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ROLE OF CORPORATE ORGANIZATIONS IN RURAL HEALTH SCHEMES – AN EMPIRICAL ANALYSIS (A STUDY WITH REFERENCE TO SELECT VILLAGES IN GUNTUR DISTRICT, ANDHRA PRADESH)

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ABSTRACT

The article titled "A study on the role of corporate participation in the health schemes initiated by the government in the rural areas of Andhra Pradesh" intends to bring into limelight the business opportunities existing in the rural areas and villages in the coastal Andhra Pradesh to promote the medical and health schemes by the government. The main objective of this study is to throw some light on the present functioning of the government medical and health services and the state of affairs prevailing in promoting these much needed and applauded health schemes in these areas. It is found from the survey that one-third of the respondents were unable to get any medical assistance to address their health issues, which are very much primary in nature. When examine the relationship between the dependency of people on governmental schemes, it is observed that there is a negative relationship between the different income groups and their dependency on governmental schemes. It is also found from the study when asked the medical support on decease-wise, majority of them expressed that they are not receiving the medical help at their expected level.

KEYWORDS

Guntur district, corporate organizations, rural health schemes.

1.0 INTRODUCTION

he main intention of attempting this study is to send a direct and a vivid call to the corporate to participate or undertake the health schemes promoted by the government and are getting dusted because of lack of funding from the government. Also, the study tries to highlight the dependency of most the rural populace on the health schemes promoted by the government. The paper stresses greatly on the issue that discontinuation of some of the schemes or all of them could lead to disastrous consequences.

The population of the rural India thrives on intricate chemistry of its own. Despite calls of globalization and economic development piercing the corridors of political houses, none of these are of matter to the rural populace. Every day they wake-up to face challenges thrown at them by in climate weather conditions, rough and harsh terrains, increasing transportation costs and ruthless middlemen. Often their survival is amongst unhealthy, unhygienic conditions, without proper drinking water and transport. Often, they fall prey to viral fevers, diarrhea, Typhoid, malaria and other viral deceases. To survive; they need schemes which reach them in time and offers them much needed comfort, support and medicines. If the schemes, such as the Arogya Sree, 108 Ambulance service, 104 medicinal and primary health vehicles, fully equipped and function primary health centers, stop, the life line of the rural populace is cut. They depend solely and fully on these schemes to receive their medical help and assistance. A press report appeared in the Telugu daily Eenadu highlights about the Arogyasree, titled full of cuts, on 6th July, 2011, focused the loopholes and the lack of monitoring resulted to the mishaps in the conduct of the scheme.

It is of great importance to support these activities and to keep them running and this is exactly the reason, the authors felt, why corporate intervention is required. A series of articles which came in the Telugu daily Eenadu and other reports by the news media prompted the authors to take-up this study. Using the newspaper reports and other print media as a backbone, an investigative study was conducted in the select villages of the Guntur district of Andhra Pradesh. The villages were chosen with much care and precision to represent different geographical location in terms of size and economy.

2.0 NEED FOR THE STUDY

The study gains lot of importance in the present context of time as some of the much-applauded health schemes are beginning to fail as funding has become feeble and sustenance of the programs has become highly doubtful in these circumstances. An article in the Telugu daily Eenadu titled "There Nurses are the Doctors", highlights the pathos of some the PHC's in the district. In fact, the article throws light on the fact that there are only 3 Gynecologists available in 73 PHC's in the district. Also, another article published on the same day in the same paper is worth reading. Titled "Citizens, trembling with fevers and fear", shows the absolute lack of manpower in the PHC's resulting in disastrous consequences in the villages of Guntur District, Andhra Pradesh.

The authors sense an opportunity for the corporate to enter into the rural areas to conduct the health schemes successfully as happened with Novartis in the case of Corporate Social Responsibility venture launched in the East African countries by Novartis. This study titled "Corporate Role in Sustainable Development: A Case of Novartis", Supritam Majumdar (2016), the case is indeed an eye opener for some of our Indian corporate to follow.

3.0 METHODOLOGY

3.1 OBJECTIVES OF THE STUDY

The main aim of this study is to examine the role of corporate organizations in the health schemes promoted by the government and are getting dusted because of lack of funding from the government. Also, the study tries to highlight the dependency of most the rural populace on the health schemes promoted by the government. The paper also examines the issue of discontinuation of some of the schemes or all of them could lead to disastrous consequences.

3.2 SAMPLE SELECTION

The study is taken on a sample number of respondents, 100 to be precise, chosen from a cluster of villages from the villages of Guntur District. The villages chosen were selected with great care and precision to fulfill all the necessary criteria to become a cluster sample. The villages chosen for study, i.e. those of Vinjanampadu, Pulladigunta, Kornepadu, Kondarajagarimudi, Marripalem of Guntur District. were so chosen such that their size, in terms of number of families, drinking water facilities, access to primary health care in the village, visits by 104 regularly to the village, access to 108 service were taken into consideration.

A cluster sample of 100 respondents were chosen from these said villages consisting of respondents from classes of people with different income groups, occupation, ages, gender and locality. The sample is subjected to a series of investigative questions and probing questions through a well-built questionnaire, printed in

local language for better understanding and interpreted later. Even the samples of 100 respondents were chosen with a great degree of care. Some of the questions are to observe the behavioral patterns of the respondents and to do so Likert scale is used. Likert scale is preferred primarily because of the multiple variables involved in the study. Later, the data is analyzed using correlation analysis. The findings were recorded and appropriate measured are suggested based on the findings. Also, a strategic model has been devised for the benefit of the academia and the readers which brings into focus the solution for the problem.

3.3 COLLECTION OF DATA

Two types of data are used to fulfill the objectives of the study. The primary data concerning the study was taken from the questionnaire exercised on the sample of respondents and noted the opinions of the respondents. In a part of the questionnaire, because of the existence of multiple variables under study, a scale called Likert scale was used to collect data from the sample respondents. Besides, secondary data is being also taken from various sources, like the News dailies, research articles and other print media.

3.4 DATA ANALYSIS AND STATISTICAL TOOLS

To analyze the data simple tabulation and percentage technique was adopted. Also, simple correlation technique using Karl Pearson coefficient method was adapted. The tabulation of the results is as given under:

TABLE 1: DETAILS OF PHC MEDICAL SERVICES IN THE SELECT VILLAGES OF THE AREA OF THE STUDY

Name of the Village	No. of respondents approached PHC	No of Respondents get the treatment	% of people did not get the service
01. Vinjanampadu,	15	5	33.33
02. Pulladigunta	11	3	27
03. Kornepadu	6	2	33.33
04. Kondarajagarimudi	21	5	23.08
05. Marripalem	26	6	23.07
06. Boyapalem	21	7	33.33

Source: Collected from the Survey

Table-1 presents the data on the status of medical services provided in the select area of the study. It can be seen from the data in table-1 that from the villages of Vinjanampadu, Boyapalem and Kornepadu, around one-third of people were sent out or returned home primarily due to lack of medicinal supply or shortage of medical staff., whereas, in case of Pulladigunta village, around 27% of the people did not receive any kind of medicinal support. In case of Marripalem and Kondarajagarimudi villages about 23% of the people did not receive any sort of assistance. It can be inferred from the foregoing analysis that a sizable number of disgruntled patients looking for medical help but should return dissatisfied because of the lack of doctors, medicines and in some case, both. Further, around 33% of the sample respondents suffered primarily because of the lack of medical assistance.

TABLE 2: CORRELATION BETWEEN INCOME OF THE RESPONDENTS AND THEIR DEPENDENCY ON THE GOVT. HEALTH SCHEMES

Income range (Rs.	No. of respond-	Mean value of	No. of dependents need Govt. Health	Mean value of	(X ₁ - Mean	(Y ₁ -Mean
'000)	ents	X ₁	Schemes	Y ₁	X ₁)	Y ₁)
10- 25	56	20	53	15.8	16	7.2
25-50	25		12		5	-3.8
50-75	14		12		-6	-3.8
75-100	4		2		-16	-13.8
100-200	1		0		-19	0

Source: Computed from the collected data through the Survey

Using Karl Pearson's correlation Coefficient

(X_1 - Mean X_1) (Y_1 - Mean Y_1) - 316

r = ----- = ---- = - 0.88

V (X₁- Mean X₁) ² (Y₁- Mean Y₁) ² 355.5

The authors tried to understand the relationship between the two extraneous variables under study, income and dependency on government health schemes. By using Karl Pearson's correlation formula, the correlation coefficient has been obtained and the same is shown in Table-2. It is observed from the data in table-2 that the coefficient happened to be a negative value, i.e., 0.88, and it shows that both the income range of the respondents and people's dependency on the Government health schemes are negatively correlated with less dependency on each other. This positively shows that there are other factors affecting people's dependency on government run health schemes other than income, such as the availability of the service, service location, nearness to the respondent, etc.

FIG. 1

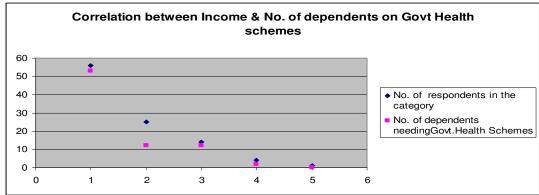


TABLE 3: TYPE OF DECEASES AND THE SERVICE PROVIDED BY THE PHCs

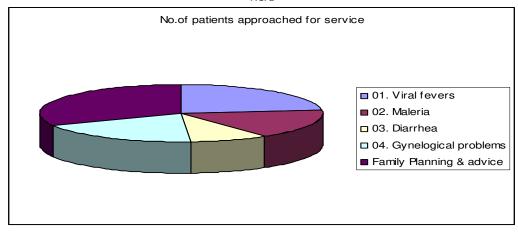
Nature of the Decease	No. of patients approached for service	No. of patients did not receive the treatment	Percentage
Viral fevers	23	7	30.5
Malaria	17	9	52.0
Diarrhea	9	6	66.0
Gynalogical Issues	19	6	33.0
Family Planning & Advice	32	21	65.5

Source: Collected from the Survey

While conducting the research, the researchers tried to probe into the functioning of the PHC's by analyzing the number of patients cured by the PHC's for some of the most commonly faced deceases and the receipt of medicinal support for these decreases. The researchers tried to probe into the functioning of the PHC's and other governmental schemes, such as 104 and 108, Arogya Sree, etc.

Table-2 depicts the data on the type of deceases and the medical support by the PHCs in the select area of the study. It can be seen from the table-3 that in case of Viral fevers and Gynalogical issues about one-third of the patients who approached the PHCs are not getting any treating for it. Further, in case of Malaria half of the patients are not treated in the medical centers. The surprising news in this direction is that about two-thirds of the patients are not received any treatment from these medical centers. Thus, the findings of the survey reflect the fact the number of respondents who did not receive their medical advice is large in cases, which shows that there PHCs are not properly working for the cause of providing the medical support in the rural areas of the select district of the study.

FIG. 2



4.0 FINDINGS

From the foregoing discussion, the following observations are arrived on the governmental health supporting system.

- (i) Out of the sample respondents about one-third of them were unable to get any medical assistance to address their health issues, which are very much primary in nature.
- (ii) When correlation technique is used to see if there is any significant dependency of the people of different income groups on governmental schemes, it is found to be negatively correlated.
- (iii) The sample respondents were subjected to a series of questions which primarily focused on whether basic medicinal help is provided or not in case of decease-wise for which majority of them expressed that they are not receiving at their expected level.

5.0 SUGGESTIONS

As it always happens in democracy, the governments often launch several programs without understanding the problem they are going to face in keeping the programs running. If they remove the scheme, then people will not hesitate in dethroning the government as it is a subsidy given by the State.

However, if any country needs to possess a good economic development, then it is supposed to move from command economy, like ours to mixed economy. In mixed economy, the number of programs to be run by the government and subsidies will disappear, leaving plenty of scope for the government to initiate new schemes. All the previously running governmental schemes will be picked-up by the Corporates as social responsibility measure.

(i) Corporate Involvement

The Corporates can easily pouch this opportunity as the rural villages of West Godavari region are densely populated and are subject to the most common deceases, like Viral fevers, Diarrhea and Malaria. Since they do not have access to private hospitals for receiving quality medical treatment they depend solely on the PHC's. If the PHC's are provided with better medical facilities like:

- the increase in the number of doctors
- · increase in the nursing and support staff
- better quality medicines supply
- Better hygienic conditions
- Visits from experts occasionally

It makes the functioning of PHC's a lot better.

(ii) Creation of a Social Net

The participation of corporate in either promotion or conduct of the government initiated health schemes in the rural areas ensures that an impregnable social net is built which is vital for the sustenance and the growth of the community. The point lies in creation of a cost-effective revenue model, which turns the entire model into a marketable proposition.

(iii) Cost-Revenue Factor

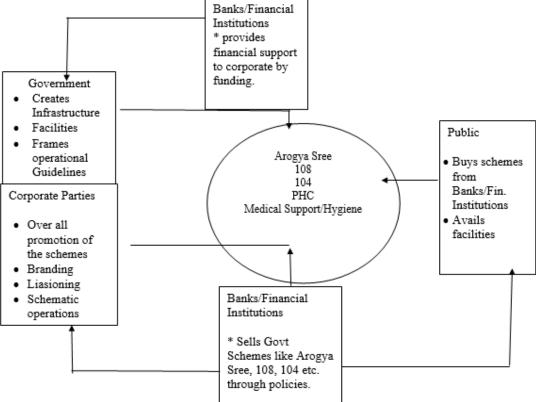
Cost is never a problem because, with the support of the existing infrastrure, manpower and other paraphernalia, it does cost the corporate a million bucks to improve the set-up. To make the operations more operable combined effort of the corporate, government and financial institutions is required. As these operations required plenty of financial assistance, the required assistance can be procured from banks and financial institutions in the form of short-term and long-term loans depending upon the necessity.

(iv) Revenue Source

The objective of Arogyasree and other health schemes of the government is to see that quality medical assistance is provided to the needed and poor at less cost or no cost. However, it is literally impossible to implement any scheme without making it as a revenue source. Government can offer these health schemes at minimal rates, which can be bought by needy people in the form of health loans, health insurance schemes which are financed by banks and other financial institutions. Revenue will come, obviously if the charges suit the pockets of the rural poor. If they find faith in the service set-up, people will turn-up obviously bringing along with them more money and lots of good luck and hope.

FIG. 3: A SCHEMATIC REPRESENTATION OF A STRATEGIC REVENUE EARNING MODEL

A Schematic Representation of a Strategic Revenue Earning Model Banks/Financial



6.0 CONCLUSION

It can be said from the experiences of Novartis, Indian corporate too can take a leaf out Novartis's book in coming forward and offering a helping hand to those who are in need, of course at a price which suits the rural poor.

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