

**RAJYA SABHA  
COMMITTEE ON PETITIONS**

**HUNDRED AND THIRTY-EIGHTH REPORT**

**ON**

**ACTION TAKEN BY GOVERNMENT  
ON OBSERVATIONS/RECOMMENDATIONS CONTAINED IN ITS HUNDRED AND  
THIRTY-FIRST REPORT ON PETITION PRAYING FOR INTEGRATION AND  
EMPOWERMENT OF LEPROSY AFFECTED PERSONS**



*(Presented on 22<sup>nd</sup> November, 2010)*

**RAJYA SABHA SECRETARIAT  
NEW DELHI  
November, 2010**

## CONTENTS

	<b>Pages</b>
<b>1. COMPOSITION OF THE COMMITTEE</b>	i - iii
<b>2. INTRODUCTION</b>	iv - v
<b>3. REPORT</b>	1-25
<b>*4. APPENDICES</b>	
I    Petition praying for integration and empowerment of Leprosy Affected Persons	
II   Minutes of the meetings of the Committee	
<b>*5. ANNEXURES</b>	
I.   Letter received from The Nippon Foundation, an NGO based in Tokyo, Japan working in the field of empowerment of LAPs	
II.  Number of new cases of leprosy detected in various States/UTs during the years 2008-09 and 2009-10	
III  Statement indicating number of Primary Schools working within the radius of 1 km and 3 km of self-settled colonies of LAPs and other information received from the Ministry of Human Resource Development	

---

\* To be appended at printing stage.

**Composition of the Committee  
(2008-09)**

1. Shri M. Venkaiah Naidu. - *Chairman*

MEMBERS

2. Shri Vijay J. Darda
3. Shri Dhram Pal Sabharwal
4. Shri Rama Chandra Khuntia
5. Smt. Maya Singh
6. Shri Virendra Bhatia
7. Shri Shyamal Chakraborty
8. Shri N.R. Govindarajar
9. Shri Subash Prasad Yadav
10. Shri Sabir Ali

**Composition of the Committee  
(2009-10)**

1. Shri Bhagat Singh Koshyari - *Chairman*

MEMBERS

2. Shri Vijay J. Darda
3. Shri Nandi Yellaiah
4. Shri Lalit Kishore Chaturvedi
5. Smt. Viplove Thakur
6. Shri Bhagwati Singh
7. Shri Moinul Hasan
8. Shri N.R. Govindarajar
9. Shri Ambeth Rajan
10. Shri Sabir Ali

**Composition of the Committee  
(2010-11)**  
*(Re-constituted w.e.f. 29<sup>th</sup> September, 2010)*

1. Shri Bhagat Singh Koshyari - *Chairman*

MEMBERS

2. Shri Nandi Yellaiah
3. Shri Rajeev Shukla
4. Shri Avinash Pande
5. Shri Balavant *alias* Bal Apte
6. Shri Rajaram
7. Shri Paul Manoj Pandian
8. Shri Veer Pal Singh Yadav
9. Shri Moinul Hassan
10. Shri Ram Vilas Paswan

SECRETARIAT

Shri Deepak Goyal, Joint Secretary  
Shri Rakesh Naithani, Joint Director  
Shri Ashok K. Sahoo, Deputy Director  
Shri Goutam Kumar, Committee Officer

## INTRODUCTION

I, the Chairman of the Committee on Petitions, having been authorised by the Committee to submit the Report on its behalf, do hereby present this Hundred and Thirty-eighth Report on action taken by the Government on the observations/ recommendations contained in its Hundred and Thirty-first Report on the petition praying for integration and empowerment of Leprosy Affected Persons.

2. The Hundred and Thirty-first Report of the Committee was presented to the House on 24<sup>th</sup> October, 2008. Action Taken Replies were received from the Ministry of Health & Family Welfare on 10<sup>th</sup> December, 2008, which were collation of replies from as many as twelve Ministries and Departments of Government of India and the State Governments of Maharashtra and Orissa.

3. The Committee in its sitting held on 24<sup>th</sup> March, 2009 considered action taken replies furnished by various Ministries and Departments. On a number of recommendations, the Committee was not satisfied with the action by the concerned Ministries/Departments including the Ministry of Health and Family Welfare, and decided to hear the Secretaries of some Ministries/Depts. including the Ministry of Health & Family Welfare, Social Justice & Empowerment, Women & Child Development, Road, Transport & Highways and Labour & Employment, Department of Food & Public Distribution (M/o Consumer Affairs, Food & Public Distribution), Department of School Education & Literacy and Higher Education (M/o Human Resource Development), Department of Financial Services and Revenue (M/o Finance) and the LIC of India. With reference to other action taken on some of its observations/recommendations, the Committee decided that the Ministry of Health & Family Welfare should obtain progress reports on their action taken from concerned Ministries/Departments and State Governments and forward the same to it for its consideration.

4. The first progress report on the action taken by various Ministries and Departments was received on 14<sup>th</sup> July, 2009 from Ministry of Health & Family Welfare.

5. The Committee recorded oral evidence of the Secretary of the nodal Ministry i.e. Ministry of Health and Family Welfare on 21<sup>st</sup> October, 2009, Secretary of Department of Food and Public Distribution on 28<sup>th</sup> October, 2009, Ministry of Social Justice and Empowerment on 16<sup>th</sup> November, 2009, Departments of School Education & Literacy and Higher Education on 15<sup>th</sup> December, 2009, Ministry of Women & Child Development and Ministry of Road Transport & Highways on 18<sup>th</sup> January, 2010, Ministry of Labour and Employment and Ministry of Finance (Departments of Financial Services and Revenue) and the Chairman, LIC of India in its sitting held on 10<sup>th</sup> February, 2010.

6. After conclusion of oral evidence of the officers of concerned Ministries/Departments, the Committee in terms of Rule 15 of its Internal Working Rules, decided to present this report on the action taken by Government on the observations/recommendations contained in its

Hundred and Thirty-first Report to the Council. The report has been prepared taking into account the submissions made by the Secretaries of the concerned Ministries/Departments and the progress report submitted to it.

7. The Committee considered and adopted the draft Hundred and Thirty-eighth Report in its meeting held on 15<sup>th</sup> November, 2010.

**NEW DELHI**  
**15<sup>th</sup> November, 2010**

**BHAGAT SINGH KOSHYARI**  
*Chairman*  
*Committee on Petitions*

## REPORT

The Report deals with the action taken by various Ministries/ Departments of Government of India on the observations/ recommendations contained in the Hundred and Thirty First Report of the Committee on Petitions of the Rajya Sabha on the petition praying for integration and empowerment of Leprosy Affected Persons (LAPs), which was presented to the Rajya Sabha on the 24<sup>th</sup> October, 2008. The petition was jointly submitted by Shri Ram Naik, former Union Minister and five other persons, who had drawn the attention of the Council of States to the alienation and plight of leprosy affected persons in the country. The LAPs have been residing in self-settled colonies far away from the main cities or in rehabilitation Homes maintained by Government as the disease is still treated as a social stigma. Most of them have been begging for their sustenance. In a nut-shell, the petition laid stress on the need for making concerted efforts to remove social stigma attached to LAPs and bring them back to the mainstream of the society by empowering them economically. The petitioners, therefore, had prayed for total integration and empowerment of LAPs in the country and suggested various measures including uniform sustenance allowance and for amendment to anachronistic and discriminatory provisions of the following Acts:-

- (i) Indian Railways Act, 1989;
- (ii) Maharashtra State Road Transport Corporation Act, 1980;
- (iii) Life Insurance Corporation Act, as amended in November 1987;
- (iv) Hindu Marriage Act, 1955;
- (v) Special Marriage Act, 1954;
- (vi) Dissolution of Muslim Marriage Act, 1939;
- (vii) Indian Christian Marriage Act, 1872;
- (viii) Indian Divorce Act, 1869;
- (ix) Prevention of Begging Act, 1959 (Maharashtra, Gujarat and Karnataka);
- (x) Persons with Disabilities Act, 1995;
- (xi) Industrial Disputes Act, 1947;
- (xii) Bombay Municipal Corporation Act, 1888;
- (xiii) Juvenile Justice and Care and Protection Act, 2000;
- (xiv) Motor Vehicles Act, 1988;
- (xv) Hindu Adoption and Maintenance Act, 1956; and
- (xvi) Rehabilitation Council of India Act, 1992.

2.0 The Committee undertook study visits to Hyderabad, Nellore, Tirupati, Chennai, Chengalpattu and Mumbai to see for itself a few self-settled colonies and rehabilitation homes and hospitals for the LAPs and interacted with them in those colonies/homes/hospitals, NGOs associated with rehabilitation of the LAPs and also with the representatives of State Govts. including State/District Leprosy Officers. On the basis of the feedbacks received during study visits and the submissions made by the Health Secretary, the Committee had in its Hundred and Thirty-first Report exhaustively dealt with the issues raised by the petitioners including the measures sought by them and made pointed observations/recommendations while disposing of the petition.

2.1 A number of NGOs working in the field of integration and empowerment of Leprosy Affected Persons appreciated the redressal/solutions suggested by the Committee through its recommendations. Shri Yohei Sasakawa, Chairman, The Nippon Foundation, WHO Goodwill



Ambassador for Leprosy Elimination, 1-2-2 Akasaka Minato-Ku, Tokyo 107-8404 Japan in his letter (**Annexure-I**) to the Chairman, Committee on Petitions expressed heartiest gratitude for taking keen interest in the issues relating to integration and empowerment of people affected by leprosy in India. He also thanked the Chairman of the Committee for recommending a series of steps to be taken by the Government of India and State Governments to improve the quality of life of people affected by leprosy. He later met the Chairman of the Committee in Delhi personally to congratulate him for the initiatives and solutions suggested by the Committee for the empowerment of LAPs.

3.0 The Committee at its sitting held on 24<sup>th</sup> March, 2009 considered the Action Taken Replies (ATRs) furnished by nodal Ministry i.e. the Ministry of Health & Family Welfare on its Hundred and Thirty-first Report. While scrutinizing the responses of the Ministry of Health and Family Welfare, the Committee noted the involvement of multiplicity of Ministries/Departments/Agencies of the Central Government and the State Governments for implementation of its recommendations. In view of the fact that the implementation of its recommendations lay with different Ministries/Departments/State Governments, the Committee decided to seek progress report through the nodal Ministry i.e., the Ministry of Health and Family Welfare with regard to paras 7.8 to 7.14 of its Hundred and Thirty-first Report which pertained to amendments to sixteen Central Acts. The Committee also decided that progress reports might be obtained from the Ministries of Urban Development and Rural Development on para 14.1 of 131<sup>st</sup> Report), as the action taken by them was not satisfactory.

3.1 The Committee also heard the following Secretaries of Government India and Chairman of LIC on observations/recommendations delineated in the relevant paras of the Report mentioned against their Ministry/Deptt/Organisation:-

Sr. No.	Name of Ministry/Deptt/Organisation	Date of submission	Relevant Para No. of the Report
1.	M/o Health & Family Welfare	21.10.2009	5.1, 6.1, 11 and 13.1
2.	D/o Food & Public Distribution	28.10.2009	3(viii)
3.	M/o Social Justice & Empowerment	16.11.2009	7.0, 7.1, 7.2, 7.3, 8.0 and 10.1
4.	D/o School Education & Literacy and Higher Education	15.12.2009	15.1
6.	M/o Women and Child Development	18.1.2010	7.6 and 7.23
7.	M/o Road Transport & Highways	18.1.2010	7.15 and 7.23
8.	D/o Financial Services	10.2.2010	16.1 and 17.1
9.	D/o Revenue	10.2.2010	12.1
10.	LIC of India	10.2.2010	7.17 and 7.23
11.	M/o Labour & Employment	10.2.2010	7.16 and 7.23

3.2 The Committee understood that action to amend some of the antiquated State laws lay with the State Governments. The progress reports with reference to recommendations delineated in paras 7.18 to 7.21, 7.22 and 7.23 of the Report also was called for from State Governments of Maharashtra and Orissa through the Nodal Ministry i.e. Ministry of Health and Family Welfare in addition to comments of State Governments for amendment of antiquated laws .

3.3 Progress Report had also been procured from different Ministries/Departments. Based on the inputs received through oral and written submissions of concerned Ministries/Departments and progress report received in respect of certain recommendations of the Committee from the Ministry/Department of Government of India and State Government of Orissa, the Committee has further made some observations/recommendations on the action taken by the Government. The recommendations of the Committee as contained in its 131<sup>st</sup> Report, action taken thereon by the Government, further progress made by the Government and the deliberations and recommendations of the Committee thereon are set out in the succeeding paras:-

#### **A. FRESH SURVEY OF LAPS AND FORMULATION OF NATIONAL POLICY FOR EMPOWERMENT OF LAPS**

4.0 In its Hundred and Thirty-first Report, the Committee had recommended that the final survey involving Panchayati Raj Institutions (PRIs) may be undertaken by the Government so as to have a realistic figures of LAPS which would help them to devise a National Policy for LAPS. The Government should also involve the LAPS in the formulation of the National Policy.

*(Para No. 5.1, 131<sup>st</sup> Report)*

#### **Action Taken by Government**

4.1.0 The Ministry in their ATRs submitted that a multi-centric study to assess:

- (i) The burden of active leprosy cases;
- (ii) Leprosy persons with grade I & II disability; and
- (iii) The magnitude of stigma & discrimination prevalent in the society.

would be conducted by the Central Leprosy Division in the country. The design and sampling methodology was discussed with the experts and medical statisticians in a Conference of India Society of Medical Statisticians (ISMS-CON-2008) held in Nainital on 7<sup>th</sup>-8<sup>th</sup> Nov 2008.

4.1.1 A meeting would be held with other experts and stakeholders including association of leprosy affected persons and the methodology will be designated accordingly. It is proposed to identify one research institution, most probably the National Institute of JALMA and Mycobacterial Diseases, ICMR (Department of Health & Family Welfare of Govt. of India) for finalizing the study protocol and carry out the study by involving Panchayati Raj Institutions (PRIs) and the Department of Dermatology & Preventive and Social Medicine in medical colleges of State Governments. Efforts would be made to complete the study by the end of Dec. 2009. The Committee wanted to know the progress made by the Ministry on the basis of decision taken by them in November, 2008 and desired that a progress report might be called for from that Ministry.

## **Progress made thereafter**

4.1.2 Subsequent to its ATNs that Ministry in their written replies dated 12<sup>th</sup> November, 2009 has submitted that the total number 134184 and 69657, new cases of leprosy had been detected by States/UTs during the years 2008-09 and 2009-10 (till September 2009), respectively, (State and UT-wise details are at **Annexure-II**).

4.1.3 The conventional and inverse sampling methods was found to be appropriate for survey of LAPs on pilot basis to find out the appropriateness and cost effectiveness of the sampling method before carrying out the study nationwide. In order to validate and find out the suitability of the survey methodology based on conventional and inverse sampling methods, a pilot study was taken up in two blocks, namely, Ram Nagar (conventional) with population of 2,00,279 and Fatehganj (inverse) with population of 2,04,335 in district of Bareilly, Uttar Pradesh. The study revealed 25 and 38 confirmed new cases of leprosy in Fetehganj & Ramnagar block, respectively.

4.1.4 The Health Secretary in her deposition on 21<sup>st</sup> October, 2009 submitted that the last survey of Leprosy Affected Persons was held in 1981 on door to door basis. Nearly, forty lakh cases were reported, which indicated prevalence rate of 57 cases per ten thousand populations. After application of MDT and a vigorous campaign, the leprosy cases were reduced to the rate of one case per ten thousand populations in the year 2005, which was considered to be the stage of elimination. According to her, seventy thousand new cases have been reported in the year 2008-09, 54% of which were reported from the States of West Bengal, Uttar Pradesh, Bihar and Maharashtra. In pursuance of the recommendations of the Committee, that Ministry had conducted pilot study for detection of leprosy cases in the blocks of Ram Nagar and Fatehganj in the district of Bareilly in Uttar Pradesh. The result had revealed disturbing figures which was ten times higher than the elimination rate. That Ministry was contemplating to conduct nation-wide sample survey in view of disturbing figures reported through the pilot study conducted by that Ministry. That nation wide survey would be completed by March, 2011.

4.1.5. Apprehension about completion of survey on time was raised by the Committee. It was suggested that the Ministry should obtain reports from Primary Health Centres (PHC) regarding leprosy cases attended to by them, with a view to knowing new cases. A view was expressed that through the sample survey the Ministry would not extract the exact figures of LAPs in the country. Door-to-door survey methodology was advocated for the purpose. It was suggested that help from various experts bodies, research institutions and ASHA working in the PHCs may be sought to make the survey foolproof. The Committee wanted the Secretary to involve the representatives from amongst LAPs in the process for conducting nation-wide survey and formulation of national policy for LAPs.

4.1.6 She conceded that the pilot survey carried out in some Blocks have indicated more cases than what the Ministry had estimated. She assured the Committee that the nation-wide survey would be completed by March, 2011 and thereafter it might be integrated in the Twelfth Five Year Plan for drafting of a comprehensive policy on eradication of leprosy.

4.1.7 As per information received from Ministry of Health & Family Welfare on 20<sup>th</sup> July, 2010 it has been informed that after extensive deliberations in a number of meetings of the experts, the National Institute of Medical Statistics (NIMS) has suggested as below:-

- Inverse sampling technique may be adopted;
- All the States/UTs except Lakshadweep to be covered under the sample survey;
- For rural areas, 93 districts and 189 blocks in 29 States will be covered;
- For urban areas, 37 cities including 4 metros in 34 States/UT will be covered.

4.1.8 The National JALMA Institute for Leprosy & Other Mycobacterial Diseases (NJIL & OMD), Agra, has been selected by the Government of India as the central coordinating agency for conducting the survey. However, the main responsibility of carrying out various activities of this survey lies with the State Leprosy Officers and the concerned District Leprosy Officers. Support of NGOs, Voluntary organizations, Panchayati Raj institutions, Civil Society is being taken for carrying out the survey.

4.1.9 The survey protocol and budget has been approved by Ministry of Health & Family Welfare. A letter had been issued to all the Principal Health Secretaries of States/UTs with copy to the Mission Directors (NRHM) and the State Programme Officers from the Ministry to apprise them about the importance of the survey and actions to be taken at State level.

4.1.10 The house-to-house survey started in States/UTs, as below, which was preceded by training of the survey team member and IEC campaign in the concerned Block and Urban areas, indicates the following pattern:-

- (i) Six States/UTs viz. Arunachal Pradesh, Gujarat, Rajasthan, Manipur, Sikkim and D & N Haveli started survey in May, 2010;
- (ii) Twenty States/UTs viz. Andhra Pradesh, Assam, Chhattisgarh, Goa, Himachal Pradesh, Jharkhand, J & K, Karnataka, Madhya Pradesh, Kerala, Meghalaya, Mizoram, Nagaland, Orissa, Punjab, Tamil Nadu, Tripura, Uttarakhand, Chandigarh and Daman & Diu started in June, 2010;
- (iii) Six States/UTs viz. Uttar Pradesh, West Bengal, Maharashtra, Haryana, A&N Lands and Puducherry started in July, 2010;
- (iv) Delhi is planning to conduct training of the team members on 4<sup>th</sup> August, 2010 and start survey immediately thereafter.
- (v) Bihar has distributed the funds and survey form etc. to the concerned district and training is being conducted. Survey will start from 1<sup>st</sup> week of August, 2010.

4.1.11 As per the time frame for the proposed nation wide survey, the final Report would be ready by fourth week of July, 2011.

### **Recommendation**

**4.1.12 The figures of new cases of leprosy detected through pilot study conducted in Ramnagar and Fatehganj Blocks of Bareilly district of Uttar Pradesh by the Ministry of Health & Family Welfare are startling as the increase is substantial which is contrary to**

the feedback resting with the Government that the Country has achieved the goal of eradication level of leprosy in the country. The Committee has apprehensions that there may be substantial increase of leprosy cases in national survey undertaken by Ministry in various States/UTs. The Committee reiterates that empowerment and integration can only be done once the survey is completed and national policy for LAPs is formulated. The Committee recommends that the time schedule for completion of national survey for LAPs furnished by the Ministry may be adhered to and be completed by July, 2011 as indicated by the Ministry. The Committee also recommends for putting in place a monitoring mechanism so as to complete the nation wide survey within the time frame drawn by the Ministry. The Committee once again reiterates that Panchayati Raj Institutions may be involved so that the Government can have realistic figures to devise a national leprosy policy. In fact, Panchayati Raj Institutions may be made an integral component of the system to identify new LAPs as and when such cases occur, on a perennial basis. Representatives of LAPs and NGOs associated with empowerment and integration of LAPs may also be associated in devising national policy for LAPs.

**B. PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 AND REHABILITATION COUNCIL OF INDIA ACT, 1992**

4.2.0 In its Hundred and Thirty-first Report, the Committee had recommended for waiver of 40% disability in the case of LAPs as stipulated under Section 2(t) of PWD Act, 1995 in view of the fact that social prejudices due to visible deformities make the LAPs disabled to get gainful employment even if he is medically cured. Amendment to other clauses of Section 2 of the Act was recommended to reflect the terminology of "leprosy affected persons" in the place of "leprosy cured person".

*(Para Nos. 7.0, 7.1, 7.2 7.3, 7.23 and 8.0 op.cit)*

**Action Taken by Government**

4.2.1 The Ministry of Social Justice & Empowerment in their ATRs submitted that the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 does not recognize diseases but disabilities due to disease. According to that Ministry the leprosy cured person generally becomes locomotor disabled and those LAPs, who suffer from not less than 40% disability would get benefit under the Persons with Disabilities Act, 1995. They have cited the case of diabetes, which may cause blindness, which is a disability but diabetes as such is not a disability. To them the 'Leprosy Cured Person' means any person who has been cured of leprosy but is suffering from -

- (i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye lid but with no manifest deformity;
- (ii) Manifest deformity and paresis but having sufficient mobility in their hands & feet to enable them to engage in normal economic activity;

- (iii) Extreme physical deformity as well as advanced age, which prevents him from undertaking any gainful occupation.

The Ministry informed that the issues raised and suggestions made have been noted and would be considered at the time the Persons with Disabilities Act, 1995 & Rehabilitation Council of India Act, 1992 are amended.

### **Progress made thereafter**

4.2.2 In their written submission subsequent to ATRs the Ministry of Social Justice & Empowerment informed that 'leprosy cured persons' are covered under the definition of disability under Section 2(i) of the PWD Act. They are given the benefits as provided to persons with disability in the PWD Act, 1995. In accordance of Section 2(t) of the PWD Act, 1995 the persons with disability means persons suffering from not less than 40% of any disability as certified by a medical authority. There are so many other diseases, which, if included in the PWD Act would dilute the very purpose of framing a separate Act for the persons with disabilities. Further, any condition to waive the minimum disability percentage of 40% would open a plethora of requests from various other disabilities and would be difficult to accede to.

4.2.3 The Secretary, Social Justice & Empowerment during his deposition on 16<sup>th</sup> November, 2009 while responding to the recommendations of the Committee for amendment of Section 2(i) (iii) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PWD Act) and Section 2 (C) of the Rehabilitation Council of India Act, 1992 (RCI Act), stated that substitution of the words "leprosy cured" by the words "leprosy affected persons" in Section 2(i) (iii) of PWD Act, 1995 may not be possible as there was no illustrative definition for the "leprosy affected persons". He illustrated that if a person had been infected with leprosy in the last fifteen days or one month and his treatment was going on, then according to the definition proposed by the Committee, he would also be treated as "disabled person", which would defeat the intended purpose of providing relief to the actually disabled ones. The Secretary mentioned that disability should be long term physical, mental, intellectual or sensory impairment. According to him, PWD Act was not an instrument for overcoming disabilities and the social disability was something which belonged to a different domain and there were laws like Protection of Civil Rights Act, 1955 etc., which dealt with curbing untouchability or discrimination. He submitted that the LAPs may be brought under the purview of the Protection of Civil Rights Act, 1955 so that appropriate legal instrument may be made available to LAPs to deal with any discrimination against them. Furthermore, bringing down 40 percent disability criteria benchmark for LAPs may raise similar demands from all other categories of differently-abled persons.

4.2.4 The Secretary also apprised the Committee that comprehensive amendments to the PWD Act had been drafted by the Ministry and circulated to all the States Governments and Central Ministries and also posted on the website, inviting comments and suggestions from all stakeholders. The issue of waiving of the disability criteria may be considered, in case any definition of 'leprosy affected persons' could be suggested.

## **Recommendation**

**4.2.5** The Committee notes the view of the Ministry of Social Justice & Empowerment to the extent that the Persons with Disabilities (Equal Opportunity, Protection of Rights & Full Participation) Act, 1995 does not recognize disease but only disability. But disabilities of more than 40% are covered under the Act whether that is caused by disease or accident. The fact remains that a person having deformities less than 40% caused by Leprosy is mistreated in society due to wrong notion of people about the disease and that is why the Committee had recommended for giving disability certificate to the LAPs having less than 40% of disabilities with the sole purpose of making their economic and social integration into the society effective. The Committee reiterates its earlier recommendation with a view to ensure economic empowerment of the LAPs.

## **C. UNIFORM SUSTENANCE ALLOWANCE OF LAPs**

4.3.0 The Committee had strongly recommended that LAPs, who are not able to earn their livelihood, should be given allowance @Rs.2000/-per month uniformly in all the States/UTs for maintenance. The maintenance allowance could be shared on 50:50 basis between the Central Government and the States.

*(Para Nos.10.0 and 10.1, op. cit.)*

## **Action Taken by Government**

4.3.1 The Ministry of Social Justice & Empowerment has requested the States/UTs to rationalise the amount of pension and unemployment allowance.

## **Progress made thereafter**

4.3.2 The Ministry of Social Justice & Empowerment (Disabilities Division) in their written submission on 26th Sept. 2008 has informed as under-

*'In pursuance of Section 68 of Persons with Disability Act, 1995, some states/UTs are giving unemployment allowance to persons with disabilities. However, their rates and other parameters vary considerably. In addition to unemployment allowance, some states are giving disability pension also. National policy for Persons with Disabilities, under the heading social protection, provides that for providing adequate social security to persons with disabilities. States Govts. and UT administrations will be encouraged to rationalise the amount of pension and unemployment allowance. Accordingly, the States/UTs are requested from time to time to do so. The States/UTs are now been requested in this regard in the Conference of State Welfare Secretaries to be held in Oct. 2008.'*

4.3.3 The Secretary, Ministry of Social Justice & Empowerment, in his deposition on 16<sup>th</sup> November, 2009 mentioned that old age pension as well as disability pension falls under the domain of Ministry of Rural Development. There has been a corpus fund for the purpose to

which the Centre and States were expected to make at least an equal matching contribution. The Secretary also mentioned that from February, 2009, the scope of the Indira Gandhi National Pension Scheme, under Ministry of Rural Development, had been expanded to include persons with disabilities in the age group of 18 to 64 years, below the poverty line but the benefit of that scheme may be availed by persons having more than 80% disability (severe disability) or multiple disability (more than one disability).

## **Recommendation**

**4.3.4 There was a unanimous view in the Committee that minimum sustenance allowance of Rs. 200 given to the LAPs was negligible in comparison to the current price indices. Members were of the view that irrespective of the Ministry concerned with the subject, the sustenance allowance to LAPs should be given on sharing basis between Centre and States and the amount should be enhanced to Rs.2000 per person, so that persons affected with leprosy could lead a dignified life. The Committee stresses upon the fact that sustenance allowance to the LAPs is the responsibility of the Ministry of Social Justice and Empowerment and since it does not involve huge expenditure, the Ministry should look into the matter on humanitarian ground.**

## **D. PUBLIC AWARENESS CAMPAIGN**

4.4.0 The Committee had observed that as per common belief leprosy is an incurable disease and there is lot of misconceptions about it in the public psyche due to which the people affected by leprosy are discriminated, segregated and isolated from the community and forced to live in groups at distant places. The Committee had recommended that the Ministry of Health & Family Welfare in coordination with the Ministry of Information and Broadcasting and Publicity Departments of the State Governments, should launch a nation-wide campaign advocating the curability of leprosy and the humanitarian aspect of leprosy affected persons, so that people appreciate their problems and come forward with a helping hand to their cause. The Film Divisions of M/o I&B was also urged to prepare documentaries for the dissemination of positive messages across the masses.

*(Para No. 9.3, op. cit.)*

## **Action Taken by Government**

4.4.1 The Ministry of Health and Family Welfare in their written submission has mentioned that under the programme, Information Education and Communication (IEC) activities, which are being carried out by the States, Mass media, Outdoor media, Folk media and Inter Personal Communication (IPC) are being used to communicate key messages about the disease across the country. IEC under National Leprosy Eradication Programme (NLEP) is decentralized to the States/UTs, who make their own plan and implement the same. The IEC activities are now carried out under the National Rural Health Mission (NRHM) to make it more effective at lower cost. The Ministry of Information & Broadcasting was requested to prepare documentaries for the dissemination of positive messages about leprosy across the masses.



## **Progress made thereafter**

4.4.2 The Leprosy Mission India, one of the NGO partner working for National Leprosy Eradication Programme in consultation with Central Leprosy Division has prepared a documentary film titled “*Laxmi ki vapsi*” on leprosy wherein all the positive aspects of leprosy were advocated. The documentary film has been telecast on Doordarshan. The following Messages on the humanitarian aspects of LAPs have been developed:-

- Leprosy is not curse of gods/goddess;
- Leprosy is neither contagious nor hereditary;
- Leprosy is completely curable like any another disease;
- There is no reason to isolate & discriminate the leprosy affected persons in the community;
- Leprosy affected persons can lead a normal life during and after treatment;
- Leprosy affected persons should enjoy equal rights and dignity in family, community and society;
- Leprosy affected person should not hide his or her disease and treatment should be started at the earliest.

The aforesaid messages are disseminated through TV, Radio and Print Media on National Anti Leprosy Day every year on 30<sup>th</sup> January. Further, funds have been provided to States for carrying out IEC activities as per their approved annual action plans which include posters, banners, leaflets, handbills and brochures; wall paintings and hoardings, rallies and school quiz; interpersonal communication workshop at block level for Government officials, teachers, NGOs, PRIs, ASHAs/Anganwadi workers; folk shows; phone in programme. Besides, School Health Programmes, Health Melas at PHC/CHC, Village Health and Nutrition days have been organized under National Rural Health Mission for dissemination of aforesaid Messages.

## **Recommendation**

4.4.3 **The Committee is satisfied with the action taken by Ministries of Health & Family Welfare and Information and Broadcasting. It hopes that the advocacy programmes through both print and electronic media would continue to create the necessary awareness about positive aspects of leprosy.**

## **E. MCR FOOTWEAR**

4.5.0 The Committee had recommended for making available of two pairs of MCR chappals to LAPs in a year.

*(Para No.11, op. cit.)*

## **Action Taken by Government**

4.5.1 Under the Eleventh Five Year Plan, no. of footwear has been increased from 60 to 120 pairs/per district/per year. For this purpose, Govt. of India allocates funds on an average of 120 pairs of MCR footwear per year per District for supply to eligible LAPs.

## **Progress made thereafter**

4.5.2 The Ministry has informed the Committee that the budgetary support for providing two pair of MCR footwear to the LAPs in the country is Rs. 1.9 Crores per year and there was no budget constraint in regard to the provision of adequate number of MCR footwear to LAPs.

## **Recommendations**

4.5.3 **The Committee expresses its satisfaction over the action taken by Ministry of Health and Family Welfare.**

## **F. FREE MEDICAL FACILITIES TO LAP COLONIES**

4.6.0 The Committee had desired the Primary Health Centers (PHC) be designated as nodal agencies to take care of the medical needs of LAPs residing in self-settled colonies. The medical officer of nearby PHC or Government hospital must visit the LAPs colony at least once a week to attend to medical requirements of LAPs. The Government should arrange free medicine to LAPs through its designated medical stores instead of depending only on international agencies and missionary services.

*(Para No. 13.1, op. cit.)*

## **Action Taken by Government**

4.6.1 Ministry of Health & Family Welfare has issued a letter to the State Health Secretaries for providing public health & medical services free of charge to LAPs living in self-settled colonies.

## **Progress made thereafter**

4.6.2 The States/UTs of Goa, Mizoram, Sikkim, Tripura, Andaman & Nicobar Islands, Dadar & Nagar Haveli, Daman & Diu and Lakshadweep have no leprosy colonies. However, the LAPs are being provided regular medical services through the network of PHCs and District Hospitals.

4.6.3 The State/UTs have informed that Medical /Para-medical workers are visiting these colonies on regular basis (weekly/fortnightly) for providing medical services to LAPs in colonies. The medicines required by LAPs are being provided free of cost. Monitoring of the medical services provided to leprosy colonies is being done at the district level by District Leprosy Officers by making field visits. The Chief Medical Officer also review medical services provided in colonies during monthly review meeting.

4.6.4 In addition to field visits, the State Leprosy Officer also monitors the aforesaid activity during monthly review meetings. At the Central level monitoring of this activity is regularly being carried out during the quarterly meetings of States Leprosy Officers (SLOs). During the

year 2009, three quarterly level meetings have already been held at Ooty, Tamil Nadu for Southern States (20-21<sup>st</sup> August, 2009); at Port Blair for Eastern & North – Eastern States (11-12<sup>th</sup> May, 2009) and Dehradun for Northern States (25-26<sup>th</sup> September, 2009). State and Regional Coordinators/Advisors from WHO/ILEP Partners (Federation of Anti-leprosy Associations) also monitor this aspect of the programme and provide feedback to States/UT and Central Leprosy Division.

## **Recommendation**

**4.6.5 The Committee notes the extant monitoring system that ensures weekly visit of medical and para-medical officials to self-settled colonies of LAPs to cater to medical needs of LAPs.**

## **G. CIVIC AMENITIES IN SELF SETTLED COLONIES**

4.7.0 In its Report the Committee had desired the Central Government to advise State Governments and local authorities to provide civic amenities in all self-settled colonies free of charge. The Committee also had recommended that where no colonies have been identified, the LAPs should be given housing sites under the Indira Awas Yozana and electricity provided under the 'Rajiv Gandhi Grameen Vidhyutikaran Yojana'.

**(para 14.1, *op cit*)**

## **Action Taken by Government**

4.7.1 The Ministry of Rural Development in their written submission has commented that

*"Indira Awaas Yojana Scheme is being implemented in the rural areas of all States/UTs (except Delhi & Chandigarh). The objective of the scheme is to provide financial assistance for construction/ upgradation of houses to BPL rural households belonging to SCs/STs and freed bonded labourers and non-SC/ST rural households, widows and physically handicapped persons living in the rural areas. At present, there is no scheme for providing house sites, though a proposal in this regard is under consideration. However, Leprosy Affected Persons (LAPs) belonging to BPL are also eligible for financial assistance under IAY in their turn."*

4.7.2 In their later communication dated 24<sup>th</sup> May, 2010, that Ministry have requested all States to pay special attention to LAPs for providing homestead sites while giving financial assistance to BPL, under Indira Awaas Yojana Scheme. With regard to free electricity to LAPs the Ministry of Power in their written submission responded that-

*'Under Rajiv Gandhi Grameen Vidhyutikaran Yojana (RGGVY), free electricity service connections are provided to BPL families. In case LAPs belongs to BPL, they will get the free service connections. However, they have to pay the tariff as decided by the State Power Utility'.*

4.7.3 The Health Secretaries of all States/UTs were requested by Ministry of Health & Family Welfare to consider the issue and convey the response of the State Govt. However, response has been received from only 19 States/UTs by that Ministry. While few States/UTs like Sikkim, Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu informed that no leprosy colonies are existing, the government of Maharashtra informed that there are 249 IAY beneficiaries in the state belong to LAPs. In Andhra Pradesh houses are allotted to BPL families under Indramma Scheme. In Chhattisgarh, 18 LAPs were allotted houses under Indira Awas Yojana.

### **Recommendation**

4.7.4 **The Committee notes the advisory issued to State Governments by the Ministries of Rural Development and Power and desires that the LAPs should get special attention from State Governments in the allotment of site under Indira Awaas Yojana Scheme and power under Rajiv Kutir Jyoti Yojana. It hopes all the States/UTs would respond to the advisory in a positive way.**

### **H. FREE EDUCATION TO THE CHILDREN OF LAPs**

4.8.0 Education to dependents of LAPs is not being attended to properly. Such children are required to travel long distances to attend schools and that too under the burden of social stigma. The Committee notes that Sarva Shiksha Abhiyan (SSA) has adopted a zero reduction policy i.e. no child having special need should be deprived of the right to education. The Committee presumes that the objectives of SSA are being implemented in letter and spirit. The Committee was however disappointed to note that the facilities for higher education to the children of LAPs are almost non-existent.

4.8.1 The Committee had recommended that Government should ensure education upto higher secondary level, free of charge, for the dependent children of LAPs. It had desired the Government to arrange vocational and degree courses for the dependent children of LAPs for their self-sustenance in future. The Committee had urged upon the Ministry of Human Resource Development to take up the matter with the State Governments and impress upon them to attend to the educational needs of the children of LAPs with the kind of compassion and urgency they deserve.

*(Para No.15.0 and 15.1 op. cit)*

### **Action Taken by Government**

4.8.2 The Ministry of Human Resource Development responded that they would like to examine the feasibility of preparing a scheme for the dependents of LAPs which may take some time.

## Progress made thereafter

4.8.3 Thereafter, the HRD Ministry has *inter-alia* intimated as below:

Central Government Ministries/Departments may earmark funds for reimbursing the total cost of the higher education of few bright children of LAPs. These funds can be managed by apex bodies like UGC, AICTE, Medial Council of India and ICAR etc. Similar action can be taken by State Governments also. It is suggested that the fees of the dependents of LAPs who get admission in the centrally funded technical institutes could be reimbursed from a scheme which may be formulated in the Ministry of Health & Family Welfare who may act as Nodal Ministry in the matter because Higher Education is handled in various Ministries like Ministry of Human Resource Development, Indian Council of Agricultural Research (ICAR) Ministry of Agriculture, (Department of Agricultural Research and Education), Ministry of Health & Family Welfare, etc.

4.8.4 The Department of Higher Education has requested Vice Chancellor; National University of Educational Planning & Administration to conduct a sample study by selecting five such colonies of LAPs and then preparing a report on their educational attainment. Department of Higher Education has also requested Ministry of Health and Family Welfare to furnish the complete information of all 700 self-settled colonies so as to extend the benefits of community polytechnic to the dependents of LAPs as per their eligibility.

4.8.5 Secretary, Department of School Education & Literacy while deposing before the Committee on 15<sup>th</sup> December, 2009 informed that the Right of Children to Free and Compulsory to Education Act, 2009 contains a provision wherein the States will be required to bring all the dropout children of LAPs to school. She further submitted that the policy of the Government was to impart elementary education to all children within the age groups of 6 to 14 years, in an inclusive environment, for the sake of equity and quality. The Right to Education Act, 2009 intended to provide access, equity and quality with regard to education to children in the age group of 6 to 14 years including the dependent wards of LAPs. Under the Sarva Shiksha Abhiyan (SSA) schooling facilities had been established within the radius of one kilometer of all habitations to provide access to elementary education. The Government was trying to establish a secondary school each within five kilometer radius of every habitation. Secretary (SE&L) contended that the Government however did not subscribe to the idea of separate schools for the wards of LAPs as it might propel exclusionary tendency in their mind, which was not conducive for healthy growth of society.

4.8.6 The Secretary clarified that even though the term 'self-settled colonies of LAPs' was neither mentioned in the Right of Children to Free and Compulsory Education Act, 2009 nor in the guidelines of Sarva Shiksha Abhiyan (SSA), opening of elementary school within the radius of one kilometer implied that self-settled colonies of the LAP were included in definition of habitation. She shared with the Committee also a statement indicating no. of primary schools within the radius of 1 km. and 3 km. of self-settled colonies of LAPs, no. of special schools, no. of children in the age group of 6-14 years, no. of children already covered, no. of children still out of school and number of Education Guarantee Scheme (EGS) and Alternative and Innovative Education (AIE) running in these colonies, etc. which are placed at **Annexure-III**.

## **Recommendation**

**4.8.7** The Committee opines that it would not be proper to deny elementary education to the wards of LAPs in the name of inclusive growth of children and the Ministry should take a holistic view based on the practical difficulties at the ground level. It observes that there should be separate schools for dependent wards of LAPs on the lines of residential schools for blind and children belonging to Schedule Tribes, along-side general schools, for inclusive growth. The Committee is of the view that the children of LAPs who would be educated in separate schools, would be easily integrated into the society and they could contribute for economic integration of the LAPs as they would receive education in a stress free and non-discriminatory environment. The Committee also recommends including a chapter on 'Leprosy' and 'LAPs' in the NCERT Books for educating children with a view to clean the stigma attached to LAPs.

4.8.8 The Secretary, Deptt. of Higher Education while deposing before the Committee has submitted that her Department had been sensitive to higher educational needs of dependent wards of LAPs. She added that Gross Enrollment Ratio (GER) in the country would be augmented from 12.4% to 15% by 2012. The Government was trying to achieve that by setting up new IITs, IIMs, NITs and Polytechnics in 374 educationally backward districts of the country. In order to increase access to those institutions freeship/scholarship and interest subsidy schemes would be devised, in consultation with Health Ministry, which would help dependent wards of LAPs.

## **Recommendation**

**4.8.9** The Committee expresses its deep concerns over low figure of Gross Enrollment Ratio (GER) from amongst dependent wards of LAPs and recommends that the Ministry should ensure a concrete logical action on the recommendations made in para Nos. 15 & 15.1 of the 131<sup>st</sup> Report with regard to free higher/vocational education to the dependent wards of LAPs, so as to make them self-dependent. The Committee is also of the view that the Department of Higher Education may coordinate with the Ministry of Health & Family Welfare for sponsorship/scholarship to enhance access to higher education to the dependent wards of LAPs.

## **I. AMENDMENTS TO ANTIQUATED ACTS**

### **(a) Juvenile Justice (Care and Protection of Children) Act, 2000**

4.9.0 In its Report, the Committee had recommended to amend Section 48(2) of the Juvenile Justice (Care and Protection of Children) Act, 2000 which requires segregation of leprosy affected juvenile/child for specialised treatment thereby subjecting him/her to discrimination in that Juvenile Home.

*(Para No. 7.6 & 7.23 op. cit)*

## **Action Taken by the Government**

4.9.1 As per written reply of the Ministry of Women & Child Development Section 48 of the Juvenile Justice (Care and Protection of Children) Act, 2000, does not mention that leprosy as a disease is communicable and an inherently risky one. It is specifically mentioned in the said Section that where a juvenile/child is found to be suffering from leprosy, he shall be dealt with separately through specialized referral service or under the relevant law. Hence, there is no need for amendment in Section 48 under the JJ Act.

## **Progress made thereafter**

4.9.2 The Secretary of the Ministry of Women and Child Development, who appeared before the Committee on 18<sup>th</sup> January, 2010 submitted that in accordance with Section 48 of the Juvenile Justice (Care and Protection of Children) Act, 2000, children suffering from communicable diseases such as leprosy, sexually transmitted disease, hepatitis-B, open cases of tuberculosis and such other diseases or cases of unsound mind, shall be dealt with separately through various specialised referral services or under the relevant laws as such. Since leprosy is curable contagious after introduction of Multi Drug Therapy (MDT), the words 'leprosy' and 'leper asylum' were proposed to be deleted from Sections 48 and 58 of the said Act. The Secretary added that his Department had also consulted the Ministry of Health and Family Welfare about the relevance of mentioning diseases such tuberculosis, hepatitis-B and STD in the Act and the latter Ministry was of the opinion that those diseases were no more contagious and were curable and therefore, no segregation was called for the treatment of the patients suffering from those ailments. The Secretary of the Ministry thus informed the Committee that the Ministry also proposed to delete the other three diseases in the Act, in consultation with the Ministry of Law and Justice.

## **Recommendation**

**4.9.3 The Committee while appreciating the concern of the Ministry of Women and Child Development, recommends that till the Act is amended, an advisory may be issued to the State Governments not to segregate children suffering from leprosy and other diseases in the Juvenile Home.**

## **(b) Indian Railways Act, 1989**

4.10.0 The Committee in its report had recommended to amend Section 56 of Indian Railways Act, 1989, which gives power to railway authorities to refuse to carry persons suffering from infectious or contagious disease

*(Para No.7.5 and 7.23 op.cit)*

## **Action Taken by Government**

4.10.1 The Ministry of Railways has informed the Committee that leprosy does not appear in the list of infectious or contagious disease as mentioned in section 133(A) of Indian Railways Act, 1989. Hence no amendment is required in the Act.

## **Progress made thereafter**

4.10.2 Ministry of Railways in their subsequent written submission has stated that they are trying to remove the social stigma associated with Leprosy Affected Persons. Rules for travel of all persons suffering from diseases, including leprosy, have been governed by health and medical opinion in the larger interest of travelling public. Section 56 of Indian Railways Act, 1989 authorizes railways to refuse to carry persons suffering infectious or contagious diseases. The act also prescribes that Railways should arrange separation of persons suffering from infectious or contagious diseases and shall be carried in the train subject to certain conditions, so that other travelling public are not put to any harm. Prior to 1970, Leprosy was treated as one of the contagious/infectious diseases as such persons were not allowed to board the trains alongwith regular passengers. When it was established through medical opinion that leprosy is least infectious of diseases, in 1970, Rules were relaxed to allow persons suffering from non-infectious leprosy to travel in trains provided that they carry a certificate to the effect. Later, in 1989, it was decided to remove the "Leprosy" from the list of contagious/infectious diseases. In other words there were no restrictions on Leprosy affected persons to travel in trains along with regular passengers since 1989. Since Leprosy is not included in the list of infectious/contagious diseases, provisions of Section 56 of Indian Railways Act, 1989, are not applicable in this case. It is therefore, not considered necessary to amend Section 56 of Indian Railway Act 1989. Moreover, it has been decided by the Railways that the word "Leprosy" will be replaced by "Leprosy Affected Persons" and that the word "Leper" will not be used in the Railways' parlance or premises. Necessary action in this regard is being initiated by this Ministry.

## **Recommendation**

**4.10.3 The Committee has noted the explanations offered by Ministry of Railways.**

### **(c) Motor Vehicles Act, 1988**

4.11.0 The Committee had suggested amendment to Section 8(4) of the Motor Vehicles Act, 1988 which states that if the applicant is suffering from any disease or disability which is likely to cause the driving by him of a motor vehicle of the class which he would be authorized by the learner's license applied for to drive, to be a source of danger to the public or to the passengers, the licensing authority shall refuse to issue the learner's license as the licensing authority uses his own judgment to refuse license to the LAPs.



*(Para No.7.15 and 7.23 op.cit)*

### **Action Taken by Government**

4.11.1 The Ministry of Road Transport and Highways responded that no change in law is required since leprosy is not specified in the Act.

### **Progress made thereafter**

4.11.2 The Secretary of Ministry of Road Transport and Highways, who appeared before the Committee on 18<sup>th</sup> January, 2010 has stated that a person who was affected by leprosy *per se* could not be denied driving licence under the Motor Vehicles Act, 1988 unless and until that person was physically incapacitated to drive a motor vehicle. The RTO could not deny driving licence unless the disease was self-revealed by the applicant or by medical examination done by the licensing authority. The Secretary however admitted that the perception of the licensing authority might differ from person to person. The Ministry had decided to refer the matter to a Departmental Committee, headed by Shri S. Sundar, Former Secretary of the Ministry of Surface Transport and distinguished fellow of TERI, examining comprehensive amendments to the Motor Vehicles Act, 1988, so as to reduce subjective element in issuance of driving licence to leprosy affected persons.

4.11.3 According to the Ministry of Road Transport and Highways, written advisories have been sent to all State Govt./UTs on 22<sup>nd</sup> January, 2010 to issue instructions to all RTOs/Licensing authorities not to discriminate LAPs while issuing learner's license or regular driving license.

### **Recommendation**

**4.11.4 The Committee notes with satisfaction the action taken by the Ministry.**

### **(d) Industrial Disputes Act, 1947**

4.12.0 The Committee recommended to provide safeguard to LAPs workmen from termination/retrenchment by the management as provision of section 2 of Industrial Disputes Act, 1947 has the element of subjective interpretation in the hand of appointing authority.

*(Para No 7.16 and 7.23 op. cit)*

### **Action Taken by Government**

4.12.1 The Ministry of Labour & Employment replied as under:

*"Section 2A of the Industrial Disputes Act, 1947 provides that where any employer discharges, dismisses, retrenches or otherwise terminates the services of an individual workman, any dispute or difference between that workman and his employer connected with, or arising out of, such discharge, dismissal, retrenchment or termination shall be deemed to be an industrial dispute notwithstanding that no other workman or any union*

*of workmen is a party to the dispute. Such disputes are adjudicated by the CGIT-cum-LCs only after a reference is made to it by the appropriate Government.*

*Section 10 of the ID Act provides for the appropriate Government to form an opinion only on the existence of an industrial dispute for reference of the same to Labour Court Tribunal/National Tribunal or otherwise.*

*As per Section 2A read with the Section 10 of the ID Act, 1947, all disputes relating to discharge, dismissal, retrenchment or otherwise termination, irrespective of the cause thereof, are referred by the appropriate Government to the Labour Court/Tribunal/National Tribunal for adjudication. Workman can get the appropriate relief from Labour Court/Tribunal/National Tribunal as the case may be".*

### **Progress made thereafter**

4.12.2 The Ministry of Labour and Employment has further submitted that any workman would have to be fit enough to discharge the tasks, duties and responsibilities assigned to him/her. In case the workman is discriminated against, on grounds of his being affected with leprosy or discharged from service, an industrial dispute can be raised under Section 2A of the Industrial Disputes Act, 1947. The processes of conciliation and adjudication are available under Industrial Disputes Act, 1947. However, a permanent protection of jobs by delinking the requirements of jobs from the ability to discharge tasks, duties and responsibilities associated with them is not desirable and cannot be attempted through amendments to Industrial Disputes Act, 1947. In any case the mandate of the ID Act is to make provision for the investigation and settlement of industrial disputes.

4.12.3 The Secretary, Labour & Employment has informed the Committee that the definition of the term "continued ill-health" in Section 2(00) of the Industrial Disputes Act, 1947 has the scope of subjective element. He has submitted that the Ministry is examining the issues of clarifying/defining the term 'continued ill-health' under rules.

### **Recommendation**

#### **4.12.4 The Committee has noted the reply.**

##### **(e) Amendments to Personal Laws**

4.13.0 In its Hundred and Thirty-first Report of the Committee had also recommended amendments in the discriminatory provisions contained in the following personal laws which stand as barrier to the empowerment of LAPs:

- (i) Hindu Marriage Act, 1955;
- (ii) Dissolution of Muslim Marriage Act, 1939;
- (iii) Indian Christian Marriage Act, 1872;
- (iv) Indian Divorce Act, 1869; and
- (v) Hindu Adoption and Maintenance Act, 1956

## **Action Taken by Government**

4.13.1 Ministry of Health & Family Welfare which is the nodal Ministry for the petition has requested the Ministry Law & Justice (Legislative Department) on 23<sup>rd</sup> February, 2010 to submit the action taken report on recommendations/observations of the Committee regarding amendment of various discriminatory provision in Acts, as mentioned above, against LAPs. The Ministry of Law & Justice was again reminded by the nodal Ministry on 31<sup>st</sup> March, 2010 to submit the action taken but no communication has been received from the Ministry of Law & Justice (Legislative Department) till date.

## **Progress made thereafter**

4.13.2 The Ministry of Health and Family Welfare *vide* their communication dated 5<sup>th</sup> August, 2010 forwarded the views and comments of 22 State Governments and 7 Union Territories as obtained by the Ministry of Law & Justice with regard to amendments to personal laws that discriminate leprosy affected persons. As many as 14 State Governments/UT Administrations have agreed to the proposal of Ministry of Law and Justice for amendment to personal laws so as to remove discriminatory provision therein against LAPs.

## **Recommendation**

**4.13.3 The Committee desires that amendment to personal laws may be effected within six months so as to remove discriminatory provisions therein against LAPs.**

**(f) Bombay Municipal Corporation Act 1888 and Bombay Prevention of Begging Act 1959**

4.14.0 Section 421 of the Bombay Municipal Corporation Act, 1888 requires information to be given about existence of dangerous disease or continuous pyrexia of unknown origin to the Health Officer by the medical practitioner for prevention of spread of the disease. This provision is resorted to in respect of the person affected by leprosy whether he is cured or not. The person affected by leprosy may be removed to premises reserved for him. However, the fact remains that leprosy is no more a dangerous disease. On the other hand, leprosy is now curable and its infectious stage can be curtailed to a very short period with the help of modern drugs. It, therefore, needs to be specified in the Act itself that this provision should not be made applicable for leprosy.

4.14.1 Further Section 8(3) of the Bombay Prevention of Begging Act, 1959 permits the court to order detention of persons wholly dependent on begging. In accordance with the provisions of the Act the child may be ordered to be detained in a certified institution until it attains the age of five years. It is inhuman to remove the child from the mother or its guardian unless it is in the best interests of the child. There is also no reason as to why a child, who is under the age of five years, should be removed from the mother suffering from leprosy. The whole section, therefore, should be deleted.

4.14.2 Section 9(4) of the Act seeks issuance of orders for the detention of incurably helpless beggars. It is violative of Article 21 of the Constitution to detain any person indefinitely for begging. Detaining a person indefinitely because he is incurably helpless is also violation of human rights. It is therefore appropriate that the provision regarding indefinite detention be deleted.

4.14.3 The Maharashtra State Road Transport Corporation Act, 1980 provides concession to the extent of 75% to non-infectious leprosy persons. The Committee was informed during its visit to Mumbai that the concession is not available in the buses run by Brihan Mumbai Electricity Supply and Transport (BEST). The Ministry of Road transport and Highways on 19 August, 2008 have written to Vice- Chairman, MSRTC, Mumbai to extend the concession to all LAPs.

### **Action Taken by Government**

4.14.4 The Municipal Commissioner, Greater Mumbai Corporation, Mumbai, Maharashtra was requested *vide* letter dated 27<sup>th</sup> November, 2008 to consider the issue of amendment of these Acts. The Municipal Commissioner, Mumbai *vide* letter dated 31<sup>st</sup> Dec., 2008 commented that in view of the fact that — 1) Leprosy is no more a dangerous disease, 2) Leprosy is curable, 3) Leprosy affected persons (cured or not) should be integrated into the society — a new sentence *viz.* "The section is not applicable to patients of leprosy whether cured or not", should be inserted at the end of Section 421 of the Bombay Municipal Corporation Act, 1888. This will ensure that human rights of persons affected with leprosy will not be violated by this Act.

4.14.5 A letter dated 27<sup>th</sup> April, 2009 has again been sent to the Municipal Commissioner, Greater Mumbai Corporation for taking suitable action to amend the Act as suggested by them. The Municipal Commissioner, Municipal Corporation of Greater Mumbai (MCGM) responded that they have requested to Govt. of Maharashtra to consider the amendment to the Bombay Beggary Prevention Act, 1959. A letter has again been sent to the Municipal Commissioner, Greater Mumbai to convey progress in the matter.

4.14.6 The Maharashtra Road Transport Corporation (MSRTC) has requested the Govt. of Maharashtra for modification of the Maharashtra State Road Transport Corporation (MSRTC) Act 1980 to cover all leprosy patients for concessional travel in the buses run by MSRTC. A letter dated 27<sup>th</sup> April, 2009 has been sent to the Municipal Commissioner, Greater Mumbai to convey the progress in the matter.

4.14.7 The Ministry of Road Transport and Highways *vide* their OM dated 2<sup>nd</sup> September, 2009 replied that Brihan Mumbai Electricity supply and Transport (BEST), Mumbai has been requested to provide 75% concession to LAPs travelling in the buses run by BEST on the line of similar facility available in the buses run by MSRTC *vide* letter dated 22<sup>nd</sup> June, 2009.

### **Progress made thereafter**

4.14.8 Ministry of Health & Family Welfare *vide* their letter dated 23<sup>rd</sup> February and 31<sup>st</sup> March, 2010 requested the Government of Maharashtra to submit the progress made in regard to the

observations/recommendations of the Committee. However, the Government of Maharashtra is yet to furnish any response regarding amendment in Bombay Municipal Corporation Act 1888 and Bombay Prevention of Begging Act 1959.

## **Recommendation**

**4.14.9 The Committee has noted the reply. It hopes that the State Government of Maharashtra would endeavor to implement its own suggestion and expedite the process of amendment to their extant laws with a view to integrate and empower the LAPs of its State.**

### **(g) Orissa Municipal Act, 1950**

4.15.0 Section 16 of the Orissa Municipal Act of 1950 bars people suffering from tuberculosis and leprosy from holding civic posts. The Supreme Court in a recent ruling in the case of *Dhirendra Pandua vs State of Orissa & others (2008)* has upheld judgments of an Election Tribunal and the Orissa High Court stating that leprosy patients cannot contest civic election or hold a municipal office in the State of Orissa. The two judge bench of the Supreme Court has reportedly upheld the disqualification of a councillor on the ground that his debarment under the said Act was not discriminatory and violative of Article 14. At the same time the Court has observed that having regard to the change in concept and knowledge gained about the disease of leprosy, on the recommendation of the Working Group on Eradication of Leprosy, appointed by the Government of India, many State Governments and Union Territories have repealed the antiquated Lepers Act, 1898 and subsequent similar State Acts, providing for the segregation and medical treatment of pauper lepers suffering from infectious type of disease. In that context, the Supreme Court has observed that keeping in view the present thinking and researches carried on leprosy as also on tuberculosis, and with professional input, the Legislature may seriously consider whether it is still necessary to retain such provisions in the statutes.

## **Action Taken by Government**

4.15.1 Union Ministry of Health & Family Welfare had sent a letter to the Principal Secretary, Ministry of Health & Family Welfare, Orissa, requesting to appeal to Supreme Court regarding amendment of the Act.

## **Progress made thereafter**

4.15.2 The State Government of Orissa in their counter affidavit filed in reply to Writ Petition No. 83 of 2010 (Public Interest Litigation filed by Federation of Leprosy Organisation (FOLO) and International Leprosy Union Vrs Union of India) in the Supreme Court of India have submitted that the Acts/Rules/Bye-laws/Executive Instruction, which are prevalent in the State of Orissa shall be amended if actually discrimination is formed there. To that effect, necessary steps have been initiated by the concerned Deptts. to bring in amendments to the following Acts so as to bring appropriate Bills before Orissa Legislative Assembly:-

- (i) The Orissa Municipal Corporation Act, 1950;
- (ii) The Municipal Corporation Act, 2003;
- (iii) The Orissa Panchayat Act, 1959; and
- (iv) The Orissa Gram Panchayat Act, 1964

### **Recommendation**

#### **4.15.3 The Committee has noted the explanations offered by Government of Orissa.**

### **J. FREE PASS FACILITY TO LAPS BY RAILWAYS**

4.16.0 The Committee had recommended for free railways passes to the leprosy affected persons to visit nearest hospitals and places of relatives.

*(Para No.18.0, op. cit.)*

#### **Action Taken by Government**

4.16.1 The Railway Board intimated that they are already issuing free railway pass in favour of large number of categories like Arjun, Dronacharya and Gallantry awardees, etc. Due to financial and other considerations, it has not been found feasible to extend the scope of extant schemes to include other categories of persons/awardees. However, the non-infectious leprosy patients are already being extended facility of 75% concession in first, second/sleeper class train fare by Railways. However, the Ministry of Railways was again requested for consideration of issuing free pass to leprosy affected persons.

#### **Progress made thereafter**

4.16.2 The Ministry of Railways further responded that the matter of issuing free pass to LAPs has been reconsidered. However, it has been decided to maintain *status-quo* due to financial and other repercussions. The Ministry has further added that the LAPs whose income is not exceeding Rs.1500/-per month, are entitled to get Izzat MST for travelling within 100 km or less at cost of Rs.25/- per month.

### **Recommendation**

#### **4.16.3 The Committee noted the explanation of Ministry of Railways.**

### **K. EXEMPTION OF VAT ON THE ITEMS PRODUCED BY THE LAPs.**

4.17.0 The Committee had recommended that the products being directly produced by LAPs, be exempted from levy of VAT which would greatly help them to earn livelihood and ensure their economical empowerment.

*(Para No. 12.1, op.cit)*

## **Action Taken by Government**

4.17.1 The Ministry of Health and Family Welfare requested the Ministry of Finance to consider the issue of exemption of VAT on the items produced by the LAPs.

## **Progress made thereafter**

4.17.2 The Revenue Secretary in his deposition on 10<sup>th</sup> February, 2010 mentioned that VAT is a tax on sale or purchase of goods within a State and it is a State subject (entry No. 54, List -2 of Seventh schedule). However, the matter is referred for consideration to Empowered Committee of State Finance Ministers. As per a latest communication from Deptt. of Revenue. The Empowered Committee of State Finance Ministers has not agreed to grant specific exemption under VAT for durries, bags etc. produced by Leprosy Affected Persons (LAPs).

## **Recommendation**

**4.17.3 The Committee noted the concern of the Government in taking of the issue of exemption of VAT on the items produced by LAPs to logical end. But the Committee was disappointed with decision taken by the Empowered Committee of State Finance Ministers. The Committee appreciates the general constraints behind exemptions in the regime of taxation but given the fact that in the instant case the demand is directly related with the livelihood of LAPs, who are marginalized section of the society, direct intervention at the level of Hon'ble Finance Minister to persuade the State Finance Ministers for reconsidering the exemption of VAT on the items produced by LAPs with sympathy and compassion, may help in empowering the LAPs. Such consideration could be a departure but certainly a genuine and exclusive one.**

## **L. ANTODAYA CARD TO THE FAMILIES OF THE LAPS STAYING IN SELF-SETTLED COLONIES**

4.18.0 The Committee had recommended for Antodaya Card to the families of the LAPs staying in self-settled colonies.

*(Para Nos.19 & 20, op. cit)*

## **Action Taken by Government**

4.18.1 The Ministry of Consumer Affairs, Food & Public Distribution opined that this scheme is only a segment of the Below Poverty Line (BPL) households to be covered under Targeted Public Distribution System (TPDS) being implemented by that Department jointly with the State Govt. and UT Administrations. For identification of the poorest of the poor families in rural and urban areas to be covered under Antodaya Anna Yojana (AAY), elaborate guidelines were issued. As per these guidelines, Leprosy Affected Persons would be eligible for coverage under the scheme provided they are from identified BPL families and are terminally ill or disabled. However, income/asset base being the criteria for identification of BPL and AAY families it

would not be possible to cover those Leprosy Affected Persons who are from APL/affluent families under AAY.

### **Progress made thereafter**

4.18.2 Further the Secretary, Deptt. of Food & Public Distribution mentioned in his deposition that Reports of 13 States/UTs suggest that there are 24341 numbers of LAPs residing in self-settled colonies. Out of these, 4499 LAPs have been issued AAY ration card. Remaining States/UTs have been requested to expedite reply at the earliest.

### **Recommendations**

**4.18.3 The Committee feels that if the LAPs residing in self-settled colonies were not given proper food, it would be difficult to eradicate leprosy from the country. The Committee noted that there were only a limited number of LAPs (50,197) residing in 612 self-settled colonies throughout the country. It opined that out of about 110 crore of the total population, this small number of LAPs residing in self-settled colonies, marginalized due to social stigma, should be considered for issuance of AAY/BPL Card from humanitarian angle and for that purpose the existing norms for identification of AAY/BPL beneficiary may be relaxed in the case of LAPs, for their rehabilitation.**

\*\*\*\*\*