

District Attachment

by Ikram SHARIFF

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Part A Report: District Collector.
 Collector: Veera Raghava Rao
 District: Madurai, Tamil Nadu.
 Officer Trainee: MD. Ikramulla Shariff, D-18

District Collector:

The district attachment was in Madurai district under the collectorship of Shri Veera Raghava Rao, IAS. Madurai being the cultural capital and the biggest district of Tamil Nadu the magistracy of this district is considered very prestigious. The institution of the collectorate here is very old and in the erstwhile state of madras Madurai it was one of the biggest districts, and was later divided into many other districts. The collectorate itself is a testimony the importance of the institution here as the structure was built in 1906 and is one of the oldest collectorates in the country. The District Magistrate is known as the District collector here and indeed he is the microcosm of governance at the district responsible for revenues well as developmental functions. Unlike in many states where there is a CEO responsible for development, in Tamil Nadu there is a DRDA but under the overall supervision of the Collector.

As the collector told us, anything and everything under the sun in the district is the responsibility of the collector. Even if the issue doesn't come under the direct ambit of the collector, because he is seen as the ultimate symbol of administration in the district. The district collectorate is divided into different sections for the purposes of the organization of work. The table below lists the different sections, the subjects they deal with and the officer in charge of them:

Name of the section	Subject	Charge officer
A Section	Revenue Staff Establishment & Disciplinary Proceedings	Personal Assistant (General)
C Section	Cinema, Law & Order, Arms Act & rules, Explosive Act & rules, Passport, Character Verification, Foreigners citizenship act.	
D Section	Natural calamity, Election, Revenue Recovery Act, Conduct of Examinations, Census.	
R Section	Maintenance of Records, Fair copy.	
G Section	VAOs' & Menials Establishment, Tenancy Appeal, Staff meeting, Urban Land Tax.	
B Section	Land Acquisition	Additional Personal Assistant (APA) (Deputy Tahslidar Cadre)
J Section	Lease, Land Assigment, Eviction of Encroachment	
Y Section	Alienation, Trees, Forest, Revenue Buildings	
M Section	Public Grievances, CM Relief Fund, Accident Relief Fund	Special Deputy Collector (PGRC)
E Section	Pay bills, Motor Vehicles, Loans and Advances.	Personal Assistant

V Section	Sanction of House Building Advance, Audit, Reconciliation	(Accounts)
H Section	Teachers Establishment, Maintenance of School Buildings, Most Backward Class hostel	Special Deputy Collector (Kallar Reclamation)
I Section	Inspection of Offices.	Cell Officer
K Section	Local Administration, Establishment, Public Health Committee Meeting, Education.	Personal Assistant (Panchayat Development)
L Section	Adi-Dravida Welfare, Acquisition of House site, Maintenance of Schools and Hostels, Sanction of Scholarships to Adi-Dravida Students.	District Adi-Dravida Welfare Officer
N Section	Irrigation, Wasteland Development.	Personal Assistant (Agriculture)
P Section	Public Distribution System, Essential Commodity Act.	District Supply Officer
S Section	Maintenance of Survey and Land Records, Town Survey	Assistant Director (Survey)
W Section	Backward Class Welfare, Hostel Maintenance, Scholarship to Backward & Most Backward Class Students	District Backward Class Welfare Officer
X Section	Prohibition and Excise	Assistant Commissioner (Excise) ¹

Apart from the duties coming under these sections, the district collector is responsible for coordination and supervision of all the line departments of the state government such as Education, health, Civil Supplies etc. He conducts regular meetings with these departments to ensure smooth function of the departments.

Initially even the Collectors office was unsure of all the committees he chairs. It took a lot of prodding, and finally after ten days, they were able to produce a list of some of the committees headed by him. As a part of this job, the collector heads more than 70 committees in the district and conducts mandatory inspections of all the departments on a regular basis to ensure efficiency and reduce bureaucratic red tape. Along with the committees list supplied by the Personal Assistant General, we were also able to gather list of some more committees after looking at the tour diary of the collector, which are as follows:

Committees headed by the collector as Chairperson.	
1.	Blind Rehabilitation committee
2.	District screening committee for scheduled tribes
3.	District health society
4.	District family planning society
5.	Committee on avian influenza

6.	SPCA Committee
7.	District Soldiers, Sailor ad Airman Board.
8.	Administrative committee
9.	Jawan Bhawans Committee
10.	Ex-Servicemen Committee
11.	District Road safety committee
12.	District disaster management committee
13.	Child Labor rehabilitation and welfare society
14.	District level monitoring and review committee
15.	Patient welfare committee
16.	Local level committee
17.	Consumer protection committee
18.	Irrigation loan scheme screening committee Vigilance committee
19.	PCR Committee
20.	Sales tax advisory committee
21.	Hospital Advisory Committee
22.	Leprosy Eradication committee
23.	Muslim women Aid Society

On a typical day the collector arrives at office at 10.00 am and stays as late as 8 pm in the evening attending all sorts of functions. Apart from his regular duties, collector spends a major chunk of his time firefighting new issues that crop up in the district everyday. At the time of our visit the Jallikattu protest was going on, therefore that activity occupied a majority of his time. He was using his magisterial powers, in coordination with the police to ensure safety and law and order in the district. Here, more than the direct use of powers his personal ingenuity, and public management skills appeared to be more important. He met with the organizers of Jallikattu, the animal rights activists, media and the police regularly to take stock of the situation and assuage the people. Once the High Court gave an order to conduct Jallikattu, he personally visited each of the sites where it was to be conducted and ensured that adequate arrangements were made. He also called meeting with the organizers to address their concerns and caution them about taking adequate safety precautions. He held regular interviews with the media to ensure that the government, while the handling of the issue sends the right message lest the administration look weak. One particularly appreciable skill was the habit of giving credit to others, which is a hallmark of a good leader: when he met the SP he congratulated him from successfully handling the protests, and when he met the media he said the protests were successfully handled all because of their efforts – this made everybody happy even though he was the one leading from the front.

Law and Order:

We saw that the relationship between him and the SP was very cordial in the district. And indeed that was important to ensure proper coordination during the Jallikattu protest. One instance of effective coordination was when the SP

made a request to shut down all the liquor shops in the district for a few days. The district collector implemented the order after a phone conversation with the SP whereas the written request arrived at his office later. The Collector and the SP also jointly toured the district in the convoy during the protest for proper coordination and also intelligence gathering. The DM categorically told us that while he exercises overall control over law and order issues, it is important not to interfere with the day to day work of the police as the domain of the Police officers is already narrow and thus is an irritant for them when the DM gets involved in their turf. However, when the situation demands the collector can use his magisterial powers under Section 107, 144 etc. of CrPC to curb the violence.

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Representational Role:

The DM is the symbol of governance at the district level. He is thus responsible for presiding over events like republic day and Independence Day. We had the opportunity of visiting the flag hoisting on republic day when the DM unfurled the flag, presided over the cultural events and distributed various awards to difference functionaries. It was also a time that he used to interact with the children and local public to get a pulse of the people. Soon after the Function a special gram sabha was conducted where the grievances of the panchayat and the issues facing them were discussed and addressed to a large extent. We realized that apart from his regular work, how the DM presents himself to the public, officials and dignitaries at large acts a symbol of the effectiveness of the administration and the service. During his interactions with people, the collector was always calm, sober, and patient in hearing them out and smiling. This endeared the collector to everybody around him.

Developmental Role:

In Tamil Nadu the institution of Zilla Parishad is still a nascent one and all the developmental activities are conducted through the DRDA. A project director, of the rank of additional collector, is the executive head of the DRDA where as the collector is the Chairman. This is unlike in states like Karnataka where developmental activities are decentralized to the Zilla Parishad. It will be interesting to compare the efficacy of this model vis-à-vis the Karnataka model.

Since local schemes like Amma mess, Habitat scheme and central schemes like Swachh Bharat are being treated as mission mode schemes; the collector takes special interests in these schemes and monitors their progress by holding regular meetings with the Project Director of the DRDA. He is the captain, commander and leader of the development works being undertaken in the district. The collector has about 8 crores of discretionary funds which he can use for special project and he also convenes the MPLAD committee to sanction projects under the MPLAD scheme. These two are significant because, often, the needs of the district are specific and localized which might not be addressed either by state or central schemes which the collector can address at his own level. Since Madurai was going through one of the worst droughts in recent

years, the budget was being used to dig bore wells, create farm ponds and undertake various other activities under watershed management.

1 Regulatory role:

One of the most important functions of a collector is the regulatory role under the various acts of the central and state government such as the urban land ceiling act, the stamps and registration act, excise and prohibition, essential commodities act, APMC act, land acquisition act, food security act etc. We found that the collectorate is extremely organized in that, various sections have been clearly delineated the responsibility of various regulatory functions of the collector. All the sections are also neatly physically separated and well organized in the collectorate so that coordination also becomes easy.

Coordination Role:

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I found this to be the most important role of the collector. Apart from directly heading various departments, he coordinates with various line departments of the central and state government and has the power of superintendence over them, such as, PWD, education, health etc. However, the collector doesn't have disciplinary and financial control over these departments because of which control over them becomes difficult and that fact that these departments are located in buildings spread across the district, direct monitoring and control over them becomes difficult. However, the collector enjoys great moral over these departments and he can leverage that to ensure the performance of these departments.

Miscellaneous observations:

I found that the collector has a lot of reactionary fire fighting to do, in terms of solving new and emerging problems in the district. In order to do that, he also must be well read, knowledgeable about the issue and appear confident in front of others. For example: the High Court appointed committee in Tamil Nadu had given a deadline of few weeks for each district to remove a tree called Seemai karuvelam which is a major threat to water conservation as it is a drought resistant exotic species which sucks up all the water because of which no other tree grows in the vicinity. To monitor the work, a group of advocates had been appointed by the High Court. The collector knew very well that it was impossible to remove them within a short span of time because of two reasons: One, they were growing everywhere in the district and removing them requires a JCB because of their huge size and secondly, it is difficult to convince people to remove it from their private land as it costs a lot of money. During the meeting with the HC appointed advocates, the collector diplomatically appreciated their efforts for being a part of the solution, very tactfully explained the difficulties in removal of the tree, the prime reason being the lack of sufficient funds in the district and coopted the lawyers to spearhead a awareness campaign against the trees in the district! In a matter of minutes he ensured that no adverse report is sent to the high court and the hostile lawyers became docile! This requires man

management and great communication skills that do not emanate from any law or By-law, we have to develop these skills as administrators.

Concluding remarks:

Over all, watching the office of the collector was fascination and overwhelming. As the collector said, “anything and everything under the sun in the district is his responsibility”. Moreover, he has to rely on his subordinates for proper information regarding every activity in the district as he personally can't be there to monitor each and every thing. Apart from these, there is always a new crisis in the district, which distracts him from his regular work. Thus, it is very important for him to always interact with different sections of society, to keep his eyes and ears open to understand how the administration is functioning. He must develop zero tolerance for non-performance to set an example for all the subordinate staff, otherwise they can take him for a ride by misrepresenting data and facts as they know that the collector might not be physically there to monitor whatever has been sent to him. The collector must also develop mechanism like a Monday meeting which is being done in several districts to set the agenda for the week and review the work of the previous week – this way, he can track all the important activities in the district and also focus on areas in which he wants to bring a substantial change without being distracted by the ocean of work he has to do.

Lastly, I must thank the faculty at LBSNAA, for this unique opportunity given to us to get an exposure at such an early part of our training to learn about the office of the District collector and reflect upon the institution so that we are better prepared when we go to the field.

Part B Report: Health.

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Tamil Nadu is one of the foremost states in the country in terms of Human development and health Indicators. It is the seventh most populated state in the country. It has a literacy rate of 80 percent, the population sex ratio is 995 as of 2011 census and Child sex ratio is 946 as of 2011 – both have which have seen an improvement over the previous census and other indicators such as Maternal Mortality rate, Life expectancy etc. also perform better than the national average.

Institutional Arrangements for health care:

The National Rural Health Mission which was launched in 2005 and which has now turned into the National Health mission seeks to integrate and pool all activities at the state and district level for the purposes of health. To achieve the objective, the District Health Societies (DHS) have been formed with the following function:

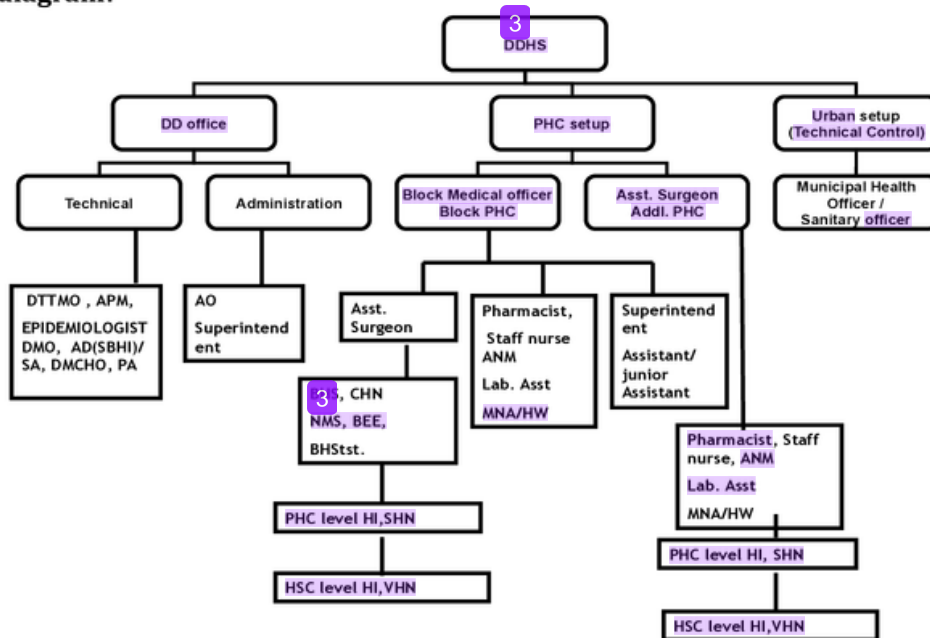
1. Funds provided by GoI will be distributed to DHS as per the Annual Work Plan approved by the State Health Society.
2. They prepare the annual health budget for the district.
3. The budget for the next financial year is also be submitted to the State Health Society in October of the previous year
4. The DHS are also too ensure the proper functioning of all the health programs Public Health Programs such as Reproductive and Child Health, Population control, Control of Malaria, TB and Leprosy, population stabilization, revitalizing local health traditions etc.

The DHS has a governing body of 12 members, along with a deputy director of health services who is convener and District Collector is the Chairman of the body. The committee meets every six months. Apart from the governing body, there is an executive committee, which is responsible for doing all the activities on behalf of the governing body, and exercise powers vested in governing body as delegated to it. This body meets ones in a month and the collector also heads it. The executive committee in turn appoints several program committees for the purpose of day to day execution of various programs and submits a monthly performance report to the governing body. Lastly, under the DHS, a patient welfare society (Rogi Kalyan Samiti) – a group of trustees i.e. local people, to manage the affairs of the *primary health center* to provide health care with quality, transparency, accountability and people participation. Lastly, there is a Village health, water, sanitation and nutrition (VHSN) committee organized at the Gram Panchayat level with separate funds, to create awareness about health services and act as mechanism for community based planning and monitoring at PHC level.

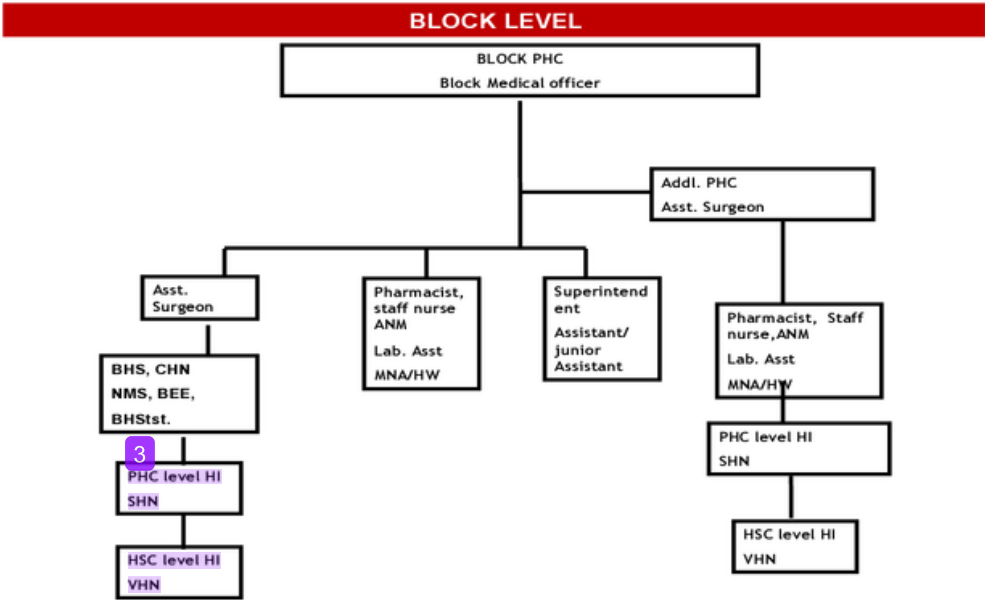
The data on institutional arrangements is as follows:

District	Population	Number of District Hospitals	No. of sub district Hospitals	No. of CHC	Population at CHC	No of PHC	Population of pHC	No of HSC	Population at HSC
Madurai	3041038	1	5	13	436878	38	1277029	314	1713907

The structure at the district level can be depicted through the following diagram:



The structure at the block level can be depicted through the following diagram:



Each Block comprises of four to 5 Primary health care centers and they also have their own Rogi Kalyan Samiti.

Staff at the PHC:

FUNCTIONARY	ROLE
Conducting every day OP, IP, ANC etc., Special slum camp	Medical Officers
Drug lifting from TNMSC, Daily issuing drugs,maintanance of stocks and NUHM accounts	Pharmacist

Fever case testing and camp	Lab technician
Reporting all datas, HMIS and etc	Chief Health Nurse and Sector Health Nurse
Field activities like Ante Natal mother tracking, Immunization, etc.	Urban Health Nurses (urban areas)

Functionaries at the Village Level.

Role	Functionary
Helping conducting deliveries	ANM/UHN
Mother and Child health Activities	ANM/UHN
Immunization activities	ANM/UHN
Conducting Urban Health Nutrition Day	ANM/UHN/AWW
ANC CAMP	ANM/UHN
Post Natal follow up	ANM/UHN

There were two ANM's, one supervisor and one assistant at the ANM that we had visited performing all of the above functions.

The major programs being implemented at the PHC level were:

PROGRAMME	TARGET POPULATION	TYPE(SERVICE/INCENTIVE
Reproductive and Child Health program	Women in the reproductive age	Antenatal care, Immunization, Muthulakshmi reddy maternity

	group, children	benefit scheme, Janani Suraksha Yojana, Janani Sisu Suraksha Karyakram
Universal Immunization Program	Children	Providing vaccination
Revised National Tuberculosis Control Program	TB patients	Diagnosis, Treatment and follow up
National AIDS Control Program	AIDS patients	Diagnosis, Counselling, Treatment and follow up
National Leprosy Eradication Program	Skin disease persons	Searching for new cases
National Vector Borne Disease Control Program	All people	Surveillance, prevention and treatment
Non-communicable Disease control program	Persons > 30 years of age	Screening, Diagnosis, treatment and follow up

Quality of services including cleanliness, ambience, information, approachability of public to functionaries:

We visited a CHC and the district medical college hospital. The CHC facility acted as the block level facility and referral to higher level hospital. It was very neat, clean and hygienic. The ambience was very professional and easy to access. There was a reception counter at the very entrance where a receptionist would address the visitors. Each Person is issued a medical card with patient history, that they produce the next time they visit the CHC. They had a delivery room, with three beds although there was no provision for cesarean. The functionaries were quite approachable and when we spoke to the patients, they were quite happy with the service. We also spoke to a gynecologist and several nurses who very enthusiastically explained the various activities carried out in the PHC.

However, in the district medical college, the cleanliness was only moderate. It was a very old building hence the ambience was also very ordinary. In fact many a time we saw the patients running from pillar to post, not knowing whom to visit. The public functionaries were perhaps severely inundated with the sheer traffic of the patients because of which they seemed agitated and restless.

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Status of operation theatre and surgical services provided. Record your observations on sanitation, equipment, availability of surgeons and specialists.

In the PHC, the operation theatre has the basic facilities to conduct a cesarean, but for more complicated surgeries the patients were referred to the

district hospital. Sanitation and hygiene aspects were well taken care of except for the washroom where there was a stench – this could put the patients at risk of disease. Other facilities like surgery, dental, pediatrics and orthopedics was available there. But at the time we went, there was a big que and only one doctor available. Other facilities like New Born Sterilization unit, Blood storage facility, MTP facility, TB and Anti-retroviral therapy were available.

In the District hospital, there are total of 35 departments, it has about 2500 beds, and specialist surgeons in various fields that were available on call. They also have state of the art facilities like CT Scan and MRI. The sanitation was quite poor in the district hospital as many of them had stench, and in the OT it appeared like they cleaned it just before we entered. The duty doctors appeared overworked, being on duty for 15-17 hours a day.

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Visit the labor room and record your observations on privacy, availability of toilet, disposal of biological waste and ambience.

The Labor room in the CHC had three beds. There was only mild privacy as inadequate curtain was drawn between two beds. There was a toilet available within the OT room. There were three separate dustbins, color-coded for different waste products that were present in the CHC.

In the district hospital, the labor room was overcrowded and overburdened. The duty doctor and one surgeon were monitoring at least 8 patients who were on the delivery table. There was no such thing as privacy within the OT and in between OT and resting area. Women were seen to be walking around in there third trimester in the Delivery section, as there was no place to sit. There was chaos, sweat, and frenetic activity in the area. The hygiene was only moderate the nurse said they do the best in maintaining hygiene given the high footfall. The biological waste was disposed of as per norms as they had four dustbins that were color coded for disposal.

Comment on availability of staff, doctors, beds, facilities, medicines and services.

At the CHC visited by us there were a total of 5 doctors, ten nurses and 30 beds. At the time we visited there was only one doctor. Specialist doctors were available on call. They had a X-ray machine, Laboratory facility, diagnostic unit with lab technicians, New born intensive care unit, pediatric center, ophthalmology, dental unit, ambulance service, death and birth certificate services etc. They also had a well-equipped pharmacy with immunization, TB, HIV drugs etc. At the district hospital staff, doctors, nurses beds and all tertiary care facilities were available as it was a very old teaching hospital and one of the most renowned centers of medical care in Tamil Nadu.

Visit to the New Born Child Care Unit: at the CHC there were nebulizers, ventilators, light therapy and several warmers for the baby attached to the labor room.

Visit to the Microscopy unit of RNCTP:

There was a dedicated RNCTP unit in the CHC. There is facility for collection of sputum samples and testing after which TB positive patients are put on DOTS+ therapy. Before putting patients on therapy they are counseled by the medical officer on the possibility of multi drug resistance and importance of timely consumption of the drugs. There are field visits by the VHSN worker to monitor the patients.

Non-communicable Disease:

There was a dedicated facility for NCD in the CHC where they provide screening, treatment and follow up services. There is a card provided to each patient for follow-up. Services. Some of the major NCD's they treated are diabetes mellitus, coronary artery diseases, and cerebra vascular diseases.

Conclusion:

Overall, the medical system in Madurai is extremely well managed. To cater to a population of more than one million, the district administration has set up a very robust three-tier system of health care. Physical and human infrastructure is of good quality. However, I felt that there are huge crowds and long waiting periods in order to avoid that, a online system or an e-kiosk at the center can be created to reduce the drudgery of waiting. At the time we went there was only one doctor in the CHC, thus more effort has to be made to reduce absenteeism. The Tamil Nadu medical services corporation is doing an excellent job in time supply of quality drugs on time and based on the local requirement of the CHC. Two suggestions are that the Rogi Kalyan Samiti's, as is being done in Madhya Pradesh, should be made more active and local participation should be increased to make the CHC more reactive to the demands of the people and secondly there should be an improvement in privacy and hygiene in the labor rooms.

District Attachment

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