

**Identifying the Opportunities for Improvement of Health Service in Rural Areas With Respect To
Ngo Sri Siddeshwara Health Organization (SHO), Karnataka**

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Abstract:

In a country like India where there is severe disparity between the urban and rural areas providing adequate health facility is a very big challenge. Neither the public sector health units nor the private sector health units like corporate hospitals are active to serve the rural India due to various reasons which very much against the spirit of Millennium Development Goals prescribed by WHO. In this regard their lie greater opportunities for NGOs to fill this gap as they are effective in handling rural population with better service.

Keywords: Rural health, NGO, Primary Health Center, National Health Mission, Millennium Development Goals

I. Introduction:

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries, and non- access to basic medicines and medical facilities thwarts its reach to 60% of population in India. *Gram Vaani*, a social tech company incubated by IIT-Delhi reports that a majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages. Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary health care centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist. In a rural India where government health facilities are not adequate and private health services are scares there is an immense opportunity for rural based NGOs to fill this gap.

II. Review of literature:

- *Gram Vaani*, a social tech company incubated by IIT-Delhi has done many researches on rural Indian and that too its researches on rural health are of great help to any read on Indian rural health
- *National Rural Health Mission* under *National Health Mission* is a flagship program started by Govt. of India in 2005. This program defines the path of rural health in India. A read on this program was of tremendous help in getting to know about the existing gaps in rural health and planned activities to fill those gaps. It also speaks about the possible role of non-state players like NGOs in health sector which is the topic of this article.
- *The Karnataka State Integrated Health Policy* is a important document under Ministry of Health and Family Welfare Services of Govt. of Karnataka. This document speaks about the vision, mission, goals and policies of Karnataka health.
- *Background Document of the Millennium Development Goals*, is an important document of United Nations which explains the *eight* important goals of which *health* is an important one which has to be achieved by all the nations of the world.

III. Ngos- The Bridge To Fill The Rural Health Gap

Non-governmental organizations (NGOs) have been defined by the World Bank as 'private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development'. NGO activities can be local, national or international. NGOs have contributed to the development of communities around the world and are important partners of many governments – while remaining independent from governments. In a large developing country like India, there are numerous gaps in the development process between reach and requirement of services due to ignorance, lack of awareness & willingness, reluctance of service providers etc. These are the gaps that many NGOs trying to bridge.

➤ **Bridging the Gap as Understood by the NGOs**

To fill the gap with a parallel health care service there is a need to carry out activities like Medical Camp, Medicine supply sometimes collected from medical representatives, reaching services at doorstep, health education and awareness, nutrition education and supplementary feeding. The National Rural Health Mission of India (NRHM) seeks to provide effective healthcare to rural population throughout the country to improve public health indicators. The mission has greatly recognized and given wide space and opportunity to NGOs in effective program implementation, capacity building of service providers; facilitation in village/district level health planning and monitoring.

➤ **Realization and Recognition**

The importance of NGO is well-recognized by the Public Health Sector as they are close to people and have created a strong base in the community. NGOs can be instrumental in reaching the healthcare service to the un-served and under-served areas. NGOs can be helpful in local health system development through coordination and Co-operation with health service providers.

➤ **NGOs involvement in Govt. Programs (Capacity Building)**

NGOs are involved in capacity Building of representatives of local government (Panchayat) in health planning, capacity building and facilitation of Village Health Committees, facilitating in health plan at village/block/ district level – a bottom-up planning and case-building analysis with service Providers

➤ **NGOs involvement in Govt. Programs (System Development)**

- Hand-holding support to Accredited Social Health Activists (ASHA) – a community level volunteer to link the community with govt. health services
- Up gradation of Sub-Centre/PHC – utilization of untied fund (NRHM scheme)
- Membership in Patient Welfare Committee at PHC/BPHC level, District Health Committee
- Participation in district/state/national level consultation for designing health care schemes, plans
- Monitoring of health care services
- Involvement of Self Help Groups to ensure ANC/PNC and Institutional Delivery

Some of the facts mentioned in national health policy-2002 (NHP-2002) are as below:

- 1) The current annual per capita public health expenditure in the country is no more than Rs. 200
- 2) the reach and quality of public health services has been below the desirable standard
- 3) Availability of medical facilities over the years
- 4) It is observed that the deployment of doctors and nurses, in both public and private institutions, is ad-hoc and significantly short of the requirement for minimal standards of patient care
- 5) Currently, non-Governmental service providers (*NGOs are one of them*) are treating a large number of patients at the primary level for major diseases. However, the treatment regimens followed are diverse and not scientifically optimal, leading to an increase in the incidence of drug resistance
- 6) Social, cultural and economic factors continue to inhibit women from gaining adequate access even to the existing public health facilities. This handicap does not merely affect women as individuals; it also has an adverse impact on the health, general well-being and development of the entire family, particularly children.

Interpretation of these NHP-2002 facts in the view of opportunities for health organizations in Indian rural health industry:

1) & 2) Since per capita expenditure is not more than 200 rupees many of the rural people can't afford the private clinic & nursing home treatment. And the public hospitals are far below the standards. This gap could be used effectively by NGOs like Sri Siddeshwara Health Organization (SHO)_to capture the rural health industry

3) & 4) Availability of medical professionals is far below the standards and whatever the facilities available are uneven distributed. This clearly indicates that rural areas are deprived of any kind of medical facilities. This void can be filled by the organizations like SHO.

5) As the statement says many non-government organizations are treating large people at primary level for major we can infer that there is a big opportunity for non- govt. organizations in Indian health

industry. But the thing is that this market should be retained & improved by providing optimum treatment

6) Since socio- cultural & economic factors are inhibiting the women from access to public health facilities and NGO like Sri Siddeshwara Health Organization, which is providing health facilities at the door steps of the people has become a special one with its unique feature of treatment.

IV. Statement of the problem:

Understanding the complex relation existing between socio-cultural & economic factors and occupation of the people is crucial in identifying opportunities for health services in rural area. In this regard a study titled “Identifying the opportunities for improvement of health service in rural area with respect to Sri Siddeshwara Health Organization” was undertaken.

V. Objectives of the study:

Primary objective:

Identifying the opportunities for improvement in health service in rural area so that the organization can design effective strategy to grow and establish itself in rural area.

Secondary objective:

- To know the health awareness level in rural area.
- To know preferred medicinal system for treatment.
- Perception and expectations of the consumers about the quality & cost of health service.
- The extent to which health industry has made its impact on rural people.
- Health service and its attributes of the Sri Siddeshwara health organization.

VI. Scope of the study:

The study deals with Sri Siddeshwara Health Organization of Chennagiri taluk, Davangere district in Karnataka. It focuses on the rural people of Chennagiri taluk who can't afford a medical treatment being provided in city's private hospitals and PHCs, CHCs at the cost of high price and a travelling of 45 to 60 kms to get a better treatment. This research is about the quality, price, effectiveness, accessibility & hospitality of the service being provided by Sri Siddeshwara Health Organization.

VII. Methodology:

Type of research:

Among the various research methods available like descriptive, exploratory, historical etc the method adopted for the purpose of the research is EXPLORATORY.

- ✓ As the problem is not clear and there are no research works done on this topic the best suited research method is EXPLORATORY.
- ✓ The sample size is 128.
- ✓ It deals with demographic characteristics of consumer
- ✓ It employs the following methods of data collection
 - Scheduled survey: questionnaire was drafted and is administered to respondents by the research person.
 - Focus group
- ✓ The tools employed for the purpose of data collection were interview and questionnaire.

VIII. Sources of data collection:

Collection of data through proper channel is very important for the analysis. The two major sources of data which were used for the analysis and interpretation were:

Primary data:

It was collected by:

- ✓ Personnel interview and discussion with organizations employees at various level
- ✓ Through questionnaire:

- Most of the questions were closed ended
- A 18-item questionnaire was developed to find out the opinion of all sorts of people of different age group

NOTE: As most of the respondents were illiterate, their responses to the questions of questionnaire were entered in the data sheet by surveyor himself.

Secondary data:

- ✓ Journals
- ✓ Manuals
- ✓ Brochures
- ✓ Earlier records of the organization

IX. Limitations of the study:

- ✓ Study was restricted few places in chennagiri taluk of Davangere district, Karnataka
- ✓ The opinions of the respondents may not represent the whole population
- ✓ The information provided by the respondents may not be accurate due to bias or due to skepticism.
- ✓ But the result is assumed that the respondents have given accurate information.
- ✓ Sample size is too small to generalize findings of the study to entire population.

X. Analysis And Interpretation Of Data

Age Group of Respondents

AGE GROUP (Yrs)	No. of RESPONDENTS	PERCENTAGE
20-35	40	31%
35-50	28	22%
50-70	48	38%
Above 70	12	9%
Total	128	100%

Table 5: Age group of respondents

Interpretation:

The survey involves almost equal participation of people of almost every age from 20 years to above 70 years. Thus all sorts of people all covered under the survey.

Occupation Of Respondents

OCCUPATION	No. of RESPONDENTS	PERCENTAGE
Agriculture	40	31%
Labors	36	28%
Self employed	4	3%
Students	16	13%
Fisher man	4	3%
Govt. employees	8	6%
Household/housewife	20	16%
Total	128	100%

Table 6: Occupation of respondents

Interpretation:

Most of the people in rural areas are strong follower of agriculture as the prominent occupation. Most of the occupation of the rural people are unorganized and are often affected by the uncertainties of environment as their occupations are completely dependent on it.

EDUCATIONAL LEVEL OF RESPONDENTS

EDUCATION	No. of RESPONDENTS	PERCENTAGE
Illiterates	80	63%
Up to 10 th	28	22%
Up to 12 th	12	9%
Degree & above	8	6%
Total	128	100%

Table 7: Educational level of respondents

Interpretation:

More than half of rural people are illiterate, which makes it difficult to educate and convince them about the need of health.

Addiction Level in Respondents

ADDICTION	No. of RESPONDENTS	PERCENTAGE
Alcohol	8	6%
Smoking	16	13%
Alcohol & smoking	36	28%
None	68	53%
Total	128	100%

Table 8: Addiction level in respondents

Interpretation:

Even though half of the rural people do not drink the percentage of people addicted to alcohol and smoking is accountable. Thus, it's important to tackle these habits in order to improve up on the health of rural people.

Epidemic Disease among Respondents (In Last 3 Years)

EPIDEMIC DISEASE	No. of RESPONDENTS	PERCENTAGE
Diarrhea	12	9%
Typhoid	16	13%
Malaria	4	3%
Dengue	4	3%
Cholera	8	6%
Chikungunya	32	25%
None	52	41%
Total	128	100%

Table 9: Epidemic diseases among respondents in last 3 years

Interpretation:

Even though about 50% of the people have not suffered from any epidemic diseases the percentage of people who have suffered from various epidemic diseases like Chikungunya, cholera, diarrhea, typhoid and malaria cannot be neglected. These epidemics need to be controlled.

Awareness about the Precautions to Check the Epidemic Diseases

PRECAUTIONS	No. of RESPONDENTS	PERCENTAGE
Use mosquito coils/ nets	40	31%
Drinking boiled water	4	3%
Sanitation	4	3%
Washing hands cleanly before food	12	9%
All of the above	68	53%
Total	128	100%

Table 10: Awareness about the precautions to check epidemic diseases

Interpretation:

Even though half of the people are aware of precautions to be taken to keep themselves away from epidemic diseases many are not having the habits of keeping their premises clean and washing hands properly.

Choices of Health Consultant

CONSULTANT	No. of RESPONDENTS	PERCENTAGE
Government doctor	28	22%
Private doctor	36	28%
NGO	44	34%
Tantric	12	9%
Self medication	8	6%
Total	128	100%

Table 11: choices of health consultant

Interpretation:

A majority of the people in survey area prefer consulting NGO doctors when they are sick. But there are about 15% of the people who go for self medication and tantric, which is not a good practice and may be fatal to health.

Duration to Consult a Doctor

DURATION	No. of RESPONDENTS	PERCENTAGE
On the same day of sick	64	50%
After 2-3 days	60	47%
After 4-7 days	0	0%
After a week	4	3%
Total	128	100

Table 12: duration to consult a doctor

Interpretation:

Many people consult the doctor on the same day of falling sick. But a relatively major amount of people consult doctor after 2-3 days. But there are people who consult doctor after a week which is not good.

Services Availed At Sri Siddeshwara Health Organization (SHO)

SERVICE	No. of RESPONDENTS	PERCENTAGE
Blood check-up	64	50%
Diabetic treatment	40	31%
HIV counseling	0	0%
None	24	19%
Total	128	100%

Table 13: service availed at Sri Siddeshwara health organization

Interpretation:

Half of the respondents go for blood check up and even a major portion of them go for diabetic treatment indicating those services of the organization are good. But about 18% of them do not prefer the organization’s service indicating that it’s not good.

Ways to Improve the Existing Services

WAYS	No. of RESPONDENTS	PERCENTAGE
Enhancing accessibility to Doctors	12	9%
Giving adequate medicines	4	3%
Increasing the no. of camps	80	63%
All of the above	32	25%
Total	128	100%

Table 14: ways to improve the existing services

Interpretation:

It can be interpreted from the response that most of the people say that there is need to increase the frequency of medical camps being conducted. Many also say that there is a need of making doctors availability time more. There is a complaint that medicines provided are not adequate.

New Services Expected Of Sri Siddeshwara Health Organization

NEW SERVICE	No. of RESPONDENTS	PERCENTAGE
Nutritional education	16	13%
Sanitation	16	13%
Health awareness camps	60	47%
All of the above	36	28%
Total	128	100%

Table 15: new services expected of Sri Siddeshwara health organization

Interpretation:

There is a greater demand from the people to start health awareness camp. There is also equal demand for nutritional education programs and sanitation. But the 1/4th of the people say all the above mentioned programs should be started.

Prefer Medicine System

PREFERD MEDICINE SYSTEM	No. of RESPONDENTS	PERCENTAGE
Allopathic	68	53%
Ayurvedic	44	34%
Unani	0	0%
Homeopathic	8	6%
Siddha	0	0%
Yoga	8	6%
Total	128	100%

Table 16: medicine system preferred by rural people

Interpretation:

Half of the respondents say that they prefer allopathic medicine system. There is a relatively less, but a good response for ayurvedic kind of medicine system. The rest of the medicine systems unani, siddha and yoga doesn't have people's liking

Preference to Ngo Sri Siddeshwara Health Organization over SCs, PHCs, AND CHCs

PREFER NGO SHO	No. of RESPONDENTS	PERCENTAGE
Yes	124	97%
No	4	3%
Total	128	100%

Table 17: preference to NGO Sri Siddeshwara health organization over SCs, PHCs, and CHCs

Interpretation:

All most every one of the respondents have a good will about the service provided by NGO Sri Siddeshwara health organization. They are more comfortable with this organization compared to SCs, PHCs, and CHCs.

Reason for Edge of NGO over SCs, PHCs, and CHCs

REASON	No. of RESPONDENTS	PERCENTAGE
Easy accessibility	60	47%
Low price service	20	16%
Hospitality	40	31%
Easy accessibility& Low price service	8	6%
Total	128	100%

Table 18: reason for edge of the NGO

Interpretation:

Nearly half of the respondents prefer NGO Sri Siddeshwara health organization over Cs, PHCs, and CHCs because of easy accessibility. There is also good response for the hospitality shown by the organization. And the service at a lower price is an economic advantage for the rural people.

Ranking the Service Attributes of Sri Siddeshwara Health Organization

ATTRIBUTE	ACCESSIBILITY			PRICE			HOSPITALITY			EFFECTIVENESS		
	PT	WT	TL	PT	WT	TL	PT	WT	TL	PT	WT	TL
Poor	0	2	0	4	2	8	4	2	8	8	2	16
Fair	12	4	48	0	4	0	12	4	48	12	4	48
Good	24	6	144	20	6	120	4	6	24	12	6	72
Very good	32	8	256	20	8	160	20	8	160	16	8	128
Excellent	52	10	520	84	10	840	88	10	880	80	10	800
Total	968			1128			1120			1064		

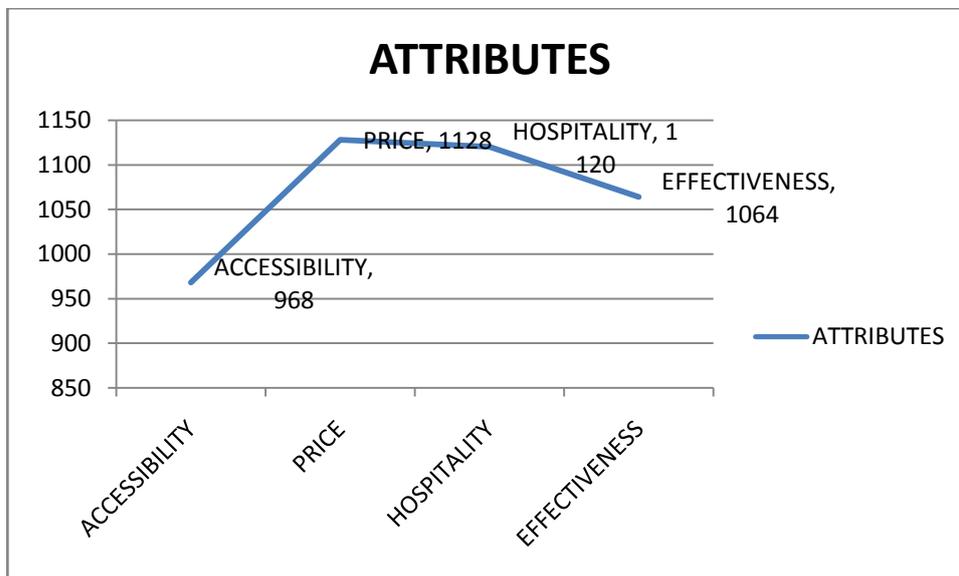
Table 19: ranking the service attributes of the NGO

Where:

PT: POINTS

WT: WEGHITAGE

TL: TOTAL



Graph 23: Graphical representation of service attributes of the NGO

Interpretation:

People have highly ranked the hospitality and price of the organization’s service. It can be interpreted that the organization is very empathetic to the rural people and they also providing the treatment at lower cost. Even the attributes like accessibility and effectiveness are appreciated by the people.

Mode of Communication

MODE OF COMMUNICATION	No. of RESPONDENTS	PERCENTAGE
Puppet show	4	3%
Street play	44	34%
Lecture/ talk	36	28%
Video/ screen play	44	34%
Total	128	100%

Table 20: desirable mode of communication

Interpretation:

It is interpreted that visual and audio means of communication can reach well to the rural people. It is understood that the concepts explained through audio visual effects communicate better with the rural people, in which most of them are illiterates who might not be interested in lecture kin of things. As the modern means of communication got the limelight the traditional puppet shows are failing to attract the customers.

XI. Findings & observation:

- ✓ Agriculture is the major occupation of the people.
- ✓ Most of the people in rural area illiterates who are less aware of the importance of maintaining hygienic environment in order to have better health.
- ✓ About 47% of the rural people are addictive to alcohol and smoking. The remaining 53% of non addictive people having greater share of women. So, most of the men in rural areas are addictive to alcohol and smoking.
- ✓ There is increased rate of epidemic diseases and decreased rate of precautions to be taken to avoid the epidemic diseases, both of which are fatal.
- ✓ People prefer the NGO doctors over private and govt. doctors, but there are few people who are into self medication and few other go to tantric.
- ✓ People won't consult doctor soon after falling sick. They consult the doctors only when the sickness becomes unbearable
- ✓ There is a good response for the blood check up and diabetic treatment provided by the organization. But the HIV AIDS counseling, other program of the organization is not getting good response due to fear and many wrong assumptions in the people's mind
- ✓ People feel that the existing services of the organization should be improved by increasing the frequency of the medical camps and new services like health awareness camps, nutritional education programs & sanitation programs should be started
- ✓ People prefer allopathic and ayurvedic kind of medicine system over the others like unani, siddha and yoga
- ✓ Many people are happy with accessibility, hospitality and pricing attributes of the organization
- ✓ Even though many people prefer NGO Sri Siddeshwara health organization over Cs, PHCs, and CHCs for it's easy accessibility they have ranked the price and hospitality attributes ahead of accessibility
- ✓ Rural people are easily attracted to publicity work done through audio-video effects rather than lecturing, talks and puppet show

XII. Suggestions

- ✓ As most of the people in rural area are addicted to alcohol and smoking it will be better to initiate anti-addictive programs by the organization
- ✓ There is increased rate of epidemic diseases in rural area and the precautionary measures to avoid them are decreasing. So, the organization should initiate programs to act against these things
- ✓ People should be advised to consult the doctor soon after falling sick. This results in providing effective treatment at suitable time and thereby lowering the health problems
- ✓ People's preference to NGO doctors over govt. and private doctors should be used to serve them better and should make them loyal to the service provided by the organization

- ✓ Existing programs of the organization should be improved as per people's wish and new services like health awareness camps, nutritional education programs & sanitation programs should be introduced for the benefit of them
- ✓ Since people have inclination towards ayurvedic system of medicine along with allopathic the organization should start providing the ayurvedic treatment also
- ✓ Service attributes like accessibility, hospitality, price and effectiveness of the treatment should be improved
- ✓ All of the above mentioned suggestions result in increased demand for the NGO Sri Siddeshwara health organization and thereby creating more jobs in the organization with the increased market share
- ✓ Since the NGO is providing multiple services at lower price to larger number of people along with the aids from the government a better service can be provided. This automatically increases the profitability of the organization.

XIII. Conclusion

There is a very good opportunity for the NGO Sri Siddeshwara health organization. The organization is having very systematically planned approach towards its patients who act as customers for the organization. The multiple service of the NGO at a lower price is indeed an advantage both to rural people and the organization. From the study of opportunities for improvement in health service in rural area with respect to Sri Siddeshwara Health Organization we can conclude that any organization willing to establish itself in a rural market has to understand the education, occupation and life style of the people there. By knowing that demographic information they have to give prime importance to the business attributes like price, quality, effectiveness, accessibility and hospitality.

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