

International Journal of Scientific Research

Listed in International ISSN Directory, Paris

Volume 1 | Issue 1 | June 2012



ISSN No. 2277 – 8179

A Multi-Subject Journal
Journal for All Subjects



ISSN No. 2277 – 8179

International Journal of Scientific Research

Journal for All Subjects

Advertisement Details

| Position | B/W (Single Color) | Fore Color |
|--------------------|-----------------------|------------|
| Full Inside Cover | ₹ 6250 | ₹ 12500 |
| Full Page (Inside) | ₹ 5000 | - |

Subscription Details

| Period | Amount Payable |
|------------------------|----------------|
| One Year (12 Issues) | ₹ 3000 |
| Two Year (24 issues) | ₹ 5800 |
| Three Year (36 issues) | ₹ 8700 |
| Five Year (60 issues) | ₹ 14400 |

You can download the Advertisement / Subscription Form from website www.gra.in. You will require to print the form. Please fill the form completely and send it to the **Editor, International Journal of Scientific Research** along with the payment in the form of Demand Draft/Cheque at Par drawn in favour of **International Journal of Scientific Research** payable at Ahmedabad.

Editor-In-Chief

Khansa Memon
Editor, Sarah Publishing Academy

Editorial Advisory Board

Dr. Ashok S. Pawar
Associate Professor, Dept. of Economic
Dr. Babaasaheb Ambedkar
Marathwada University, Aurangabad

Dr.(Prof) Vijay Kumar Soni
Principal,
Jai Meenesh College, Phagi,
Jaipur, Rajasthan

Dr. A.R. Saravankumar
Assistant Professor in Education
DDE, Alagappa University,
Tamilnadu

Dr.R.Ramachandran
Commerce Dde
Annamalai University
Tamilnadu India

Dr. R. Ganpathy
Assistant Professor in Commerce
Directorate of Distance Education
Alagappa University Karaikudi.

Dr. Amit Bandyopadhyay
Assistant Professor
Department of Physiology
University of Calcutta

Dr. V. Kumaravel ,
Professor and Head
Vivekanandha Buss. School for Women
Tiruchengode, Namakkal Dist

Dr. K. Prabhakar,
Professor,
Department of Manag. Studies,
Velammal Engg College, Chennai

Dr. Sunita J. Rathod
Maharashtra Education
Service Group-B
DIET Dist. Jalna

1. Thoughts, language vision and example in published research paper are entirely of author of research paper. It is not necessary that both editor and editorial board are satisfied by the research paper. The responsibility of the matter of research paper/article is entirely of author.
2. Editing of the **International Journal of Scientific Research** is processed without any remittance. The selection and publication is done after recommendations of at least two subject expert referees.
3. In any condition if any National/International University denies accepting the research paper published in IJSR then it is not the responsibility of Editor, Publisher and Management.
4. Only the first author is entitled to receive the copies of all co-authors
5. Before re-use of published research paper in any manner, it is compulsory to take written permission from the Editor-IJSR, unless it will be assumed as disobedience of copyright rules.
5. All the legal undertaking related to **International Journal of Scientific Research** is subject to Ahmedabad Jurisdiction.
7. The research journal will be sent by normal post. If the journal is not received by the author of research papers then it will not be the responsibility of the Editor and publisher. The amount for registered post should be borne by author of the research paper in case of second copy of the journal.

Editor,

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

3, SUHANA, Nr. Rubi Apartment, B/H NID, Rajnagar Road,
Paladi – 380007. Ahmedabad-Gujarat. (INDIA)

Contact: +91 98247 02127, +91 88660 03636

www.theglobaljournals.com | ijsr@theglobaljournals.com

Index

| Sr. No | Title | Subject | Page. No. |
|--------|---|-------------|-----------|
| 1. | The Impact Of FIIs On Indian Stock Market <i>Dr. Vinod K. Ramani</i> | Accountancy | 1-3 |
| 2. | Human Resource Management New Dimention <i>Dr. Kishor V. Bhesaniya, A. R. Sakhida, C. C. Gediwala</i> | Accountancy | 4-6 |
| 3. | Sequencing The Hypervariable Region V3 Of 16S RRNA Of Bacteria Isolated From RAM <i>V. S. Wadhai, Savitri R. Dewangan</i> | Biology | 7-10 |
| 4. | Credit Rating Methodology for rating Small and Medium Enterprises A Comprehensive Outline <i>Dr. Bheemanagouda</i> | Commerce | 11-13 |
| 5. | Growth And Performance Of Micro Small And Medium Enterprises (MSMES) In India <i>Dr. M. K. Maru</i> | Commerce | 14-15 |
| 6. | Uses Of College Funds In Assam-with Reference To Lakhimpur District <i>Dr. Niranjan Kakati</i> | Commerce | 16-17 |
| 7. | The Study On Awareness Of Solar Energy Products In House Holds, Coimbatore <i>Dr. M. Dhanabhakym, T. Sumathi</i> | Commerce | 18-20 |
| 8. | Connotation Of Systematised Warehouse Management System In Supply Chain Of Small Scale Firms <i>Dr. Vipul Chalotra</i> | Commerce | 21-23 |
| 9. | Distribution Mix Straregy Of Jammu And Kashmir Co-operatives Supply And Marketing Federation Limited (JAKFED) In Jammu District Of J&k <i>Tarsem Lal</i> | Commerce | 24-25 |
| 10. | A Study On Irrigation Projects In Maharashtra State <i>Dr. Pawar, Ashok S., Dr. Rathod Sunita J.</i> | Economics | 26-27 |
| 11. | A Study Of Food Security In South Asia <i>Dr. Pawar, Ashok S., Dr. Rathod Sunita J.</i> | Economics | 28-30 |
| 12. | Inter-District Variations In The Performance Of Self Help Groups (SHGS) In Tamil Nadu. <i>Dr. A. Shyamala</i> | Economics | 31-34 |
| 13. | Challenges of Indian Agriculture and Rural Development <i>Dr. Sangappa. V. Mamanshetty</i> | Economics | 35-36 |

| | | | |
|-----|---|--------------|-------|
| 14. | Enhancing Science Process Skills and Scientific Attitude and Analysing their Interactions. :- An Intervention through Inquiry Learning Approach <i>Sreetanuka Nath, Dr. Sybil Thomas</i> | Education | 37-42 |
| 15. | Effect Of Piston Geometry On Combustion Efficiency <i>A. B. Damor, I. H. Bhoraniya, V. H. Chaudhari</i> | Engineering | 43-45 |
| 16. | Multipoint Hand Gesture Recognition For Controlling Bot <i>Nishant M Labhane, Prashant Harsh, Meghan Kulkarni</i> | Engineering | 46-48 |
| 17. | To Study the working conditions Level in Rajasthan Healthcare Department <i>Dr. Ashwin G. Modi, Sushman Sharma</i> | Healthcare | 49-51 |
| 18. | Impact Of Nutrition Education On Nutritional Knowledge, Dietary Practices And Physical Endurance Of Amateur Badminton Players <i>Dr. Anjali A. Rajwade</i> | Home Science | 52-53 |
| 19. | Impact Of Maternal Nutrition Education Module On Knowledge And Nutritional Status In Urban Pregnant Women <i>Dr. Anjali A. Rajwade</i> | Home Science | 54-56 |
| 20. | Feminism and Gender Representation in Indian Writing in English <i>Bhaveshkumar B Rana</i> | Literature | 57-59 |
| 21. | Impact of Grievances on Industrial Relations <i>Anuradha Averineni</i> | Management | 60-61 |
| 22. | Bioactive Polyphenols Of Bombax Ceiba <i>K.Shakila, D. Sukumar, R. Priya, R.Rajaselvi</i> | Management | 62-63 |
| 23. | A Study On Employee Motivation In Health Care Industry In A Private Multi-Speciality Organization <i>Dr. C. Swarnalatha, T. S. Prasanna</i> | Management | 64-67 |
| 24. | Tax-advantaged Mutual Funds V/s. Rest of the Population <i>Dr. Deepak H. Tekwani</i> | Management | 68-69 |
| 25. | Perception Analysis On Employees Motivation Techniques <i>Dr. M. Dhanabhakym, R. Umadevi</i> | Management | 70-73 |
| 26. | A Feasibility Study of Islamic Banking System in India Miles to Go <i>Dr. Sharif Memon</i> | Management | 74-77 |
| 27. | Rural Marketing Practices in India: Emerging Issues <i>Kavita A. Trivedi</i> | Management | 78-79 |
| 28. | Impact of Micro, Small and Medium Enterprises on Indian Economy using the ranking method in Today's Context <i>Vimal P. Jagad</i> | Management | 80-81 |

| | | | |
|-----|---|-----------------|-------|
| 29. | Paradigm Changes in Healthcare Marketing <i>Dr Mahalaxmi Krishnan</i> | Marketing | 82-84 |
| 30. | Evolution of New Consumer Class in India <i>Dr. Sanjeev Verma</i> | Marketing | 85-86 |
| 31. | Socio-Economic and Demographic Determinants of Reproductive Tract Infections (RTIs). <i>Dr. K. JOTHY</i> | Social Sciences | 87-89 |

ISSN : 2277 – 8179



To Study the working conditions Level in Rajasthan Healthcare Department

* Dr. Ashwin G. Modi ** Sushman Sharma

June, 2012

Abstract

The health situation in Rajasthan is far from encouraging despite an extensive physical infrastructure and large health manpower engaged in the delivery of health services. The MMR and IMR are also higher than the National Average. In the view of the above, the Government has launched on 24th August 2004, the World Bank assisted ambitious five-year Project to streamline and strengthen its health sector by providing a high quality, responsiveness, affordable, and accountable healthcare system.

Keywords : Healthcare, Rajasthan, Working Condition

Introduction:

According to the Project aims at:

1. Improving performance of health care through improvement in quality, effectiveness and coverage.
2. Narrowing the current coverage gap by facilitating access to health care particularly by women.
3. Achieving better efficiency in the allocation & utilization of health care resources through policy and institutional development.

The Project is assisting the state the Rajasthan's Health Vision -2025:

- Reducing IMR to less than 30 per 1,000 live births by 2025 (65 per 1,000 live births in 2005-06)
- Reducing MMR to less than 100 per 100,000 live births by 2025 (445 per 100,000 live births in 2006)
- Increasing assistance at delivery by qualified attendants to 85% by 2010 (21% in 1999 and 32% in 2006)

The Project consists of three components:

Component-1: Policy Development and Project Management

In this component mainly the management structure of the project is established. The investment cost for this component is 56.41 crores, recurrent cost is 31.15 crores thus the baseline cost is 87.56 crores. It has following sub components:

- Improving Institutional framework for policy development
- Establishment of the project management structure
- Training and capacity building
- Strengthening HMIS

Component-2: Improving Quality of Public Health Care Services at the Primary & Secondary Levels

Improvement of referral mechanisms and BMWM are the main tasks under this component. The investment cost for this component is 216.63 crores, recurrent cost is 27.50 crores thus the baseline cost is 244.13 crores. It includes the following sub components:

- Physical renovation and up-gradation of facilities
- Improving Health care waste management system
- Upgrading Quality of Clinical management and support services
- Improving Referral mechanisms

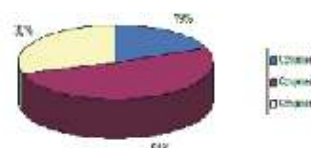
Component 3: Improving Access to Health Care Services for the Poor Population

The investment cost for this component is 124.89 crores, recurrent cost is 15.99 crores thus the baseline cost is 140.88 crores. Following components are:

- Improving Health Seeking Behavior Behaviour Change Communication, Information, Education and Communication
- Enhancing Access to Care- Community based health initiatives
- Public Private Partnership

Overall distribution of the cost mentioned above:

Three Main Components of RHSDP



Facilities included in the project:

RHSDP has identified 238 health care facilities (one in each block) in the project; these facilities will be strengthened through various measures. These include 28 District Hospitals, 23 Sub-Divisional Hospitals, 113 Community Health Centers, 72 CHCs and 2 Block Primary Health Centers. Selected facilities in Table 1:

Table 1: Distribution of the selected facilities under RHSDP by the selected indicators

| S.No. | Category | No. of Beds | No. of Facilities in State With such No. of Beds | No. of Facilities under project With such No. of Beds |
|-------|----------|-------------|--|---|
| 1 | I | 300-300+ | 08 | 08 |
| 2 | II | 150-299 | 20 | 20 |
| 3 | III | 100-149 | 12 | 10 |
| 4 | IV | 50-99 | 81 | 62 |
| 5 | V | 30-49 | 222 | 138 |
| | Total | | 343 | 238 |

*

Findings:

Based on the discussions held with the RHSDP officials and review of various reports, the researcher could understand the following:

State level

1. The Project was supposed to make necessary arrangements for providing training to the staff. Training included: managerial, clinical, technical, quality improvement, referral mechanism, rational use of drugs, BCC, and health care waste management. It was reported that 75% of the proposed training finished. Capacity building of a total of 50% nursing/ paramedical staff followed by 25% doctors, and 24% support staff was done.
2. In order to improve the quality and effectiveness of the hospital services, and medical personnel, regular in-service trainings of medical personnel are designed to upgrade their clinical, professional and managerial skills. Approximately 2072 trainings are under procedure.
3. HMIS is done manually at the district hospitals.

Component-2

1. Civil work is completed at all 343 facilities, and additional works planned to facilitate CTF operations. A total of 74 health facilities were updated. PHC were upgraded as BPHCs and 72 BPHCs were upgraded as CHCs.
2. Sensitization workshops have been conducted for improving health care waste management system at every level. Besides sensitization, guidelines, protocols and formats have been developed and supply to various facilities.
3. To lower down the heavy pressure and overcrowding, the Referral protocols are developed and disseminated, for this workshops and trainings completed at state and district level.

Component-3

1. To improve health seeking behavior the Information Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as television campaigns, walls painting, slogan writings, posters with slogans and pictures etc. are used.
2. To improve the access to health care to the poor the government interventions are strengthened through
 - Chief Minister's Jeevan Raksha Kosh (Life Saving Fund)
 - BPL Card Scheme
 - Rajasthan Medicare Relief Society
 - Reproductive and Child Health Camps
3. Public Private Partnership
It was observed in the hospital visits that Laundry and Security services are outsourced.

District Level

To know the component wise findings at district level, a meeting with District Project Coordinator (DPC) was arranged and after the meeting a permission letter to visit the district hospital was issued.

To Study the working conditions Level in Rajasthan Healthcare Department

Introduction:

In any health services system, it is health workers professionals, technicians, and auxiliaries who in the final analysis determine what services will be offered; when, where, and to what extent they will be utilized; and as a result, what impact the services will have on the health status of individuals. The success of health activities depends largely

on the effectiveness and quality with which these resources are managed. At the same time, problems can be observed in the performance of the health systems due to lack of policies and technical definitions in the field of human resources, which limits the possibility of meeting the objectives.

It was decided in consultation with the RHSDP officials that the study would include the following major area of HR:

Working Conditions**Study objectives:**

The study aims at understanding HR issues in public health system in Rajasthan are to

- I. Study the staffing pattern against the IPHS norms at various facility levels.
- II. Assess the working conditions provided by the Govt. of Rajasthan.

Methodology

For having feasibility of above mentioned issues Additional Director (HR, training) suggested to visit the facilities under project in the state. For the study purpose the study team divided the state into three zones: Desert, Tribal and Plain. In each zone, one district was selected.

Study respondents:

A total of 30 respondents / health care functionaries have been interviewed in each district and therefore 90 respondents were included in the study. The respondents included all kind of staff. In each the study team could interview the following:

Methods of data collections

The following methods were used for data collection:

- Interview
- Review of records and reports/ documents etc.
- Informal discussion
- Observation.

Data collection tools:

- Interview schedule
- Data sheet
- Web Sites

Methods/ process:

The data were collected during May 4th, 2008- May 20th, 2008.

The following steps were taken:

- Permission letter from Project Director of RHSDP for field visit.
 - Developing Interview schedule.
 - Information collection
1. Interviews
 - i. Discussion with staff
 - ii. Observations and self assessment
 - iii. Literature review
 2. Documentation
 - i. Description of departmental study
 - ii. Critical Analysis
 - iii. Conclusion

Findings

The study reveals the following findings:

- 1) Working Conditions-
 - a. No cleanliness in Toilets was observed.
 - b. Communication gap between the Superiors and Subordinates.
 - c. Diagnostic examination takes more time due to this it directly affects the quality of healthcare system.

Conclusion

Human resource management ensures effectiveness and quality in staff performance to meet the health related objectives. It can be concluded that Human resources for health is a significant resource to run the system, moreover we would like to add that human resource of health must get the good facilities & working conditions so that they can perform their duty properly & can provide the better quality services. The issues like working condition are the basic one.

Recommendations:

1. There should be a HR policy.
2. Number of staff must be appropriate in the every facility.
3. Nominations to the Training must be on the basis of training needs assessment, proper selection.
4. Reallocation of staff must be there according to their skills.
5. Infrastructure of Hospital with a good manager.

Annex B Findings of Staffing:

| DISTT. | Staff Sanctioned at DH/SDH | Staff Positioned at DH/SDH | Staff Sanctioned at CHC | Staff Positioned at CHC | Staff Sanctioned at PHC | Staff Positioned at PHC | Staff Sanctioned at SC | Staff Positioned at SC |
|---------|----------------------------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|------------------------|------------------------|
| Jodhpur | 58 (50 bedded) | 46 | 46 (50 bedded) | 32 | 33 (30 bedded) | 24 | 2/3 | 1 |
| Ajmer | 250 (305 bedded) | 183 | 94 (100 bedded) | 76 | 15 | 9 | 2/3 | 1 |
| Udaipur | 94 (100 bedded) | 83 | 33 (30 bedded) | 28 | 15 | 10 | 2/3 | 1 |

References

- Collins C, Green A, and Hunter D (1999) "Health sector reform and interpretation of policy context Health Policy" 47(1):69-83. | 2. Hale FA 4:13-21: "The need to train physicians for rural primary healthcare in Latin America: Some family medicine experiences" Rural Health 1988, | 3. University of the Western Cape 1998. "Health Human Resources: Public Health Programme. Bellville" | 4. Janovsky K. and Cassels A. 1996. "Health Policy and Systems Research: Issues, Methods and Priorities, in Janovsky K. (ed.) Health policy and systems development: An agenda for research" Geneva, World Health Organization, 1996. | 6. Martineau T, Buchan J: "Human resources and the success of health sector reform" Human Resources for Health Development Journal (HRDJ) 2000, 4(3):174-183.



Sara Publishing Academy
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH
Journal for All Subjects

Editor,
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

3, SUHANA, Nr. Rubi Apartment, B/H NID, Rajnagar Road,
Paldi – 380007. Ahmedabad-Gujarat. (INDIA)

Contact: +91 98247 02127, +91 88660 03636

Www.theglobaljournals.com | ijsr@theglobaljournals.com