to cover each person by appropriate benefits can be drawn up. Most of the problems of the Cured Leprosy Persons could be dealt with by effectively bringing them into the fold of Government schemes that already exist. However, benefits under most of the schemes are not reaching to the Cured Leprosy Persons because there is very little awareness among the implementing officers about the Cured Leprosy or even earmarked funds under various schemes for Cured Leprosy Persons. Roles may include:

- (a) Survey and identification of all Cured Leprosy Persons and creation of detailed database.
- (b) Convergence and synergy among various development schemes for Cured Leprosy Persons such as homestead land, housing, Adhaar Card, Ration Card etc. .
- (c) Facilitate enrollment of all Cured Leprosy children and children of Cured Leprosy Persons in schools, disbursement of scholarships and skill training of youths in destitution.
- (d) Health care and restoration of their physical strength by diagnosis and treatment of their diseases and promote universal health insurance coverage.
- (e) Ensure coverage of Cured Leprosy Persons in all programmes and schemes, employment and self- employment etc. and support for tool kits and CMRF assistance
- (f) Provide opportunities to all Cured Leprosy Persons for redressal of grievances, settlement of issues concerning guardianship and justice.
- (g) Training programmes can be organized on livelihood creation.
- (h) Enroll all Cured Leprosy Persons in different social security programmes and develop social identity of Cured Leprosy Persons.
- (i) Promote participation of line departments, NGOs, Red Cross and other CSR agencies in the process of rehabilitation of Cured Leprosy Persons.

(2) **ROLE OF BLOCK/ ULB ADMINISTRATION:** Block/ Urban Local Body Administration are expected to coordinate and converge the programmes and schemes of the Government for promoting comprehensive rehabilitation and due rights and opportunities for the Cured Leprosy Persons in their respective jurisdiction through:

- (1) Coverage of Cured Leprosy Persons under different schemes of poverty alleviation, housing, pension etc.
- (2) Sensitization of local leaders and PRI members on rights and issues concerning Cured Leprosy Persons.
- (3) Participation of CBOs, BNVs, and other stakeholders at the grass root level.
- (4) Survey and identification of Cured Leprosy Persons, implementation of schemes and instructions issued by the Department/ District Administration.

19. BUDGET PROVISION & UTILIZATION:

- (1) The Collector of Districts concerned should place the estimated budget requirement for respective districts well in advance to the SSEPD Department for release of funds.
- (2) Before placing requirement, Collector may assess the ground level activities and allow modifications/ changes in expenditure and in special cases programmes to meet the objectives of the scheme.
- (3) In case of NGOs the application/ request for funds shall be submitted to SSEPD Department in prescribed *pro forma* enclosed in **Annexure- D** along with supporting documents and recommendation of District Level Project Appraisal Committee (DLPAC).
- (4) Proper record of beneficiaries, the acknowledgement of receipt of appliances by them, the tender procedure followed etc. should be maintained as per government financial procedures. Utilization Certificates for the programme/ project should be sent to the Director SSEPD by 31st March of the ongoing financial year.
- (5) Similarly, the NGOs shall submit utilization Certificate (**Annexure-E**), audited statement and report cards along with such other documents as may be asked for. All soft copies must be sent to the Director, SSEPD at ssepsec.od@nic.in within one month of completion of programme/ activity.

By Order of the Governor

BHASKAR JYOTI SARMA

Commissioner-cum-Secretary to Government

**APPLICATION FOR AWARD OF FINANCIAL ASSISTANCE TO CURED LEPROSY
PERSONS / GUARDIAN FOR THEIR CHILDREN**

1. Name of Child :
2. Date of Birth (enclose birth certificate) :
3. Caste/ Sub Caste :
4. ADHAAR Number of Child if any (enclose copy) :
5. Parent's Name :
6. Address :
7. Applicant's name & address (if applicant is other than parents) (enclose Certificate of guardianship obtained from Competent Authority) :
8. If continuing education : mention class and school name & address (enclose studentship certificate from head of the institution) :
9. Family Income per annum : (please enclose Income Certificate) :
10. Any other information : applicant wishes to provide :

Affix Passport size photograph

I hereby declare that information provided above is true to the best of my knowledge and I am aware that providing wrong information will make me liable to legal action and recovery of support money amount.

Date:

Name & Signature of the applicant

Place:

Name & Signature of Parent/ Guardian

**APPLICATION FOR AWARD OF SCHOLARSHIP TO
CHILD CURED OF LEPROSY & CHILDREN OF CURED LEPROSY PERSONS**

(for education after IV standard)

1. Name of the Candidate :
2. Address :
3. Date of Birth/ Sex :
4. Father's name, :
5. Family Income per annum (please :
enclose Income Certificate)
6. Details of last examination passed :
(enclose mark sheet and certificate
thereof)
7. Course/ Class of education for :
which scholarship applied for
(academic session, duration, &
date of admission)
8. Name and address of the :
institution where course is under-
taken
9. Whether hosteller or a day scholar :
please specify
10. Details of Scholarship / Stipend / :
financial assistance being received
for the same course (if any)
11. Any other information applicant :
wishes to provide

<p>Affix Passport size photograph duly attested by the head of the institution</p>
--

I hereby declare that information provided above is true to the best of my knowledge and I am aware that providing wrong information will make me liable to legal action and recovery of scholarship amount.

Date:

Name & Signature of the applicant

Place:

Name & Signature of Parent/ Guardian

(TO BE FILLED IN BY INSTITUTION)**Recommendation of the institution**

(only one application per student is to be recommended)

1. Certified that Shri/Kum./Smt. _____ is studying course of _____ which is (please tick the relevant or specify) Elementary/ Secondary/ Higher Secondary/ Diploma / Degree / PG level study / any other (please specify _____) and is presently studying in -

(Tick whichever is applicable)

Ist Year	IInd Year	IIIrd Year	IVth Year

Total duration of the course is _____.

2. The information furnished above by the student is in order and correct as per records of the Institution.
3. The student is receiving scholarship / financial aid / stipend from _____ / not receiving any scholarship / financial aid / stipend from any other source as per records of the Institute
4. General conduct of the student is satisfactory/ unsatisfactory

(please strike out whichever is not applicable)

**Signature & Name of Head of
Institution / Registrar / Dean**

Date: _____

Place: _____

Seal of the Institution

Certified that the applicant is not receiving any financial assistance from State Government/ Central Government under any other scheme.

Place: _____

Date: _____

Signature of Block Development
Officer/ Executive Officer NAC/
Municipality

**APPLICATION FOR ASSISTANCE TO CURED LEPROSY PERSONS/
GUARDIAN FOR MARRIAGE OF DAUGHTERS**

A Details of Parents

1. Parent's Name :

(in case of guardian enclose Certificate of guardianship obtained from Competent Authority).

2. Address :

3. ADHAAR Number of parents :

(enclose copies)

B Detail of Daughter

1. Name of daughter :

2. Date of Birth (enclose birth certificate) :

3. ADHAAR Number :

(enclose copy)

4. Educational Status :

5. Employment Status :

C Other Information

1. Name & Address of Groom with whom marriage is fixed :

2. Scheduled date of marriage :

3. Any other information applicant wishes to provide :

UNDERTAKING

- a. I hereby declare that information provided above is true to the best of my knowledge.
- b. I have not claimed benefit under this scheme earlier.
- c. I am aware that providing wrong information will make me liable to legal action and recovery of support money amount.

Date:

Place:

Name & Signature of the applicant

Name & Signature of Parent/ Guardian

Form of Application for Grant –in-Aid to NGOs/ VOs

1. Financial Year for which Grant –in- Aid Requested for :
2. Project for which Grant –in- Aid applied for (enclose detail project proposal & beneficiary list) :
3. Amount of Grant-in-Aid applied for (enclose detailed estimate) :
4. Name & complete address of managing organization (PIN Code, Phone, Fax, website, Email etc.) :
5. Date of Establishment :
6. Registration Details (Act under which registered with no. & date) (enclose copies of certificates & By-laws) :
7. If registered under FCR Act, registration number, date & validity period (Enclose copy) :
8. Registration under Income Tax Act 1961 (PAN number, 12 AA, 80G etc.) (Enclose copies) :
9. Registration under PWD Act 1995 and NTMR Act 1999 (enclose copies)/ Others (Specify) :
10. Details of Governing Body/Managing Committee of the Organization (in the format) :
11. Financial status of the organization (enclose auditor's report & balance sheet with IT return certificate for last 3 years.) :
12. Whether separate project -wise accounts have been maintained for grants sanctioned earlier? :
13. Whether principle of joint operation of Bank Accounts is being followed? :
14. Details of assets of the organization (in format) :
15. List of available professional staff with RCI registration number :

Sl. No.	Name & Address	Occupation	Tel. No.	Educational Qualification

Sl.	Items	No. of Units	Value

Sl.	Name & Address	Qualification	RCI Registration Number

- 16. Activities/ programmes of the organization (please enclose latest annual report) :
- 17. Projects/ programmes under implementation (in format) :
- 18. Weather the organization is ever black listed or charge sheeted by any Authorities? If yes details thereof. :
- 19. Details of Bank Account (with branch address, account number, IFSC/ RTGS code etc.) :
- 20. Name and address of contact person with mobile & email address :
- 21. Utilization Certificate in respect of last year's GIA submitted or not. Enclose a copy of the same. :
- 22. Any other (specify) :

Sl.	Project Name	Location	Beneficiaries (category & no.)	Project cost

Date:

Signature of Secretary/ President with Seal

FORM O.G.F.R. 7 A

(See rule 172)

Form of "Utilization Certificate for the Year _____"

I hereby certify that the grant placed at my disposal/at the disposal of in the year,.....and the amount available for expenditure during the said year were as follows :—

- I. (a) Unspent balance at the end of the year : Rs.
- (b) Grant received during the year of : Rs.

Quote the number and date of authorization issued by Accountant-General, Odisha. Whenever

it is dependent on such Authority and in other cases only the number and date of sanction and designation of sanctioning Authority.

(F. D. Memo. No. 30007-(144) F-, dated the 22th July, 1962)

Total : Rs.

- II. Expenditure during the year
 - (i) Out of unspent Balance as in 1 (a) above : Rs.
 - (ii) Out of the grant referred to in 1 (b) above : Rs.
 - Total** : Rs.
- III. unspent balance at the end of the year Rs.

2. I further certify that the expenditure of Rs..... shown as expenditure in the year has been expended solely on under my charge within the Jurisdiction of -..... and for no other purpose and that the sum of Rs. (.....) shown as balance at the end of the year. is available for expenditure and no part or it has been diverted to other purposes.

// 2 //

3. I further certify that a list of works on which the expenditure Rs. has been incurred and the amount spent on each has been prepared and maintained in my office in the office of the,,

Dated, the

of

Chairman/President/ Secretary

Dated, the

DISTRICT OFFICER

Dated, the

HEAD OF THE DEPARTMENT

MONTHLY PROGRESS REPORT

1.	Reporting Month	:	
2.	Programme/ Component	:	
3.	Programme Location	:	
4.	Implementing Agency	:	

Part I – Physical Progress

A	Skill Upgradation Training for Cured Leprosy Patients	Up to Last Month	Current Month	Total
1	Nos. admitted to Rehab Centre			
2	Nos. registered for training			
3	Pre-training Counselling			
4	Skill training			
5	Post training support			
6	Post training employment			
7	Post training Self-employment			
8	Post employment follow-up			
9	Others (Specify)			
B	SHGs	Up to Last Month	Current Month	Total
1	Nos. registered for SHG			
2	Number of SHGs formed			
3	No. of SHGs Opened Bank Account			
4	No. SHGs provided one time assistance			
5	Nos. covered under Skill upgradation			
6	Nos. of EDP Training Conducted			
7	Others (Specify)			
C	Others	Up to Last Month	Current Month	Total
1	Counseling Services			
2	Personality Development Training			

3	Self-Employment			
4	Self- Employment Kits			
5	Others (Specify)			
D	Community Awareness (IEC)	Up to Last Month	Current Month	Total
1	Meetings Conducted			
2	Street Plays organized			
3	Video Shows organized			
4	Events for Cured Leprosy Persons			
5	IEC material prepared			
6	Cultural shows/ competitions organized			
7	Publication if any			
8	Others (Specify)			

Part II – Special Aspects

1	Details of Notable Events	:	
2	Special Achievements	:	
3	Success Stories	:	Enclose Case History with Photograph/ Video
4	Problems, if any during	:	
5	Others (Specify)	:	

Part III – Financial Performance

A Receipts						
Sl. No.	Approved Budget (Head Wise)	Grants			Other Sources	Grand Total
		Receipts up to Last Month	Receipts during the Month	Total Receipts		
1						
2						
3						
4						
5						
	TOTAL					

B Expenditure							
Sl. No.	Approved Budget (Head Wise)	Grants available for the Year	Expenditure			Balance Available	Remarks
			Up to Last Month	During the Month	Total Expenditure		
1							
2							
3							
4							
5							
	TOTAL						

(Signature of Authorised Signatory)

Name: _____

Designation: _____

Dated: _____

ORDER

Ordered that this Resolution be published in the Extraordinary issue of the *Odisha Gazette*.



①

Government of Odisha
Department of Social Security & Empowerment of Persons with Disabilities

No.1404 /SSEPD
SSEPD-PG-PG-0006-2019

Bhubaneswar, dated. 12.02.2019

NOTIFICATION

Sub: Constitution of a Technical Committee for formulation and monitoring of rehabilitation programmes for cured leprosy persons.

Government in SSEPD Department is hereby pleased to constitute a Technical Committee to recommend policy measures and to review their implementation for the rehabilitation of the cured leprosy persons with the following members.


- | | | |
|--|----|----------|
| 1. Principal Secretary, SSEPD Department | .. | Chairman |
| 2. Principal Secretary, Revenue & Disaster Management Department | .. | Member |
| 3. Principal Secretary, Panchayati Raj & Drinking Water Department | .. | Member |
| 4. Commissioner-cum-Secretary, Health & Family Welfare Department | .. | Member |
| 5. Mission Director, National Health Mission | .. | Member |
| 6. Dr. Schidananda Pati, NLEP Consultant, Odisha | .. | Member |
| 7. Additional Director of Health Services (Leprosy) and Honorary Secretary, HKNS | .. | Member |
| 8. Sri Duryadhan Sahoo, General Secretary, Indian Hansenians Association, Odisha | .. | Member |
| 9. Sri Bhagaban Pradhan, Life Members and Executive Committee Member of HKNS, Odisha | .. | Member |
| 10. Sri Umesh Chandra Nayak, President Association of People Affected by Leprosy | .. | Member |
| 11. Dr. Dambarudhar Bhuyan, Former WHO Consultant of Leprosy | .. | Member |
| 12. Director, SSEPD Department | .. | Member |
| 13. Sri Shannyashai Behera, DSSO | .. | Convenor |

2. The Committee will undertake the following functions:-

- (i) Assessment and reduction of stigma suffered by the cured leprosy persons and the persons affected by leprosy in the State of Odisha.
- (ii) Making opportunities of education, employment, marriage and family life, health care and housing available to persons affected by leprosy.

- (iii) Recommend rehabilitation programme to bring improvement in the quality of life of the cured leprosy persons living in leprosy health homes and colonies of the State.
 - (iv) Promote reduction of fear, contagion, disability and deformities associated with leprosy.
 - (v) Plan for increasing the participation of cured leprosy persons in social and economic life.
 - (vi) Promote development of cognitive and behavioural therapy among the persons affected by leprosy.
 - (vii) Promote individual, family and group counselling for persons affected by leprosy.
 - (viii) Resolve problems experienced by the cured leprosy persons in accessing benefit under various poverty alleviation schemes of the Government.
 - (ix) Recommend Interactive Learning and Action (ILA) approach to assess the effects of the counselling interventions on the social life of people affected by leprosy.
 - (x) Strengthen supervision of Health homes, DPMR clinics and leprosy hospitals functioning in the State.
 - (xi) Recommend creation of IEC materials for addressing stigma faced by the people affected by leprosy and promote livelihood and welfare programmes..
 - (xii) Conducting study on various aspects of disability such as personal biases and mind-sets of different actors involved to help in dealing with leprosy related stigma through counselling.
 - (xiii) Increase the understanding about the cause and effect of leprosy among the health services providers.
 - (xiv) To generate awareness about the right based interventions of the government required to be undertaken for rehabilitation of cured leprosy persons, their stigma stricken children and their family members.
 - (xv) Build knowledge among the representative of the Panchayati Raj Institutions about the illness, its causes and how it is transmitted.
 - (xvi) Monitoring of welfare schemes of the State and Central Government for welfare and rehabilitation of cured leprosy persons.
3. The above committee will sit at least once every month to review the leprosy situation in Odisha and to draw action plan for awareness generation, new case detection, ulcer care, reconstructive surgery, distribution of ADL Kit and appropriate rehabilitation measures for the cured leprosy persons.
 4. Any other person can be co-opted in the committee as and when required by the Committee.

By order of Governor


Principal Secretary to Government

Memo No. 1405/SSEPD

Date: 12.02.2019

Copy forwarded to OSD to Chief Secretary, Odisha & PS to DC-cum-ACS for kind information of Chief Secretary and DC-cum-ACS.


Director, SSEPD

Memo No. 1406/SSEPD

Date: 12.02.2019


Copy forwarded to All Members/ All Departments/ Heads of Department/ All Collectors for kind information and necessary action.


Director, SSEPD

Memo No.1407 /SSEPD

Date: 12.02.2019

Copy forwarded to Director, Printing, Stationary and Publication, Odisha, Cuttack for information. He is requested to publish the notification in Odisha Gazette and supply 500 copies of the Gazette to this Department early.


Director, SSEPD



GOVERNMENT OF ODISHA
DEPARTMENT OF SOCIAL SECURITY & EMPOWERMENT OF PERSONS WITH DISABILITIES

NO. 1708 /SSEPD, Dated 16.2.19
SSEPD-SS-II-SCHM-0012-2019

From

Susanta Mohapatra, IAS
Director

To,

All Collectors.

Sub: *Social Security Assistance under the Scheme "SAHAYA" meant for destitute.*

Madam/Sir,

With reference to the subject cited above, I am directed to say that it has been decided to conduct "SAHAYA awareness camp" to extend social security assistance to the leprosy cured persons with the following objectives.

1. To guide them to receive proper medical treatment and emotional care.
2. To counsel them, help them and develop their self confidence.
3. To teach them about their wellness and hygiene.
4. To assist them to resolve their financial problems by engaging them in various income generation activities.
5. To provide them care, concern and practical support and necessary humanitarian aid.
6. To facilitate them to avail different scheme benefits available under "SAHAYA".

IDENTIFICATION:- Cured leprosy persons are staying in separate colony where it is easy to identify them in the District.

STRATEGY:- One camp in each District shall be conducted to achieve the object indicated above and to expand outreach activity synchronizing other schemes of this Department and other Department of State Government if necessity arises.

The beneficiaries shall also be extended benefit from other scheme such as aids and appliances by way of providing medical kit viz. Wheelchairs, Walkers, Walking Sticks etc.

Such camp shall be an one-day camp in a District and there shall be thirty camps throughout the State. It is also proposed to distribute essential commodities to add minimum comfort to their life. Such commodities are to be distributed considering requirement of the leprosy cured person/family.

The commodities and related expenditure is estimated as follows:

Sl. No.	Item	Estimated (rate in Rs.)	Number per family	Amount (in Rs.)	Remarks
1	Mat	600	2	1200	For leprosy cured persons and their family
2	Bed sheet	200	2	400	
3	Blanket	400	2	800	
4	Mosquito net	400	1	400	
5	Umbrella	250	1	250	
6	Clothing	2000	1	2000	
7	Tarpaulin	3000	1	3000	
8	Utensils for kitchen-Pots etc.	1200	1	1200	
9	Buckets, jugs	700	2	1400	
10	Utensils for dining-Plates, glass etc.	1500	1	1500	
11	Toiletries	600	1	600	
12	Education kit	1000	1	1000	It is a supportive kit to the children of leprosy cured persons.
13	Camp expenses	450	1	450	
14	Livelihood support viz. (poultry and goatary)	5000	1	5000	Only for those LCP opting for livelihood support and participating in small economic activities such as poultry, goatary etc.
				19200	

The camp is to be conducted and completed during the month of February, 2019. The District Administration will co-ordinate and give coverage to the programme for promoting comprehensive rehabilitation of cured leprosy persons staying in the District within the scope of "SAHAYA" Blocks/ULBs administration are to co-ordinate and extend coverage of the cured leprosy persons staying in their respective jurisdiction.

You are therefore requested to start implementing the awareness camp in your District with the aforesaid guideline out of the funds available with you in the year 2017-18 under "SAHAYA" Scheme. Additional funds are being released shortly.

Yours faithfully,

[Handwritten Signature]
Director


Memo No. 1709 //SSEPD

Dated 16.2.19

Copy forwarded to all DSSOs for information and necessary action.

[Handwritten Signature]
Director

Implementation of the direction of the Hon'ble Court passed in W.P.(C) No. 13403 of 2015

From : Mr. Chittaranjan Dash <rg.orihc@indiancourts.nic.in> Mon, Aug 09, 2021 08:14 PM
Subject : Implementation of the direction of the Hon'ble Court passed in W.P.(C) No. 13403 of 2015  4 attachments
To : Mr K Sudarshan Chakravarthy IAS <dm-balasore@nic.in>, cdmobalasore@gmail.com

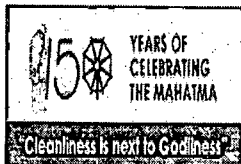
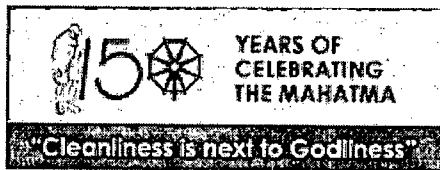
Sir,

Enclosed herewith, please find the attachment bearing Confidential Letter No. 20/RG dated 09.08.2021 on the subject captioned above.


This is for favour of your kind information and necessary action.

With Regards,

Registrar General,
The High Court of Orissa, Cuttack



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5 KB

 **Letter No. 20-RG.pdf**
269 KB

 **Order Dtd. 09.08.2021 in W.P.(C) No. 13403 of 2015.pdf**
596 KB

 **First Interim Report in W.P.(C) No. 13403 of 2015.pdf**
1 MB

THE HIGH COURT OF ORISSA: CUTTACK

Confidential Letter No. 20/RG(2) Dated: 09.08.2021

From

**Chitta Ranjan Dash,
Registrar General**

To

- 1. The Collector-cum-District Magistrate,
Balasore**
- 2. The Chief District Medical Officer (CDMO),
Balasore**

Sub: **Implementation of the direction of the Hon'ble Court
passed in W.P.(C) No. 13403 of 2015**

Sir,

Inviting reference to the subject cited above, I am directed to forward herewith the Order dated 9th August, 2021 passed in W.P.(C) No. 13403 of 2015 along with a copy of the report of the Amicus Curiae for compliance thereof in an urgent basis and to report compliance jointly as regards each of the directions to the Hon'ble Court on or before **16th of August, 2021**. A copy of the said order dated 9th August, 2021 along with the report of the Amicus Curiae is being sent through Special Messenger.

This is for favour of your kind information and necessary action at your end.

Yours faithfully,


09/08/2021
Registrar General

Encl: As above.

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.

2. **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.
3. **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 nature's 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.

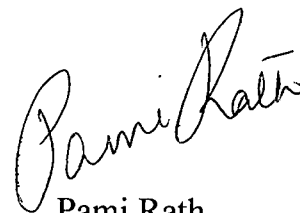
V. REQUESTS FOR THE MEDIUM TERM (State may be directed to take instructions):

- 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 waterlogging may be required to be filled up to prevent Malaria and other diseases.

- 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.


B.P. Tripathy


Gautam Mishra


Pami Rath

Date 3.8.2021



SUKULU SOREN

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SUKHI TUDU

22



SOMRAI MARANDI

23



CONDITION OF BEDS AT THE
MALE WARD OF HOSPITAL

24



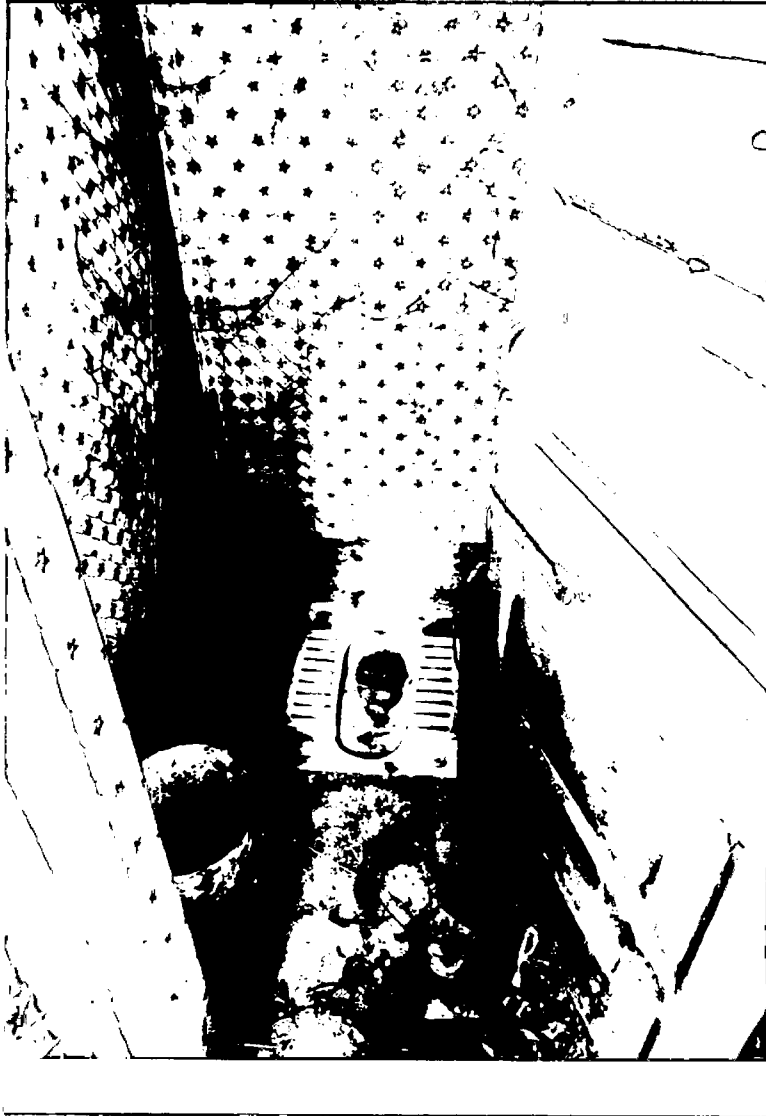
STATE OF AFFAIRS AT
THE HOSPITAL.

25



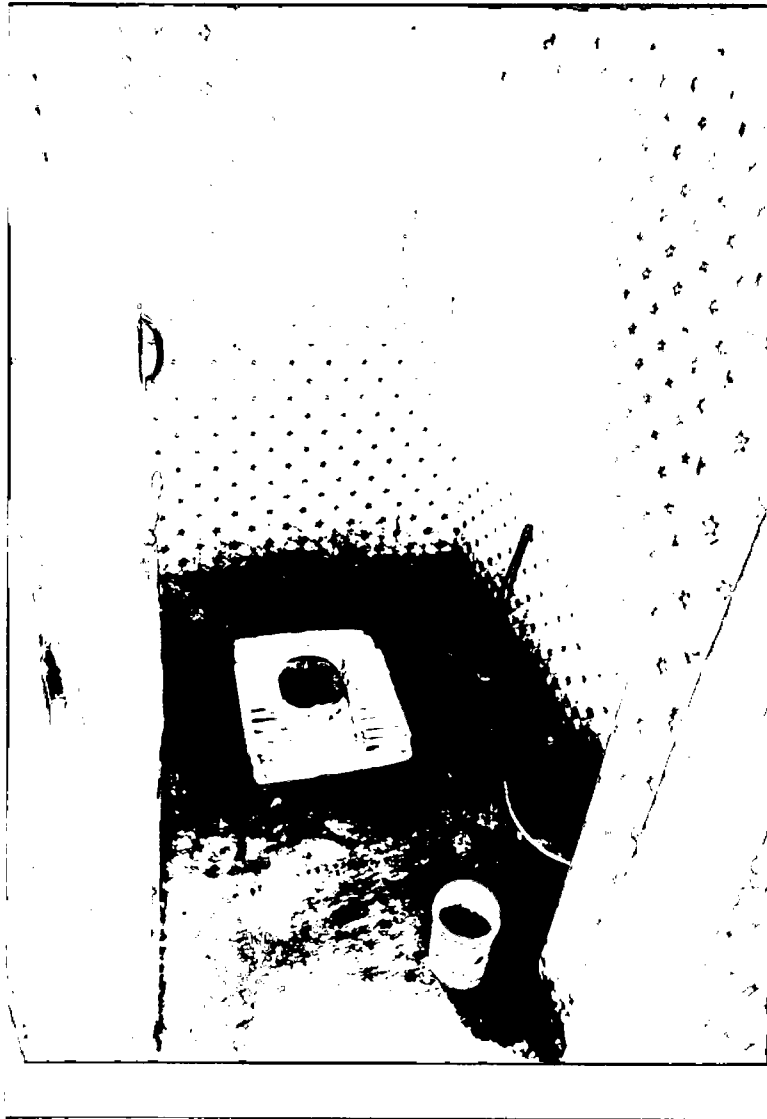
BATHING AREA - MALE WARD

26



CONDITION OF TOILET AT THE
MALE WARD OF HOSPITAL.

27



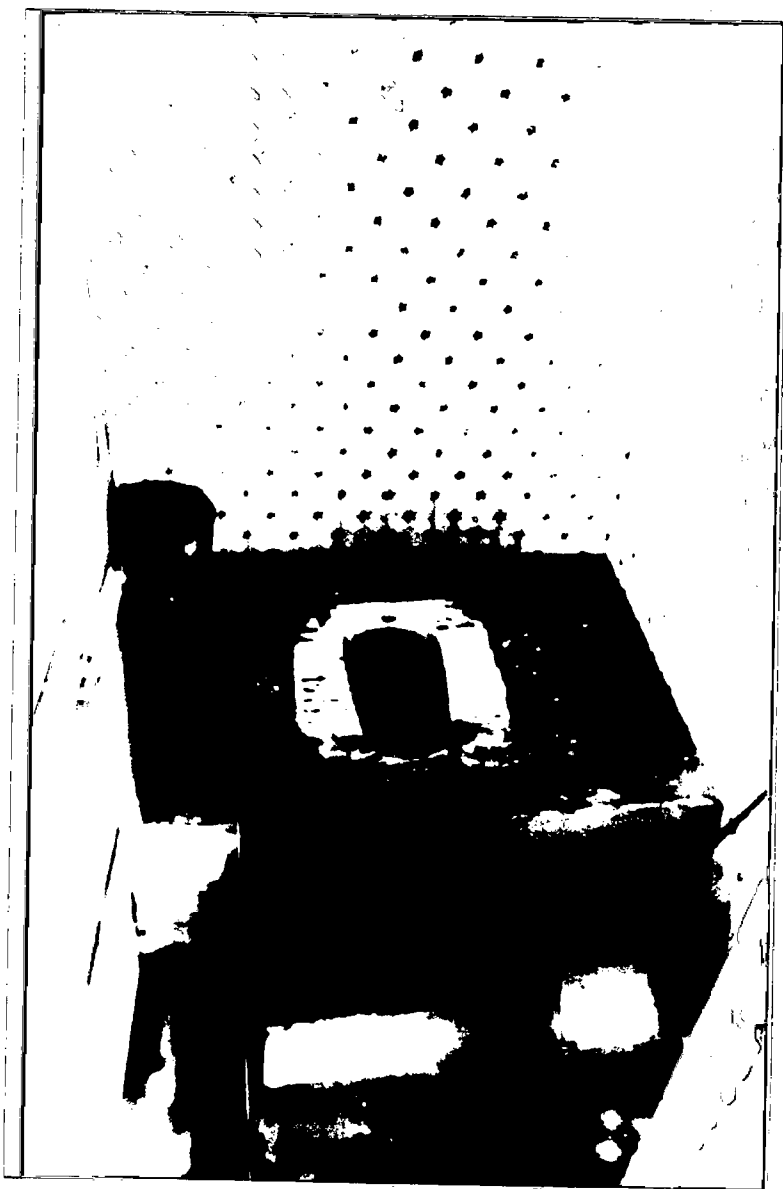
TOILET AT MALE WARD.

28



TOILET AREA
OF HOSPITAL- MALE WARD

29



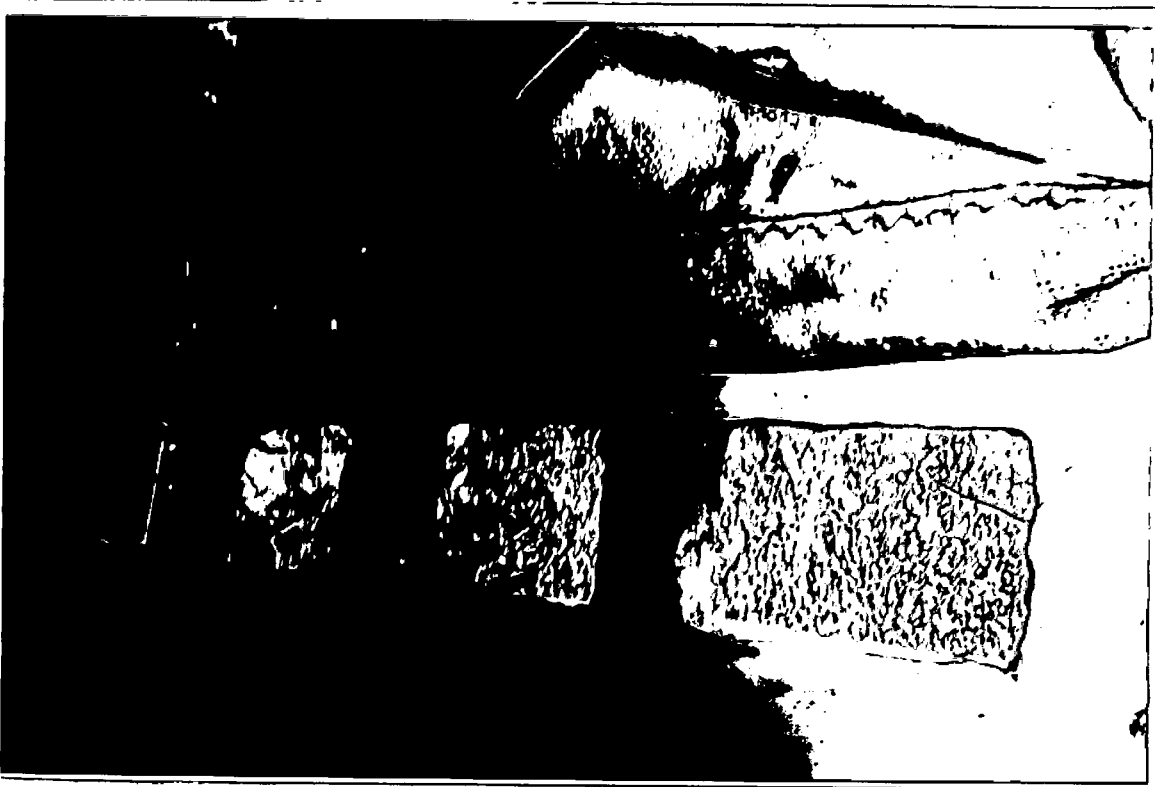
TOILET AT HOSPITAL
FEMALE WARD.

30



GARBAGE STREWN
ALL AROUND.

31



SURROUNDINGS OF THE
WARD,

32



BATHING AREA - FEMALE WARD,

IN THE HIGH COURT OF ORISSA AT CUTTACK

W.P.(C) No.13403 of 2015

Sri Bipin Bihari Pradhan ***Petitioner***
Mr. Gautam Misra, Senior Advocate (Amicus Curiae)
Mr. B.P. Tripathy, Advocate (Amicus Curiae)
and Ms. Pami Rath, Advocate (Amicus Curiae)
-versus-
State of Odisha and others ***Opposite Parties***
Mr. M.S. Sahoo, A.G.A. for the State

CORAM:
THE CHIEF JUSTICE
JUSTICE B.P. ROUTRAY

ORDER
09.08.2021

Order No.

20.

1. The present writ petition is taken up on urgent mentioning by the three Amicus Curiae (AC) that the Court had appointed by its order dated 14th July 2021 to visit the Leprosy Colonies at Puri Town, Jatni, Khurda as well as Leprosy Home at Lewis Colony, Bamapada, Baleswar.

2. Mr. Gautam Misra, learned Senior Advocate, Mr. B.P. Tripathy, Advocate and Ms. Pami Rath, Advocate have jointly submitted a report dated 3rd August 2021, *inter alia*, seeking urgent directions as regards the conditions and medical facilities available to the inmates living at the Leprosy Home, Lewis Colony, Bamapada, Balasore. Enclosed with the report are photographs and video clips in a pen drive. Copies of the report



along with the enclosures have been made available to Mr. M.S. Sahoo, learned Additional Government Advocate (AGA) for the State.

3. This Court has heard the submissions of all three learned AC as well as Mr. M.S. Sahoo, learned AGA for the State.

4. The report points out that the inmates of the Leprosy Home, Lewis Colony, who have been cured of leprosy but are in need of constant medical care and attention, can be broadly classified into Categories I to III. Category-I comprises those who are disabled, malnourished, extremely aged, destitute with no family support lacking even the capacity to clean themselves or eat food without assistance. Category-II is of equally disabled and malnourished inmates who may have immediate family members, but are extremely poor and still require the medical attention and care. Category-III is of those inmates, who are able to manage their daily chores by themselves and also have family members who are otherwise engaged as daily wage workers.

5. The Leprosy Home, Lewis Colony, Bamapada, Balasore which falls within the Panchayat Area of Balasore is said to be comprised of four areas. Area-1 has a leprosy ward which is over forty years old and an administrative building. The report points to the poor condition of the sanitation, toilet facilities, and the general affairs of the buildings. Area-2 comprises *kaccha* houses

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with no cement pathways for walking. Area-3 again comprises of kaccha houses and it is widely referred to as the leprosy colony area. Here again, there are no cement pathways for walking. There are only marshy areas which are extremely difficult for leprosy affected persons to negotiate. Area-4 is with the Hind Kusht Nivaran Sangh (HKNS). A Deputy Secretary in the Department of Health and Family Welfare, Government of Odisha is stated to have been entrusted with looking after the affairs of HKNS. It is stated that HKNS is unable to effectively discharge its functions in providing relief to the inmates cured of leprosy.

6. The report states that the persons residing in the area are covered under the National Food Security Act 2013 and are getting 5Kg rice and financial assistance @ Rs.500-700/- per month. Those staying in Areas 1 and 2 are being provided with some vegetables. At times they are also provided with cooked food by some private contractor. However, this is not on a regular basis.

7. The report lists out the repairs that are immediately needed to the kaccha houses, administrative buildings, toilets and residential areas. It is pointed out that the ladies toilet of the ward requires immediate repair and Area-2 has no community toilets whereas Area-3 and 4 have individual toilets built under the Swachh Bharat Mission.

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8. As far as the clothing needs are concerned, it is pointed out that special clothing is required for Category-I persons, who cannot even wear their own clothes and have merely covered themselves with some old rags. It is further pointed out 33 persons have been identified by the HKNS and also by the local Chief District Medical Officer (CDMO) for being provided with rice and vegetables, but this is not happening on a regular basis. It is stated that nutritious food appropriate for the health condition of Category-I and II inmates is lacking.

9. The report also lists out the absence of full time Doctors and Nurses to provide proper medical attention and care. The inmates are required to travel on their own to the local government facilities and even the cured one are left to fend for themselves as there is no aftercare.

10. As regards footwear, none of the inmates have any specially designed shoes of the Micro Cellular Rubber 2 (MCR 2) variety. MCR 1 grade shoes were supplied long time ago.

11. The photographs of three inmates in a precarious condition have been enclosed with the report. The three AC point out that unfortunately, between the date of the report and now, one of them has expired. Two of them, viz., Malati Majhi, aged about 73 years and Somrai Marandi, aged about 51 years are stated to be in



an extremely precarious condition needing urgent medical attention.

12. In that view of the matter, the following directions are issued to the Collector, Balasore and CDMO, Balasore:

(i) Immediate steps will be taken to shift Malati Majhi and Somrai Marandi to the nearby leprosy hospital or any other functional government health facility in the vicinity for appropriate medical attention. Apart from the above two persons, if the CDMO finds similarly placed persons, they should also be immediately shifted to the nearby hospital or health facility for treatment.

(ii) The bed strength of the twenty bedded hospital at Lewis Colony should be increased on an urgent basis to accommodate the further patients.

(iii) Toilets in both the Male and Female Wards will be immediately repaired and made properly functional. They will be cleaned on a daily basis and kept neat, clean and hygienic preferably by engaging agencies for that specific purpose.

(iv) Given the current monsoon season, repairs to the kuchha in Area-2 be undertaken immediately by

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engaging the empanelled civil contractors of the PWD.

(v) A regular MBBS Doctor will be immediately assigned to the Leprosy Hospital along with two full time nurses, with specialized training in leprosy treatment.

(vi) The Collector will arrange to have the garbage lying all over the colony removed and fill up areas on an urgent basis in order to prevent malaria and other diseases.

(vii) The number of toilets for the 33 families residing in the Colony will be immediately increased from two to at least ten in Areas 1 and 2.

(viii) MCR Grade-1 and Grade-2 footwear and appropriate clothing shall be arranged for all the inmates as already mandated by the Supreme Court in *Pankaj Sinha v. Union of India 2018 SCC OnLine SC 1502*.

(ix) The Collector will organize, in coordination with Health and Family Welfare Department, Government of Odisha, visits to the Colony by trained leprosy workers i.e. apart from the District Leprosy Officer,

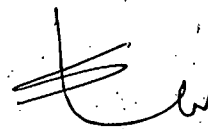
para medical workers and multipurpose health workers.

13. The Court directs that the above directions shall be implemented on an urgent basis by the Collector and the CDMO. A compliance report will be submitted by them jointly as regards each of the above directions to this Court on or before 16th August, 2021.


14. List on 16th August, 2021.

15. A copy of the order be sent forthwith to both the Collector; Balasore and CDMO, Balasore along with a copy of the report of the Amicus Curiae by the Registrar General through a Special Messenger for immediate compliance.

16. An urgent certified copy of this order be issued as per rules.



(Dr. S. Muralidhar)
Chief Justice



(B.P. Routray)
Judge

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IN THE HIGH COURT OF ORISSA, CUTTACK

WP(C) No.13403 Of 2015

Bipin Bihari Pradhan

Petitioner

-Versus-

State of Orissa & others

Opp. Parties



MEMO

Pursuant to the direction dtd. 24.09.2022 two sets of Pen Drive containing Photographs and Videographs of the Colonies ^{are to be used herewith} for kind perusal of this Hon'ble Court.

Cuttack

Date : 14/11/2022

A handwritten signature in black ink, appearing to be "S. M.", written over a horizontal line.

ADDL. GOVERNMENT ADVOCATE