INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE, ECONOMICS & MANAGEMENT

IJRCM

A Monthly Double-Blind Peer Reviewed (Refereed/Juried) Open Access International e-Journal - Included in the International Serial Directories

Indexed & Listed at:

Ulrich's Periodicals Directory ©, ProQuest, U.S.A., EBSCO Publishing, U.S.A., Cabell's Directories of Publishing Opportunities, U.S.A., Google Scholar, Open J-Gage, India [link of the same is duly available at Inflibnet of University Grants Commission (U.G.C.)], The American Economic Association's electronic bibliography, EconLit, U.S.A., Index Copernicus Publishers Panel, Poland with IC Value of 5.09 & number of libraries all around the world.

Circulated all over the world & Google has verified that scholars of more than **5000 Cities** in **187 countries/territories** are visiting our journal on regular basis.

Ground Floor, Building No. 1041-C-1, Devi Bhawan Bazar, JAGADHRI – 135 003, Yamunanagar, Haryana, INDIA

http://ijrcm.org.in/

CONTENTS

CALL FOR MANUSCRIPTS

We invite unpublished novel, original, empirical and high quality research work pertaining to the recent developments & practices in the areas of Computer Science & Applications; Commerce; Business; Finance; Marketing; Human Resource Management; General Management; Banking; Economics; Tourism Administration & Management; Education; Law; Library & Information Science; Defence & Strategic Studies; Electronic Science; Corporate Governance; Industrial Relations; and emerging paradigms in allied subjects like Accounting; Accounting Information Systems; Accounting Theory & Practice; Auditing; Behavioral Accounting; Behavioral Economics; Corporate Finance; Cost Accounting; Econometrics; Economic Development; Economic History; Financial Institutions & Markets; Financial Services; Fiscal Policy; Government & Non Profit Accounting; Industrial Organization; International Economics & Trade; International Finance; Macro Economics; Micro Economics; Rural Economics; Co-operation; Demography: Development Planning; Development Studies; Applied Economics; Development Economics; Business Economics; Monetary Policy; Public Policy Economics; Real Estate; Regional Economics; Political Science; Continuing Education; Labour Welfare; Philosophy; Psychology; Sociology; Tax Accounting; Advertising & Promotion Management; Management Information Systems (MIS); Business Law; Public Responsibility & Ethics; Communication; Direct Marketing; E-Commerce; Global Business; Health Care Administration; Labour Relations & Human Resource Management; Marketing Research; Marketing Theory & Applications; Non-Profit Organizations; Office Administration/Management; Operations Research/Statistics; Organizational Behavior & Theory; Organizational Development; Production/Operations; International Relations; Human Rights & Duties; Public Administration; Population Studies; Purchasing/Materials Management; Retailing; Sales/Selling; Services; Small Business Entrepreneurship; Strategic Management Policy; Technology/Innovation; Tourism & Hospitality; Transportation Distribution; Algorithms; Artificial Intelligence; Compilers & Translation; Computer Aided Design (CAD); Computer Aided Manufacturing; Computer Graphics; Computer Organization & Architecture; Database Structures & Systems; Discrete Structures; Internet; Management Information Systems; Modeling & Simulation; Neural Systems/Neural Networks; Numerical Analysis/Scientific Computing; Object Oriented Programming; Operating Systems; Programming Languages; Robotics; Symbolic & Formal Logic; Web Design and emerging paradigms in allied subjects.

Anybody can submit the **soft copy** of unpublished novel; original; empirical and high quality **research work/manuscript** ***anytime*** in ***M.S. Word format*** after preparing the same as per our **GUIDELINES FOR SUBMISSION**; at our email address i.e. infoijrcm@gmail.com or online by clicking the link **online submission** as given on our website (***FOR ONLINE SUBMISSION, CLICK HERE***).

GUIDELINES FOR SUBMISSION OF MANUSCRIPT

1. **COVERING LETTER FOR SUBMISSION:**

DATED: _____

THE EDITOR

IJRCM

Subject: **SUBMISSION OF MANUSCRIPT IN THE AREA OF _____.**

(e.g. Finance/Mkt./HRM/General Mgt./Engineering/Economics/Computer/IT/ Education/Psychology/Law/Math/other, please specify)

DEAR SIR/MADAM

Please find my submission of manuscript titled '_____' for likely publication in one of your journals.

I hereby affirm that the contents of this manuscript are original. Furthermore, it has neither been published anywhere in any language fully or partly, nor it is under review for publication elsewhere.

I affirm that all the co-authors of this manuscript have seen the submitted version of the manuscript and have agreed to inclusion of their names as co-authors.

Also, if my/our manuscript is accepted, I agree to comply with the formalities as given on the website of the journal. The Journal has discretion to publish our contribution in any of its journals.

NAME OF CORRESPONDING AUTHOR	:
Designation/Post*	:
Institution/College/University with full address & Pin Code	:
Residential address with Pin Code	:
Mobile Number (s) with country ISD code	:
Is WhatsApp or Viber active on your above noted Mobile Number (Yes/No)	:
Landline Number (s) with country ISD code	:
E-mail Address	:
Alternate E-mail Address	:
Nationality	:

* i.e. Alumnus (Male Alumni), Alumna (Female Alumni), Student, Research Scholar (M. Phil), Research Scholar (Ph. D.), JRF, Research Assistant, Assistant Lecturer, Lecturer, Senior Lecturer, Junior Assistant Professor, Assistant Professor, Senior Assistant Professor, Co-ordinator, Reader, Associate Professor, Professor, Head, Vice-Principal, Dy. Director, Principal, Director, Dean, President, Vice Chancellor, Industry Designation **etc**. ***The qualification of author is not acceptable for the purpose***.

NOTES:

a) The whole manuscript has to be in ***ONE MS WORD FILE*** only, which will start from the covering letter, inside the manuscript. ***pdf. version is liable to be rejected without any consideration***.

b) The sender is required to mention the following in the **SUBJECT COLUMN of the mail**:

New Manuscript for Review in the area of (e.g. Finance/Marketing/HRM/General Mgt./Engineering/Economics/Computer/IT/ Education/Psychology/Law/Math/other, please specify)

c) There is no need to give any text in the body of the mail, except the cases where the author wishes to give any **specific message** w.r.t. to the manuscript.

d) The total size of the file containing the manuscript is expected to be below **1000 KB**.

e) Only the **Abstract will not be considered for review** and the author is required to submit the **complete manuscript** in the first instance.

f) ***The journal gives acknowledgement w.r.t. the receipt of every email within twenty-four hours*** and in case of non-receipt of acknowledgment from the journal, w.r.t. the submission of the manuscript, within two days of its submission, the corresponding author is required to demand for the same by sending a separate mail to the journal.

g) The author (s) name or details should not appear anywhere on the body of the manuscript, except on the covering letter and the cover page of the manuscript, in the manner as mentioned in the guidelines.

2. **MANUSCRIPT TITLE:** The title of the paper should be typed in **bold letters**, **centered** and **fully capitalised**.

3. **AUTHOR NAME (S) & AFFILIATIONS:** Author (s) **name**, **designation**, **affiliation** (s), **address**, **mobile/landline number** (s), and **email/alternate email address** should be given underneath the title.

4. **ACKNOWLEDGMENTS:** Acknowledgements can be given to reviewers, guides, funding institutions, etc., if any.

5. **ABSTRACT:** Abstract should be in **fully Italic printing**, ranging between **150** to **300 words**. The abstract must be informative and elucidating the background, aims, methods, results & conclusion in a **SINGLE PARA**. ***Abbreviations must be mentioned in full***.

6. **KEYWORDS:** Abstract must be followed by a list of keywords, subject to the maximum of **five**. These should be arranged in alphabetic order separated by commas and full stop at the end. All words of the keywords, including the first one should be in small letters, except special words e.g. name of the Countries, abbreviations etc.

7. **JEL CODE:** Provide the appropriate Journal of Economic Literature Classification System code (s). JEL codes are available at www.aeaweb.org/econlit/jelCodes.php. However, mentioning of JEL Code is not mandatory.

8. **MANUSCRIPT:** Manuscript must be in ***BRITISH ENGLISH*** prepared on a standard A4 size ***PORTRAIT SETTING PAPER***. *It should be free from any errors i.e.* ***grammatical, spelling*** *or* ***punctuation.*** *It must be thoroughly edited at your end*.

9. **HEADINGS:** All the headings must be bold-faced, aligned left and fully capitalised. Leave a blank line before each heading.

10. **SUB-HEADINGS:** All the sub-headings must be bold-faced, aligned left and fully capitalised.

11. **MAIN TEXT:**

THE MAIN TEXT SHOULD FOLLOW THE FOLLOWING SEQUENCE:

INTRODUCTION

REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESIS (ES)

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

LIMITATIONS

SCOPE FOR FURTHER RESEARCH

REFERENCES

APPENDIX/ANNEXURE

The manuscript should preferably be in ***2000 to 5000 WORDS***, But the limits can vary depending on the nature of the manuscript.

12. **FIGURES & TABLES:** These should be simple, crystal **CLEAR**, **centered**, **separately numbered** & self-explained, and the **titles must be above the table/figure**. **Sources of data should be mentioned below the table/figure**. *It should be ensured that the tables/figures are referred to from the main text*.

13. **EQUATIONS/FORMULAE:** These should be consecutively numbered in parenthesis, left aligned with equation/formulae number placed at the right. The equation editor provided with standard versions of Microsoft Word may be utilised. If any other equation editor is utilised, author must confirm that these equations may be viewed and edited in versions of Microsoft Office that does not have the editor.

14. **ACRONYMS:** These should not be used in the abstract. The use of acronyms is elsewhere is acceptable. Acronyms should be defined on its first use in each section e.g. Reserve Bank of India (RBI). Acronyms should be redefined on first use in subsequent sections.

15. **REFERENCES:** The list of all references should be alphabetically arranged. ***The author (s) should mention only the actually utilised references in the preparation of manuscript*** and they may follow Harvard Style of Referencing. **Also check to ensure that everything that you are including in the reference section is duly cited in the paper**. The author (s) are supposed to follow the references as per the following:

- All works cited in the text (including sources for tables and figures) should be listed alphabetically.
- Use (**ed.**) for one editor, and (**ed.s)** for multiple editors.
- When listing two or more works by one author, use --- (20xx), such as after Kohl (1997), use --- (2001), etc., in chronologically ascending order.
- Indicate (opening and closing) page numbers for articles in journals and for chapters in books.
- The title of books and journals should be in italic printing. Double quotation marks are used for titles of journal articles, book chapters, dissertations, reports, working papers, unpublished material, etc.
- For titles in a language other than English, provide an English translation in parenthesis.
- ***Headers, footers, endnotes*** *and* ***footnotes*** *should* ***not be used*** *in the document.* However, **you can mention short notes to elucidate some specific point**, which may be placed in number orders before the references.

PLEASE USE THE FOLLOWING FOR STYLE AND PUNCTUATION IN REFERENCES:

BOOKS

- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio" Ohio State University, Nigeria.

CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

JOURNAL AND OTHER ARTICLES

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

CONFERENCE PAPERS

- Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–23

UNPUBLISHED DISSERTATIONS

- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

ONLINE RESOURCES

- Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

WEBSITES

- Garg, Bhavet (2011): Towards a New Gas Policy, Political Weekly, Viewed on January 01, 2012 http://epw.in/user/viewabstract.jsp

HEALTH POLICY AND DEVELOPMENT WITH SPECIAL REFERENCE TO ORGANIZATION AND MANAGEMENT OF GOVERNMENT HOSPITALS IN KARNATAKA WITH EMPHASIS ON K.R. PET GOVERNMENT HOSPITAL MANDYA DISTRICT, KARNATAKA

HARSHITHA R
STUDENT
DEPARTMENT OF MANAGEMENT & COMMERCE
AMRITA SCHOOL OF ARTS & SCIENCES
AMRITA VISHWA VIDYAPEETHAM
AMRITA UNIVERSITY
MYSURU CAMPUS
MYSURU

RAGHUNANDAN M V
LECTURER
DEPARTMENT OF MANAGEMENT & COMMERCE
AMRITA SCHOOL OF ARTS & SCIENCES
AMRITA VISHWA VIDYAPEETHAM
AMRITA UNIVERSITY
MYSURU CAMPUS
MYSURU

ABSTRACT

'Health is an asset to every person'. In this study, an attempt is made to analyze the present organization and management of health system in Karnataka, specifically the government hospitals. Provision of Universal Health Care is one of the core objectives of any Welfare State. In fact, Article 21 of the Constitution of India, lays that Right to Life as one of the Fundamental Rights of a person. Thus, it becomes the primary duty of any government in any State to provide this essential service to all – irrespective of economic and social status. While the policy makers of the country had this broad framework in my mind, the reality is far from its ideal settings. The study aims at, the conceptual issues pertaining to health sector and an analysis of the global health policy scenario and the brief explanation about the Health Policy of Government of India and that of the State of Karnataka, Micro planning in K R Pete Taluk. From the study it is concluded that the Hospital has most of the facilities needed for a modern hospital, there is scope for further strengthening and improvement.

KEYWORDS
health policy, government hospitals, K.R. Pet government hospital, provision of universal health care.

INTRODUCTION

'Health for All' is a cherished goal of all governments the world over. India is no exception, and in fact, is one of the pioneering countries that have introduced 'Universal Health Care' that entitles every citizen access to publicly provided health service. The Constitution of India has incorporated provisions that would promote good health amongst its citizens. How effective is the policy aspiration translated into measurable quantitative results, is an important question that needs to be answered through suitable empirical and other studies? The present study aims at one such micro analysis, especially pertaining to one of the Government hospitals located in the District of Mandya, which is part of the State of Karnataka in India.

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.

Many factors influence health status and a country's ability to provide quality health services for its people. Ministries of health are important actors, but so are other government departments, donor organizations, civil society groups and communities themselves. For example: investments in roads can improve access to health services; inflation targets can constrain health spending; and civil service reform can create opportunities - or limits - to hiring more health workers.

OBJECTIVES OF THE STUDY

The study aims at analysing the following issues:

1. A brief analysis is made to clear the conceptual issues pertaining to health sector and an analysis of the global health policy scenerio.
2. As a background to the study, a brief explanation is given about the Health Policy of Government of India and that of the State of Karnataka.
3. The general organizational and managerial set up hightlighting the inter dependent nature of each of the unit.
4. A particular study is made of a Government Hospital in the back ground of a semi-urban setting, namely, K. R. Pet Government Hospital, which is part of Mandya District in the State of Karnatka.
5. In the light of the above analysis, suitable recommendations will be made for implementing a more egalitarian health policy in the State.

REVIEW OF LITERATURE

A large number of studies have been carried on the world over pertaining to the link between health and economic progress the world over. The studies conducted by international organizations like the WHO, individual governments both at the union and state levels, sample surveys especially the National Sample Survey Organization in India, have all pointed out to significant contributions that good health can make to foster social and economic progress of communities, both at the national and regional levels. The present study, however, differs from others in the sense that it has tried to take up a micro studyof a relatively agricultural oriented region of the State, namely, K.R. Pet Taluk of Mandya and the facilities available at the Government Hospital.

CONCEPT OF HEALTH

A generally accepted definition is that of WHO. It defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. (http://www.who.int) The definition seeks to include social and economic sectors within the scope of attaining health and reaffirms health

as a human right. Thus it is a broad concept that incorporates both preventive and curative dimensions. It is important to keep this broader definition in mind while analysing the state of health of any geographical area.

Public Health is defined as 'The science and art of preventing disease, prolonging life and promoting health through the organized efforts of society'. (This definition, coined in 1988 in the Public Health in England report by Sir Donald Acheson, reflects the essential focus of modern public health.)

CONCEPT OF HEALTH POLICY

Closely allied to the above, is the idea of Health Policy. It refers to decisions, plans, and actions that are undertaken to achieve specific **health** care goals within a society. An explicit **health policy** can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. (www.who.int/topics/health_policy)**.**

THE EVOLUTION OF GLOBAL HEALTH POLICY

One of the first attempts at the global level to give a standardised health policy direction is the **Declaration of Alma-Ata** adopted at the International Conference on Primary Health Care (PHC), Almaty (formerly Alma-Ata), Kazakhstan (formerly Kazakh Soviet Socialist Republic), 6-12 September 1978. It expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people. It was the first international declaration underlining the importance of primary health care. The primary health care approach has since then been accepted by member countries of the World Health Organization (WHO) as the key to achieving the goal of 'Health For All' but only in third world countries at first. This applied to all other countries five years later. The main highlights of this Declaration may be summarised as follows:

- The declaration highlighted the inequality between the developed and the developing countries and termed it politically, socially and economically unacceptable.
- Health as a socio-economic issue and as a human right
- The third section called for economic and social development as a pre-requisite to the attainment of health for all. It also declared positive effects on economic and social development and on world peace through promotion and protection of health of the people.
- Participation of people as a group or individually in planning and implementing their health care was declared as a human right and duty.
- This section emphasized on the role of the state in providing adequate health and social measures. This section enunciated the call for 'Health For All' which became a campaign of the WHO in the coming years. It defined Health for all as the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. The declaration urged governments, international organizations and the whole world community to take this up as a main social target in the spirit of social justice.
- This section defined primary health care and urged signatories to incorporate the concept of primary health care in their health systems. Primary health care has since been adopted by many member nations. More recently, Margaret Chan, the Director-General of the WHO has reaffirmed the primary health care approach as the most efficient and cost-effective way to organize a health system. She also pointed out that international evidence overwhelmingly demonstrates that health systems oriented toward primary health care produce better outcomes, at lower costs, and with higher user satisfaction.
- The seventh section lists the components of primary health care. The next two sections called on all governments to incorporate primary health care approach in their health systems and urged international cooperation in better use of the world's resources.

It is clear from the above that the National Health Policies of countries, especially that of India is influenced by this Declaration.

HEALTH POLICY OF GOVERNMENT OF INDIA

The Constitution of India makes **health in India** the responsibility of state governments, rather than the central federal government. It makes every state responsible for 'raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties'. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Health Policy is being worked upon further and a draft for public consultation has been released in 2015.

Although the National Health Policy (NHP) in India was not framed until 1983, India has built up a vast health infrastructure and initiated several national health programmes in government, voluntary and private sectors under the guidance and direction of various committees (Bore, Mudaliar, Kartar Singh, Srivastava), the Constitution, the Planning Commission, the Central Council of Health and Family Welfare, and Consultative Committees attached to the Ministry of Health and Family Welfare. The period after 1983 witnessed several major developments in the polices impacting the health sector - adoption of National Health Policy in 1983, 73rdand 74th Constitutional Amendments in 1992, National Nutrition Policy in 1993, National Health Policy in 2002, National Policy on Indian System of Medicine and Homeopathy in 2002, Drug Policy in 2002, introduction of Universal Health Insurance schemes for the poor in 2003, and inclusion of health in Common Minimum Programme of the UPA Government in 2004.

The first National Health Policy in 1983 aimed to achieve the goal of 'Health for All' by 2000 AD, through the provision of comprehensive primary healthcare services. It stressed the creation of an infrastructure for primary healthcare; close co-ordination with health-related services and activities (like nutrition, drinking water supply and sanitation); the active involvement and participation of voluntary organizations; the provision of essential drugs and vaccines; qualitative improvement in health and family planning services; the provision of adequate training; and medical research aimed at the common health problems of the people.

The main objective of the revised National Health Policy, 2002 is to achieve an acceptable standard of good health among the general population of the country and has set goals to be achieved by the year 2015. The major policy prescriptions are as follows:

- Increase public expenditure from 0.9 percent to 2 percent by 2010.
- Increase allocation of public health investment in the order of 55 percent for the primary health sector; 35 percent and 10 percent to secondary and tertiary sectors respectively.
- Gradual convergence of all health programmes, except the ones (such as TB, Malaria, HIV/AIDS, RCH), which need to be continued till moderate levels of prevalence are reached.
- Need to levy user charges for certain secondary and tertiary public health services, for those who can afford to pay.
- Mandatory two years rural posting before awarding the graduate medical degree.
- Decentralising the implementation of health programmes to local self governing bodies by 2005.
- Setting up of Medical Grants Commission for funding new Government Medical and Dental colleges.
- Promoting public health discipline.
- Establishing two-tier urban healthcare system - Primary Health Centre for a population of one lakh and Government General Hospital.
- Increase in Government funded health research to a level of 2 percent of the total health spending by 2010.
- Appreciation of the role of private sector in health, and enactment of legislation by 2003 for regulating private clinical establishments.
- Formulation of procedures for accreditation of public and private health facilities.
- Co-option of NGOs in national disease control programmes.
- Promotion of tele medicine in tertiary healthcare sector.
- Full operationalisation of National Disease Surveillance Network by 2005.
- Notification of contemporary code of medical ethics by Medical Council of India.
- Encouraging setting up of private insurance instruments to bring secondary and tertiary sectors into its purview.
- Promotion of medical services for overseas users.
- Encouragement and promotion of Indian System of Medicine.

Through the 73rd and 74th Constitutional Amendment Acts (1992), the local bodies (Municipalities and Panchayat) have been assigned 29 development activities, which have a direct and indirect bearing on health. These include health and sanitation (covering hospitals, PHCs and dispensaries), family welfare, drinking water, women and child development, the public distribution system and poverty alleviation programmes. (www.cccindia.co/corecentre/guest/health/article)

NATIONAL HEALTH POLICY 2015

The NHP 2015 the Draft of which has been put in the public domain has the following Goals, Principles and Objectives:

- The goal of the is the attainment of the highest possible level of good health and wellbeing, through a preventive and promotive health care orientation in all developmental policies and universal access to good quality health care services without anyone having to face financial hardship as a consequence.
- The policy envisages increasing the public investment in health to 2.5percent of GDP.
- The draft policy seeks to mobilise the additional fiscal resources through direct taxation, health cess and sin tax imposed on tobacco, alcohol and other products that adversely affect health.
- Preventive and promotive strategies for health cannot work in isolation and need to be linked to food security, water supply and sanitation facilities.
- Food security forms an important component of good health outcomes
- The policy reiterates the educational needs of adolescents for sexual and reproductive health (SRH) education
- The policy recognizes that many of the social determinants of health fall beyond the scope of the Ministry of Health and will require advocacy with other ministries.
- The policy has addressed the issue of Electronic Health Records (EHR) or Electronic Medical Records (EMRs) within a framework for privacy
- The policy recognizes the role of governance in public health and the need for a dedicated public health cadre trained in management to achieve the goals envisaged in the policy.

(https://www.sctimst.ac.in/RESOURCES/DNHP2015)

HEALTH POLICY OF GOVERNMENT OF KARNATAKA

Karnataka state is one of the pioneer states in the country in providing comprehensive public health services to its people. Even before the concept of Primary Health Centers was conceived by the government of India, the state had already made a beginning in establishing a number of PHU's for providing comprehensive Health Care, and a delivery system consisting of curative, preventive, promotive and rehabilitation health care, to the people of the state. 'HEALTH' is an asset to every person.

The Karnataka health policy perspective and goals may be summarised as follows:

1. To provide integrated and comprehensive primary health care.
2. To establish a credible and sustainable referral system
3. To establish equity in delivery of quality health care.
4. To encourage greater public private partnership in provision of quality healthcare in order to better serve the underserved areas.
5. To address emerging issues in public health.
6. To strengthen health infrastructure.
7. To develop health human resources.
8. To improve the access to safe and quality drugs at affordable prices.
9. To increase access to systems of alternative medicine. Indicators and systems for monitoring and evaluation that would allow review and assessing of progress towards achieving specific objectives that derive fromthe goals would be formulated and put in place.

(www.karhfw.gov.in)

ORGANIZATIONAL STRUCTURE OF GOVERNMENT HOSPITALS IN KARNATAKA

The Health Secretariat is the official organ of the Health and Family Welfare Department. The Principal Secretary to the Government and other officers of the Secretariat are monitoring different activities of the department and also fulfilling the needs of the Department. The following indicates the organizational structure of government hospitals in Karnataka:

i) AT STATE LEVEL (TERTIARY CARE LEVEL)
Medical colleges
EX: Banglore Medical College, Mysore Medical College
Super Speciality Hospitals
Ex: Nimhans, Jayadeva Hospital, Kidwai Cancer Hospital
ii) AT DISTRICT LEVEL (SENCONDARY CARE LEVEL)
District Hospitals
iii) AT TALUK LEVEL (FIRST REFERAL UNIT)
Taluk Health Hospitals
iv) AT VILLAGE LEVEL (PRIMARY CARE LEVEL)
CHCs (Community Health Centers)
PHCs (Primary Health Centers)
Sub Centers

DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES

Directorate of Health and Family Welfare Services is strengthened from time to time establishing various divisions such as Health Man Power, Planning, Integrated Diseases Surveillance Project and Communicable Diseases Control, Malaria, RCH, Tuberculosis, Development of Medical Institutions (Karnataka Health Systems Development Project), National Rural Health Mission and other Welfare Schemes including Mental Health, School Health and Cancer control Programme are also implemented.

The Head Office of the Directorate of Health & Family Welfare Services is located in the State Head Quarters, which has got Director of Health and Family Welfare Services as the Head of the Department and assisted by several Additional Directors, Joint and Deputy Directors to implement and monitor several Centrally sponsored & State sponsored Health Programmes. There is a separate Project Director to implement & monitor the activities of National AIDS Control Organization (NACO).

There are Joint Directors for Health & Planning, Public Health Institute, Communicable Diseases, Health Education & Training, IEC, RCH, Ophthalmology, Tuberculosis, Leprosy & Malaria, Joint Director(Medical). These Joint Directors are assisted by respective Deputy Directors.

STATE INSTITUTE OF HEALTH & FAMILY WELFARE

There is a separate State Institute of Health & Family Welfare to modernize training activities of the Department. There is Director for this Institute with a Joint Director and 10 Deputy Directors. The purpose of this Institute is to design training activities for the different professionals of the Department. Induction Training, In-service Training, outside deputations for Training and skill based Training are planned by this Institute. Preparation of Training Modules, Training Schedules and Pre and Post Training evaluation are also under taken by the Institute. There is a proposal to upgrade the Institute to the National & International level to impart Post Graduate Training & Degree and Diploma Courses which are useful for the day to day activities of the Department. Negotiations are being held to affiliate this Institute to Rajiv Gandhi University of Health Sciences and present teaching infrastructure would be upgraded accordingly.

The Department has Four Divisional Deputy Directors at the respective Revenue Divisions of Bangalore, Mysore, Belgaum, and Gulbarga to implement and monitor control programmes for vectorborne disease like Malaria, Filaria, JE and Chikungunya at District Level. District Health & F. W. Officers, and District Surgeons would take care of Health & Clinical requirements of Districts. The District Health & FW Officer is the over all head of the District for all the Health related activities of District excluding District Hospital / Civil Hospital which is headed by District Surgeon.

The District Health & FW Officer is attached to Zilla Panchayath who administratively comes within the Zilla Panchayath establishment. He is responsible for implementing National Health Programmes and other Health Care & promotive activities. He is the administrative head of all Medical/ Health Institution in the District excepting District Head Quarters Hospital and other Hospitals having bed strength 100 and above. The Medical Colleges and the Medical Institutions attached to these colleges are separately monitored by the respective colleges and by the Director of Medical Education.

Ayurveda, Yoga, Unani, Siddha, Homeopathy (AYUSH) Institutions are separately monitored by the Director of Indian Systems of Medicines & Homeopathy through his Deputy Directors.

District Surveillance Officers will monitor the activities of District Health Laboratories & they report to the District Health & FW Officers for all administrative matters. They are duty bound to implement technical guidelines issued by Project Director (IDSP).

District Health & FW Officers are further assisted by respective Programme Officers for Malaria, RCH, Leprosy, TB, and Mental Health. There are Taluk Health Officers in each revenue Taluk who is administratively responsible to implement the Health Programmes. He is assisted by the Medical Officers of the Primary Health Centers (PHCs) and Primary Health Units(PHU). At the Head Quarters of the District, excepting Bangalore and Mysore there are Districts Head Quarters Hospitals exclusively for curative purposes. Each District Hospital is headed by District Surgeon with other specialists of different specialities.

The Community Health Centers (CHCs) are established by upgrading one out of every four PHCs covering population of 1.2 Lakhs. The CHCs of 30 beds containing three specialties namely Medicine, Surgery, and Gynaecology. Dental faculty is an additional speciality now introduced in the CHCs. At the Sub Division level there are CHCs of 50 beds covering five specialities namely Medicine, Surgery, Paediatrics, Gynacology and Dental Surgery. Some of these CHCs are being upgraded further into 100 beded Hospitals. The Government of Karnataka is contemplating to upgrade all Taluk Level Hospitals /CHCs in to One Hundred beds.

Primary Health Centres are established covering population of 30,000 in plain areas & 20,000 in hilly & tribal areas. Community Health Centers are upgraded from PHCs to cover Primary and Curative Services. They also act as the First Referral Units to the surrounding PHCs.

By strengthening Primary Health Centers, a health care delivery activity in the areas as per the Government of India pattern is adopted. Primary Health Centers provide primary health care in the areas through the network of sub-centers and other Para Medical Staff. Primary Health Care includes preventive services, curative services, environmental sanitation, health education, family welfare services and recording of health statistics of various National Health Programmes which are in force from time to time and also implementing through a network of Primary Health Centers.

In addition to above institutions there are General Hospitals and Civil Hospitals in the State. These Hospitals were existing earlier to re-organization. The Government is considering to rationalize nomenclature of these Institution.

The sub centers are established to cover rural population of five thousand in plain and maiden areas and three thousand in Hilly, Tribal and Inaccessible and remote areas. Each sub centers are managed by a Junior Health Assistant(Female)and complemented by Junior Health Assistant (Male), who cover the area allotted to them. (http://karhfw.gov.in/)

GOVERNMENT HOSPITAL IN K.R.PET, MANDYA DISTRICT: AN ANALYSIS OF ITS ORGANIZATION, FACILITIES, AND PROBLEMS

AN INTRODUCTION TO MANDYA DISTRICT

The district of Mandya came to existence when the Mysore District was divided in 1939. As per 1941 census, the then newly formed district had 7 taluks, 29 hoblis, 1489 (1342 habited and 147 uninhabited) villages and nine towns. But after 1961 as Keragodu and Sheelanere became Hobli headquarters, hobli numbers raised to 31. In the meantime, few villages were transferred to the neighbouring districts. This district with 4,961 sq.km area, at present has 7 taluks, 31 hoblis, 1478 (1365 habited and 113 uninhabited) villages, 653 hamlets and 7 towns. If the Krishnarajpet taluk has highest number (366) of villages, Srirangapatna taluk (96) has least number of villages. Although places like Srirangapatna, Kunthibetta, Maralahalli, Halagur and Muttati of prehistoric significance are in the district, places like Keragodu, Kolugala, Belkere, Bembampalu, Punisepattiand the then newly formed Pallava tataka (present day Hallegere) situated in the Keragodu Vishaya, are the earliest mentioned villages recorded in the Hallegere (Mandya taluk) copper plate grant of 713 A.D. Likewise, villages like Sripura and Ponnalli are the two other villages found mentioned in the Devarahalli (Nagamangala Tq) copper plate record of 776 A.D. The earliest reference to 'Mandya', the district headquarters is found in an epigraph of 1276 AD, hailing from Hosaboodanur, the neighbouring village wherein, it is refered as; 'Agrahara Mandeya'. In an yet another copper plate inscription of Krishnadevaraya, dated 1516 A.D. the place is called as Krishnarajapura along with its usual name viz. 'Agrahara Manteya' along with Chikka Manteya. Later, due to the increase in habitation sites, how, new villages started increasing in the region is testified by the epigraphs of later period. (Mandya District Gazetteer, published by Government of Karnataka).

K.R. PETE GOVERNMENT HOSPITAL

As noted above Krishnarajpet taluk has highest number (366) of villages and thus it is only natural that it should be equipped with the best possible health care facilities to take care predominantly of rural population. The following additional information about K.R. Pet Taluk may be useful in the context of the current study:

1) POPULATION - 261568
2) No. of CHCs (Community Health Centers):1
3) No. of PHCs (Primary Health Centers): 19
4) No. of Primary Health Centers (24*7) - 3
5) Number of Sub Centers - 62
6) General Hospital – 1 (located at K.R. Pete town)

Notes:

A**) PHC**-(PRIMARY HEALTH CENTER,) Services provided from 9.30 to 4.30, services provided are OPD, day care IP, ANC (ANTINATAL CARE), Immunisation.

B) **PHC 24*7**- Above all the services + 24*7 delivery services

C) **CHC** (COMMUNITY HEALTH CENTERS)- Services includes A + B and other facilities like medicine, surgery, paediatrics, OBG.

D**) SUB CENTERS**- facilities provided are ANC, Immunisation.

GENERAL HOSPITAL IN KR PETE

The present study is aimed at briefly examining the various facilities available in this predominantly rural population dominated Government Hospital. The General Hopital is located in the Taluka HQs namely, K.R. Pete in Mandya District. The Hospital has most of the facilities that a good hospital should have and the following are worth mentioning:

1. It is a 100 bedded hospital

2. The facilities available and the departments are as follows:

A) Emergency Services
B) Ambulance Services
C) Neonatal Care Unit
D) Antenatal Care and Deliveries
E) Surgical Facilities
F) Paediatric OPD and IP
G) General Medicine OPD and IP
H) Orthopedics OPD and IP

I) General Surgery Opd and IP
J) Obs and Gynecology Opd and IP
K) ENT, OPD and IP
L) Ophtholmology OPD
M) Referal Centre
N) Lab Services

3. Number of Outpatients: 5000/MONTH (160/DAY)

4. Number of Inpatients: 500/MONTH (17/DAY)

It is clear from the above that as the General Hospital of the Taluka, it has most of the important departments needed for a proper health care.

PROBLEMS

Similar to the problems faced by any other Government Hospital, K.R. Pet General Hospital is also facing the following common problems:

A) Staff Deficiency
B) Deficiency of Equipments
C) Deficiency off Skilled Persons
D) Transportation Problem

SUGGESTIONS

In the light of the present study and keeping in view the future needs the following suggestions may be made to make this major Hospital of the Taluka, a truly source of genuine health care.

1) There is need to increase the number of beds for the inpatients in the Hospital. If one looks at the population of the Taluk and the number of beds in the Hospital, it is clear that there is need to increase the number to a more realistic level. The conservative population of the Taluk is 261568 which is rising by the day, and even at this conservative number, there is only one bed for a population of 2615. This should at least increase to 200 bedded hospitals, so that there will be one bed for 1000 population.
2) Among the departments currently operating, one major department that is missing is the Cardiology department. It is now a major health related problem being faced by both urban and rural population. Thus, there is need for establishing a dedicated Dept of Cardiology department which can act both as a curative and palliative agency.
3) Preventive care units such as those related to diabetics and other water borne diseases need to be strengthened further.
4) It is clear that the Hospital is strong with you pre-natal and anti-natal services and efforts may be made to strengthen further.

CONCLUSION

The above analysis captures the health scenario both at a macro and a micro level. While the macro issues cover both the global and national health policies related issued, the micro study has related to a predominantly agriculture oriented region of the State of Karnataka, namely, K.R. Pete Taluk in the District of Mandya. While the Hospital has most of the facilities needed for a modern hospital, there is scope for further strengthening and improvement.

REFERENCES

1. Preventive and Social Medicine (PARK-18th Edition)

WEBSITES

2. www.cccindia.co/corecentre/guest/health/article
3. www.karhfw.gov.in
4. www.sctimst.ac.in/RESOURCES/DNHP2015
5. www.who.int/topics/health_policy

REQUEST FOR FEEDBACK

Dear Readers

At the very outset, International Journal of Research in Commerce, Economics & Management (IJRCM) acknowledges & appreciates your efforts in showing interest in our present issue under your kind perusal.

I would like to request you to supply your critical comments and suggestions about the material published in this issue as well as, on the journal as a whole, on our e-mail **infoijrcm@gmail.com** for further improvements in the interest of research.

If you have any queries, please feel free to contact us on our e-mail **infoijrcm@gmail.com**.

I am sure that your feedback and deliberations would make future issues better – a result of our joint effort.

Looking forward to an appropriate consideration.

With sincere regards

Thanking you profoundly

Academically yours

Sd/-
Co-ordinator

DISCLAIMER

The information and opinions presented in the Journal reflect the views of the authors and not of the Journal or its Editorial Board or the Publishers/Editors. Publication does not constitute endorsement by the journal. Neither the Journal nor its publishers/Editors/Editorial Board nor anyone else involved in creating, producing or delivering the journal or the materials contained therein, assumes any liability or responsibility for the accuracy, completeness, or usefulness of any information provided in the journal, nor shall they be liable for any direct, indirect, incidental, special, consequential or punitive damages arising out of the use of information/material contained in the journal. The journal, neither its publishers/Editors/ Editorial Board, nor any other party involved in the preparation of material contained in the journal represents or warrants that the information contained herein is in every respect accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such material. Readers are encouraged to confirm the information contained herein with other sources. The responsibility of the contents and the opinions expressed in this journal are exclusively of the author (s) concerned.

ABOUT THE JOURNAL

In this age of Commerce, Economics, Computer, I.T. & Management and cut throat competition, a group of intellectuals felt the need to have some platform, where young and budding managers and academicians could express their views and discuss the problems among their peers. This journal was conceived with this noble intention in view. This journal has been introduced to give an opportunity for expressing refined and innovative ideas in this field. It is our humble endeavour to provide a springboard to the upcoming specialists and give a chance to know about the latest in the sphere of research and knowledge. We have taken a small step and we hope that with the active co-operation of like-minded scholars, we shall be able to serve the society with our humble efforts.

Our Other Journals