Awareness of GVK-EMRI in Karnataka and Trips Analysis

Internship Training
at
GVK Emergency Management and Research Institute.

By
Mithlesh

Under the Guidance of
Brig. (Dr.) S.K. Puri

Post Graduate Diploma in Pharmaceutical Management
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TO WHOMSOEVER MAY CONCERN

This is to certify that Mithlesh, student of Post Graduate Diploma in PharmaceuticalManagement (PGDPM) from Institute of Health Management Research; Jaipur has undergone dissertation at GVK EMRI from 14th April, 2014 to 20th May, 2014.

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

The dissertation is in fulfillment of the course requirements.
I wish him all success in all his future endeavors.

Dean, Academics and Student Affairs
IIHMR, Jaipur

(Brig S.C. Puri) Professor
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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled AWARENESS LEVEL OF GVK EMRI AND TRIPS ANALYSIS IN KARNATAKA submitted by MITHLESH, Enrollment No.186 under the supervision of Brig. SK PURI for award of Postgraduate Diploma in Pharmaceutical Management of the Institute carried out during the period from 2012 to 2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

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Any effort, which gives promising result, isn't a work of one man or one day. A team work is always appreciated and required to make a vast project to people in charge at success. Along with team work, the proper guidance and help from surrounding and people in charge is the most important aspect to make the project useful for future, Here I express my thanks to **Chandan Datta (Head Operation Gvk Emri)** the project mentor for providing me with the opportunity to work on such a good project and also providing me the time along with valuable guidance.

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I specially give my vote of thanks to the respondents for the project because without them this would not have been into this shape. There was a huge language barrier among us. But, the way they responded was really great.

I bowed down to that almighty. I am also thankful to my parents for giving me the guidance, motivation and stands behind me all the way for fulfilling my all the needs with bearing all the pain for my success.

Mithlesh
GVK EMRI

Abbreviations:

CO	Communication Officer
DO	Dispatch Officer
EMT	Emergency Medical Technician
ERCP	Emergency Response Centre Physician
ERS	Emergency Response Services
AHA	American heart Association
ITLS	International Trauma Life Support
CCS	Call Center Server
ACLS	Advanced Cardiac Life Support
BLS	Basic Life Support
CEMONC	Comprehensive Emergency Obstetric and Neonatal Care
NENA	National Emergency Number Association
AAPI	American Association of Physicians of Indian Origin

1.1 Company Profile

The GVK Foundation represents the overall corporate social responsibility of the GVK group. GVK's vision looks well beyond the bottom line and forays into the initiatives that touch lives and add value to the society. GVK Emergency Management and Research Institute (GVK EMRI) is the major corporate social responsibility arm of GVK group, was established in April, 2005. It provides Integrated Emergency Response services in Public Private Partnership, with a vision to support and build capabilities to save 1 Million lives per annum nationally and establish GVK EMRI as a premier Research and Training Institute.

Dr. GVK Reddy, Chairman of GVK is committed to provide services surpassing global standards with improved transparency, following the modern principles of management and leadership to serve the nation and work towards taking the organization across the country.

GVK is a diversified business entity with a predominant focus on Energy, Urban Infrastructure, Life Sciences, Transportation, Hospitality and Manufacturing.

GVK EMRI is based on the following Standard Practices:

1. Process of Emergency Management which involves the following primary functions:

- Sense: Emergency victim/ attendant dial 108. Communication Officer (CO) Screen helps facilitate collect facts, Dispatch Officer (DO) Screen helps facilitate and scope emergency, assign strategically located vehicle (Ambulance/ Police/ Fire).
- Reach: Vehicle(s) to reach the site/scene
- Care: Emergency Medical Technician (EMT) to provide passionate pre-hospital care while transporting patient/ victim to appropriate hospital for stabilization. Emergency Response Centre Physician (ERCP) advises patient care with the support of ERO, EMT to ensure optimal pre-hospital care.

The Government of India has allotted a three-digit number – 108 and made it toll-free across each State for Medical, Police and Fire Emergencies. 108 are accessible from fixed lines and mobile phones.

GVK EMRI provides ERS (Emergency Response Services) under PPP framework and manage 4178 state of the art **Ambulances** in **Andhra Pradesh, Gujarat, Uttarakhand, Goa, Tamil Nadu, Karnataka, Assam, Meghalaya, Madhya Pradesh, Himachal**

Pradesh, Chhattisgarh, Daman - Diu and Dadra Nagar Haveli, Uttar Pradesh while ensuring pre-hospital care and covering a population of > 750 million.

2. Employees: Our employees are known to be **E**nergetic**, M**odest**, R**eliable and **I**nquisitive and exhibit high levels of **Commitment, Ability, Resourcefulness and Empathy** while performing their respective roles - Communication Officer, Dispatch Officer, Emergency Medical Technician, Pilot, Physicians and support staff.

3. Infrastructure: GVK EMRI Head Quarters is **housed** in 39 acres **campus** at Hyderabad with modern facilities for Emergency Management, Research and Training.

4. Technology: State of the art integrated technology is deployed in our Emergency Response Centers in 14 States & 2 Union Territories which enables us to provide world class services**.**

5. Alliances and partnership-

A. Governments: 14 State governments (Andhra Pradesh, Gujarat, Uttarakhand, Goa, Tamil Nadu, Karnataka, Assam, Meghalaya, Madhya Pradesh, Himachal Pradesh, Chhattisgarh and Uttar Pradesh, Rajasthan, Kerala) & 2 Union Territories (Daman Diu, Dadra Nagar Haveli) in India have recognized GVK EMRI as nodal agency for emergency response services. GVK EMRI recognizes critical role of Governments for the success of the projects undertaken under PPP framework. Our ongoing and uninterrupted services since inception in 14 States & 2 Union Territories speak for itself about healthy relationship with respective Governments. GVK EMRI in collaboration with Govt. of Goa for runs Emergency rooms in Community Health Centers (CHC) also.

B. Global Institutions:

GVK EMRI is having partnership with global organizations like Stanford School of Medicine, Carnegie Mellon University, 9-1-1, Shock Trauma Centre, Baltimore, USA; American Association of Physicians of India; GEOMED etc., in order to strengthen its competencies, skills and to adopt the best international practices.

GVK EMRI is recognized as international training organization by AHA (American heart Association) and ITLS (International Trauma Life Support) to conduct training programs on their behalf. GVK EMRI also in collaboration with Stanford School of Medicine, USA is

conducting training programs in Emergency care for physicians & Paramedical staffs of Government hospitals. Mahindra Satyam is the technology partner of GVK EMRI in providing free IT solutions.

6. PPP (Public Private Partnership) framework

- Operational expenses and Infrastructure borne by Government (Public)
- GVK EMRI bears costs of Leadership, Technology, Innovation, Research & Training

The **Values** of GVK EMRI are:

- Involving people
- Applying Knowledge
- Making this happen

Vision:

- To provide Free emergency response services for Medical, Police and Fire emergencies across India in PPP (Public Private Partnership) framework
- To respond to 30 million emergencies and save 1 million lives annually
- To deliver services at global standards through Leadership, Innovation, Research & Training and Technology

Emergency Management at GVK EMRI

The Emergency Management system at GVK EMRI has been successfully providing most comprehensive & efficient Emergency Response Services (Medical, Police and Fire) under PPP framework for the past 9 years.

Today Emergency Management wing of GVK EMRI has:

- An agreement with 14 states (Andhra Pradesh, Gujarat, Uttarakhand, Goa, Tamil Nadu, Karnataka, Assam, Meghalaya, Madhya Pradesh, Himachal Pradesh, Chhattisgarh, Uttar Pradesh, Kerala, Rajasthan & 2 Union Territories (Daman and Diu, Dadra and Nagar Haveli) and currently operating in 12 states.
- More than 7,000 ambulances, covering over 750million population

- 32000+ GVK EMRI Associates.
- An agreement with 7000 + Private Hospitals/ Nursing homes
- Networked with 2500+ Police/ Fire Stations

With contribution of all the stakeholders listed above, GVK EMRI is:

- Taking 92% calls in first ring
- Attending 30000+ emergencies per day (>20 Million Cumulative)
- Pregnancy related – 33%, Vehicular Trauma – 17%, Acute Abdomen – 12%, Cardiac – 5%, Respiratory – 4%, Suicidal – 4%, Animal Bites -2% (March'14)

Key Components of Emergency Management at GVK EMRI:

1. **Integrated and comprehensive ERS, Village Outreach Services provider:**
   The emergency management system at GVK EMRI aims at providing most comprehensive & efficient Emergency Response Services is it medical, police or fire, using a single 3 digit toll free number 108. GVK EMRI has the expertise and is fully equipped to respond to medical emergencies including complex ones like cardiac arrests, strokes, neonatal, maternal, snake bites and emergencies like natural calamities, accidents, fire break-outs, industrial hazards, rioting, terrorist attacks etc. GVK EMRI also provides MMU Services in Andhra Pradesh and Uttarakhand. GVK EMRI also supports the Andhra Pradesh, Assam, Uttarakhand and Gujarat Population under JSSK Scheme for drop back facilities for the mother and neonate after initial 48 hour hospitalization.

2. **Public and Private Partnerships (PPP):**
   GVK EMRI has been successfully providing ERS under PPP framework. Operational and Capital expenditure of running the service in each state is met by the respective State Governments (Public) while GVK EMRI (Private) contributes to costs of Leadership, Management, Innovation (Process, Medical & Research) and Mahindra Satyam provides IT solutions.

3. **Ambulances:**

   GVK EMRI has developed its own ambulance design specifications with unique features meeting ergonomic and safety requirements. Ambulances are fully equipped with modern day medical and communication equipment and categorized as Advanced Life Support, Basic Life Support and Rural Life Support depending on the facilities and pre-hospital care services available.

4. **Processes: S-R-C model**

   At every level in GVK EMRI, integration is the keyword. Not only it works as a single response centre for all emergencies – Medical, Police and Fire, but also, it has developed the Sense-Reach-Care paradigm that integrates the critical areas of emergency response system (call taking, processing and ambulance dispatching, reaching the victim in time and transportation to a hospital, Pre-Hospital medical care rendered through Medical Directions by Physicians).

5. **JSSK (Janani Shishu Suraksha Karyakaram):** GVK EMRI also operates Vehicles/ Services in Partnership with AP, Assam, Uttarakhand and Gujarat Governments JSSK Program (Reverse Transport/ Drop Back Services (AP), Adarani Services (Assam), Khushion Ki Sawari (Uttarakhand) and Khilkhilat (Gujarat) to ensure wholesome support for the mother and child which provides for drop back facility for mother and child to curtail IMR, MMR. These services are offered to the mother and child if they have continued to stay in the Government Hospitals for 48 Hours of Child Birth.

6. **MMU (Mobile Medical Units):** GVK EMRI operates MMUs in AP, Uttarakhand since Dec ’10 and Jun ’11 respectively with the aim to reach the underserved villages in the districts in organizing regular primary health services. The focus is on diagnostic, curative and preventive health services. Maternal and Child health services and treatment of common ailments are prioritized

7. **104 Health Helpline Services:** GVK EMRI is slated to launch the 104 Head Advice Helpline Services in Partnership with the Government of India (in the Union Territories of Daman and Diu, Dadra and Nagar Haveli) shortly.

8. Technology

GVK EMRI is managing Emergency Response Service with own ERS application software. Presently, it has 24 x 7 Centralized Emergency Response Center for each State, having following key technological components:

- Telecom Switch / PBX with automatic call distribution features & IVR facility
- Computer Telephony Integration
- Voice Loggers
- Call Center Server (CCS)
- ERS Applications
- GIS and GPS Software
- Automatic Vehicle Location and Tracking
- GIS Maps

Impact of GVK EMRI

Size	• One Center for 40 M population against one for every 0.05 M population in USA • 750+ M population covered in 14 States (increased reach of health care in rural, hilly & tribal areas) and 2 Union Territories • Trained ~95,357 people (25,180 - EMTs, 20,340 – Pilots, 8,336 - Doctors, 10,688 - Nurses, 12,909 - First Responders, 14,537 - AHA/ ITLS Certification programs and 3,367 – Misc Training programs • 16,682+ emergencies handled per day (19.3 Million cumulative) • 4701+ Ambulances ~4 trips a day per ambulance • 23,566+ GVK EMRI Associates (as on Mar '13)
Speed	• Went live in less than 4 months from signing MoU • 92% calls answered in first ring • <17 minutes (urban) and <25minutes (rural) Ambulances reached
Type of Emergencies and Lives saved	• Pregnancy related – 33%, Vehicular Trauma – 17%, Acute Abdomen – 12%, Cardiac – 5%, Respiratory – 4%, Suicidal – 4%, Animal Bites -2% (Mar'13) • ~568+ lives were saved per day (6.4 lakhs) and 16,682+ victims per day receive timely, high-quality pre-hospital care
Qualitative Outcomes	• Angel of Mercy – 108 Ambulance • Successful PPP • Well documented systems, impressive EMT training, high order management competence • A historic landmark in health care delivery system • Built more trust in the health system as a whole • Increased institutional deliveries and reduced maternal mortalities by ~18% (Chapter Name: Strategies for Safe Motherhood in India: A case study of GVK EMRI; Book: "Health, Poverty & Human Development Publisher: Research India Publisher, 2011, New Delhi)

Summary Facts of Gvk Emri

S.No	State	Date of signing MOU	Date of Launch	Ambulances as on Mar' 31.2014	No of Emergencies Attended Since Inception	No of Pregnancy related cases Since Inception	Lives saved in Lakhs
1	Andhra Pradesh	19th Sep 2006	15th Aug 2005	802	7368296	1461415	108574
2	Gujarat	29th Aug 2007	29th Aug 2007	671	3543146	1212549	248171
3	Uttarakhand	8th March 2008	15th May 2008	245	538688	188235	10926
4	Goa	14th June 2008	5th Sep 2008	33	192954	13209	13248
5	Tamilnadu	6th May 2008	15th Sep 2008	638	2274276	528533	76183
6	Karnataka	14th Aug 2008	1st Nov 2008	517	2409587	941545	72419
7	Assam	8th July 2008	6th Nov 2008	899	1313672	492853	59620
8	Meghalaya	5th Nov 2008	2nd Feb 2009	47	66323	17959	7372
9	Madhya Pradesh	25th Nov 2007	16th July 2009	604	525859	198395	29591
10	Himachal Pradesh	9th July 2010	25th Dec 2010	174	251950	48050	4479
11	Chhattisgarh	17th May 2010	25th Jan 2011	540	375600	154682	15365
12	D&NH and Daman & Diu	26th Aug 2011	10th April 2012	13	13552	3305	732
13	Uttar Pradesh	21st Dec 2011	14th Sep 2012	1194	392,118	191,585	-
14	Rajasthan	-	23rd May 2013	592	-	-	-
15	Kerala	-	4th Dec 2013	43	-	-	-
	National			**7,012**	**19266021**	**5452315**	**646680**

Integration of Emergency Management with Institute and Research

Research and Analytics:

Research wing of GVK EMRI is now recognized by Government of India. It is a fully established wing of GVK EMRI working in the following areas:

- **Medical Research -** Effectiveness of interventions and integration with hospital care
- **Systems Research** - Develop protocols for pre-hospital care, standing orders for EMTs, pre-arrival instructions, lives saved processes, medical direction and manuals for First Responder, Training of Trainers and First Responder Handbook.
- **Operations Research (Analytics) -** Predict future state of healthcare, disease incidence, better utilization of resources, reconfiguring processes.

1.2 Introduction:

Even though the majority of the Indian population resides in rural villages, very few research studies have been performed in these regions. It is also important to note that many of these rural regions are nearly void of health clinics. Increased research and awareness needs to be directed towards creating widespread health services in India. Increased awareness is necessary in order to promote the establishment of more focused health policies that offer services and support to individuals who cannot access medical services.

Trips are the number of rounds generally taken by an ambulance daily. The major reason to find out the trips per ambulance is to assess the number of cases in that particular area. So trips analysis for every area is a great parameter on which we can find out the frequency of cases. Also, it can be beneficial in finding out the areas where call frequency is very low. Or one can say that trips analysis is very important in assessing the awareness level of the people about 108 services. In this project, the trips analysis is done from the secondary data provided by the IT Department of GVK-EMRI and the awareness level is calculated on behalf of the primary data collected from the villagers through the questionnaire.

Hence, it is very important to enhance the productivity of the 108 services in those areas where the awareness is poor. This project throws a light on the factors which are responsible for the low awareness and gives the recommendation on behalf of that. With the rising incidence of emergency cases in terms of medical, road accidents, fire accidents and crime in India, the country has over a period of time, acknowledged the importance of EMS, though it has yet to accord the priority status that it deserves. To manage the unforeseen circumstances or emergencies, there needs to be adequate infrastructure in place as in other developed countries.GVK EMRI based on successful experience in Andhra Pradesh would be the ideal body to coordinate the above mentioned activities through Public Private Partnership to provide integrated emergency management services to all the citizens of India. Successful beginning was made in Andhra Pradesh. GVK EMRI can provide the expertise to all the interested parties setting up in the entire state comprehensive emergency management services for Medical, Police and Fire with our dedicated multi functional and technical teams.

This project basically deals with the awareness part. There are people from the distant places who are still not aware of 108 services. They rely on public transport and some of them use their own vehicles during an emergency while GVK-EMRI is availing these services free of cost. So to find the awareness level in those areas will be a part of this project. Also the average trip per ambulance in those areas is very low, so the assessment of trips per ambulance needs to be assessed to find out the reasons of this.

1.3 Literature Review:

In present study it was seen that 72.7% of study subject were aware about 108 services. 87% were dialed 108 ambulances for medical purpose. 62% were aware about facilities available inside the ambulance. 98% were satisfied about 108 ambulance services. (**Lokesh**, A. J.; Thejeshwari, H. L.; Harshwardhan; Siddharam, S.M). In spite of the medical facilities available inside the 108 ambulance, it became only means of transport for the common man to the district hospital (**S Reddy, S Mathur – 2013).** Trips analysis is the most important factor in assessing the 108 services (**R. R. Vemuganti, M. Oblak and A. Aggarwal).**

Mental health research and healthcare are nearly absent in rural regions of India (**V Talanki,)**. GVK EMRI services are over burdened by the emergencies resulted from communicable disease. Share of communicable related health emergencies was seen to be increased to 28.5 percent in 2007 from 6.9 percent in 2006 and increased further to 42.9 percent in 2008 (**M. Nagavara Prasad, M. Mithilesh, GV Ramana Rao Volume V, Issue I , January - March 2010, GVK)**

1.4 Background:

"Segment Wise Utilization of Ambulances and Scope of Doubling the Current Level of Performance in GUJARAT & Karnataka", the main purpose of doing this survey is that, the number of trip of some district of both the states is very low.

So, the main purpose of doing this study to find out the opportunity areas that is the villages with zero calls and to find out that what are the reason those villagers are not calling 108.

1.5 Research Questions

Q1.What is the awareness scenario of GVK-EMRI in districts of Karnataka?

Q2. What is the average trip rate per ambulance in that area?

1.6 Objectives

i. To analyze the awareness level of 108 services in Karnataka
ii. To assess the trip rate per ambulance in Karnataka
iii. To find the opportunity areas in the selected area

Chapter – 2

Research Methodology:

2.0 Sampling Element

Individual respondent of different age groups, different sex, living in different locality at different places (Village).

2.1 Population for Study

All the villagers who were living in the target villages of Karnataka.

2.2 Sampling Frame

Population of target village has been considered as sampling frame.

2.3 Sampling Unit

Villagers of respective village formed the sampling unit for the study as they will have the information about 108 services.

2.4 Sampling Technique

Purposive sampling method will be used for the data collection. The population element have been selected on the basis of researchers own judgment.

2.5 Sample Size

The respondents who give the full information required come under the sample size for this study.

2.6 Source of Data

Primary Data will be collected through structured questionnaire. Looking to the nature of the study, the questionnaire contains both open and close ended questions.

For trips analysis, the IT department of GVK-EMRI provided the data.

2.7 Data Collection Method

Survey Method was used to collect the primary data. A detailed structured questionnaire was prepared for the respondents (Villagers) or for sample units and their responses were recorded on it.

2.8 Data Preparation

The collected data was than edited, coded, tabulated, grouped and organized according to the requirement of the study and then it was analyzed by using Ms Excel.

2.9 Statistical Tool Used for Analysis

As the sample is small, so Ms Excel is used as a statistical tool used for analysis.

RESULTS

3.0 Data Analysis:

No. of Districts	30
No. of Taluks	175
No. of Villages	29,406
Population	6,11,30,704
No. of Ambulances	517
Avg. Trip	**3.1**

Strength Areas

Districts	Trip
Dharwad	4.1
Hassan	4.0

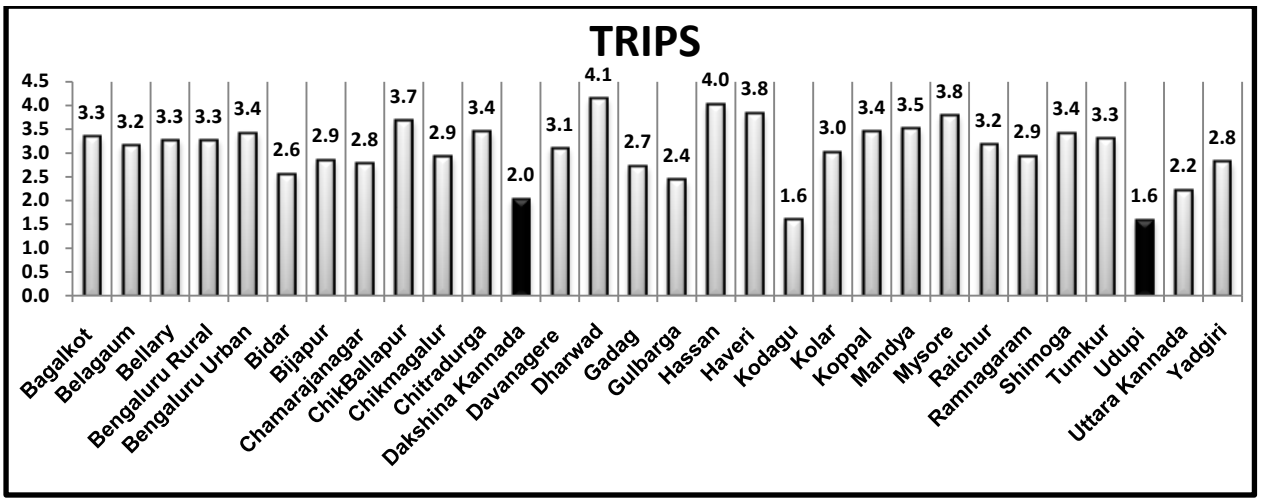
Inference: Dharwad and Hassan are the best served districts.

Opportunity Areas

Districts	Trip
Gulbarga	2.4
Uttara Kannada	2.2
Dakshina Kannada	2.0
Kodagu	1.6
Udupi	1.6

Inference: The O.A. is Udupi, Kodagu, Dakshini Kannada, Uttar Kannada and Gulbarga because the trip rate is way below average trip rate there.

Karnataka Ambulance Trip Analysis



Inference: The districts which are having 4 or more than 4 trip on an average per month are the strength areas of Karnataka state and the districts which are having less than 4 trips are

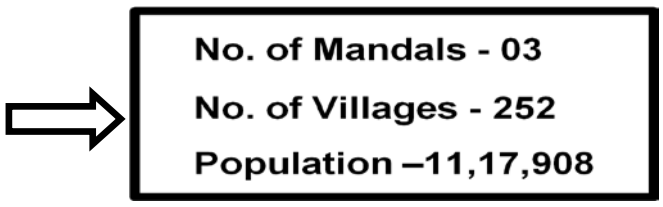
From 30 districts I have chosen only 1 district for my study. The criteria of choosing this 1 district:

1. District having least number of trips than others.

2. District having good number of population.

Chosen District

Sr. no.	District
1.	Udupi

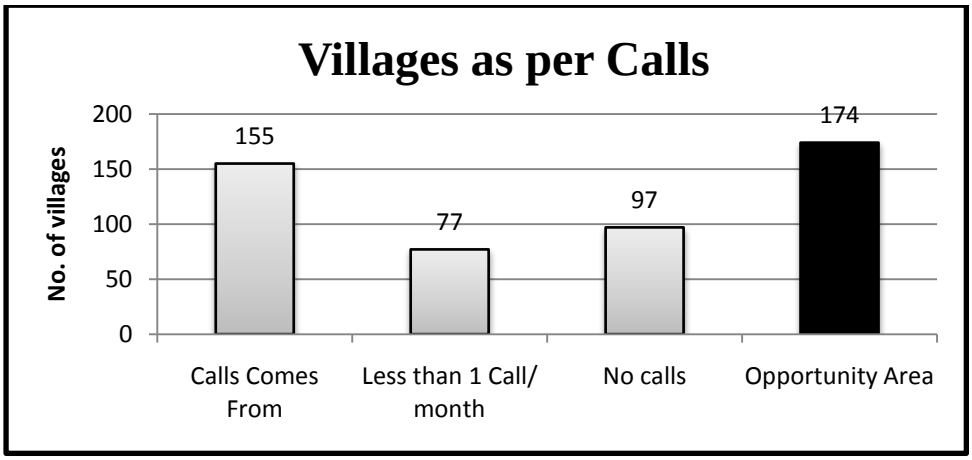


UDUPI

No. of Ambulances = 11

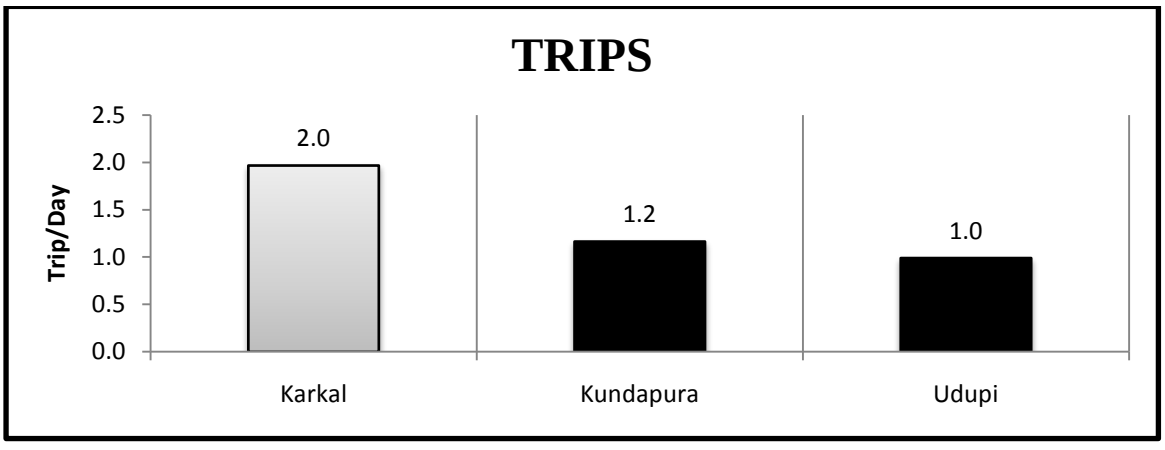
Avg. Trip = 1.6

Total No. of Villages = 252



Inference: Around 69% of the population either does not call or there is less than 1 call on monthly basis.

TRIPS



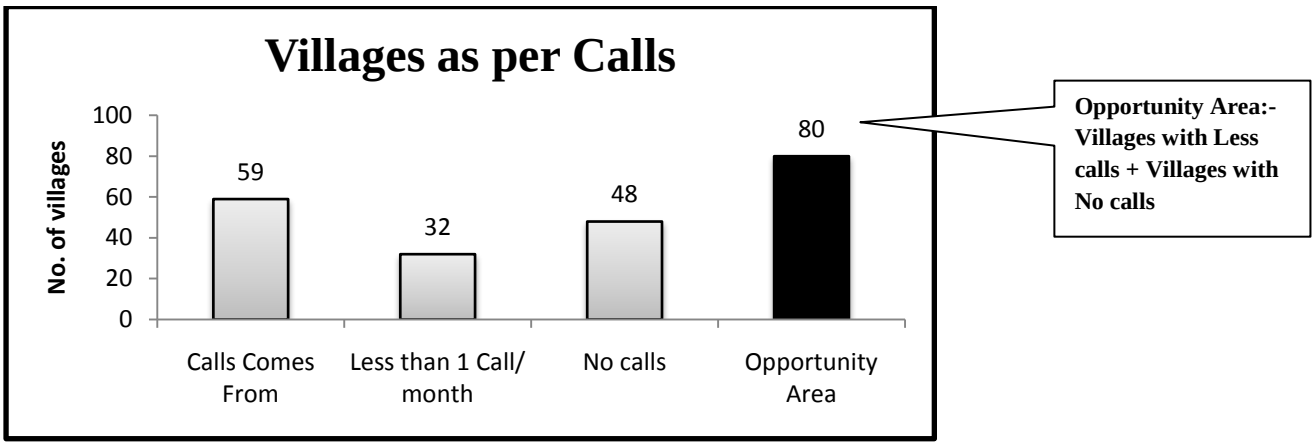
Chosen Mandals

Sr. no.	Mandals	Population
1.	Udupi	562966
2.	Kundapura	398841

Udupi

Total No. of Villages = 107

Villages as per Calls



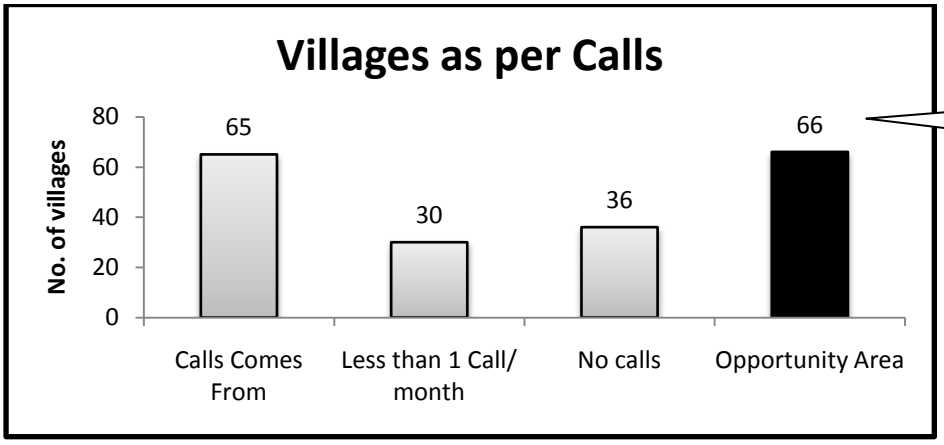
Inference: 55% of the villages call 108 during the emergency.

Around 45% of the villages do not avail our services.

Kundapura

Base Location = ALUR PHC, HALADI PHC, KIRUMANJESHWARA PHC, SIDDAPUR PHC = **4**

Total No. of Villages = 101



Inference:

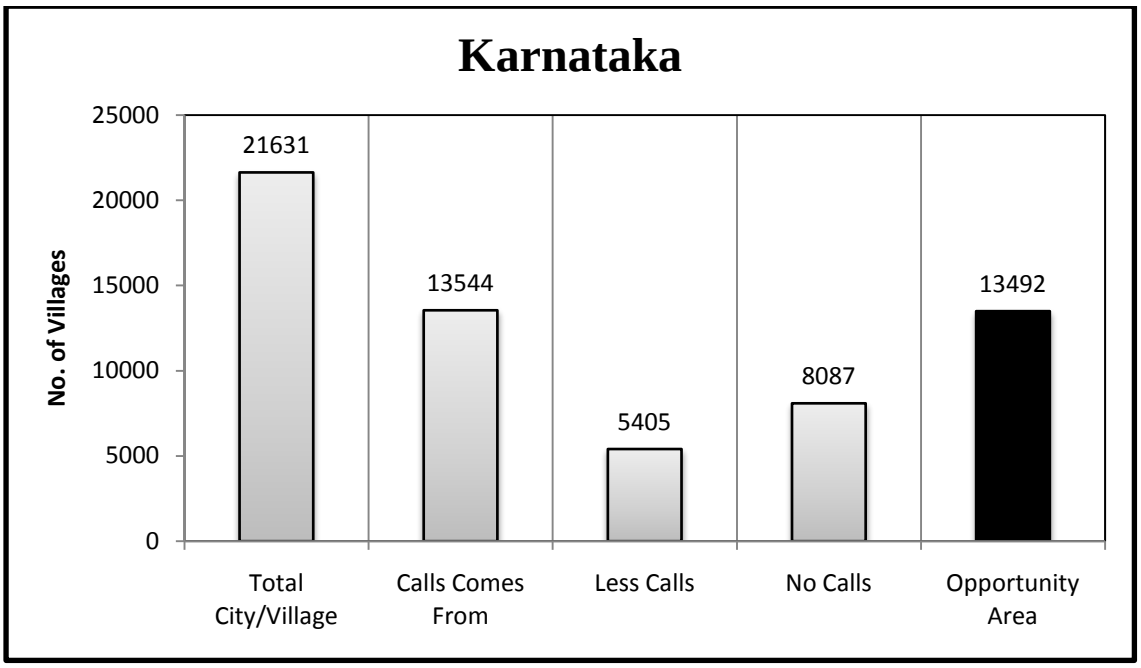
Around 65% of villages call 108 while emergency.

Around 36% of the villages do not avail our services.

List of Chosen Villages from Udupi & Kundapura

Sr. No	Villages	Mandal
1.	KURKAL	Udupi
2.	PARAMPALLI	Udupi
3.	HOSADU	Kundapura
4.	GOLIHOLE	Kundapura
5.	SHEDIMANE	Udupi

Karnataka on the basis of calls



Parameter	KA (%)
Calls Comes From	62.61
Less Calls From Total Call	39.90
No Calls	37.38
O.A.	62.37

Inference:

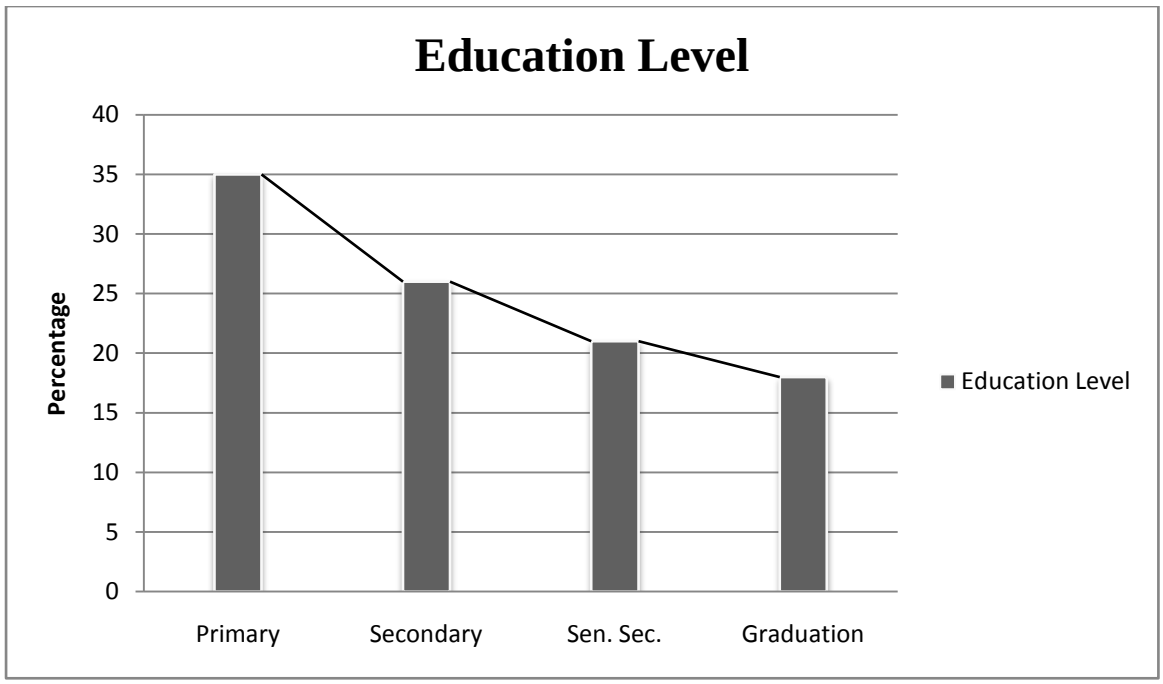
Overall Karnataka having 21631 villages, from these villages GVK Emri call center is receiving calls only from 13544 villages and remaining 8087 villages are those from where GVK Emri call center is not receiving call at all according to the last three months data.

According to the above graph 5405 are those villages where calls are coming but the average call rate is less than 1 call/month, so this is an area where something can done.

So, the total opportunity area will be the addition of both 8087 villages where calls are not coming & 5405 villages from where less than 1 call/month is coming.

The final count will be 13492 villages which have to be analyzed to increase the number of trips.

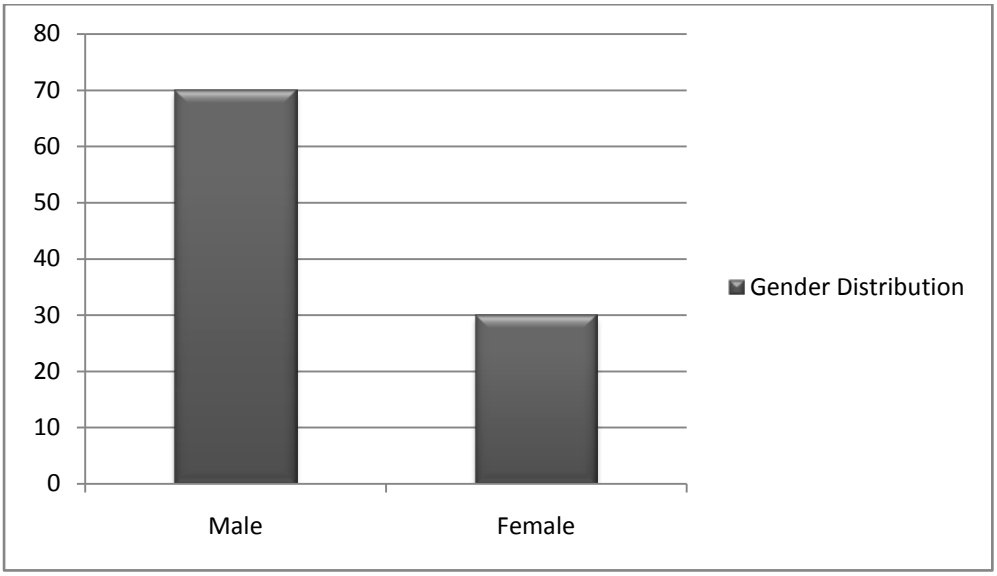
Educational level



Inference: the educational level of the respondents was:

35% of them had primary education only. 26% of them were 10^{th} pass, 21% of them were 12^{th} pass and 18% of them were graduates. So the literacy in the area was okay. 65% were 10^{th} pass or above 10^{th}.

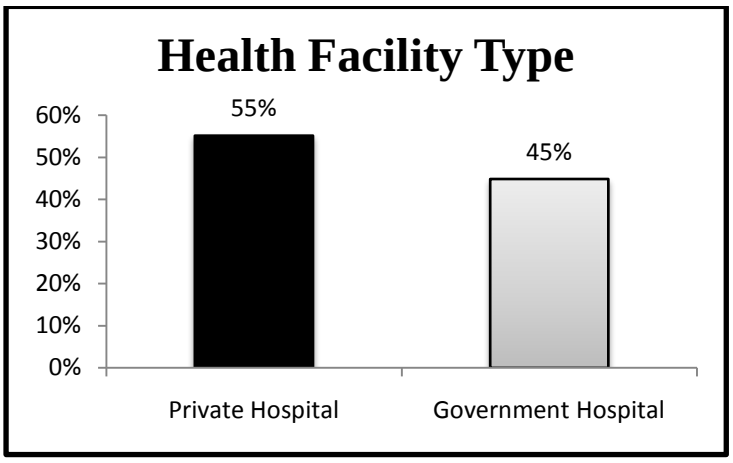
Gender Distribution



Inference: From the sample, 70% were male and 30% were female.

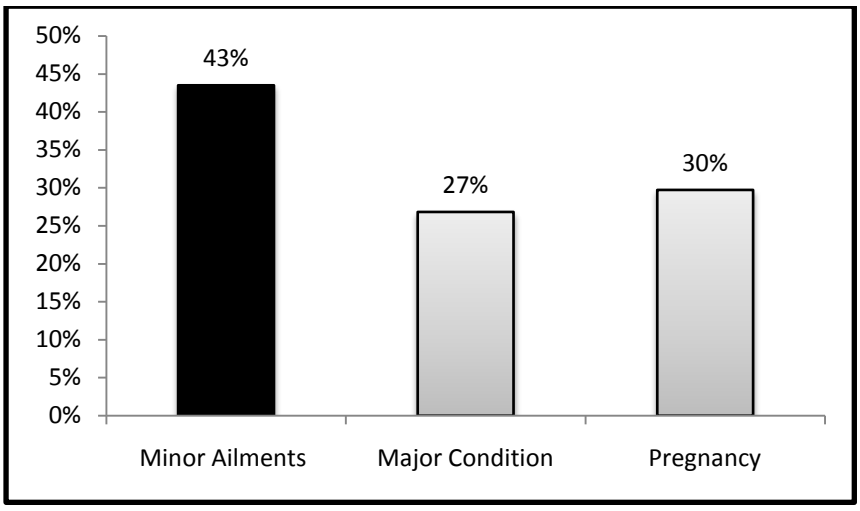
Health Facility Use

Avg. Distance Travelled by Villagers = 15 km



Inference: The people from the villages prefer private hospitals rather than government hospitals during the emergency.

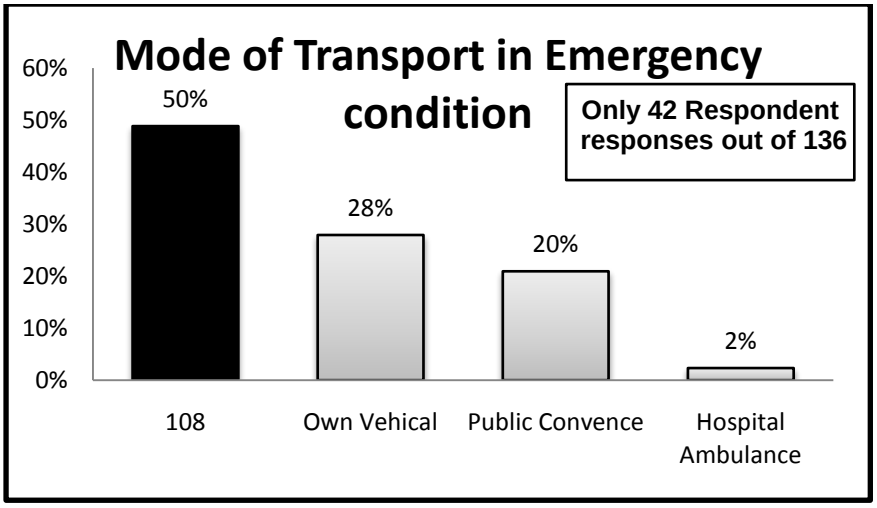
Type of Emergency Majorly Occur in Villages



Inference:

In the villages of Karnataka, the cases of Pregnancy are the highest followed by the other Major/ Serious condition.

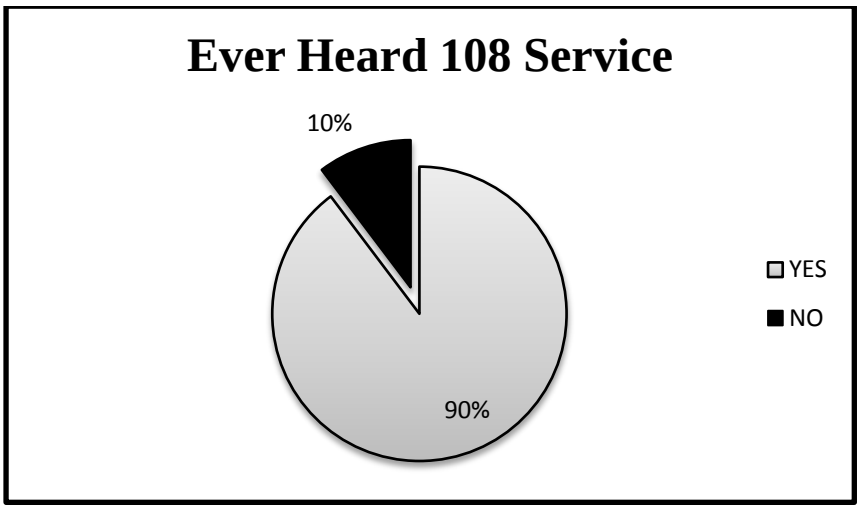
Mode of Transport in Emergency condition



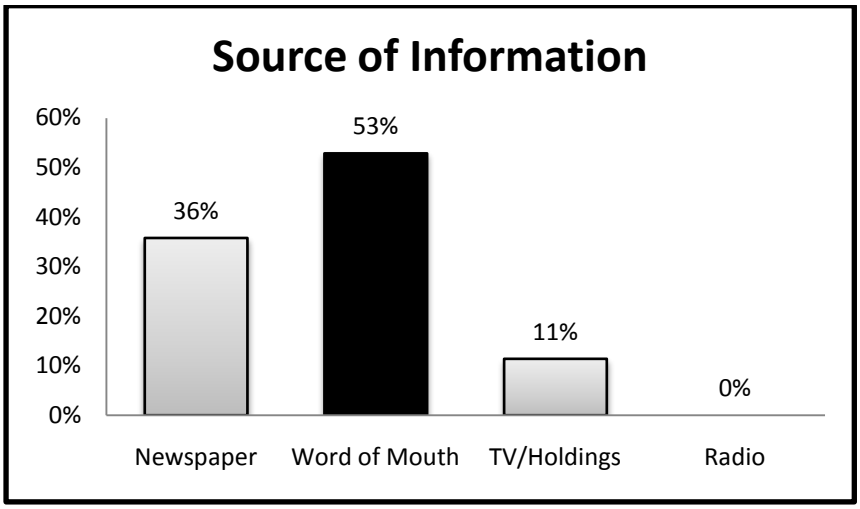
Inference:

According to the 42 respondents out of 136, 50% of them are using 108 in emergency condition followed by 28% use own vehicle, 20% use Public Transport and 2% Hospital Ambulance.

Ever Heard 108 Service



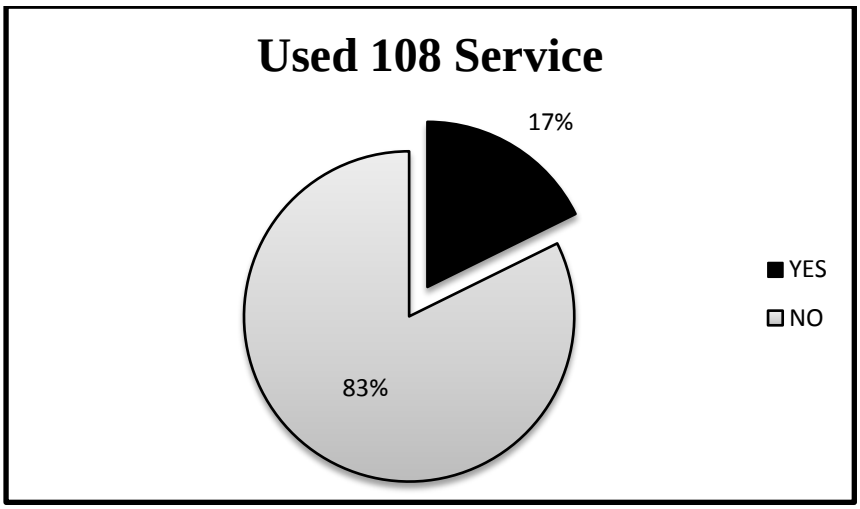
Source of Information



Inference: for both (Heard about EMRI and Source of Information)

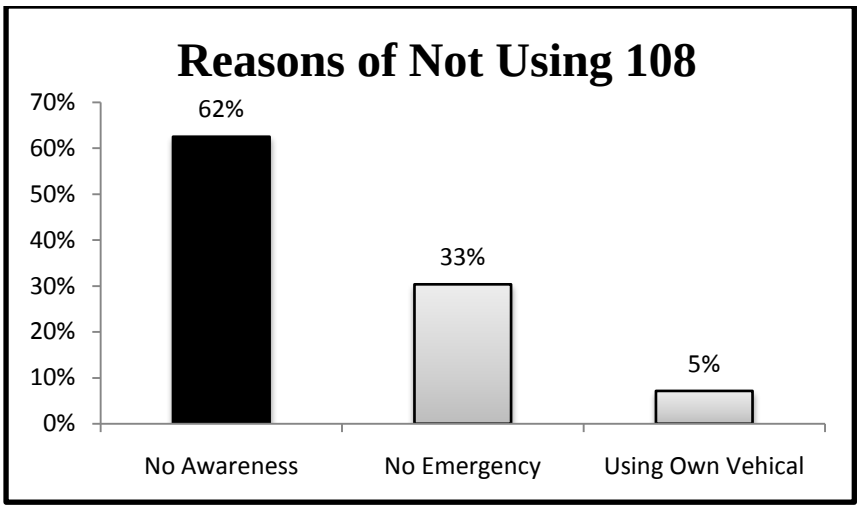
From all respondents 90% are those who heard about 108 services & 10% are those who did not heard about 108 services. The major source of information is Newspaper, World of Mouth & TV/Holdings. This was quite satisfactory as well because 90% of the respondents were aware about the organization. At least they had heard about GVK-EMRI.

Used 108 Service

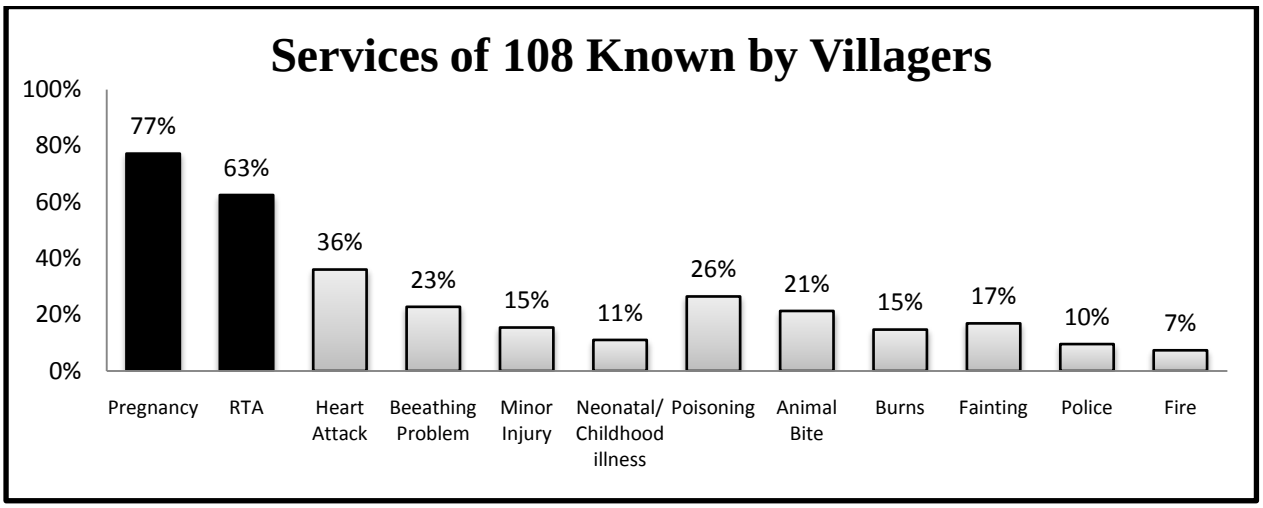


Inference: The usage of 108 services was 83% i.e. 83% of the respondents had at least tried 108 services. However, many of them are availing our services since long time.

Reasons of Not Using 108

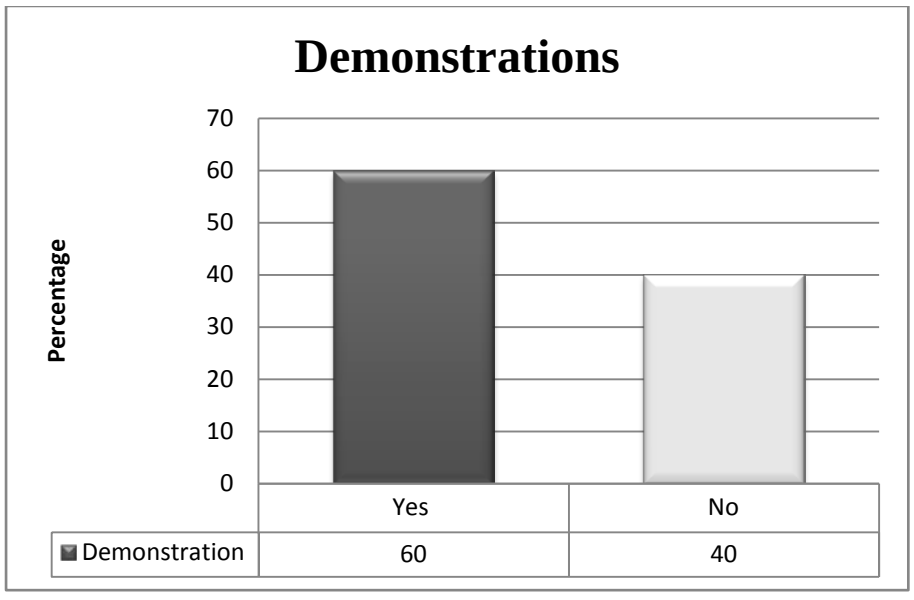


Inference: The major reason of not using the 108 services came out to be the awareness level. 90% of them have heard about GVK-EMRI but actually 62% of the respondents said that the people have no awareness about GVK-EMRI. That's why they were not using this service.



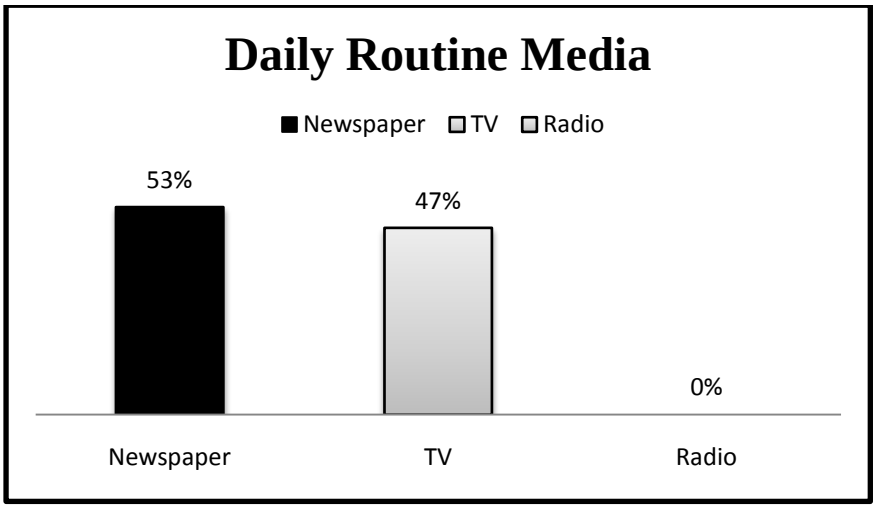
Inference: The respondents were mostly aware about the services provided by the GVK-EMRI in cases of pregnancy (77%) followed by Road and Traffic Accidents (63%)

Demonstration



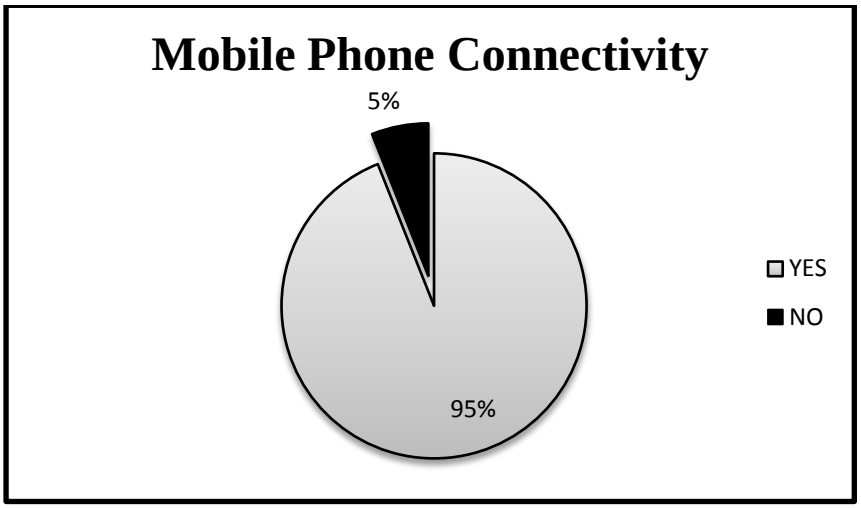
Inference: 60% of the respondents agreed on the fact that free demonstrations are given by GVK-EMRI.

Daily Routine Media



Inference: In daily routine, people get news about GVK-EMRI from Newspaper and TV.

Mobile Connectivity



Inference: The major tool to contact 108 services is telephone. Availability of the mobile is quite high in the district. Almost all the persons interviewed were having mobile phone and the connectivity of the area was close to 100%.

3.1 Practical Experience

- People only know about 108, they have an Ambulance Service and that can be called in Pregnancy & RTA. But for them only RTA is an emergency.
- They don't know that 108 will give pre-hospital care to them.
- They also don't know that they will be taken to private hospital if they ask for it.
- Most of the people have heard about 108 but most of them have no awareness, and they also don't know the different condition in which they can call 108.
- Most of them have heard about 108 by word of mouth & their daily routine media (TV & Newspaper).

Mostly all people have mobile phone & in all villages there is a good connectivity of mobile.

4.0 Recommendations:

1) People have heard about 108 services but they are not aware about all types of services provided by 108.
2) So certain demonstration programs should be given to the people of villages so that they can understand that 108 provide all kind of emergency services.
3) A structured demonstration program should be used to make people aware about the 108 services.
4) Demonstration program should like that it will able to educate about all types of emergency in which 108 can be used.
5) Pamphlet or Sticker should be distributed to each house of the village, especially in those villages from where calls are not coming.
6) As Newspaper & TV is a good media to increase awareness, so the state should increase the number of ads in Newspaper & TV.

4.1 Annexures

Questionnaire

District: …… Gender: Male/Female

…….. Village: ……

Mandal/Taluka: ……..……

Age: …… Caste:

Job: …… Education:

……..…….. Date: …../…./2014

1. Do you know about 108 services?

A. Yes	B. No

If yes, then what you know?

……
……
……
…

2. How did you know about 108 services?

……
……
……
……

3. Have you or your family members ever use 108 services?

If yes, then in what condition? And are you satisfied with the kind of service?

Condition: …….

Satisfaction level: …….

If no, then why they are not using it?

……
……

4. In your opinion, are people aware about 108 service?

A. Yes	B. No

If yes, then why?

……

……

Or if no, then why?

……

……

5. If the people are aware, do they call to avail 108 services?

If yes, then in what condition?

……

……

Or if no, then why they are not using this service?

……

……

6. In the following lists which are the services you know about 108?
Please tick the appropriate category.

1.Pregnancy	2. Road Traffic Accident	3. Heart Attack
4.Breathing Problem	5. Minor Injury	6. Neonatal/Childhood illness
7.Poisoning	8. Animal Bite	9. Burns
10.Fainting	11. Police	12. Fire

7. What mode of transportation do you will prefer in emergency condition?

A. Own Vehicle	B. Private Vehicle
C. Government Bus Service	D. 108 Service

And why?

……

……

……..

8. Is any of the 108 person come to you for making awareness in villagers/people?

A. Yes	B. No

If yes, then what activity he/she discussed with you?

……

……

……

9. What is the scenario of mobile connectivity here in your village?

……
……
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