



SMCH/HCDS/09: Health System in India at district level



Quadrant-I

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Description of Module

Items	Description of Module
Subject name	Social Medicine & Community Health
Paper name	Health Care Delivery System
Module name/Title	Health System in India at district level
Module Id	SMCH/HCDS/09
Pre-requisites	Understanding of organizations in general terms
Objectives	To know structural organization of health care delivery system at district level.
Keywords	Chief District Health Officer, District Tuberculosis Officer, District Leprosy Officer



Introduction

All health care programmes in a district are placed under a unified control. It is a link between the State/regional structure on one side and the peripheral level structures such as PHC/sub-centre on the other side. The district officer with the overall control is designated as the Chief Medical and Health Officer (CM & HO) or as the District Medical and Health Officer (DM & HO). These officers are popularly known as DMOs or CMOs, and are overall in-charge of the health and family welfare programmes in the district. These DMOs/CMOs are assisted by Dy. CMOs and programme officers.(1)

In the recent past, states have reorganized their health services structures in order to bring all healthcare programmes in a district under unified control. The district level structure of health services is a middle level management organization and it is a link between the State as well as regional structure on one side and the peripheral level structures such as PHC as well as sub-centre on the other side. It receives information from the State level and transmits the same to the periphery by suitable modifications to meet the local needs. In doing so, it adopts the functions of a manager and brings out various issues of general, organizational and administrative types in relation to the management of health services(2)

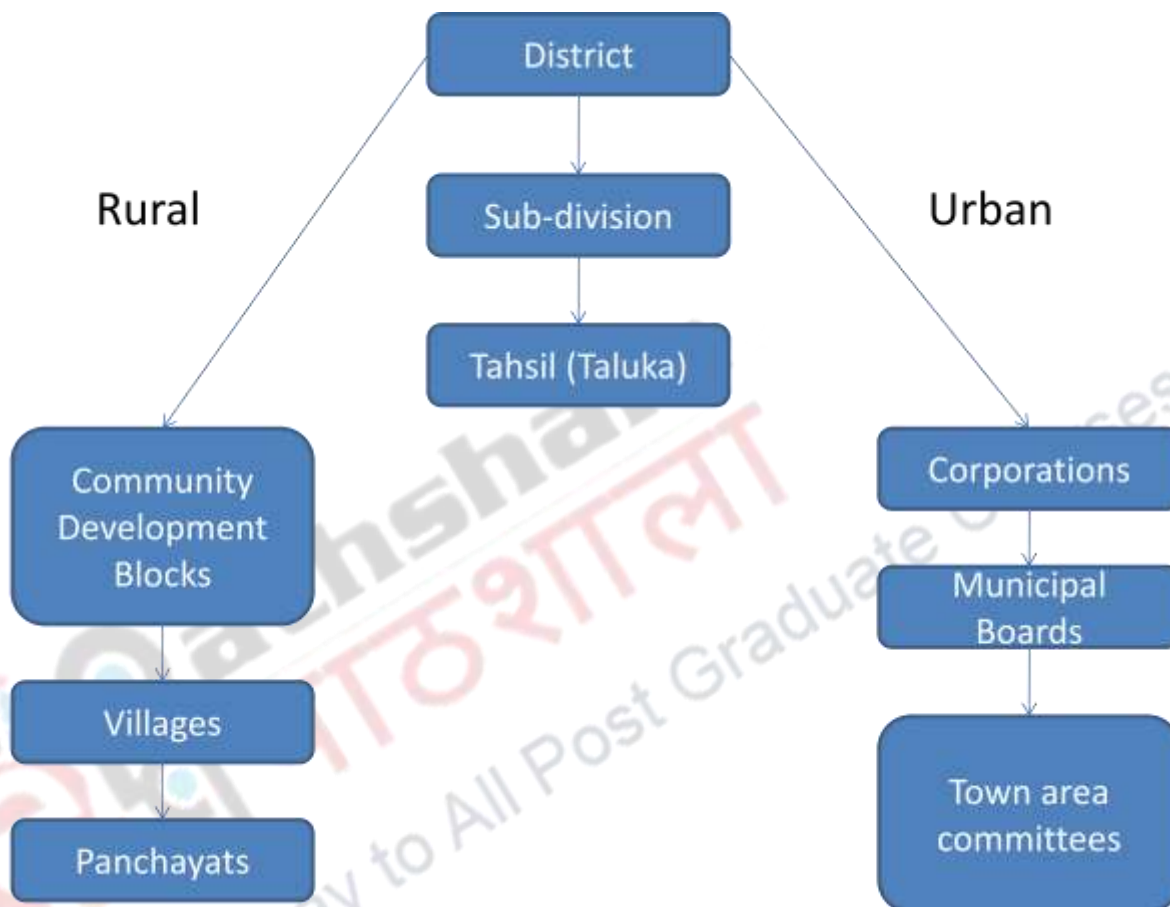
Learning Outcomes

Upon completion of this module, the reader should be able to:

- Give an overview of administrative organization of health care delivery system
- Describe health care set up at district level
- Structural organization of health care delivery system
- Job responsibilities of District health officer and other officers of different public health programmes at the district level.

Main Text

1. Overview of administrative organization of health care delivery system



The district officer with the overall control is designated as the Chief Medical and Health Officer (CM & HO) or as the District Medical and Health Officer (DM & HO). These officers are popularly known as DMOs or CMOs, and are overall in-charge of the health and family welfare programmes in the district. They are responsible for implementing the programmes according to policies laid down and finalized at higher levels, i.e. State and Centre. These DMOs/CMOs are assisted by Dy. CMOs/AHDO and programme officers. The number of such officers, their specialization, and status in the cadre of State Civil Medical Services differ from the State to State. Due to this, the span of control and hierarchy of reporting of these programme officers vary from state to state. (2)

- ❖ **District Level:** The principal unit of administration in India is the district under a Collector. Most districts in India are divided into two or more sub-divisions, each in charge of an Assistant Collector. Each division is again divided into tehsils (talukas), in charge of a Tahsildar. A tahsil usually comprises between 200 to 600 villages. The rural areas of the district have been organized into Blocks, known as Community development blocks, the area of which may or may not



coincide with tahsil. The block is a unit of rural planning and development, and comprises approximately 100 villages and about 80,000 to 1,20,000 population, in charge of a Block Development Officer. Finally there are the village panchayats, which are institutions of rural local self-government (2)

Within each district there are six administrative divisions

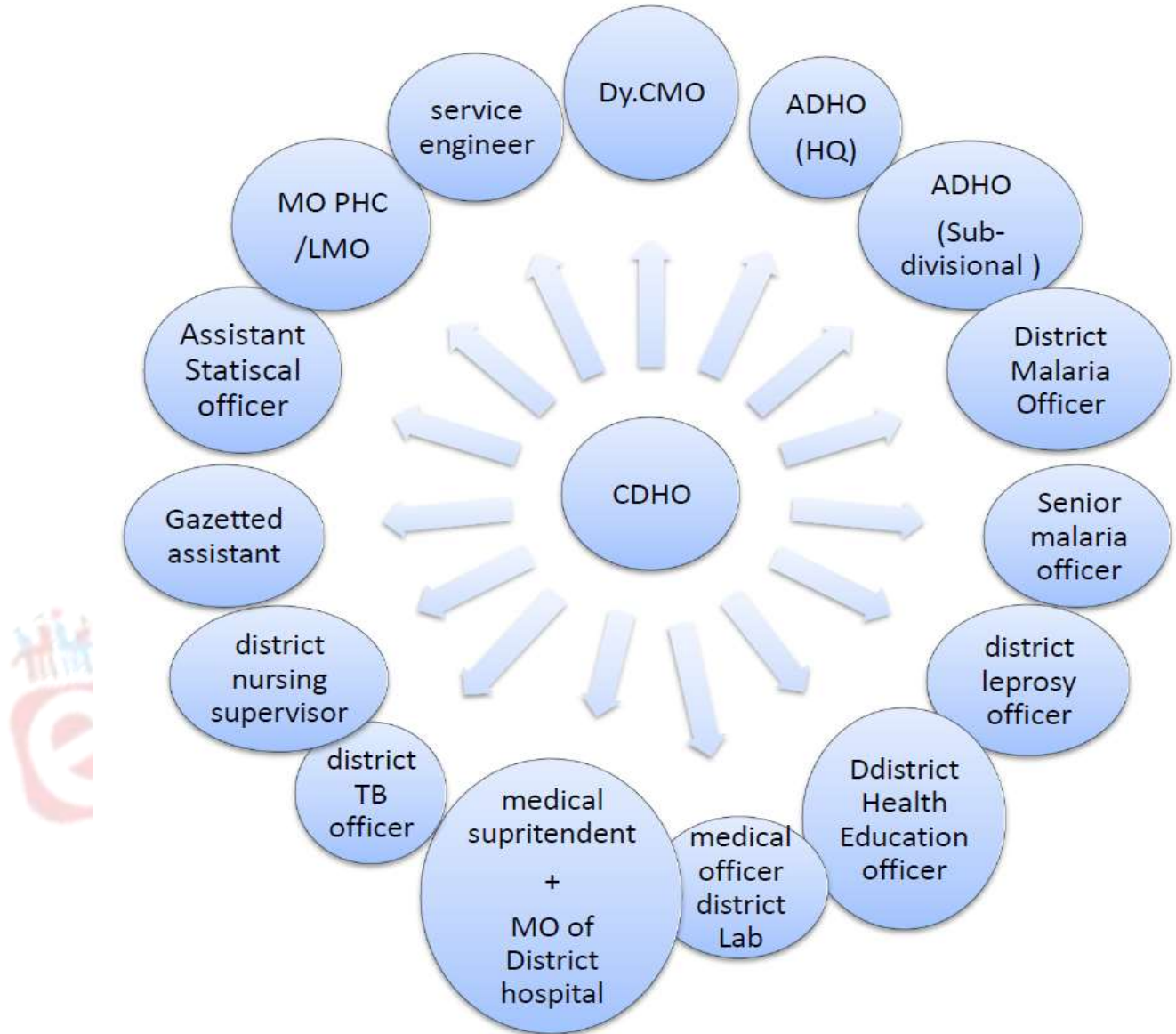
- Sub divisions
- Tehsils(taluks)
- Community Development Blocks
- Municipalities and Corporations.
- Villages
- Panchayats

- ❖ **Sub-divisional/Taluka level** – At the Taluka level, healthcare services are rendered through the office of Assistant District Health and Family Welfare Officer (ADHO). Some specialties are made available at the taluka hospital. The ADHO is assisted by Medical Officers of Health, Lady Medical Officers and Medical Officers of general hospital. These hospitals are being gradually converted into Community Health Centres (CHCs). (2)
- ❖ **Tehsils(Taluks)**- Each division is again divided into tehsils (taluks) headed by Tehsildar. It comprises 200to 600 villages.
- ❖ **Community Development Blocks**-The Block is a unit of rural planning and development, and comprisesabout 100 villagesand about80,000 to 20,000 population.The Urban areas of the district areorganized into following institutions of local Self Government:
 - **Town area committee's**: In areas with population ranging between 5000 and 10,000
 - **Municipal Boards** :In areas withpopulation ranging from 10,000 to 2 lakhs, headed by Chairman or the President
 - **Corporations**With population above 2lakhs headed by Mayors.

2. Health care setup at district level(2)

DISTRICT MEGISTRATE(Collector)IAS And DISTRICT DEVLOPEMENT OFFICER (IAS or GAS) Also influence of LOCAL MEMBERS OF PARLIAMENT AND ASSEMBLY
CHIEF DISTRICT HEALTH OFFICER (DPH) <ul style="list-style-type: none"> • ADDITIONAL DISTRICT HEALTH OFFICER (DPH) • DISTRICT TUBERCULOSIS OFFICER(DPH) • DISTRICT MALARIA OFFICER (Lab Tech) • EPIDEMIC MEDICAL OFFICER (MBBS) • QUALITY MEDICAL OFFICER(MBBS) • REPRODUCTIVE AND CHILD OFFICER(DPH)

3.Organisational structure of health department at district level (2)



CDHO: Chief District Health and Family Welfare Officer

ADHO: Assistant District Health and Family Welfare Officer



4. Job responsibilities of District health officer

4.1. Responsibilities of the Chief District Health Officer

- Planning and budgeting of health service and delivery infrastructure in the district
- Mobilizing resources for health service and delivery infrastructure in the district
- Monitoring and evaluating the health services in the district
- Procuring medical supplies and equipments
- Providing technical guidance and support supervision to health centers
- Managing and accounting for financial, medical supplies and other resources allocated to the district
- Coordinating the maintenance of health equipments and facilities
- Interpreting National Health Policy and integrating it to district health plans
- Tendering advice on health related issues to district councils and other stakeholders
- Carrying and monitoring of health programs in the district
- Coordinating sensitization program about PHC in the communities
- Carrying out Human resource functions like identifying manpower needs, training, mentoring, coaching, promotions, leave, deployment and periodic assessment of health staff
- Managing Health research
- Enforcing the professional and service codes of conduct and ethics
- Preparing and submitting periodic reports

4.2. Responsibilities of the CMO/ CDHO (under RNTCP)

- Ensure that high priority is given to the TB Control Programme in the overall health activities so that the objectives of the RNTCP are achieved.
- Provide all necessary resources within his command to the DTO for effective implementation of the Programme.
- Issue all necessary administrative instructions and facilitate all activities for successful implementation of DOTS at the peripheral level.
- Ensure that all MOs and paramedical workers (MPHS/MPW/AWW etc.) are involved in RNTCP.
- Ensure that DTCS meetings are held as per guidelines
- Coordinate with and keep the administrative head of the district (District Magistrate/District Collector) informed on the progress of the RNTCP from time to time and ensure his intervention in getting inter-sectoral coordination.
- Review the programme on a monthly basis with the DTO, MO-TCs, MOs of PHIs and STS/STLS(3)

4.3. Responsibilities of the District Tuberculosis Officer (under RNTCP)



- Responsible for smooth implementation of the RNTCP and for achieving the Programme objectives in his district.
- Planning and execution of the District Annual Action Plan.
- Ensure the identification of designated microscopy centres, DOT providers and staff responsible for DOTS.
- Arranging, maintaining and distributing supplies (drugs, laboratory reagents, sputum containers, forms, etc.) and equipment.
- Organize training of staff of the TUs (Tuberculosis unit) and all medical and paramedical staff of the peripheral health institutions
- Supervise and support the TUs (sub-district level), with the help of the Medical Officer and other DTC staff and ensure all TUs, CHCs, Block PHCs in the area are visited at least once every quarter.
- Compile and analyse quarterly programme performance reports of the District, and send them to the State and National levels within the dates prescribed.
- Conduct review meetings with the MOTC (medical officer TB control) STS (Senior treatment supervisor) and STLS (Senior TB Laboratory Supervisor) on at least a monthly basis to evaluate the performance of the programme in the PHIs and take corrective actions. (3)

4.4. Responsibilities of the District Malaria Officer

- He ensures that the targets under active and passive surveillance are achieved by all the agencies in the District.
- He reviews the work of surveillance inspector / basic health worker once in a month and make copy to the Zonal Officer.
- He arranges review for passive surveillance work of all the agencies by DM & HO.
- He ensure that the action is taken on all the defaulters without fail

4.5 Responsibilities of the District Leprosy Officer

- Diagnose cases, ensure registration and management of leprosy & its complications with due counseling.
- Plan and monitor the programme & supervise all the staff under his/her jurisdiction.
- Ensure regular updation of records, availability of adequate stock of MDT, Prednisolone, other supportive drugs and materials and timely submission of reports.
- Ensure Co-ordination with District Level Programme Officers, NRHM initiatives including village health & sanitation committees, Panchayati Raj Institutions & other community level functionaries

4.6.. Responsibilities of the Epidemic Medical Officer



- Coordinate and monitor the implementation of a programme for the promotion and strengthening of Epidemic Preparedness and Response in the district
- Provide technical support in situation analysis, assessment (including the assessment of risk related to epidemics), formulation and evaluation of plans of action for Epidemic preparedness and Response
- Coordinate the development of guidelines on the assessment of district level of readiness/preparedness for outbreaks and guidelines on development of comprehensive epidemic preparedness and response plan
- Coordinate the development, monitoring and evaluation of guidelines on the evaluation of response to outbreaks and other public health emergencies
- Support interventions to be undertaken for mobilization of technical and financial resources for preparation and response to epidemics
- Strengthen the capacity for response through a regional and country network of rapid response teams
- Provide technical support in the preparation of project proposals and appeals for mobilizing external resources to strengthen Epidemic Preparedness and Response.

Summary

All health care programmes in a district are placed under a unified control. It is a link between the State/ regional structure on one side and the peripheral level structures such as PHC/ sub-centre on the other side. The district officer with the overall control is designated as the Chief Medical and Health Officer (CM & HO) or as the District Medical and Health Officer (DM & HO). These officers are popularly known as DMOs or CMOs, and are overall in-charge of the health and family welfare programmes in the district. These DMOs/ CMOs are assisted by Dy. CMOs and programme officers. The officers play the pivotal role in the implementation of the programme along with administrative functions, record keeping and maintenance, prevention & control of the epidemic & disease outbreak.

References

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3. Technical and Operational guidelines for TB control, RNTCP October 2005.