

PREFACE

Health is a fundamental requirement for progress of a Nation. The Health of the people is not only a desired goal, but also an essential investment in Human Resources. Health programme contribute directly to socio-economic growth of the Nation. After India attained independence many committees were formed to suggest measures for improving the country's health sector. However India did not have a formal Public Health Policy till 1982-83 when the first National Health Policy was adopted. Prior to this, Health Services and activities were formulated through five year plans and on recommendations of various committees that examined different aspects of Health and Health Services in India. The Third Five Year Plan launched in 1961 highlighted the inadequacy of Health Care Institutions, lack of availability of Doctors and other Health Personnel in rural areas as the shortcoming of the Second Five Year Plan. Even though the Third Five Year Plan spoke of these shortages, there was no mention of concrete, specific steps to address these. Increasing the number of ANM was recognized but training centres for ANMs did not materialize due to shortage of funds. In the Fourth Five Year Plan construction of PHC buildings, providing them with adequate staff, equipment and other facilities were stressed. In the Fifth Five Year Plan (1974-1979), Government acknowledged the neglect of rural areas. Health Programmes were reformulated and healthcare Services were to be provided through a new category of Health Personnel to be specifically termed as "Multipurpose workers". In 1980 there was emphasis on "Health for all by 2000A.D." and adopting a comprehensive National Health Policy. India's First National Health Policy was formulated in 1983 during the Sixth Five Year Plan (1980-1984) period. The Sixth Five Year Plan emphasized the development of a community based Health System providing Health Services to rural areas which was reemphasized in the Seventh Five Year Plan (1985-1990). The Seventh Five Year Plan called for addressing the shortage in personnel, equipment and infrastructure. Health being a state subject it became the responsibility of the states to take care of this aspect. This, the states could not do entirely of their own due to financial constraints. Thus, the

Eighth Five Year Plan openly encouraged states to open avenues for private corporate to enter Health Sector by offering them tax benefits, soft loans etc.

Private sector in Health constitutes eighty percent of outpatient care and sixty percent of inpatient care. Going by NSSO estimate, forty percent of private care is likely to be by Informal Unqualified Provider (IUP). Seventy two percent of all private health care enterprises are Own Account Enterprises (OAE) which is household run business providing Health Services without hiring a worker on a fairly regular basis. OAE are different from the view point of needs, perceptions and services from that of Health Establishments and organizations of corporate sector. In terms of comparative efficiency, public sector is value for money as it accounts for less than thirty percent of total expenditure, but provides for about twenty percent of outpatient care and forty percent of inpatient care. As per World Health Statistics 2014 published by WHO, general Government expenditure on Health as percentage of GDP in 2011 for India was 1.19 percent as compared to 2.85 percent in China and 4.07 percent in Brazil. The Centre's budgetary allocation for Health sector for 2015-16 is ₹32,068.17 crore as against ₹31,965.00 crore in 2014-15. As per the recommendations of XIV finance commission the tax devolution to states of 42 percent of Union's net tax receipts will allow states greater autonomy in financing and designing of schemes as per their need. The 12th five year plan has targeted to increase the public spending on core health for centre and states together to 1.87 percent of GDP by the end of 12th plan. For the first time the Government of India has moved towards making Health a constitutional right. The National Health Policy 2015 indicates that the Government wants to make this more transparent. The primary aim of National Health Policy, 2015 is to ensure clarity, strengthen and prioritize the role of the Government in shaping health system in all its dimensions invested in Health organizations. Some other aims of the policy are: financing the Health Care Services, prevention of diseases and promotion of good Health through cross sectional action, access to technologies, developing Human Resources, encouraging Medical pluralism, building the knowledge base required for better Health & financial protection strategies. Although the aims of the National Health Policy, 2015 are

commendable, what is important is its implementation aspect. Despite a massive drive to provide improvised Health Service in every nook and corner of the country, things have not changed much. India had its last Health Policy in 2002. Despite this, people have seen the Government Health Service as an ailing sector and most of the people are bereft of health facility. The Doctor patient ratio is 1:2000, half of the recommend which is 1:1000. There is a shortage of four lakh Doctors and 64 lakh Human Resources. All these have been stated in the National Health Policy, 2015. However statements in the policy like NHM and ASHA workers performing excellently across the country has not been whole heartedly welcomed and accepted. Over emphasis of NHM team in implementation of Government schemes has paved the way for Health Centers to concentrate only on areas like immunization; Polio; Malaria eradication and field based works. This fulfills only the targets set by Government. In the process of fulfilling these targets a huge amount of public fund has been invested but with very little-attention to the area of availability of Human Resource in Hospitals to meet the regular needs of outdoor and indoor patients.

As far as implementing health policies are concerned, the Government must not see the issue of the whole country through a common parameter. The case of Assam is different from other parts of the country. As per the 2011 census report, against the need of 238 CHCs, Assam has 108 centres. There is a major dearth of specialists in Assam. The total number of CHCs functioning with specialists is 108 against the need of 438. The shortage of Nursing Staff in the Hospitals of Assam including the Medical College Hospitals is creating problem for both the Doctors and the patients. As per the Indian Nursing Council (INC) norms, the Nurse patient ratio should be 1:3 for Medical College Hospitals and 1:5 for District Hospitals. But in the Government Medical College Hospitals and other Hospitals of Assam, there is only one Nurse against 20 to 30 patients. In Assam, according to Government Sources, against 6225 patients there is only 1 serving Doctor while the recommended ratio of patient and Doctors should be 1000:1 according to the directives of WHO and Ministry of Health, Government of India. Without going into the details of the statistical reports, the dismal state of the Health sector of Assam is evident from

certain facts such as District Hospitals running without new born infant care unit, ICU, Anesthetists, Oncologists and Cardiologists, Doctors with DM degree, skilled Technicians and trained work force. In the year 2000, Patient Doctor Ratio in Assam was 12128:1 and it was 6220:1 in the year 2011. In reply to a question by a member of the Legislative Assembly in 2015, the Minister of Health and Family Welfare, Assam stated that against the total sanctioned posts of Doctors and Nurses, there were 867 posts of Doctors and 1245 posts of Nurses lying vacant in the state. It was further stated that there are all together 79 vacant posts in the Guwahati Medical College Hospital, 113 in Silchar Medical College Hospital; 88 in Jorhat Medical College Hospital, 72 in Fakaruddin Ali Ahmed Medical College Hospital, Barpeta and 84 in Tezpur Medical College Hospital. Presently in Assam, Human Resource strength under the National Health Mission (NHM) is 17288. However those working under NHM are not getting salary and benefits like those working under other missions like SSA and there exists great resentment amongst them since they do not have service rules, lack of promotion, and no confirmation of jobs, salary disparity and more accountability in comparison to their regular departmental colleagues of Health Department.

The administrative machinery in the Teaching Hospitals of Assam has been out of gear for last few years on account of not having a permanent Medical Superintendent. Gauhati Medical College Hospital had to run with a temporary Medical Superintendent for five years. It is only very recently that a permanent Medical Superintendent has been appointed. The Silchar Medical College Hospital has been running with a temporary Medical Superintendent for last eleven years. Under Health Department (A) of Government of Assam there are presently 2300 Medical Officers from the rank of Medical and Health Officer-I to Additional Director of Health, with 1950 posts lying vacant. This has seriously affected Health Service on the administration front at the Sub-division; District and Block level. All these data are obtained from proceedings of Assam Legislative Assembly Sessions. Guwahati being the largest city in the North-East, people from all part of this region look for good Hospitals here, where they can avail quality health care, no matter

whether such Hospitals are Government or Private. So, studying the Management of Human Resource and Administration of Guwahati Hospitals are very much significant for the purpose of ascertaining the quality of health care that people of the region are likely to receive. To ensure quality patient care in Hospitals, Administration and Human Resource component are very important. The purpose of this study is to make a critical analysis of Administration and Human Resource Management matters; organizational structure of Hospitals; its link with Human Resource Management Practices adopted by Hospitals and adequacy of Government's regulatory measures for controlling Hospitals. Considering the strategic importance of Guwahati city, the area chosen for this study is Kamrup (Metro) district of Assam. The study is considered significant considering the fact that all types of Government and Private Hospitals are located in Guwahati, the city which is considered the gate way to the North East region. As such, results obtained from the study can give an overall picture about Hospitals available in the largest city of North East India from the perspective of Human Resource Management and Administration. Based on the results obtained, suggestions for making changes in the policies of Government to ensure availability of good medical care through quality Human Resource can be materialized.

Keeping in mind the objectives of the study, every effort was made by the Researcher to include all types of Hospitals within the purview of this study. However due to opaqueness in transmitting required information by Hospitals under the control of Ministry of Home and Ministry of Defence, those could not be included in this study.