Summer Training at
National Health Mission,
Tripura

Analysis of Human Resources Management gap in the Secondary & Tertiary level Public Health Institutions of Tripura

By
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Under the guidance of
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MBA Human Resource Management in Health & Hospital
2015-2017

The IIHMR University, Jaipur
2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Sujan Saha,** student of **MBA Human Resource Management in Health And Hospital** from the IIHMR University, Jaipur has undergone summer training at **National Health Mission, Tripura** from 1st April to 31st May, 2016.

The Candidate has successfully carried out the study designated to him during summer training and his approach to the study has been sincere, scientific & analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all his future endeavours.

Col. (Dr.) Ashok Kaushik
Dean (Academics & Student Affairs)
The IIHMR University, Jaipur

Dr. Tanjul Saxena
Associate Professor
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Certificate of Summer Training

This is to certify that

Mr.Sujan Saha student of MBA (HRM in Health & Hospital) of IIHMR University, Jaipur has successfully completed the summer project on "Analysis of Human Resources Management gap in the Secondary & Tertiary level Public Health Institutions of Tripura" under National Health Mission (NHM), Tripura w.e.f 1st April 2016 to 31st May 2016.

Wishing him success in his future endeavors.

2/6/2016

(Mr. Raval Hamendra Kumar, IAS)
Mission Director, National Health Mission
Govt. of Tripura

2/6/2016

(Dr. S.K.Chakma)
Member Secretary, SH&FWS (NHM)Tripura
Govt. of Tripura

STATE PROFILE

Tripura is a state in Northeast India. The third smallest state in the country, it covers 10.49 km2 (4,051 sq. mi) and is bordered by Bangladesh (East Bengal) to the north, south and west, and the Indian states of Assam and Mizoram to the east. The social composition of the population of Tripura is diverse. Around one-third of the population belongs to the Scheduled Tribes.

Facts on Tripura	
Official Website	www.tripura.nic.in
Date of Formation	Jan 21, 1972
Area	10,486 sq km
Density	350/Km2
Total Population (2011)	3,673,917
Population (Male)	1,874,376
Population (Females)	1,799,541
No. of District	08 (Eight)
Capital	Agartala
Rivers	Burima, Gomati, Khowai, Dhalai, Muhuri, Feni, Juri
Forests & National Park	Clouded Leopard NP, Rowa WS, Bison's NP, Trishna WS
Languages	Bengali, Kokborok, English, Noyakhali, Chakma
Neighboring State	Assam, Mizoram
State Animal	Phayre'sLangur
State Bird	Green Imperial Pigeon
State Tree	Agar
State Flower	Nageshwar
Net State Domestic Product (2011)	50750
Females per 1000 males	961
Assembly constituency	60
Parliamentary constituency	2

Health indicators of Tripura

Indicators	Tripura	India
Birth rate	14.9	22.1
Death rate	5.0	7.2
Infant mortality rate	27	47
Total fertility rate	2.2	2.7
Natural growth rate	9.9	14.9

ACKNOWLEDGEMENT

A summer project is one of the golden key for success and self-development. I consider myself very lucky and honored to have so many wonderful people lead me through in completion of this project.

I wish to express my indebted gratitude and special thanks to " Sri RavalHamendra Kumar, IAS, Mission Director, NHM Tripura" who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my summer project work at their esteemed organization and extending during the training. I do not know where I would be without him.

I express my deepest thanks to Sri Sudip Deb, State Programme Manager(SPM), NHM Tripura, who has played a vital role as my mentor and also for taking part in useful decision & giving necessary advices and guidance and arranged all facilities to make study easier. I choose this moment to acknowledge their contribution gratefully.

It is my glowing feeling to place on record my best regards, deepest sense of gratitude toMr.KonthoujamSanamatum (NGO Advisor)Mr.AshishDey (HMIS Manager), Mr. TapasSaha (MIS Manager), Dr.AnirbanHore (Consultant Quality Assurance) and all the Districts Chief Medical Officer', District Programme Managers, Medical Superintendent, Hospital Administrator, Hospital Management Information System(HMIS) Assistant, clinical staffs for their judicious and precious guidance which were extremely valuable for my study both theoretically and practically.

I also extended my gratitude to my Project Guide Prof. Dr.TanjulSaxena, who assisted me in compiling the project.

DECLARATION

I hereby declare that project Title “Analysis of Human Resources Management gap in the Secondary & Tertiary level Public Health Institutions of Tripura”. It is an original piece of research work carried out by me under the guidance and supervision of Mr. Sudip Deb, State Programme Manager, National Health Mission (NHM) Tripura. The whole information has been collected from genuine and authentic sources. My research is based on Observational Study.

I am grateful as because my university “ Indian Institute of Health Management Research University “ has created the study environment to think about management skills which I have applied to fulfill my project work with the cordial help of “National Health Mission, Tripura”& all the employees of NHM Tripura who have helped me a lot to do my study.

LIST OF CONTENTS:

Acronyms/Abbreviations:

AYUSH	-	Ayurveda, Yoga, Unani, Siddha & Homoeopathy
CMO	-	Chief Medical Officer
CSSD	-	Central Sterile Supply Department
DFWPM	-	Directorate of Family Welfare and Preventive Medicine
DHS	-	Director of Health Services
DME	-	Director of Medical Education
DPMU	-	District Programme Management Unit
DPM	-	District Programme Manager
ECG	-	Eco Cardio Graphy
EEG	-	Electro EncephaloGraphy
FRU	-	First Referral Unit
HMIS	-	Hospital Management Information System
IPHS	-	Indian Public Health Standard
MO	-	Medical Officer
NCD	-	Non Communicable Disease
NDCP	-	National Disease Control Programme
OT	-	Operation Theatre
PFT	-	Pulmonary Function Test
RKS	-	RogiKalyanSamiti
RMNCH	-	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDMO	-	Sub-Division Medical Officer
SH & FWS	-	State Health and Family Welfare Society
SPMU	-	State Programme Management Unit
SPM	-	State Programme Manager
SPO	-	State Programme Officer
VHSNC	-	Village Health Sanitation & Nutrition Committees

State Health & Family Welfare Society,National Health Mission, Tripura

National Rural Health Mission (NRHM) was launched on 12th April, 2005 throughout the country. It seeks to provide **accessible, affordable and quality health care** to the rural population, especially the vulnerable sections.

From 2013-14 National Urban Health Mission (NUHM) was launched and since then, both NUHM & NRHM have come under National Health Mission (NHM).

For implementation of the programme and schemes, the State Health & Family Welfare Society, Tripura has been constituted at the state level and District Health & Family Welfare Societies constituted for all Districts. This is carried out as per NHM implementation framework.

Government of Tripura has been implementing NHM in the right earnest. The opportunities presented in NRHM are going to be used in the state to set in motion the march towards achievement of the vision 2018 developed by Government of Tripura. It envisages a dynamic community owned and managed health system facilitated by the government so as to enable the community meet their health needs. And it's focuses on both Urban and Rural Healthcare Services.

To ensure community ownership of the mission in general and health programmes in particular, they have developed the plans of actions at all levels through decentralized participatory process right from village level to GP to Block to Sub- division to District to State level in this bottom-up manner.

There are some programmes which initiated by National Health Mission. The programmes are RNTCP, NPCB, NVBDCP, NLEP, IDSP, and NPCDCS. National Health Mission also looking RCH & Immunization. The main objective of the RCH programme is to bring about the change mainly in the three critical health indicators which are Reduced total fertility rate, Infant mortality rate, Maternal mortality ratio. And Immunization is one of the safest and most effective methods of preventing childhood diseases. Immunization protects against diseases like Tuberculosis, Measles, Hepatitis B, Diphtheria, Poliomyelitis, Tetanus, Pertusis, Meningitis and Pneumonia.

OBJECTIVES OF NHM

1. To reduce infant mortality rate and maternal mortality rate, to ensure about population stabilization.
2. To upgrade AYUSH for promotion of healthy life style, to recreate interest and faith in Indian system of Medicine & Homeopathy, restructure the delivery mechanism of AYUSH system to make them responsive to the people needs, facilitate & maintain quality standard in delivery of AYUSH services.
3. Population Stabilization through family planning programme.
4. Reducing prevalence and burden of avoidable blindness by 2010 by adopting strategies advocated for vision 2020: Providing high quality of eye care services to the affected population, developing institutional capacity for eye care services by providing support for equipment and material and training personnel.
5. To establish a decentralized state based system of surveillance for communicable and non-communicable diseases, so that timely and effective public health actions can be initiated in response to health challenges at the state and national level.
6. To improve the efficiency of the existing surveillance activities of disease control programs and facilitate sharing of relevant information with the health administration, community and other stakeholders so as to detect disease trends over time and evaluate control strategies.
7. To prevention and control of vector borne diseases i.e. Malaria, Dengue, LymphaticFilariasis, Kala-azar, Japanese Encephalitis and Chikungunya.
8. To manage and fulfill the Human Resource / Manpower gap at all level healthcare institutions.
9. Architectural correction of the health system.

STRUCTURE OF NHM AT STATE LEVEL

- **State Health Mission:-**
  - Chairman:- Hon'ble Chief Minister, Tripura
  - Vice-chairman:- Hon'ble Minister, Health & FW, Tripura
- **State Health & Family Welfare Society:**

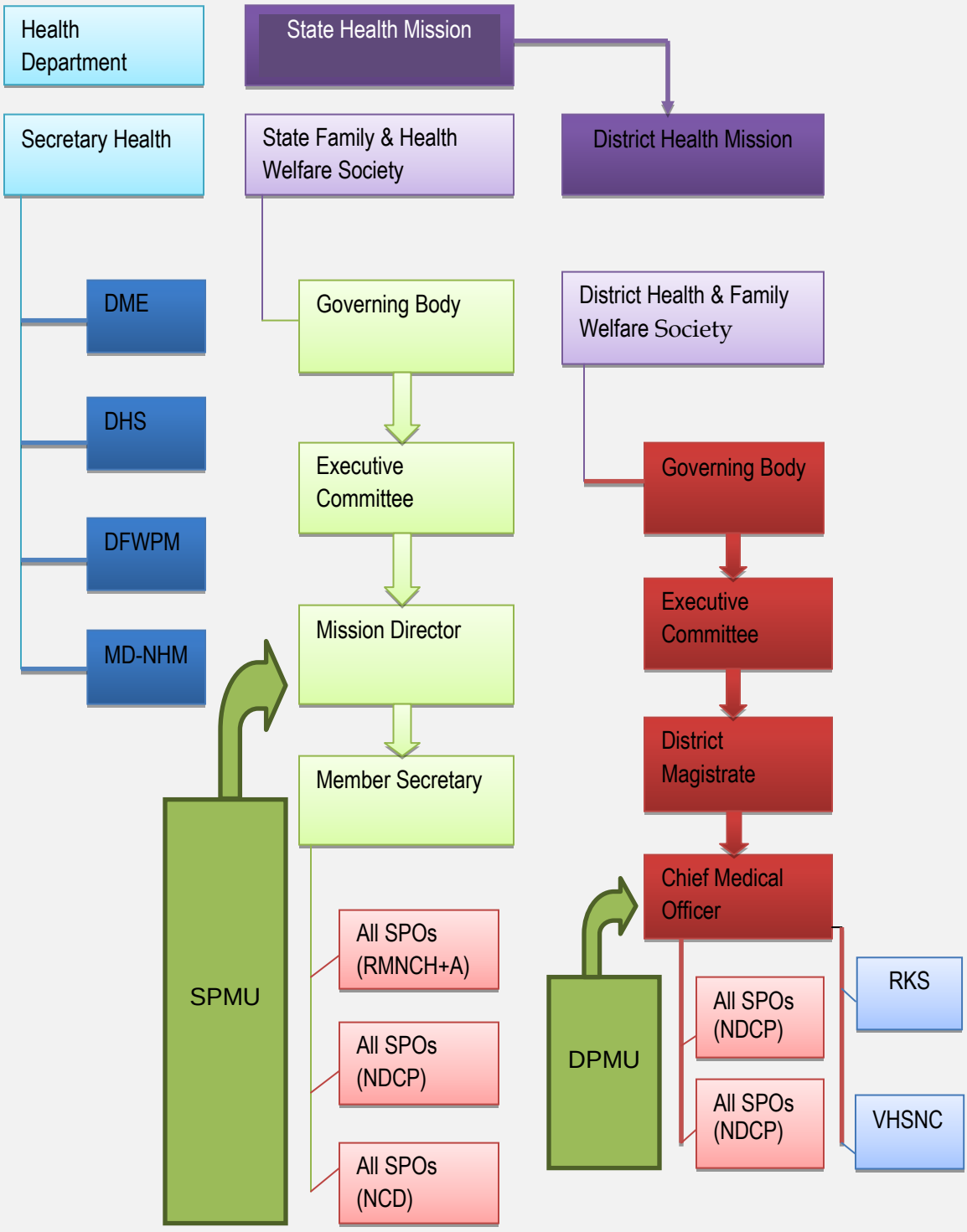
- **Governing Body:**
  - Chairman:- Chief Secretary, Tripura
  - Vice-chairman:- Principal Secretary (Health & FW), Tripura
  - Convener :- Mission Director, NHM Tripura
- **Executive Committee:-**
  - Chairperson:- Principal Secretary (Health & FW), Tripura
  - Executive Secretary:- Mission Director, NHM Tripura
  - Joint Secretary:- Member Secretary, SH&FWS Tripura

STRUCTURE OF NHM AT DISTRICT LEVEL

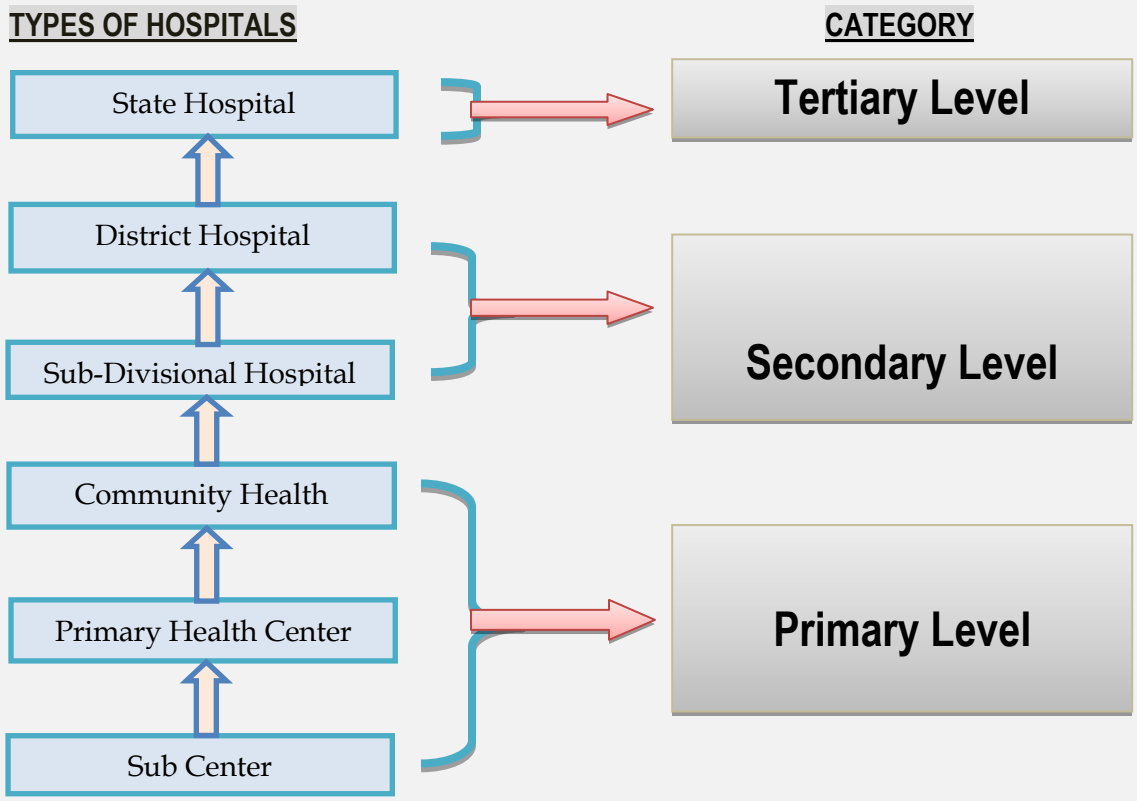
- **District Health Mission:-**
  - Chairman:- Chairman, Zilla Parishad
  - Vice-chairman:- District Magistrate & Collector
- **District Health & Family Welfare Society:**

- **Governing Body:**
  - Chairman:- District Magistrate & Collector
  - Vice-chairman:- SahakariZillaSabhadhipati,
  - Executive Secretary:- Chief Medical Officer
- **Executive Committee:-**
  - Chairperson:- Chief Medical Officer
  - Convener:-District Family Welfare Officer / District Programme Manager

ORGANIZATIONAL STRUCTURE OF SH&FWS (NHM) TRIPURA



HEALTHCARE INFASTRUCTURE OF TRIPURA



Healthcare in Tripura features a universal health care system run by the state government. The constitution of India charges every state with "rising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". Ministry of Health & Family welfare of the Government of Tripura is responsible for healthcare administration in the state.

The healthcare infrastructure is divided into three tires- the primary health care network that is sub- center, primary health center and community health center or rural hospital, a secondary care system comprising district and sub-divisional hospital and tertiary hospitals providing specialty and super specialty care.

As of 2015-16, there are 1038 Sub Center, 94 Primary Health Center, 20 Community Health Center/Rural Hospitals, 11 Sub-Divisional Hospital, 6 District Hospitals and 2 State Hospitals in the state for delivering health services in public health. Ayurveda and Homeopathy styles of medicine are very popular in the state that's why AYUSH doctors are compulsory for every institution. In this regard NHM Tripura takes an initiative role to recruitment of AYUSH doctors.

Importance of Human Resource Management in healthcare sectors

Human Resource Management is the integrated use of system, policies and management practices to support the healthcare organization in meeting its desired goal through recruitment, maintaining and development of employees.

Human Resource is the critical management area i.e., the most important part for any organization as well as healthcare organizations.

In healthcare sectors like hospital organizations the main human resources are Doctors, Nurses, Paramedics, Technicians, other valuable Administration staffs and support utility staffs. Proper Human Resource Management and fulfill the gap of manpower in Healthcare organization is an important study now a day. Adequate specialists from different field are very less in public healthcare sector.

However, the importance of Human Resource Management in health sector is a comprehensive overview of the role of Human Resource Management in all aspects of Healthcare management. Health Care Human Resource Management provides the essential tools and strategies for Human Resource Management personnel to become empowered custodians of change in any healthcare organization from poor infrastructure. It is essential that a health care facility is staffed with suitable personnel. Human Resource Management in public health sector is indicating the status of quality health care facilities.

OBJECTIVES OF THE STUDY

The objectives of the study are:-

- ✓ To find out the man power gap at secondary and tertiary level public healthcare sectors in Tripura in comparison to IPHS guidelines.
- ✓ To suggest probable solution in addressing manpower gaps at the secondary and tertiary level public healthcare sectors in Tripura.

RESEARCH METHODOLOGY

- ✓ Sources of data: Primary Data-Through visiting, Personal interview of Medical Officers and other staffs.
- ✓ Tools Used: Questionnaire, Self-Tabulated Format(According to IPHS Guideline), Questionnaire.
- ✓ Study Design: Observational Cross Sectional Study.
- ✓ Sample Size: 1 State Hospital, 6 District Hospitals and 4 Sub-Divisional Hospitals (Total 11 Hospitals).
- ✓ Study Duration: 2 Months.
- ✓ Study Setting: All District of Tripura.

FACILITY WISE OBSERVATION REPORT:

- **Observation Report on District Hospitals (Secondary care level)**

There are 6 District Hospitals (DH) in Tripura, among these 4 District hospitals are First Referral Unit (FRU), where every type of facilities is providing by the healthcare personnel in public health. The Four District Hospitals with FRU are North DH, Dhalai DH, Khowai DH and Gomati DH. The hospitals survey report is given below:

1. North District Hospital:

North District Hospital is located in Dharmanagar Sub-division which is District Head Quarter (H.Q) of North Tripura District. The population of the district is 415,946 as per census 2011. This Hospital is the highest referral unit in district.

A. Manpower status of North DH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	32	16	16	50.00%	1 additional AYUSH medical officer have been posted in North DH
Nurses and Paramedical Staffs	76	55	21	27.63%	
Administrative Staffs	10	4	6	60.00%	2 additional Drivers have been posted
Total:	118	75	43	36.44%	

For 100 beded hospitals, 118 staffs are required in the above three categories as per IPHS guideline. But in North District Hospitals, there is deficit by 42 staffs pooling the above three categories required to cater different types of services for optimum patient care.

The man power gap analysis of North District Hospital is given in [Annexure]

B. Health service Facilities available in North DH:

1) 24*7 hours emergency service facility.
2) Blood Bank is available
3) Ambulance service is also working 24*7 hours
4) AYUSH Out patient service (OPD), Diagnostic Services, Pharmaceutical services, Pediatric services, Obstetrics and Gynecology facilities. As a result, Normal and Cesarean deliveries are also conducted here.

Issues in the hospital and its facilities:

1) Total number of manpower is very short. Shortage of specialist officers, nurses and paramedical staffs and administrative staffs.
2) Specialist doctors in Pathology, Dermatology, Psychiatry, Micro-Biology, and Forensic department are unavailable.
3) Radiology department is available in the hospital; radiographers are basically providing this service to the patients but there is no specialist doctor of radiology.
4) Dietician, Social worker, PFT Technician, Darkroom Assistant, Biomedical engineer is also unavailable.
5) There specific OT is available but adequate OT Technicians are unavailable. Some of the trained worker helps the doctors in OT.
6) Orthopedics & Physiotherapy are one of the vital services in hospitals but Orthopedician& Physiotherapist are unavailable.
7) Specific CSSD department is also unavailable which connected with OT.
8) Hospital Administrator, Medical Record Officer, Medical Record Assistant, Administrative officer is unavailable. Especially sister in-charge handling with medical records of the patients. There is no systematic electronic medical record procedure.
9) Housekeeping services is done by other staff of the hospital like ward master. The ward master is hiring house-keepers from contractual basis. But there is no one to take specific responsibility on this facility.

2. Dhalai District Hospital

DhalaiDistrict Hospital located in Ambassa Sub-division which is District Head Quarter (HQ) of Dhalai Tripura District. The population of the district is 378230 as per census 2011. This hospital is the highest referral unit in the district.

A. Manpower status of Dhalai DH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	32	21	11	34.38%	1 additional Dentist & 1 Micro-Biologist have been posted.
Nurses and Paramedical Staffs	76	64	12	15.79%	1 additional Opthalmic Assistant, 2 counselor & 1 Physiotherapist have been posted
Administrative Staffs	10	6	4	40.00%	2 additional driver have been posted
Total:	118	91	27	22.88%	

For 100 bedded hospitals 118 staffs are required in three categories as per IPHS guideline. But in Dhalai District Hospitals, there are 28 more staffs required in three categories for different types of facilities and patient care.

The man power gap analysis of Dhalai District Hospital is given in [Annexure:]

B. Health service facility available in Dhalai District Hospital:

1) 24*7 hours emergency service.
2) Mother & child care services.
3) Psychological counseling for the patient who are having psychiatry problems.
4) AYUSH service is also available for the public health.
5) Counselor is available from different section like STD, FIART and ICTC.
6) There are also 3 additional driver have been posted for 24*7 hours ambulatory service.

Issues in the hospital and its facilities:

1) According to the survey in Dhalai DH, there are more specialist doctors are required for smooth service.
2) One Hospital Administrator is required for support utility services and maintains the decorum of the hospitals.

3. Khowai District Hospital

Khowai District Hospital located in Khowai Sub-division which is District Head Quarter (HQ) of Khowai Tripura District. The population of Khowai District is 327,391 as per census 2011. This hospital is the highest referral unit in the district.

A. Manpower status of Khowai DH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	32	14	18	56.25%	1 additional Dentist have been posted
Nurses and Paramedical Staffs	76	51	25	32.89%	1 additional counselor have been posted
Administrative Staffs	10	4	6	60.00%	1 additional driver have been posted
Total:	118	69	49	41.53%	(52-3=49)

For 100 beded hospitals 118 staffs are required in three categories as per IPHS guideline. But in Khowai District Hospitals, there are 49 more staffs required in three categories for different types of facilities and patient care.

The man power gap analysis of Khowai District Hospital is given in [Annexure:]

B. Health service facility available in Khowai District Hospital:

1) 24*7 hours emergency service.
2) Reproductive Child Health service.
3) Radiology and Eco-Cardiograph services are given by the technician with positive manner.
4) AYUSH OPD service is available in the hospital.

Issues in the hospital and its facilities:

1) Specialist doctors are less in numbers like Surgery specialist is very necessary for the District Level hospitals but surgery specialist is unavailable.
2) Assistant Hospital Administrator is required. Medical Record technician is required for store all patients record in a specific place.
3) Housekeeping staffs are less in number, there is an immediate need to appoint a housekeeping manager for create a hygienic environment in IPD services.

4. Gomati District Hospital:

Gomati District Hospital is located in Udaipur Sub-Division which is under Gomati District area. Gomati District Hospital playing a major role towards giving the quality of patient cares. It is the highest referral unit in the district. The population of the Gomati District is 436,868 as per census 2011.

A. Manpower status of Gomati DH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	32	27	5	15.63%	4 additional AYUSH doctors & 1 additional Dentist have been posted
Nurses and Paramedical Staffs	76	48	28	36.84%	1 additional Radiographer, 1 additional ECG tech. 2 Opthalmic Assistant have been posted
Administrative Staffs	10	6	4	40.00%	3 additional driver have been posted
Total:	118	81	37	31.36%	

For 100 bedded hospitals 118 staffs are required in three categories as per IPHS guideline. But in Gomati District Hospitals, there are 36 more staffs required in three categories for different types of facilities and patient care.

The man power gap analysis of Gomati District Hospital is given in [Annexure:]

B. Health service facility available in Khowai District Hospital:

1) 24* 7 hours emergency service.
2) Surgical unit having with proper instruments and adequate specialists.

3) Paediatric and O&G division giving daily services with proper manner.

4) Lab facilities providing by the technicians with proper manpower.

5) Radiology and ECG department is serving all types of diagnostic service.

6) Hospital Administrator maintaining the decorum of the hospital with positive attitude and also serving hospitality services to the patient and patient's party.

7) 24*7 hours ambulance service is also providing by the hospital.

Issues in the hospital and its facilities:

1) Staff nurses are very less in numbers.

2) Pathology specialist is unavailable.

3) The number of administrative employee is low.

5. Unakoti District Hospital:

Unakoti District Hospital located in Kailashahar Sub-division which is District Head Quarter (HQ) of Unakoti Tripura District. This hospital is only proving OPD services, especially Opthalmology service. It is fully structured with beds, separate units and with some specialized doctors. The population of Unakoti District is 277,335 as per census 2011.

A. Manpower status of Unakoti DH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	32	28	4	12.50%	1 additional surgeon, 1 additional O & G, 1 additional Orthopedician, 1 additional dentist and 8 additional AYUSH doctor have been posted in this DH
Nurses and Paramedical Staffs	76	27	49	. 64.47%	1 additional ECG Tech., 1 additional Optha.Asstt, 1 additional physiotherapist has been also posted
Administrative Staffs	10	3	7	70.00%	1 additional driver have been posted
Total:	118	58	60	50.85%	

For 150 bedded hospitals 118 staffs are required in three categories as per IPHS guideline. But in Unakoti District Hospitals, there are 60 more staffs required in three categories for different types of facilities and patient care. And also open for IPD facilities for the patient care.

The man power status of Unakoti District Hospital is given in [Annexure:]

B. Health service facility available in Unakoti District Hospital:

1) There is only OPD services are done by the doctors and other staffs.
2) Especially Opthalmology service is take an essential role for serving eye care facilities to the patients.
3) Opthalmologist, Opthalmic Assistant is sufficient for managing the services of this specific department.
4) Ambulance service is also available.
5) Adequate technicians and supportive staffs are available for OPD services.
6) A security service is also there in this DH.

Issues in the hospital and its facilities:

1) The main issue is that it is not a 'First Referral Unit', there is no emergency care services though it is categorized as District Hospital.
2) There are no IPD services which are more essential for a District categorized health institution.

6. South District Hospital

South District Hospital located inShantirBazar Sub-division which is District Head Quarter (HQ) of South Tripura District. The population of this District is 433,737 as per census 2011. This hospital is not categorized as a "First Referral Unit" (FRU). Emergency services like minor injury types of facilities are providing by the healthcare staffs. Earlier this hospital was in SDH category. As of 2016 this Hospital became a DH category.

A. Manpower status of South DH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	32	17	15	53.13%	1 additional AYUSH doctor have been posted
Nurses and Paramedical Staffs	76	44	32	42.11%	1 additional counselor have been posted
Administrative Staffs	10	2	8	80.00%	
Total:	118	63	57	46.61%	

For 100beded hospitals 118 staffs are required in three categories as per IPHS guideline. But in South District Hospital at Shantir Bazar, there are 57 more staffs required in three categories for different types of facilities and patient care.

B. Health service facility available in South District Hospital, Shantir Bazar:

1) In Patient Service is providing by the hospital staffs.
2) 24*7 hours emergency and ambulance service accept referral cases.
3) Security staffs are there with their specific task.
4) AYUSH and Allopathic outpatient services both facilities the hospital is providing for the public.

Issues in the hospital and its facilities:

1) Specialist doctors are unavailable.
2) Supportive administrations staffs like Hospital Administrator, Housekeeping manager, Accounts manager, Administration Officer are very less in numbers.

- **Observation Report on Sub-Division Hospitals (Secondary care level)**

There are 11 Sub-Divisional Hospitals (SDH) in Tripura; among these 4 Sub-Divisional hospitals is First Referral Unit (FRU), where every type of facilities is providing by the healthcare personnel in public health. Some of the Sub-Divisional hospitals survey report given below:

1. BimalSinha Memorial Sub-Division Hospital, Kamalpur:

BSM Sub-Divisional Hospital is located in the Kamalpur Sub-division which is under Dhalai District area. It is categorized as "First Referral Unit" in Kamalpur Sub-Division. This SDH's Bed capacity is 100.

A. Manpower status of BSM SDH as per IPHS guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Doctors	24	14	10	41.67%	
Nurses and Paramedical Staffs	73	54	19	26.03%	
Administrative Staffs	15	11	4	26.67%	
Total:	112	79	33	29.46%	

As per IPHS guidelines the manpower status of this hospital is less in numbers. For 51 to 100 Bedded Sub-Divisional Hospitals there are 112 staffs required for maintain the standard of the Hospitals and quality of patient care. But the staffing pattern in three basic categories is 79.The manpower gap analysis of this SDH is given in [Annexure:]

B. Health Service facilities available in BSM SDH are:

1) 24*7 hours emergency services for the patients.
2) Gynae OT services for the Gynae patients and also providing Cesarean facilities for the pregnant women.
3) It is providing such facilities like eye care, casualty services, and AYUSH facilities in the overall sub-division.
4) At the time of referral cases they referred patient in the Dhalai District Hospital.
5) The institutions environment is very hygienic. IPD wards like female, male and general wards are very clean.

C. Issues in the Hospital and its facilities:

1) The same factor also matched with above District Hospitals issues. Basically shortage of doctors, paramedics, and other supportive staffs.
2) Security service is also unavailable in this SDH.

   For FRU's minimum 2 numbers of security staff should allocate in that type of hospital as per IPHS guidelines.

2. Gandachhera Sub-Divisional Hospital:

Gandachhera SDH is under Dhalai District area. This is not categorized as a "First Referral Unit''. The Bed strength of this hospital is 50.

A. Manpower status of Gandachhera SDH as per IPHS Guideline is as follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Doctors	20	11	9	45.00%	
Nurses and Paramedical Staffs	45	37	8	17.78%	
Administrative Staffs	12	9	3	25.00%	
Total:	77	57	20	25.97%	

This hospital having high amount of additional nurses but specialty doctors are unavailable. Even the most notable thing is that there is no specialist doctor for Obstetric and Gynae. General MBBS doctors are handling the type of minor cases regarding O & G.The current manpower position and number of present doctors, nurses and other staffs is given [Annexure:]

B. Health Service Facilities available in Gandachhera SDH:

1) 24*7 hours ambulance service.
2) 24*7 hours emergency services for minor health injuries.
3) Institutional delivery like normal delivery facilities also serving by the health care personnel.
4) In this hospital there is a transit cum hostel facility called **'Mayer Ghar',** which is a State innovation.Pregnant women are coming 2-3 days prior to the Expected Date of Delivery (EDD) from different remote areas under this SDH. After delivery is conducted mother & infant stays 48 hours in the PNC ward of the hospital. As a result home delivery is reduced, as a result, mother & infant death has minimized. This initiative is appreciable for upgrading healthcare system in Tripura. Same initiative is also running in another 4 places of Tripura.

Issues in the hospitals and its facilities:

1) This is the common issue for above every health institutions that is proper human resource management is not appreciable. In here also the same issue that adequate man powers are less in numbers.
2) At the time of survey it is also observed that there are some problems in logistic facility.
3) Appropriate Hygienic environment should be created because during the study, it is found that In Patient Department (IPD) like patients wardwas not properly cleaned. Sweepers are there but one Housekeeping Manager should be in support utility services for supervising the sweepers and cleaners.

3. Bishalgarh Sub-Division Hospital (SDH):

Bishalgarh Sub-Division Hospital is located inBishalgarh city which is under Sepahijala Districts of Tripura. This SDH is not categorized as "First Referral Unit". But the maximum level of emergency services is giving in the sub-division level. Under Sepahijala District there is no District Hospitals which could be categorized as First Referral Unit, where every types of emergency services or preliminary action have been taken. If any type of highest referral case comes under the Bishalgarh SDH, they refer the patient in State Hospital which is located in the capital of the state. The Bed capacity of this hospital is 75.

A. ManpowerStatus of Bishalgarh Sub-Division Hospital is follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Doctors	24	15	9	37.50%	
Nurses and Paramedical Staffs	73	32	41	56.16%	
Administrative Staffs	15	5	10	66.67%	
Total:	112	52	60	53.57%	

According to IPHS guideline the overall human resources management of this hospital is comparatively low. The overall status of the manpower is given in [Annexure:]

B. Health Service Facilities available in Bishalgarh SDH:

1) AYUSH OPD service is available in Bishalgarh SDH with structured AYUSH OPD care.
2) Dental OPD facility is available for the patients in Bishalgarh SDH.
3) 24*7 hours ambulance service.
4) Logistic facilities for IPD care and all over the hospital are good.
5) As per standard requirement of Gynecologist, Gynecological services are also smoothly functioning in this SDH.

Issues in the hospitals and its facilities:

1. General Duty Attended is necessary for monitoring the patient's activity in IPD. As per IPHS norms for maintain a standard quality there must be 11 General Duty Attended required but the fact is there no particular General Duty Attended as per guideline.
2. Statistical Assistant is required for measures and evaluates services of the institutions.

4. Sabroom Sub-Divisional Hospital:

The Sabroom Sub-Divisional Hospital located in the South District of Tripura. This SDH is categorized as 'First Referral Unit'. The Bed strength of this hospital is 100.

A. Manpower status of Sabroom Sub-Divisional Hospitals is follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Doctors	24	9	15	62.50%	
Nurses and Paramedical Staffs	73	32	41	56.16%	
Administrative Staffs	15	4	11	73.33%	
Total:	112	45	67	59.82%	

The HR gap is higher than the current position of manpower in the hospitals. The detailed information has been mentioned in [Annexure:]

B. Health Service Facilities available in Sabroom Sub-Divisional Hospital:

1) 24*7 hours emergency services.
2) 24*7 hours ambulance services.
3) Child health care with proper immunization.
4) AYUSH OPD facility is available with adequate staff.

Issues in the hospital and its facilities:

1. Shortage of doctors like Anesthetist, medicine specialist, eye specialist is the main issue which may affect in the needs of demand and supply.
2. Housekeeping service is not maintaining the quality of care in some kinds of facilities like IPD wards, labour room.

- **Observation Report on State Hospital / Civil Hospital of Tripura:**

There are 2 Govt. Hospital in Tripura which are categorized as State / Civil Hospital.These two hospitals are located in the West District of Tripura. Among this 1 of the hospital is Indira Gandhi Memorial Hospital (IGM) and another one is Gobind Ballav Pant(GBP) Hospital which affiliated with Medical education namely Agartala Govt. Medical College (AGMC). GBP Hospital mainly follows the guidelines of Medical Council of India (MCI). The Bed strength of GBP Hospital is 695. In this study, it is observed only 1 state hospital that is IGM hospital because it is follows the IPHS guidelines. However GBP Hospital & AGMC Medical College is the second highest referral unit in the state.

❖ Indira Gandhi Memorial (IGM) Hospital

Victoria Memorial (VM) Hospital was established in the year 1903, subsequently, the name of this hospital has been changed to India Gandhi Memorial (IGM) Hospital by the Govt. of Tripura. After establishment of Medical College & simultaneously renaming GBP as AGMC & GBP Hospital, IGM has been declared as the only Govt. Civil Hospital having almost all the departments of medical care in the state. Most of the time it is also categorized as west District Hospital of Tripura but it is a State Hospital with Highest Referral Units. IGM is located in Agartala which is the capital of state. The bed strength of the hospital is 510. The total population of West District is 917,534 as per census 2011.

A. Manpower Status of Indira Gandhi Memorial (IGM) Hospital is follows:

Category	Required	In position	HR Gap	Gap %	Remarks
Specialist Medical Officers	68	102	-34	-50%	34 additional specialist doctors have been posted in different category
Nurses and Paramedical Staffs	325	309	16	4.92%	
Administrative Staffs	27	7	20	74.07%	
Total:	420	418	36	0.95%	

The full and accurate information about Manpower of IGM Hospital is mentioned clearly in [Annexure:]

B. Health Service Facilities available in Indira Gandhi Memorial (IGM) Hospital:

1) It is providing 24*7 hours super specialty emergency care services.
2) Almost every types of surgical services are there, which are provided by the surgeons.
3) Separate building for eye OPD & separate building for Eye OT & Eye Ward.
4) 24*7 hours blood bank facilities are also available.
5) It is observed that 'Tripura Vision Centre Project': The aim of this project is to combine advance in medical science & ICT to offer effective primary & preventive eye care services to the rural citizens of Tripura.
6) IGM Hospital is providing different schemes under NHM activities like- JSY, JSSK, MCTS.
    I. Janani Surakskha Yojna
    II. Janani Shishu Suraksha Karyakram
    III. Mother & Child Tracking System
7) OPD services like Surgery, O & G, Skin & STD, ENT, MCH clinic, ICTC, Medicine, Paediatric. Other OPD services like- Radiology, Pathology, Dispensary etc.

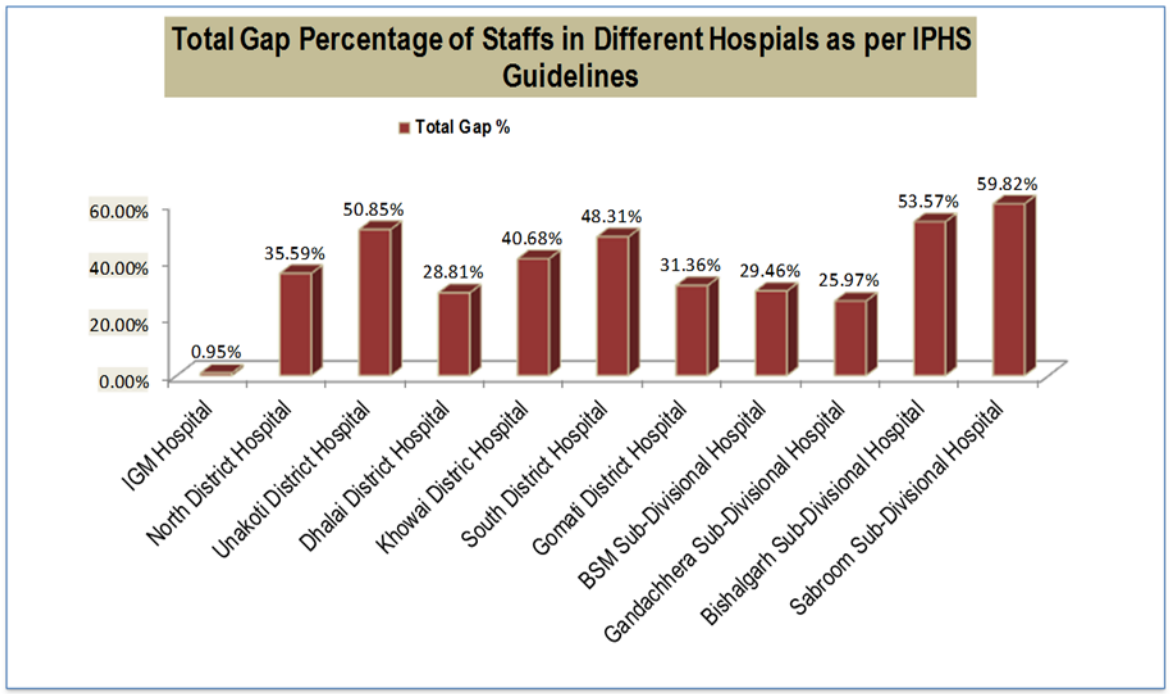
Issues in the hospital and its services:

1) Patients in IPD are overloaded.
2) Huge amount of specialist doctors have been posted in IGM hospital in comparison to Sub-Division and District Hospitals. As a result the SDH and DH types of health institutions having less amount of specialist doctors.
3) Administrative staffs are less in numbers as per IPHS guideline.
4) An improper management guideline has been found in OPD area.

CRITICAL FACTORS AFFECTING PERFORMANCE OF HEALTH CARE SERVICES

The study is carried out on the present Healthcare Infrastructure scenario of Tripura. It is pertinent that for effective health infrastructure system, Human resource management is very critical factor to result efficient health care services at the public hospitals. The below are the highlighting factors which are affecting the performance of healthcare service:-

- At the district level there is no structured Human resource management system or specific Human Resource or manpower planning section.
- Sufficient administrative staff is not available according to the IPHS guideline at secondary and tertiary care level hospital in Tripura across all districts. It is observed that the tertiary care level hospitals are having more specialist doctors whereas secondary care level hospitals are having less specialist doctors as per the requirement, which causes high number of referrals to the tertiary level hospitals. As a result of quality of service those tertiary level hospitals are highly compromised.
- Medical Officers with post graduate in medical field is scarce. Those medical officers having Post graduate are given responsible in administrative wings rather than for institutional care.
- In Tripura there is big factor or an important issue in ensuring quality in engagement of manpower particularly meant to support administrative area for managing Tripura health services. For this reason the structure of human resource management in Tripura Health sector needs to address to sort out problems such as denial of care, hygienic issues, logistic management, hospitality issues etc.
- According to people demand the expectations is always high but due to poor health infrastructure the state Govt. not fulfill the people demand they choosing their way for better treatment in Kolkata or outside of the State.
- In Tripura 52% of the people are farmers and or under BPL category. For such category of population it is also not affordable for them to get ready access to private sector hospitals higher level of facility for treatment. Generally they are dependent on state or district or sub-divisional level hospital for referral cases which implies that public hospitals are strengthened up to optimal level.

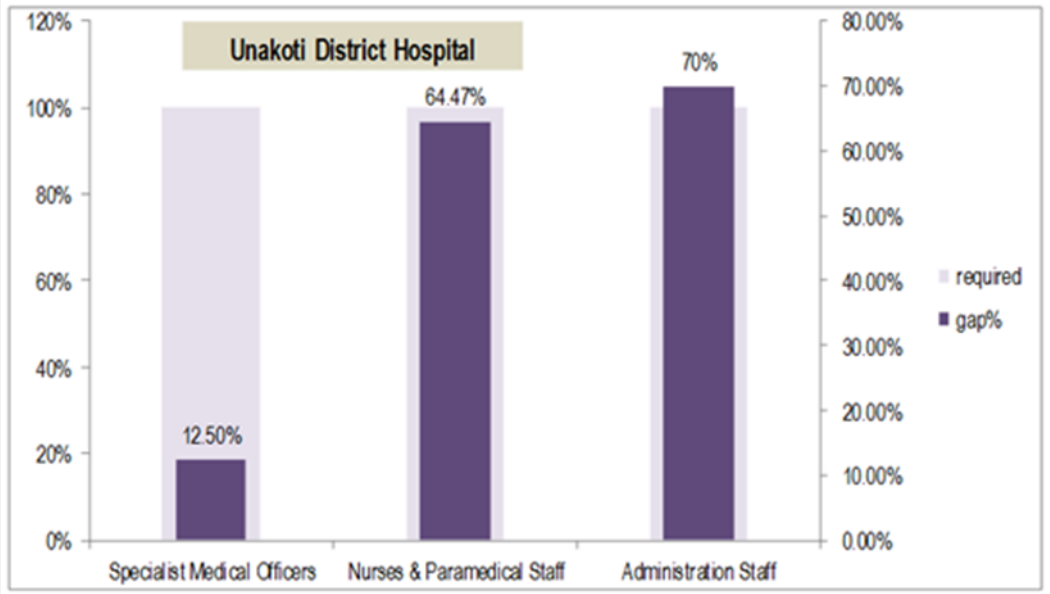


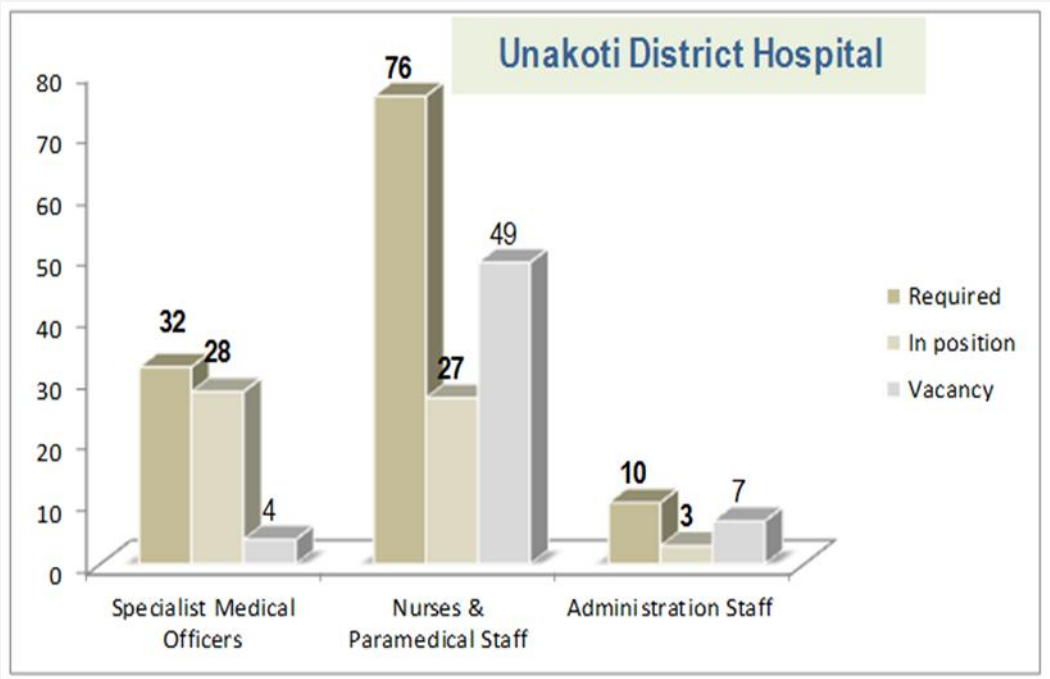
- IGM Hospital is categorized as a Tertiary care level health institution in the state of Tripura. There is no manpower gap according to IPHS norm. In the above mentioned graph showing that IGM hospitals manpower gap percentage is 0.95%.

- Unakoti District Hospital is categorized as a Secondary care level health institution in the Unakoti Districts of Tripura. This hospital showing the highest manpower gap percentage that is 50.85% among all District Hospital. However, Unakoti DH is not categorized as a FRU (First Referral Unit) till now.

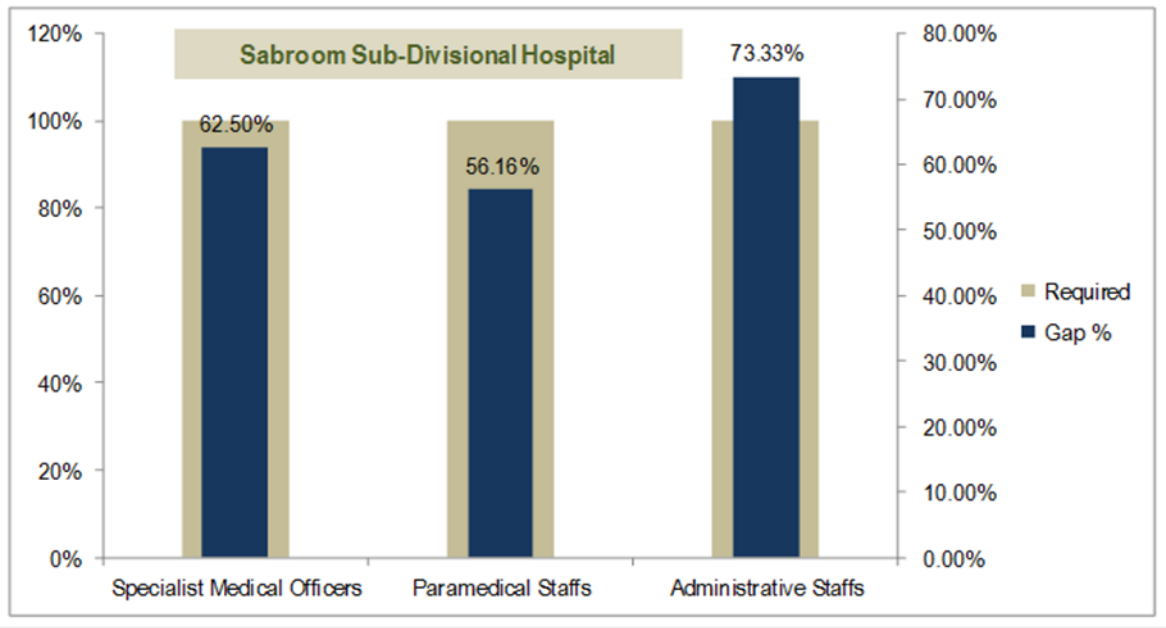
- Sabroom Sub-Divisional Hospital is also categorized as a Secondary care level health institution in the Sabroom Sub-Division of Tripura which is under South District. This hospital is also showing the highest manpower gap that is 59.82% among all Sub-Divisional Hospital. It is a First Referral Unit for any types of emergency cases in the Sabroom Sub-Division.

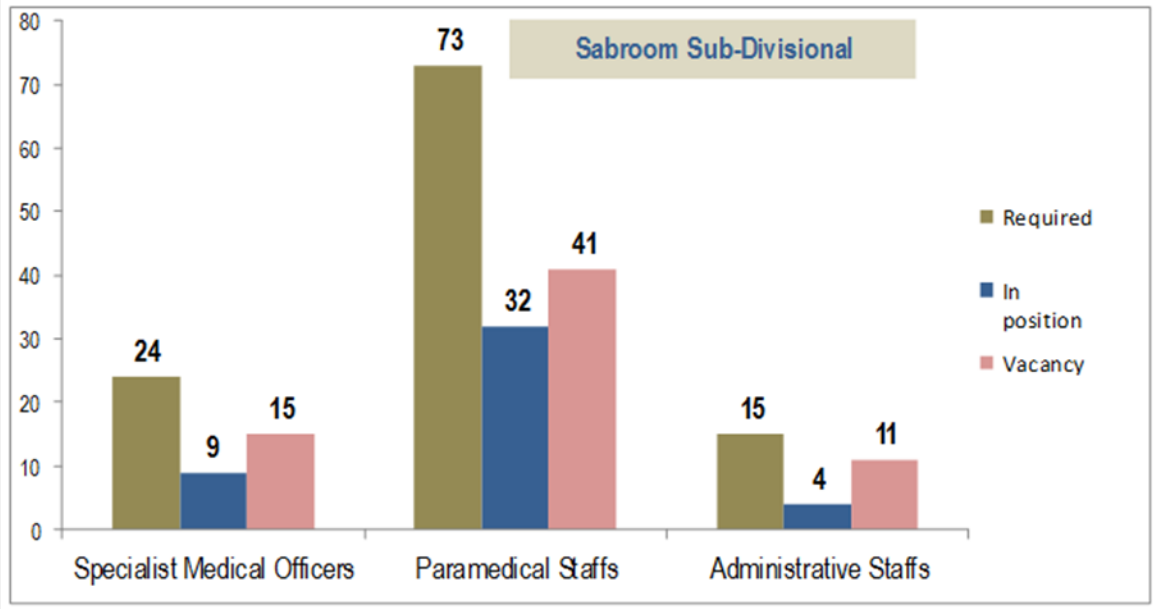
❖ **Total gap percentage of staffs in Unakoti District Hospital as per IPHS guideline**





❖ **Total gap percentage of staffs in Sabroom Sub-Division Hospital as per IPHS guideline**





FINDINGS

- State Hospital- It is found that in State Hospital maximum specialist doctors have been additionally posted. Nurses and Paramedical Staffs and Administrative staffs are sufficient. As a result DH and SDH level health institutions having less amount of Manpower which affecting the HR availability in DH and SDH level.
- District Hospital– Out of 6 hospitals only 2 hospitals is having adequate specialist doctors. But in all District Hospital, there is shortage of Nurses, Paramedical, Administrative and support utility staffs as well as specialist doctors.
- Sub-Division Hospital– Out of 4 SDH, 2 SDH is FRU and having fewer amounts of medical and paramedical staffs. As a result those SDHs are FRU, they are unavailable to treat patient in an emergency situation and they referred emergency cases in District Hospitals or State Hospital.

DATA ANALYSIS AND INTERPRETATION

The data has been found through visiting, observations, questionnaires and checking records in secondary and tertiary level healthcare institutions. There are huge gap in specialist Medical Officers, Nurses, Paramedical staffs and administrative staffs as well as service delivery gap in secondary healthcare level (District Hospital and Sub-Divisional Hospital). The tertiary healthcare level (State/ Civil Hospital) there specialized doctors are available as per IPHS guideline. But Nurses and Paramedical Staffs, other administrative staffs are very less in numbers.

According to facts and findings it was observed that in district level manpower gap is much as comparable to state level. In district level the manpower gap in specialist medical officer 36.46%, nurses and paramedical staff gap 36.62% and Administrative staff gap is 58.33%.

On the other hand state level gap is less as comparable to district level because there are two referral hospitals in state. In state level no gap in specialist medical officer even 19.12% additional specialist doctor have been posted, nurses and paramedical staff gap is 4.92% and Administrative staff gap is 75.86% According to this data I have seen that maximum gap of specialist doctors, paramedical staff and administrative staffs in SDH and DH(Secondary care level).

Human Resources or Manpower gap is an essential factor which affecting the functioning of the institutions. Man powers are the important assets for smoothly run the organization. Human Resources planning have been a function of management since the origins of the quality health organizations. Human Resources, when pertaining to healthcare, can be defined as the different kind of clinical and non-clinical staff responsible for delivering health services. But in secondary care level, there are huge gap in specialist doctors, nurses, paramedics and administrative personnel. The requirement of human resource or manpower for hospitals is clearly mentioned in IPHS guideline.

Now NHM tries to overcome this problem as early as possible by recruiting nurses and paramedical staff through state and central govt. recruitment or NGO sources.

SUGGESTIONS FOR IMPROVEMENT

1) For proper manpower planning specialist Human Resource managers may be appoint at department of health & family welfare, preferably under NHM.

2) Skewed distribution of medical and paramedical staffs may be addressed by adherence to policy of rational transfer and posting.

3) Out of 11 SDH, 4 SDH are functioning as First Referral Unit (FRU). This is particularly due to non-availability of trained specialist doctors (Obstetrics & Gynecology and Anesthetist). The situation may be overcome by training existing interested MBBS doctors in short course specialist training in the said discipline.

4) There is an immediate need for the government to recruit more adequate Specialist Doctors, Nurses, Paramedical staffs, and Administrative staffs at secondary and tertiary care level for betterment of the public health sectors.

5) There is an urgent need for the government to bridge the gaps of paramedical staff at secondary and tertiary levels of healthcare as well as administrative staffs also.

6) Explore the engagement of hospital management qualified candidates in all SDH, DH and in order to enhance the utility of services at hospitals. This would also enable Electronic Medical Record Department to keep the daily patient record as per admission, discharge, operation theatre, pharmacy, diagnostic laboratory, blood bank, maintenance department and ICU etc.

7) The existing Radiographers may be suitably imparted training for short duration with support from expert Radiologist within or outside the state.

LIMITATION OF THE STUDY AND CONCLUSION

Assessment of manpower gaps in healthcare services is a daunting task. Due to climatic conditions and need for further interaction with key officials at the state level, some valuable insight and information could not be captured. It is felt that such information could have provided in depth analysis of the finding highlighted in this project report. It is particularly important since the State Head Quarter(HQ) is the driving force behind pushing reform for human resource policy.

It is undoubtedly clear that effective system is to be put in place for management of Human resources for health and hospitals. Thus, adoption of rational posting and transfer policy, incentivization, recognition etc. seems to be viable strategy to address manpower gaps and bring reform measures for efficient and health services.

The State Government has ample scope to tap the resources made available under NHM. The NHM implementation framework has clearly spelt out measures for Human Resources management for Health.