

District Attachement Report - Tehsildar and Health

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FILE	KEONJHAR_DISTRICT_-_TEHSILDAR_AND_HEALTH.DOCX (1.69M)		
TIME SUBMITTED	15-MAR-2017 04:32PM	WORD COUNT	2528
SUBMISSION ID	784439226	CHARACTER COUNT	13393

ATTACHMENT REPORT ON CIRCLE OFFICE AND HEALTH

KEONJHAR DISTRICT, ODHISA

(Submitted By: Tshering Dendup, OT#A02)

1. TEHSILDAR/CIRCLE OFFICE AND ITS FUNCTIONS

Thirteen blocks which is normally called Tehsil constitute Keonjhar district under Odhisha State. Seven blocks are under Sadar Sub-Division, three under Anandapur Sub-Division and another three under Champua Sub-Division. Tehsildhar is the most important government office at the block level and whoever holds the post of Tahsildar is the subordinate to Sub-Divisional Officer.

Precisely, Tahsildhars in Odhisha like in other states are responsible for collection of land revenue, maintenance of law and order and disposal of revenue cases in accordance with various Revenue Acts, Government Orders, and other executive instructions within the timeframe as stipulated in the ORTPS Acts and Rules. Records to this effect are preserved both manually and digitally in the record room. S/he takes charge of Relief/Rescue/Rehabilitation Officer during the time of natural calamities and coordinates with all the line departments or offices. S/he is also the Executive Magistrate as mandated by the laws. Sub-Collectors, Additional District Magistrate or Collector are other responsibilities s/he assumes.

As an official responsible for land related aspects, Tahsildhars assisted by Revenue Inspector/Revenue Supervisor or Additional Tahsildhar issue certificates of land mutation and partition. Land identification, allotment of government land to homesteaded and landless are also part of his/her responsibilities besides verification of land for those who want to convert their land from agricultural to non-agricultural purposes.

The Government of Odhisa also gives importance to delivery of services to the public. And each office is mandated to provide services within the given time frame. Hence, except under section OLR-19(1 c) that must be delivered within six months, the Tehsildar is were mandated to deliver services within 90 days. To be specific, s/he must deliver within 60 days under section OLR 8(A), three days for Record of Rights certificate, 45 days for preparation of Record of Rights, 15 days for certificate like income or residence (as per Misc. Certificate Rules 1984), 30 days for Scheduled Castes, Scheduled Tribes, OBC, SEBC (as per Odhisha Caste Certificate Rules 1980) and legal heir.

It was found that two bank accounts - current and savings (fixed deposit) - have been maintained by each of the blocks. Checking on if the accounts are kept updated, the Sadar block's accounts were found updated on 31.01.2017 and 15.12.2015 respectively. Also, six heads were found on cash book having updated on 03.02.2017, yet with single entry system only which is the practice whole over Odhisa state.

ANALYSIS: LIMITATIONS AND RECOMMENDATIONS

While the capacities of the Tehsildars are beyond doubt and public have the high degree of respect for their efficiencies in delivering the services, the mandates and responsibilities of the Tehsildars are too huge given the huge population in one blocks as well as complex nature of works in terms of legalities. Its therefore necessary to strengthen the Office of the Tehsildar itself. At the same time, public were found to face confusions on which office to visit first before s/he visits Tehsildar in the lack of help desk, information boards. Hence following recommendations were come up.

a. Appointment of more than one IAS Officers as Tehsildars

Currently, there is only one IAS Officer appointed as Tehsildar. Given to follow so much of procedures to ensure fair and transparent delivery of services, s/he is required to make site visits especially in the land related cases. In the process, s/he is able to hear the cases only two times a week at the most whereby most of the people have to wait long time to resolve their cases. Therefore, there is a need for more than one IAS Officers as Tehsildars in a block so that faster services can be delivered. Appointment of more than one IAS Officers will keep the case hearing all days through out a week thereby resolving issues faster.

b. Institution of Help Desk

Given that most of the people are illiterate, most of the people were found confused, not knowing where to go or where they could find out the officials they intend to meet. Therefore, institution of help desk at the entrance of the office was found necessary so that the public can ask the official at the help desk or the latter can help the public to get the services from the concerned officials. The institution of help desk is necessary not only for Tehsildar Office but also in the District Administration and Sub-Divisional Office so that people get the faster services.

c. Installation of Sign Boards on the door of Unit Office

Here too, it was found that almost none of the offices/sections/units were having sign boards on top of their office doors. This situation made the people walking from one area to another area finding out the offices of the officers they intend to meet. Thus the installation of signboard on the top of the door will help literate people to directly find out and meet the concerned officials.

d. Installation of Information Boards

Be it illiterate or literate, most of the people do not know the procedures of getting services or what kind of documents required for availing services. A day or two is therefore wasted visiting the office without knowing or just because of the incomplete documents. Therefore, Service Delivery Information Board is recommended to be installed at all public places. The Board must have a clear mention of all important services along with procedures to be followed or

documents required to avail the mentioned services. This would save the time of both the official as well as public.

e. Installation of Toll Free Telephone Lines and Advertisement

The public coming to office and finding the officials not in the offices are the recurring phenomena that keep them frustrated as precious time is wasted. Thus the toll free telephone line was found indispensable to be installed in every offices so that public can call the concerned officials before they come to the offices of the concerned officials or they could confirm if the concerned official is there in the office. At the same time they can also ask about the procedures and documents required to get the intended services. The official at the help desk must be made responsible to attend to this call.

However, just installing without the knowledge of the public will be useless. The public must know and make use of the toll free lines. Hence the advertisement of the installment of toll free numbers may be made so that not only the public living in the district know about it but public living in other parts also know about it and make use of it.

2. HEALTH

Keonjhar district first received modern medical facilities and practices in 1932. It was then one of the princely states and only Maharaj used to get medical facilities from nearby states upon command. The norm of appointing Chief District Medical Officer started in 1932 with the opening of the hospital which still stands today. Continuing to retain the norms of CDMO as the overall head of the district hospital administration, he is assisted by ACDMO (Additional Chief District Medical Officer), ADMO (Med), District Immunization Officer, ADMO (PH), District Malaria Officer, and District Tuberculosis Officers. Under these various fields are the other staff with skills in different areas like eyes, laboratory, x-rays, etc. All of them together cater to 1.803 million population of the district with almost 50% are women. Importantly, 2014 numbers of ASHAs play an important role in creating awareness on the health issues and furthering the health coverage in the villages.

The CDMO oversees the functioning of three Sub-Divisional Hospitals (Sardar, Champua and Anandpur), 17 community health centres, 60 primary health centers, 20 mobile health units, 351 sub-centers and 42 MCH centers. A total of 502 hospital beds are available for public, major being at district hospital and sub-divisional hospital while only a few numbers of bed are available at community health centers.

The PHCs and MCH centers are manned by the basic nursing staffs, CHCs with general doctors, SDHs with few specialists and district hospital with specialists in almost every aspects. However, attracting a medical doctors and specialists for districts, SDH and CHC have been a challenge as can be observed from the vacant posts as informed to us by the CDMO.

At the district and sub-divisional hospitals, services like surgery, orthopedic, radiology, pathology, anesthesia, ECG, etc are being delivered in addition to general medicines while CHCs focuses more on general medicines due to lack of expertise. The complex cases which are beyond the expertise of the hospital are being referred to specialized hospitals available at the nearest possible. For pathology examination, a nominal fee is being charged from the public. The fee amount ranges from Rs. 10 to Rs. 200. The medicines are also being made available at the minimal prices from the store attached to the hospital.

The health sector, in an attempt to achieve social indicators faster, is mandated to oversee the implementation of National Health Missions (launched in 2015) which is further sub-divided into National Rural Health Mission and National Urban Health Mission (launched in 2013 as part of the mission). These missions' objectives are not different from the objectives of what they are daily doing but its part of the strategy to achieve and improve social



Figure 1 Services provided by District Hospital

PATHOLOGY EXAMINATION RATE CHART		
PATHOLOGY DEPT BLOOD EXAM	QBC TEST (MALARIA)	: RS. 120.00
D.C	BILLRUBIN TEST	: RS. 40.00
TLC	WIDAL TEST	: RS. 25.00
TRBC	FBS	: RS. 15.00
TPC	S.CHOLESTROL	: RS. 30.00
HB%	URINE CULTURE	: RS. 100.00
ESR	VDRL TEST	: RS. 10.00
PSC	S.BILURBIN	: RS. 40.00
BT/CT	SIKLING	: RS. 10.00
URINE	GRAVINDEX TEST	: RS. 30.00
RE/ME(URINE)	PHARIPHARIA SMEAR	: RS. 10.00
BILE SLAT/BILE PIGMENT	HBSAG	: RS. 50.00
KETONE BODY	X-RAY CHARGE	
BENZIDINE TEST	SIZE 10"X8"	: RS. 40.00
PREGNANCY TEST	10"X10"	: RS. 50.00
STOOL	10"X12"	: RS. 60.00
RE/ME	12"X12"	: RS. 70.00
OCCULT BLOOD	12"X15"	: RS. 90.00
ECG TEST	DENTAL	: RS. 30.00
USG TEST		
CSF TEST		
BLOOD SUGAR TEST		
PPBS/RBS		
PGBS		
UREA		
CREATINE		

Figure 2 Structure of fees

indicators faster. The components of the National Health Mission are **RMNCH+A** (meant to look after reproductive, maternal, newborn and child, and adolescent health), **Disease Control Programme** (will look after communicable and non-communicable diseases), **Health System Strengthening**, **Health Insurance Schemes**, **AYUSH**, **Drugs Control & Management**, and **Acts & Rules**.

It is because of the unwavering commitment of the health staff and ASHAs in serving the people accordingly, Keonjhar district now has reduced infant mortality rate to 24.22 from almost 40% in 15 years ago. The CDMO also told that the maternal mortality rate, of course no figures were given, has been reduced drastically over the last 10 years while immunization coverage has reached 95 percent in 2016.

ANALYSIS: LIMITATIONS AND RECOMMENDATIONS

The claims made by the CDMO of the hospital that the infant mortality rate has been reduced may be considered valid. The hospital was packed with women. Specially, the mothers who gave premature birth were found waiting for services. Besides, other wards were also full with patients. However, the hospital areas, both inside and outside, were so dirty giving rise to the questions in the mind of visitors if sanitation part is being given attention by the health officials including CDMO. In addition, very important facilities like bench for the women - pregnant as well as mothers - were lacking. Generally, the need was found that wastes must be given top priority. Therefore, following are recommended.

a. Installation of benches for pregnant women and mothers

Significant numbers of pregnant women and mothers were found either sitting on the cold cemented dirty floors or squatting in the corner with their child of premature birth while in the process of waiting for their names to be called by the doctors or nursing staff. That gave us an impression that the health sector was solely focusing on the clinical and nursing part of the mothers and children's health undermining dirt as other causes of health issues for mother and child. Therefore, procuring and installment of



Figure 3 Shabby and Dirty Wards

sufficient benches is recommended so that the mothers can comfortably sit on it in the process of waiting for the services. Infact all the hospitals, SDH and CHCs must provide this facilities to both mothers and pregnant women.

b. Commitment for sanitation by Hospital Administrations

The surroundings of the hospital, wards and nursing staff's room were so dirty. Wastes were found in every corners of the wards, corridors and rooms. This situation has exposed patients to more diseases along with getting of medical services. Ironically, quite a good numbers of general support staffs (sweepers) were found. That gave us an impression that there is a sheer lack of initiatives and concerns for cleanliness from the health institutions and its administration as even the CDMO and health staff are not bothered of the sanitation. Hence, committed initiatives of the CDMO and health staff to keep the hospital clean is



Figure 4 Drain outside the hospital with mosquitoes breeding

indispensably required so that it becomes an example for the public to conscious of environmental cleanliness. District Magistrate and SDM must make visits to monitor and evaluate to this effect so that the health staff bear the responsibilities of either cleaning by themselves or making the sweepers clean it.

c. Creation of awareness on nutrition and evils of underage marriage

Lots of premature births were seen along with significant numbers of malnourished children. While it was impressive to find that hospital administration was giving supplementary food items to the malnourished children, it doesn't ensure sustainability. The premature birth and malnutrition can be cited as the result of underage marriage and lack of good food.

Therefore, there is a need to aggressively and strategically work against underage marriage and malnourishment by first creating



Figure 5 Dirty corridors where women sit with their children in their lap

awareness on the ills of it. It is going to be a daunting task should the health sector alone initiate it. Hence district administration as a whole must be involved to have greater synergy in tackling this issue. This was found to be the only long term solution against underage marriage and malnourishment.

d. Identification of Waste Disposal Sites and Waste Collection

The government has come up with good programs like Swachh Bharat Mission to make the India clean. Even the financial supports are provided to this effect to construct toilets by each household. However, it was found that no attention is given to the wastes, both in rural and town areas, as much as it is given to construction of toilets. It must be remembered that cleanliness is not only about constructing toilets but it's about picking up of wastes and reaching it to the disposal sites.

Township at Keonjhar has just started coming up. But the district administration cannot wait for the town to bloom so as to produce significant amount of wastes. The small town and the tourists sites are already full of wastes. Therefore, in order for the Keonjhar district to be clean and green, the district administration must identify and establish proper disposal sites. The current trend of disposing the wastes just beside the main road must be stopped before it is too late. After the identification and establishment of waste disposal sites, the district administration must ensure that the wastes are picked, collected and reached the disposal sites. Similarly, it is also recommended that the district administration ensure that all the villages and blocks have disposal sites to reach their wastes. The mentioned initiatives must be followed by purchase and deployment of compactor trucks to reach the wastes to the disposal sites. This will ensure that Keonjhar remains an exemplary district and cost of the medications in the long run will be lesser than other districts or regions. The cleanliness would also draw in tourists as the district already has potentials like 2000 over year paintings on a rock and other archeological sites on and over beautiful landscape formed by ridges that are covered in rich forests.

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