

District_attachment_report_Ashish h_tiwari_A36

by Ashish Tiwari

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IAS PROFESSIONAL COURSE PHASE-I, 2016 WINTER STUDY TOUR

DISTRICT ATTACHMENT REPORT

Name of the State : Bihar
Name of the District : Buxar
Name of the Officer Trainee : Ashish Tiwari
OT Code : A36

PART	TOPIC
A	Superintendent of Police
B	Health



Lal Bahadur Shastri National Academy of Administration

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Mussoorie - 248 179

PART A

II. SUPERINTENDENT OF POLICE

a. (i) Role and responsibilities of sections Office of Superintendent of Police

Name of Office/ Section	Designation of Head	Responsibilities of Section	Act/ Rules implemented	Records maintained	Timeli ne/ citizen charter	Remarks
Crime section	Sub inspector	Specially reported(SR) crimes of serious nature like murder, rape, dacoity are sent to this section	Implementation of various sections of IPC is ensured and SP's report on SR crime is required.	SR register and filing of DSP and SP's report are maintained and are reported to Range level.	No	
Vernacular office (VO)	Sub Inspector	All other FIRs non- special report (NSR) are sent to this section.	Various acts related to control of crimes of non serious nature, including IPC.	NSR register and various case files are maintained.	No	Circle Inspector needs to report to SP on atleast 30% of NSR cases.
Passport section	Sub Inspector	To deal with all matters concerning police verification related to passport.	Passport Act, 1967	Registers and files concerning reports of police verification.	Yes, 14 days since receipt in SP office under Bihar Right to public services Act.	
Legal Section	Sub Inspector	Legal matters concerning police in Judiciary,	No specific acts but normal judicial	Case files including summons of the courts.	No.	

		particularly writs of High court.	process.			
RTPS section.	Sub Inspector	Matters concerning to delivery of police services to the citizens, also deals with grievance redressal within police hierarchy.	Bihar Right to public services, 2011.	Online counter of RTPS services and individual files related to cases and monthly report file.	Act itself is citizen charter .	
DCRB	Sub Inspector	Maintains details of various crimes occurring in the district and feeds data to NCRB through SCRB.	Through NCRB guidelines.	Files and historical records of various crimes in the district.	No.	District crime records bureau.
Account Section.	Sub Inspector	Various flow of funds and expenditure out of funds.	No, general administrative function.	Cash book, Bank account statements cheque book and financial statements.	No.	
General section.	Sub Inspector	General administrative functions including operation and maintenance of motor vehicles of police department.	No.	Vehicle log books and property details of police in the district.	No.	
Confidential section	DSP	Works as residential office of SP and works 24 hours a day, also includes works like transfers upto Inspector Rank.	No, administrative function.	Normal files and call log in the office.	No.	

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(ii) Is there an Act which mandates service delivery deadlines? If so, what are the services delivered in this office under the Act?

Yes, Bihar Right to public services Act, 2011 mandates following services:

- Verification for passport, character verification: within 14 days since receipt in SP office.

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b. Role of SP

(i) Committees headed by Superintendent of Police / or is a part of

Name of the Committee	Department related to	Statutory/ Administrative	Provision under which Constituted	Role of SP (Chairman/ Member/ Invitee)	Role of the committee	Periodicity of meeting (Monthly/ Quarterly/ Half Yearly/ Annual)	Remarks
District security committee		Administrative		Member	To maintain peace and tranquility in the district, including decision to provide security cover to VIPs.	Quarterly.	
District Monitoring legal cell (DMLC)	Judiciary.	Administrative	Under High court directives.	Member	Speedy prosecution of crimes under investigation.	Monthly.	
Peace committee	DM office	Administrative		Member	To ensure peace in events of tensions.	Monthly.	All prominent members of society are also invited.
Juvenile justice board (JJB)	Law and justice department	Statutory	JJ Act, 2014	Member	For working in welfare of Juveniles.	Monthly.	
Anukampa Samiti		Administrative		Chairman	For providing jobs to persons deceased during service.	As and when required.	

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(ii) Mandatory inspections/ supervision to be conducted by Superintendent of Police

Type of inspection/ supervision	Provision	Periodicity	Remarks
Overall inspection by	Mandatory inspection	Yearly.	Similarly DSP also

SP	of every thana/ post once every year.		does for all thana under him once a year.
Surprise inspection.	To ensure working of thanas.	random	

(iii) Powers of the Superintendent of Police:

(a) Crime control : preventive and punitive measures are being taken by police with strict monitoring by SP to control the crime in district like arrests.

(b) Law and order : regular flag marches, peace committee meetings and close coordination with Administration to prevent any law and order disturbance.

(c) Disciplinary : disciplinary proceedings in orderly room of police line.

(d) Others

c. Police Line

1. Officials: Roles and responsibilities

Designation of Officer	Role	Remarks
Sargent Major	Overall incharge of police line.	Reports only to SP.
Motor transport Sargent	Looks after all the motor vehicles of the police department.	
Government Property sargent	Looks after and manages all property of police within the district.	
Arms and ammunitions incharge	Manages and secures all the arms and ammunitions of the district police.	

2. Infrastructure

2.1 Office Building: one administrative block, one training centre for constables with gym facility.

2.2 Accommodation/ Barracks: there were three buildings for accommodation of constabulary and 6 houses for officers, including one for the doctor, one hostel for trainees of the police.

2.3 Water and sanitation: well managed.

2.4 Electricity: around 16 hours a day, but an emergency generator has been purchased, which is yet to be installed.

2.5 Security: 4+1 guards are always stationed at the main gate along with patrolling in the periphery.

2.6 Armoury: one 4+1 guards are always stationed with rotation in 6 hours, with locks.

2.7 Training facilities: one full training school was present in buxar with capacity to train 200 constables in one go.

2.8 Vehicles and other facilities available: 3 buses, 2 trucks and around 4 jeeps were available in police line.

3. Mechanism of discipline enforcement: all the complaints are given to SP, who hears the person in orderly room every Tuesday and provides ample discipline enforcement measures to the police personnel.
4. Police welfare : a hospital, play ground and a swimming pool was available in the police line.
5. Role of Superintendent of Police in Police Line : weekly parade by SP in police line, orderly room, police welfare meeting every month to listen the grievances of police in police line.
6. Observations on Police Line including impact on morale: A well managed police line, except for shortage of manpower, trainees had to be sent for emergency duties and condition of family accommodation was not good in police line.

d. Thana

- i. Name of the Thana: Model Thana, Buxar.
- ii. SHO: Shri Raghav Dayal.
- iii.

Staff Designation	Responsibilities	Remarks
Inspector(1)	SHO	
Sub Inspector (11)	Law and order.	
Assistant SI(8)	Assisting SHO and SI in investigating.	
Havaldar(1)	Constabulary function.	
Sepoy(3)	Constabulary function.	

iv. Physical infrastructure

1. Building – Quality/ Rooms : good, newly constructed police station.
2. Electricity and power back up: yes provided with inverter as power backup.
3. Drinking water – hand pumps : motor driven pump is available.
4. Toilets : yes but not in good condition and unhygienic.
1. Waiting area : yes provided and in good condition.
6. Hazat/ cell: Male: 1 Female: 1
7. Maalkhana/ Stores – Physical condition, last verification : in Bad shape and last verification done on 31.03.2016
8. Dormitory/ Barrack/ Accommodation : four numbers of barracks are provided but 1 overcrowded and not in maintained shape.
9. Records to be maintained:
 - 9.1 Station diary (when was the last entry made on the day of your visit): date of visit is 27.01.2017, while station diary was last maintained on 1 20.01.2017
 - 9.2 List out other registers to be maintained:

Register	Purpose	Status of updation
FIR register	Entry of FIR	Maintained

Charge sheet register	Entry of chargesheeted cases.	Maintained.
Non- FIR register	Related to report to SDM for imposition of 107,144,110,113,116 sections of CrPC.	Maintained.
Unnatural death register.	Report any unnatural death like water drowning.	Maintained.
Receipt and dispatch register	Maintaining Dak.	Maintained.
Running register	Mainataining summary of all cases running.	Maintained.
Crime directory-part-1	Maintains people under surveillance.	Maintained.
Crime directory-part-2	Property related offenders and their property details, extortion.	Maintained.
Crime directory-part-3	Arms act and maintains social and political records.	Maintained.
Khatiyani part-1	Status related to judiciary in cases.	Maintained.
Khatiyani part-2	Filled by SHO in cases of importance.	Maintained.
Gunda Register	Drunkers, blackmailors, rioters etc. are maintained.	Maintained.
Gang register	Organized crime with reference to gangs.	Maintained.
Loot Register	Loots in thana area.	Maintained.
Dacoity register	Dacoity in the area.	Maintained.
Malkhana register	Maintains details of malkhana.	Maintained.
Inspection Register	Inspection report of all the inspections and compliance report thereof.	Maintained.
Land dispute related register	Related to land dispute.	Maintained.
Arrest register	Arrests made.	Maintained.
Lockup register	People in lockup.	Maintained.
RTI register	Related to RTI replies made by thana.	Maintained.
Absconding register	For maintaining record of those farar.	Maintained.

Arms register	It maintains record of arms maintained by civilains under arms act.	Maintained.
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9.3 FIR: How is it lodged? Did you see anyone waiting for lodging an FIR during the visit? What was the number of FIRs lodged in last 3 months?

Manually lodged, not seen anybody waiting for FIR and total number of FIR registered are 112 in past 3 months.

9.4 Lady constable (Yes/ No): Yes

9.5 Training on ITPA/ POCSO Act : on POCSO in DM Office but not to everyone.

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9.6 Status of implementation of SC/ ST Atrocities prevention Act (last 3 years)

Year	No. of FIRs lodged	No. Recommended for compensation	No. in which Charge-Sheeted
2014	0	0	0
2015	5	5	5
2016	4	2	2

9.7 Communal situation in Thana area: No communal tension.

9.8 Profile of crime in Thana area (Tabulate)

Year	Murder	Dacoity	Loot	House break	Theft	Riot
2013	2(2)	1	8(3)	21(3)	150(8)	57(23)
2014	4(3)	0	5(4)	10(3)	157(17)	64(51)
2015	2	0	2(1)	30(5)	149(14)	53(30)
2016(till feb)	0	0	1	2	20(1)	20(7)
total	19(9)	4	28(15)	103(17)	661(83)	228(136)

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9.9 Observation regarding Thana attachment including when the Thana was last inspected?

Last inspected on 30.09.2016 by SDPO Mr. Shaishav Yadav, Last inspection by DM shri Ajay Yadav on 01.11.2009,

Observation by SDPO that police thana was not proper in maintaining records and thus were directed to maintain proper records without fail and also thana was praised for maintaining proper law and order in their jurisdiction.

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e. Police – Magistracy relation – observations: Did you witness any law and order situation during your attachment. Give a brief description of the situation and the role played by the Magistrate and Police in the situation. What was the outcome? Could something be done differently? If you have not witnessed any situation, what was the impression you gathered in discussion with the Police and Magistrates either separately or together.

No law and order situation was witnessed. However in separate discussion with DM and SP, both admitted that they are two wheels of the administration in the district, thus need to work closely. Also they emphasized on public perception being good about police magistracy relation, thus people and media need to see their good coordination on important events.

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a. Your overall impressions on the institution of Superintendent of Police, efficiency of the system, need for speedy delivery and better definition of role, devolution of authority and responsibility.

The police was working in tandem with the administration, the efficiency was good, as we also witnessed speedy arrival of police at site of disturbance, buxar being a non-communally sensitive district, no fault could be seen in one day of attachment with the police.

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PART B

III. HEALTH

1. Institutional Arrangement

(i) Structure, role and responsibilities of District Health Society

Functionary	Role	Remarks
DM	Chairman DHS	
Chief medical officer or civil surgeon	Member secretary	
District programme co-ordinator (DPC)	Executive member	
ACMO		
Programme officers	Implementation of programmes.	

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(ii) Structures at block level

Functionary	Role	Remarks
MO I/C at BPHC	Incharge at PHC level	

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(iii) Functionaries at HSC level

Functionary	Role	Remarks
APHC		
HSC		

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(iv) Functionaries at village level (AWW, ASHA, any other)

Functionary	Role	Remarks
ASHA	Provide health service to community for all National Health programmes especially all pregnant female and immunization work.	

2. Programmes being implemented

Name of the scheme/services	Benefits	Target Population	Remarks
1 Janani Suraksha Yajana (JSY)	Incentive for Institutional Delivery Rs. 1000/- for rural Rs. 900/- for urban	BPL/ST/SC mother	

1 Jannani Sishu Suraksha Yajana	Free treatment & investigation for mother & Children from the hospital	For all	
1 Referral Transport Scheme	Free transport for mother from home to hospital , hospital to home or higher centre	For all	
1 RCH + Camp	Treatment at door step with basic medicine at GP level	For all	
1 RBSK (Rastriya Bal Swasthya Karyakram)	Free checkup & screening for students at school and AWC children by MHT	For all student & AWC children	
1 Rastriya Kishor Swasthya Karyakram	Free counseling and treatment (if required)	Adolescents (10- 19 yrs of age)	
1 Weekly Iron Folic Acid Supplementation	Free Iron tablet distribution for school Children	For students class VI to XII and Out of School Adolescent	
Sishu Sathi Scheme	Free Cardiac Treatment and management and Clift left operation	For the age between 0-18 years	
1 Female Sterilization	Free operation Incentives for beneficiaries and	SC/ST & BPL	
Male sterilization	Free operation Incentives for beneficiaries and	SC/ST & BPL	
1 IUCD & PPIUCD Abortion Services (CAC)	Free IUCD/PPIUCD insertion	For All	
1 Nutritional Rehabilitation Centre (NRC)	Free treatment, nutritious food & staying facility	For SAM children aged between 1-5 years)	
1 Pradhan Mantri Surakshit Matritya Yajana	Free medical checkup, free USG, urine, blood test in 9th of every month	Pregnant mother 3rd ANC	
1 Pathology facility	Free Test for Malaria, Dengue & other vector born disease	For all	
RNTCP (DOTs)	Free Drug for TB	For all	

	patients		
1 Leprosy	Free treatment , free drug, free deformity surgery, free MCR Chappal	For all	
1 Diarrhea	Free management & treatment & disinfection	For all	
1 Thalasamia Control unit	Free treatment, counseling, testing & blood transfusion	For all	

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3. Status of service delivery & Program Implementation at District Hospital/ PHC

- (i) Comment on availability of staff, doctors, beds, facilities, medicines and services.

Availability: Staff, doctors, bed, medicine, and services are all available at district hospital as well as at CHC, Group D staff, nurses and sweepers are in shortage. All services are available as per the norms. Only one Lab technicians is available and No X-Ray operator, so even X-Ray machine could not be used. Only one gynecologist, thus she has to perform night duties as well.

- 1
(ii) Quality of services including cleanliness, ambience, information, approachability of public to functionaries.

Quality of services are medium, cleanliness is ok. Information and approachability to the public is good in OPD timings.

- 1
(iii) Status of operation theatre and surgical services provided. Record your observations on sanitation, equipment, availability of surgeons and specialists.

Two OTs are present, but one could not be used due to lack of nurses, also the one which we visited was not hygienic and bedsheets were clogged with blood and sanitary measures were not adequate in main OT, only one surgeon is available, but he also can not function well as anesthesia specialist is on long leave.

- 1
(iv) Visit the labour room and record your observations on privacy, availability of toilet, disposal of biological waste and ambience.

Labour room is in good condition and privacy well maintained, Toilet available and bio waste norms are followed.

- (v) Visit the New Born Child Care Unit. Enquire details from Nurse in-charge and comment on efficacy of use of NCCU.

New Born child care unit is working well and only unit which is working hygienically and professionally, same was visible from the attitude of staff deployed. It was the

newest unit and was being run on PPP mode with instruments provided on sharing basis.

- 1
(vi) Visit the microscopy unit (MU) of RNCTP and record your observations on quality, efficiency of identification of TB patients and efforts for their treatment

Separate hospital for TB patients, which could not be visited.

- 1
(vii) What the efforts in AIDS control. Comment on facilities available and impact (talk to people visiting Hospital).

1
ICTC, PPTCT counselling and testing centre established at all CHC and District level. Finger prick HIV test for all pregnant women is mandatory. Camps are arranged during chhath vacation. Condoms are being distributed to beneficiaries.

- 1
(viii) Observe the inputs into Non-Communicable Diseases Control (NCDs) and what can be done to improve?

1
NCD cell is recently formed at DH will be functioning soon. ASHA are to be trained on NCD to preliminary detection of Diseases.

- 1
(ix) What efforts are being made to address old, infirm and differentially abled. Record your observations on impact.

No special facility is available.

- (x) Is Family planning an issue? What services are being provided?

No, its not but mainly female sterilization is being done by tubectomy and preventive care like copper-T and condoms are being provided.

- 1
(xi) Does the district have any endemic disease or localized problem like fluoride contamination, lathyrism etc?

- (xii) What is being done to remedy Malnourishment? Is the Nutrition Rehabilitation Centre functional? Who runs it? What is the impact?

child nourishment centre and Anganwadi centres are functional well. 5 Bedded NRC is well functional and is being run with support from NGO. Cooked meal is provided to the children and lactating mothers.

4. Financial Management

- 1
(i) Officer responsible. DPC and civil surgeon.
(ii) Type of Accounting – Double Entry.

(iii) How maintained – Manually.

(iv) Cash book

a. What are the various heads?

- NRHM- RCH Flexible Pool.(NHM-1)
- National Urban health mission. .(NHM-2)
- Flexible pool for communicable diseases. (NHM-3)
- Flexible pool for non-communicable diseases.(NHM-4)
- 1 • Infrastructure and Maintenance.(NHM-5)

b. How many bank Accounts are being maintained? Are they updated?

6 bank accounts and are being updated.

c. Did you observe parking of funds?

No.

(v) When was the Audit last done and by whom?

1 Last audit was done by AG office of Bihar in October-2016.

(vi) Where there any objections raised? If so, what is the nature and how dealt?

No.

(vii) What do you think would you do to improve financial management?

Computerization of data keeping and regular appointment of accounts officer in DHS, presently they are being employed on contract basis and are thus not accountable.

1 (Collect the Financial Statement of District Health Society and District Hospital and analyse it)

Attached with report.

5. Analysis.

What according to you need to be done for better implementation of Health Initiatives? Are you aware of innovations made at other places which can be implemented here? Why do you think they would work? What do you think of the role of DM and SDM in the scheme of things? How is the interdepartmental coordination in the district and its impact on Immunization etc.

As per IPHS (Indian public health standard), certain standards have been prescribed for hospitals at various levels, these standards must be fulfilled and vacancy of doctors and particular level-3 and 4 staff must be done on urgent basis. Buxar also suffered shortage of medicines in hospitals, because the rates quoted by bidders are higher than the schedule of rates, thus contracts for purchase of drugs could not be awarded. Thus, a centralized procurement of drugs is required.

At some places PPP model is being adopted, also in dialysis unit of buxar hospital, which functions effectively and user charges are collected or reimbursed by the govt. for BPL categories, which is functioning effectively, such initiatives may be emulated.

DM must pay due attention to meetings of DHS and surprise inspections must be carried out by him/her for better monitoring of schemes. Interdepartmental co-ordination is good in buxar and immunization drive has largely been successful because of roping in of various officials of departments.

Financial statement of DHS:

Sl. No.	Scheme	Budget 2013-14	Bank Balance	Opening Balance as on 31.03.2013		Total	Expenditure during period			Closing Balance as on 31.03.2014			Total Expenditure	Total Budget	
				Advances	Cash		Actual Expenditure during the period	Subsidy	Bank Balance	Cash	Total				
Scheme 1															
1	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
2	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
3	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
4	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
5	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
6	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
7	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
8	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
9	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
10	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
Scheme 2															
11	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
12	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
13	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
14	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
15	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
16	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
17	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
18	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
19	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
20	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
Scheme 3															
21	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
22	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
23	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
24	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
25	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
Scheme 4															
26	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
27	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
28	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
29	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
30	State Health Dept. (SHEP)	125,00,000.00	66,89,242.00			66,89,242.00									
Grand Total															
		762,584,568.00	61,471,628.64			61,471,628.64			186,176,068.00			576,408,539.36			

* Actual expenditure includes expenditure incurred by State Health Society staff and District/Block health societies.

Source documents, which must be verified before showing figures under each category, are: Cash Book, Bank Book and Advances Register (Subject).

It is certified that:

1. Opening and Closing figures of Bank Balance tally with the Bank Books of the Society (these may call for similar report from the bankhead).
2. Opening and Closing figures of Advances tally with the Advances Register of the Society.
3. Opening and Closing figures of Cash tally with the Cash Book of the Society.
4. That expenditure shown in the month/quarter tally with the expenditure reported in the Financial Monitoring Report (FMR) to the watchdog.

धनंजय शर्मा
जिला कार्यक्रम प्रबंधक
जिला स्वास्थ्य समिति, बक्सर

Remarks:

Financial statement of district hospital will be submitted in hard copy.

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ORIGINALITY REPORT

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