CGHC010085872020

HIGH COURT OF CHHATTISGARH AT BILASPUR

WPPIL No. 59 of 2020

Kopal Vani Child Welfare Organization Raipur

Versus

Union Of India & Others

alongwith

WPC/1265/2020 and **WPC/2114/2020**

Order-Sheet

03/11/2026	Heard Mr. Devershi Thakur and Mr. Kishore Narayan learned counsel for the respective petitioners. Also heard Mr. Prasun Kumar Bhaduri, learned Deputy Advocate General for the respondent-State, Ms. Anmol Sharma, learned Central Government counsel for the respondent-Union of India, Mr. Ankush Borkar, learned counsel on behalf of Dr. Sourabh Pande, learned counsel for the respondent-Enforcement Directorate, Ms. Surya

Kawalkar Dangi, Ms. Shivali Dubey, Mr. Apoorva Tripathi, Mr. Palash Tiwari, Mr. Malay Shrivastava, learned Court Commissioners.

Out of 11 Gharoundas, reports in respect of Gharoundas at Raipur and Bilaspur have been received from the Registry and are taken on record.

Ms. Surya Kawalkar Dangi, learned Court Commissioner took the pain to visit both male and female Gharoundas at District Raipur and submitted her report.

The report contains different sub-heads and for our appreciation, we reproduce herein the report with regard to professional medical assistance and intimation of death, which are as follows:

"PROFESSIONAL MEDICAL ASSISTANCE

D. Clause 8(f), provides for the facility of doctor in the center, for ease of reference the same is reproduced below:

" (च)चिकित्सा देखभाल–

1. घरौंदा गृह में एक चिकित्सक नीःशक्त व्यक्ति की नियमित चिकित्सा जांच और उपचार हेतु जब कभी आवश्यक होगा कॉल कॉल पर उपलब्ध कराया जाएगा।

2. घरौंदा गृह संस्थाओं मैं नर्स या परिचिकित्सकीय 24 घंटे उपलब्ध

	कराया जाएगा। मासिक चिकित्सकीय जांच के आधार पर प्रत्येक नी:शक्त व्यक्ति का चिकित्सा अभिलेख रखेगी तथा आवश्यक चिकित्सा सुविधा प्रदान करेगी। *7. स्थानीय प्राथमिक स्वास्थ्य केंद्र (शासकीय/निजी अस्पताल चिकित्सा) महाविद्यालयों, नैदानिक मनोवैज्ञानिको तथा मनोचिकित्सकों और मानसिक स्वास्थ्य संस्थानों के साथ उनके चिकित्सकों और विद्यार्थियों द्वारा नियमित दौरे के लिए तथा संस्थाओं मैं आवधिक स्वास्थ्य शिविर लगाने के लिए संबंध स्थापित किया जावेगा। "* *The female-centre doctor register identify Dr. Anupma Singh and contain beneficiary-wise entries recording dates, vitals, complaints/diagnosis, treatment where required and signatures. The male-centre sheets similarly identify Dr. Shubhrat Singh Thakur and contain beneficiary-wise dated entries. That, the doctor register for last three months shows only one or two visit per month whereas the requirement was for 2 visit per week which is not as per the guideline. No record establishing a nurse or paramedical person available for 24 hours, or regular psychiatric review/linkage, was found. Further, when a query was raised that when any inhabitant / beneficiary becomes aggressive what is done, they answered that we try to clam them by giving food of their choice but failed to provide any satisfactory answer. It is submitted that the guidelines provides for 24 hours nurse to meet any such event which has not been complied neither any professional help is sought by the centre in such situations. The medical examination register of last one year is collectively annexed as Annexure CC/5 (Colly).* xxx xxx xxx

INTIMATION OF DEATH

H. Clause 18 requires immediate intimation of a death to the guardian, police, District Level Committee and senior departmental authority, followed by lawful handing over/funeral procedure. The supplied records disclose five deaths connected with the female centre during 2026: four adult female residents and the child Kabir. Hospital records/death documents are available as tabulated below, but no separate record of intimation to the police, District Level Committee or senior departmental authority was supplied. The absence of a post-mortem report is not, by itself, a breach of Clause 18; the material question is whether the prescribed intimations and procedure are documented.

S.No	***Name/status***	***Date of Death***	***Cause of Death***	***Record-based Observation***
1.	*Shobha, female, 30 years*	*24.05.2026*	*Pneumonia and septic shock*	*Hospital death recorded at Dr. B.R. Ambedkar Memorial Hospital; referral/treatment papers are present. Prescribed external-intimation.*
2.	*Kumari Bai, female, 35 years*	*09.05.2026*	*Severe iron-deficiency anaemia, seizure disorder, hyponatraemia*	*Hospital admission and treatment for serious illness are documented.*

			(low sodium) and aspiration pneumonitis.	*Acknowledgments were not supplied*
3.	*Meena, female, 30 years*	*06.06.2026*	*Acute enteritis with severe dehydration, abdominal tuberculosis, ascites and type-I respiratory failure. Hypothyroidism is also recorded.*	*Hospital record notes acute illness and cardio respiratory arrest*
4.	*Kusum, female, age 45 years*	*21.09.2026*	*Extrapulmonary tuberculosis with scrofuloderma is recorded in her hospital papers. A medical certificate establishing the cause of death has not been identified in her uploaded file*	*The supplied set does not contain a formal death certificate.*
5.	*Kabir, male child of a female resident age of 05 years*	*10.08.2026*	*Sepsis and refactory shock*	*Name/age differ from the junior description ('Kuber', five years). Hospital treatment is documented; Cause of death- sepsis and refractory shock.*

	I. The papers supplied relate to a male child named Kabir', child of Sapna Nayak. The hospital death report records admission on 03.07.2026 and death on 10.08.2026 at 5:14 p.m., with sepsis and refractory shock recorded as the cause. The papers contain inconsistent ages-seven years in the hospital death report/other records and five years on one radiology slip. The material shows hospital admission, investigations and treatment. It is submitted that a query was raised to the staff and the manager that how the child Kabir died, all the staff present responded that he was a healthy child and he fell from the bed and got fits and thereafter he was taken to hospital. However, the hospital records disclose several serious medical conditions, including neurocysticercosis, nutritional anaemia and tuberculosis, and record sepsis and refractory shock as the cause of death on 10.08.2026, following admission on 03.07.2026. The supplied papers do not contain the initial admission history or the reports of the brain scans registered on 04.07.2026 and 08.07.2026. The sequence of the fall and fits, their cause, and their connection, if any, with the subsequent illness and death therefore remain unclear. It is respectfully submitted that an inquiry in this aspect is required by independent medical expert so as to rule out any negligence on the part of the staff of guaranda centre. The inquiry may ascertain the child's health before the incident, the circumstances of the fall and fits, and whether medical attention was obtained promptly and appropriate care was provided. No conclusion regarding negligence or wrongdoing is drawn at this stage; the inquiry is sought to establish the facts.

	*J. That, the Centre's medical register records Kusum's examination on 14.08.2026, and states no specific complaint recorded. On 11.09.2026, it records "**चर्म रोग**" against her name. These entries do not record an assessment of her tuberculosis or its follow-up, whereas her hospital admission papers dated 20.09.2026 record extrapulmonary tuberculosis and scrofuloderma. The lacuna is that the examination entries by the gauranda centre do not show whether this serious medical condition and its treatment were reviewed by the visiting doctor.* *That, the hospital admission papers relating to the deaths of Kumari Bai, Shobha and Meena record serious medical conditions. Kumari Bai's papers record severe iron-deficiency anaemia, seizure disorder, low sodium levels and aspiration pneumonitis. Shobha's papers record pneumonia and septic shock. Meena's papers record acute enteritis with severe dehydration, abdominal tuberculosis and respiratory failure. The records thus show a combination of continuing illnesses and acute complications; and the records shows only last 2 month treatment in the hospital.* *That, at this stage it is pertinent to submit that the beneficiaries may be unable to clearly express their pain or symptoms. The Centre's staff must therefore remain alert to reduced food intake, unusual behaviour or any change in their normal condition and obtain prompt medical assistance. The requirement under the guidelines of two doctor visits every week and round-the-clock nursing care is intended to ensure early detection and timely treatment. In the cases of Kumari Bai, Shobha and Meena, the hospital papers record serious illnesses, but the Centre's medical register supplied*

	for examination does not show what symptoms were noticed, when they were first noticed, or what medical assistance was provided before hospitalisation. The record thus fails to demonstrate timely monitoring and early intervention by the centre staff. The available death records are collectively annexed as Annexure CC/6 (Colly).” It is submitted by learned Court Commissioner that although the qualified Professional Medical Assistants were required to visit twice in a week to each of the Gharoundas, but the Register reveal that they have made only one or two visit in a month. It is also indicated therein that five of the inmates have died in the said Gharoundas. It is shocking to observe that post-mortem reports in most of the death cases are not available with the Ghardoundas. Mr. Bhaduri, learned Deputy Advocate General submits that he received the report with regard to Raipur yesterday only, hence, he prays for an adjournment to take instructions and respond to the report. Likewise, report with regard to the Gharoundas at Bilaspur have been filed by Ms. Shivali Dubey, learned Court Commissioner. It is reported that the diets as provided by the Gharoundas are of poor quality. The food provided to the

	inmates is also insufficient. The hygiene condition of the toilets is also not up to the mark. Treatment of the inmates of the Gharoundas at Bilaspur have been described at paragraph 12 and health record is stated at paragraph 13, which are reproduced here as under: ***"12. <u>Treatment of the Residents - Physical Restraint</u>:-*** *During the inspection, one of the male residents was found tied by the four corners of his bed. The staff stated that the said resident was "hyper" and "could do anything, apparently in order to threaten and dissuade the undersigned, Ms. Shivali Dubey, from proceeding further, so that she would return out of fear.* *The said resident was photographed while so restrained, lying bare-bodied on a thermocol sheet laid over a wooden cot, with his wrist tied by a piece of cloth to the leg of the cot (Photographs 1 and 2).* *On being asked since how long the resident had been tied, the manager answered that it had been for about half an hour. On the insistence of the undersigned, the resident was released. Upon release, he was completely normal he went straight to the washroom to urinate and thereafter simply sat on the floor in the queue where the rest of the residents were sitting and having their food.* *This clearly shows that the said resident had been*

	holding his urine for all that time, but owing to his condition he could neither speak nor express the call of nature. The only explanation offered for the restraint was that he was "hyper", no medical advice or record authorising the restraint was cited. ***13. <u>Health Records</u>**:-* *I. Yet again, no individual health record of the residents is being maintained. The register of medical visits produced before the undersigned contains only common entries, dated 14.08.2026 and 12.09.2026, to the effect that the patients of the Gharaunda facility were reviewed and medicine was prescribed, signed by the visiting psychiatrist (Photograph 14). No individual examination notes or progress records of the residents were found.* *II. Thus, as against the requirement of a visiting doctor twice a week under the Scheme, only one common review per month stands recorded.* *III. The Out-Patient record of one of the residents from the State Mental Hospital, Sendri, Bilaspur, dated 29.09.2026, shows that the resident has been prescribed three psychiatric medicines, namely Risperidone, Sodium Valproate and Propranolol (Photograph 14). This lends support to the observation made hereinabove that the residents are on heavy medication while being given insufficient food."* We have perused the photographs appended to both the reports submitted by the respective learned Court

	Commissioners who visited the male and female Gharoundas at Bilaspur. It reflects a sorry state of affairs. It is shocking to note that that no one was available to communicate with the inmates/residents and understand their difficulties. These aspects are seriously viewed. Mr. Bhaduri, learned Deputy Advocate General prays for an adjournment to take detailed instructions on both the reports and submit respective responses to those reports within two weeks hence serving copy thereof on respective learned Court Commissioners. Put up on **03.12.2026.** Mr. Bhaduri shall also take instructions as to whether the respective learned Court Commissioners can be given access to CCTV cameras installed in the respective Gharoundas of the State. It is further directed that the respective Nodal Officers of the respective Districts/Incharge of the Gharoundas shall communicate their respective monthly reports to the respective learned Court Commissioners for better

appreciation and for assistance of the Court in terms of clause 28 and 30 of the guidelines dated 05th March, 2019 (Annexure CC/1) issued by the Government for running of the Gharounda Centers.

Sd/-
(Santosh Sharma)
JUDGE

Sd/-
(Krushna Ram Mohapatra)
CHIEF JUSTICE

Amit

AMIT KUMAR DUBEY
Digitally signed by AMIT KUMAR DUBEY
Date: 2026.11.04 11:46:48 +0530