



## Effective Public Private Partnership through E-Governance Facilitation

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### ABSTRACT

*This paper proposes for the utilization of e-Governance as a tool to effectively establish Public Private Partnership in the case of provision of Health to the Rural and the Poor population of India with specific reference to the State of Uttar Pradesh. The paper is based on an empirical research based analysis and refers to a 5 - Stage Model where Public Private Partnership is an integrated aspect and its practical efficiency is suggested to be achieved through e-Governance.*

**Keywords:** Public Private Partnership, e-Governance.

### 1. Introduction

The Information and Communication Technology affects the lives of people of this world in many ways not only at the macro level but also at the micro levels. The flow of information of products, people, capital, and ideas offer great potential for radical improvements in human development especially if these flows are enabled by ICT. ICTs have frequently demonstrated their potential for Public Private Partnership. This paper refers to the application of e-Governance as a tool to effectively establish Public Private Partnership in the case of provision of Health to the Rural and the Poor population of India. The application and the usage of ICT may simultaneously address the spread of the services (as in the case of Narayan Hrudayalaya) as well as the speed of the process by slowly reducing the requirement of physical contact between the facilitators and the beneficiaries. Further, some learning also can be taken through the efforts like e-Choupal of ITC and the probable association of such ventures and efforts with the efforts which Government wishes to make with the perspective of delivering services effectively.

#### *1.1 Contemporary Scenario with reference to e-Governance in India*

Information technology opens up new horizons in terms of opportunities for development and the nations and all members of society are able to access its benefits. E-governance has been defined as the application of information technology to the processes of Government functioning to bring out responsible, responsive, efficient and transparent governance (Rajasheker, 2002). E-governance in India has established extensive success in improving ease of right of entry, cutting down costs, reducing corruption, extending help and increased access to un-served groups. In the present scenario, E-government initiatives have reached millions of people. The improved access of information and services has provided economic and social development opportunities, help in participation and communication in policy and decision-making processes. The improved access of information also helps to rural people and has shown the way to

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development and sense of ownership and building of social capital. To develop e-Governance applications, there are various challenges such as greater visibility of applications, financial constraints, bureaucratic processes and unavailability of skilled people in advance networking technologies (Jain, 2002).

e-Government initiatives are common in most countries including industrialized economies, emerging economies as well as developing economies. World Market Research Centre's *Global E-Government Survey list*, suggests that 196 countries are having e-Government initiatives. United Nation's *Benchmarking E-Government Survey* (UNPAN, 2001) lists 133 countries (Saxena, 2004).

Indian Government is taking proactive measures in terms of feasibility studies, policy changes, standardization etc. to incorporate ICT in its processes. The emphasis has been on providing better services to citizens and in improving the internal productivity. A separate Ministry of Information and Communication has been set up to promote IT in the country. The Government has also approved the policy of allocation of 2% to 3% of budget for IT.

### **1.2 The State of Uttar Pradesh**

Uttar Pradesh is the most populous State in the country accounting for 16.4 per cent of the country's population i.e. 166 million out of which 111.5 million is the rural population. It is also the fourth largest state in geographical area covering 9.0 per cent of the country's geographical area, encompassing 2,94,411 square kilometers and comprising of 83 districts, 901 development blocks and 112,804 inhabited villages. The density of population in the state is 473 people per square kilometers as against 274 for the country. About 80% of the poor households live in rural areas of the state whereas the poor population of the state as a whole constitutes around 8% of the poor population in whole of the world. Apart from other issues ranging from uneven distribution of electricity, improper supply of drinking water, uneven disbursement of health facilities and medical supplies to social issues of gender inequality, casteism and political uncertainty. The state of Uttar Pradesh suffers from an infant mortality rate of 84-85 per 1000 births, maternal mortality of 767 deaths per 100,000 live births and a literacy rate of only 57% whereas, female literacy is trailing at 43%, the crude birth rate in the state is 33.5, crude mortality rate is 10.3 and a very poor overall Human development Index of only 0.07%. Further, Agriculture is economically and socially vital to Uttar Pradesh, and so is the associated produce whether it is dairy products, the house hold produce or consumer goods, food products, handicrafts and so on.

Lokvani – The voice of common people: Dawn of 9<sup>th</sup> November 2004, might be like any other dawn for the world but for the common people of Sitapur a district of Uttar Pradesh it brought a new ray of hope, hope that from now onwards Governance would be marked by more responsibility, more transparency, corruption free, speedy decision making and relatively less paper work. This was the day when a new e-Government initiative was launched in Sitapur.

Taking clues from its precursors and to ensure sustainability PPP (Public Private Partnership) model was selected. For proper management a Lokvani society was established with District magistrate (DM) as its President, Chief Development Officer (CDO) as its secretary and, District Informatics Officer (DIO) of National Informatics Centre (NIC) as a technical member. To ensure financial viability the revenue generated by Lokvani centre through registration charges for Lokvani centre and revenue sharing on the services offered are used.

Services offered: The various services offered through internet kiosks are –

- Online submission, tracking and disposal of public grievance.
- Land records
- Information about government schemes

- Prescribed government forms.
- Pension / scholarship disbursement list.
- Food grains allotted to FPS.

To ensure accessibility and availability of Lokvani facilities to the people living in remotest part Lokvani centers (Public Kiosks) were opened which are connected to the city headquarters through internet. There are around 41 such kiosks till 17th December 2005.

## **2. Public-Private Partnership and E-Governance**

PPP is an arrangement between a public (government) entity and private (non-government) entity by which, services traditionally delivered by the public entity are now provided largely by private entity under a set of terms and conditions well defined at the outset. Hence, under the PPP approach, output based indicators are much more important- level of cleanliness in the city ward, for instance. PPPs therefore, imply sharing of management control, and impose local, as opposed to distant accountability. The Ministry of finance has defined PPPs for the core infrastructure sectors, as a project based on a contract or concession agreement, between a Government or statutory entity on one side and a private sector company on the other, for delivering infrastructure service on payment of user charges; such private sector company is to be selected through a process of open competitive bidding. The essential elements are payment of user charges; under a contract or concession agreement. Further, PPPs are advocated especially at the city Government level, and in the social sectors such as Health and Education. Implementation structures for PPPs include transfer of existing assets such as Delhi Airport, or Manila Metro water project; and completely new assets, such as Kolkata's second Howrah Bridge and Bengaluru's new airport.

So far, PPP's main charm seems to be in leveraging private money as a supplement to public funding. It should be realized that service quality and output is much better in PPP, since private sector rewards and incentives efficiencies. Projects get executed faster, and are maintained better, given a good contractual relationship. (Pathak, 2007).

e-Governance enhances the efficacy of citizen and Government interaction. This has been made possible by public-private sector partnerships leading to the availability of more affordable and rugged PCs to suit operating conditions in the hinterland and deepening Internet penetration. With the realisation of e-Governance projects in India, the time has come to review the role of the public sector as well as private sector to speed up the process of implementation of different projects related to e-Governance. The Government agencies throughout the world are considering and conducting e-Governance initiatives with the help of private players; the scene in India is much the same. The development of network-based distributed systems that serve numerous and diverse constituents and improve the overall efficiency and functioning of Government is a priority. Considering these requirements, private players such as IT vendors are extending their overall support to realise e-Governance projects for Indian citizens. Not just the Central Government, State Governments are also actively participating in these projects. Today, most states have drafted state-specific IT policies that are in various stages of implementation. The Central Government has also taken several initiatives to advance ICT usage across all Government bodies as this will benefit the common man. These include the roll-out of the National e-Governance Plan (NeGP), the launch of Mission 2007, and the formation of e-panchayats across the country.

R. Chandrashekhar, Additional Secretary, e-Governance, Ministry of Communication and Information technologies, Government of India., states that "We welcome private participation in fulfilling the e-Governance initiatives of the Government of India. But this participation can only happen at the front-end level since the government is handling all the back-end work. For example, in the case of ICT kiosks, any private party can do the setting-up of a kiosk, but to run that kiosk the government will provide all

support.” If we have a closer look at the various projects already implemented in India, as well as those at the pilot stage, then we get a clear idea of the PPP model. Some of the IT companies that have taken a pioneering role in e-Governance projects include Microsoft, Sun, IBM, TCS, HCL Infosystems and Adobe. Business Today (2008) has published; ISRO is driving the project of telemedicine by providing software, hardware, communication equipment and satellite bandwidth, all free of cost. The speciality hospital chip in with critical medical advice. As many as 263 district/taluk hospitals via ISRO’s satellite-based network, and the benefit has reached three lakh people, according to ISRO’s Nair. As this is a rural health care project, ISRO has extracted a commitment from tertiary hospitals in return for free bandwidth. When they get patients for surgery from telemedicine, they can collect only concessional charges. NH Amrita Institute, for instance, assess the patient’s economic condition before deciding on the fee. NH and Apollo hospitals pioneered ISRO’s telemedicine programme in India in 2002: while the former took over the cardiac care unit at the Government hospital in Chamarajanagar Karnataka. Apollo introduced telemedicine at its own hospital in Aragonda in Andhra Pradesh. It was the success of these two centers that led some States to devise full-fledged telemedicine programmes and network all district hospitals from 2003 onwards. “After six years of work, the project has now reached a level of wide acceptability,” notes Satyamurthy. “ISRO’s objective is to develop the technology first and address the issues of last-mile connectivity in rural health care and create an ecosystem for bringing e-health,” he adds”. Business Today (2008)

### ***2.1 Network to Firm Up***

Business Today (2008) has published; the district hospital in Chamarajanagar, 185 km from Bengaluru, stands out as the best example of how private hospitals can test the limits of a Government programme. Narayana Hrudayalaya (NH) has taken over the cardiac care unit at the district hospital. It’s the NH team that runs the show here. When the government and ISRO together launched the project in April 2002, they zeroed in on Chamarajanagar and the Vivekananda Memorial Hospital run by an NGO, at Saragur in Mysore district. While the Chamarajanagar unit has progressed enough to offer specialty care in a few disciplines such as woman and child health, orthopedics, pathology, etc.

Dr Narandra Kumar, the doctor at the Chamarajanagar unit, says patients are advised hospitalization only if surgery is necessary. “We have treated 52000 patients so far using the telemedicine network,” says Dr Devi Shetty, MD of Narayana Hrudayalaya. “Large hospitals like ours should drive the project without expecting any financial gains,” he adds. Karnataka has networked 26 district hospitals with six super-specialty hospitals. Since the project is not effectively run in some districts, the Government is setting up a dedicated team to coordinate between the district and referral hospitals. The Government, however, is not looking at extending the programme to taluk hospitals for now. “We are working on strengthening the existing network by roping in more tertiary hospitals from both Government and private sectors,” says M.Madan Gopal, health Secretary, Karnataka. (Business Today, 2008).

### ***The case of the department of health of Uttar Pradesh:***

There are three prominent areas emerging as problems to be benefited through the Enhanced efficiency because of the Cooperation and Partnership of Health Care Administration and Private Enterprise in the field of health and the family welfare services of the State of Uttar Pradesh.

The paper is suggestive of and argues on the following three lines:

- The growth of population, which is a prime concern, has to be managed (actually its management has always been a big issue) and Partnership of Public Administration and Private Enterprise may highly boost up the process of its management.
- Health Education supports Health Care and Partnership of Public Administration and Private Enterprise may effectively support the spread of the later.
- People, irrespective of the limitation of their buying power are loosing interest in the health care system of the state and Partnership of Public Administration and Private Enterprise not only may

increase the efficiency of the existing infrastructure, which is heading towards underutilization, but also can increase the efficiency of people involved in the process, not just through increasing the efficiency levels of the system but also through boosting up their commitment levels.

Growth of population has always brought in multiple repercussions not only in terms of limitation of various resources but also in terms of the diversion of the social and economic growth patterns, so much so that, the state government machinery has changed its areas of concern numerous times and has prioritized things like agriculture support and the generation of employment opportunities against concentrating equally on the overall development. (The overall development through the concentrated development of the basic elements such as the development of health and health services. Obviously the budgeting matters and the constraints associated with it are always there).

“Nobel laureate Professor Amartya Sen in one of the interviews (1999) stated that “improvement in the public sector health care delivery requires active public discussion on the health care provision; it also requires constant vigilance about the quality of the hospital, medical and the nursing services, etc.”

Looking at the above statement and points of view given by Professor Sen this paper is suggestive of the role of Partnership of Public Administration and Private Enterprise for better governance of the existing system of Health care and for increasing the efficiency of the social system on the whole through achieving the qualitative results in terms of overall development of the society, as the expenditure on further development of the infrastructure may worsen the problem and would lead to futile efforts.

### **3. The present situation**

The department of health of Uttar Pradesh has two main functions;

- Family Welfare and
- Providing Health Care.
- The division of family welfare holds the responsibility of promoting the family planning and population control programs including the awareness and the education in relation to the same.

#### ***3.1 Family Welfare Objective and Goals:***

The ultimate objective of the program this division runs is population control through;

- Spreading the awareness in this regard along with its benefits,
- Motivating people for the planned families,
- Spreading the awareness about the methodology utilized for the purpose,
- Assisting people with the medical means in this relation and
- Distribution of population control means (devices and usable).

#### ***3.2 Objectives of The national population policy of India (NPP 2000) (NPP-2001):***

The immediate objective of the NPP-2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium term objective is to bring the total fertility rate (TFR) to replacement levels by 2010, through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements.

In pursuance of these objectives, the following National Socio-Demographic Goals to be achieved in each case by 2010 are formulated:

- Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
- Make school education up to age 14 free and compulsory and reduce dropouts at primary and secondary school levels to below 20 percent for both boys and girls

- Reduce infant mortality rate below 30 per 1000 live births.
- Reduce maternal mortality ratio below 100 per 1,00,000 live births.
- Achieve universal immunization of children against all vaccine preventable diseases.
- Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
- Achieve 80 percent institutional deliveries and 100 percent deliveries by trained persons.
- Achieve universal access to information/counseling and services for fertility regulation and contraception with a wide basket of choices.
- Achieve 100 percent registration of births, deaths, marriages and pregnancy
- Contain the spread of Acquired Immuno Deficiency Syndrome (AIDS), and promote integration between the management of Reproductive Tract Infection (RTI) and Sexually Transmitted Infection (STI) and the national AIDS control organization.
- Prevent and control communicable diseases.
- Integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.
- Promote vigorously the small family norm to achieve replacement levels of TFR.
- Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centered programme.

And if the NPP-2000 is fully implemented, it is anticipated that India would be having a population of 1,107 million by 2010 instead of 1,162 million, as projected by Technical Group on population projections, Planning Commission of India.

‘And here is where this paper stands again with the proposal of using Partnership of Public Administration and Private Enterprise so as to achieve the goals and objectives mentioned in NPP-2000. (NPP-2001)’.

#### **4. Present Execution and the Implementation Methodology**

At present, the governing body starting from the minister of health (the elected politician representing the state government) to the bureaucrats (the Indian Administrative Servants and the Provincial Civil Servants) to the departmental heads (the medical doctors equipped with appropriate administrative training), generate the guidelines for the achievement of goals and the successful implementation of the programs designed by the specialists (individuals and agencies as UP Health Systems Development Agency- a project supported by the World Bank).

The guidelines mentioned to above are in relation to the procedures and methodologies to be followed to generate awareness in relation to population control as well as in relation to the medical assistance required at all the levels. (NHP-2001, NPP-2001). For this the existing infrastructural facilities in terms of the hospitals and equipment as well as human resource in terms of medical and non-medical staff are utilized. The objective is to take the services and the programs to the grass root levels. But the basic question that arises is in relation to the effective communication, which is tried to be achieved through the personal contacts between the health and the social visitors’ that is, the non-medical staff (and other agencies) and the subject that is the male or female/the prospective beneficiaries. The communicators and the motivators physically visit people and try to generate records in terms of medical and social history of the subject along with motivating them to adapt family planning.

As emphasized, the crux of the matter is effective communication and the levels of acceptability among the subjects, whereas in most of the cases whatever the percentage level that is being achieved is not sufficient and ultimately the whole exercise usually seems to result in the forms of generation of the statistical data “about 30% of the time of these workers is consumed in manual working ( Bhatnagar, Subhash and Patel,1988)”, which when starts flowing from the bottom of the pyramid of the organizational structure

towards the top actually loses its motive and the qualitative content and ultimately results in supporting the generation of a set of such a policies, which emphasize on increasing the number of cases (beneficiaries); sometimes through incentive programs without duly emphasizing on a self replicating and socially acceptable process with high levels of ready adaptability. “There are substantial gaps not only in terms of the ratio of Human Resource and the beneficiaries but also in terms of the required efficiency levels of the provision of services and the achievement of goals as per the intermediary analysis of the performance of the machinery of the State Health Department of Uttar Pradesh as per their objectives and the NPP”. (Performance report 2004-2005, State Health Department, Uttar Pradesh)

### **5. The Strategic Themes**

Referring again to the National Population policy 2001 we find that it emphasizes on the factors like decentralized planning and programme implementation, convergence of service delivery at the village levels, empowering women for improved health and nutrition, child health and survival, meeting the unmet needs for family welfare services, diverse health care providers and more importantly on collaboration with and commitments from non-government organizations and the private sector, providing for the older population, and information, education and communication (NPP-2001). The National Population Policy-of India do suggest an action plan and operational strategies to successfully work on the strategic themes, but the basic question that arises is in relation to the effective communication and implementation ‘and thus the need of Partnership of Public Administration and Private Enterprise’.

Providing health care is a major task for the state health machinery. This includes the management of all the hospitals, health centers, medical and the paramedical staff and the major responsibilities and the objectives of this division are:

- Treatment of all sorts of ailments, through surgical and the medical procedures,
- Dispensation of medicines,
- Emergency treatments,
- Ambulatory services and others.

“Presently, this department manages around 730 hospitals constituting around 32,000 beds at the urban level and about 4,100 primary health centers, community health centers and village level health centers together constituting around 21,000 beds. The department employs more than 10,000 doctors and over a lakh paramedics, constituting a beds and population ratio of 1: 3424 and a doctor population ratio of 1:4916 (performance report medical health and family welfare department of Uttar Pradesh 2004-2005)”.

According to this report “there is a continuous improvement in the development of the infrastructure along with other facilities but there is an improper and uneven allocation of the medical and the paramedical staff at the urban and the rural levels. Not only is the allocation improper but also the willingness of the workforce to serve the masses is reducing due to many motivational and the human resource management problems (primary analysis done through a survey conducted by the author in six of the districts of Uttar Pradesh 2003, Bhatnagar Subhash and Patel, 1998)”.

“This situation has resulted in the loss of faith among the masses towards these services and facilities thereby resulting in mushrooming of privately owned setups, wherein a large percentage of the same constitutes quacks and unqualified medicos resulting in the enhanced problems on the part of the genuine health care providers. Genuinely qualified private health care providers on the other hand are improperly and unevenly allocated and also lack the proper infrastructural facilities along with the honest service motive due to the profit maximization factor behind their businesses (primary analysis done through a survey conducted by the author in six of the districts of Uttar Pradesh 2003)”.

## **6. A Prospective Association of ITC's e-Choupal with the Department of Health and Family Welfare of the State of Uttar Pradesh**

Here, comes the role of ITC's e-Choupal and ICTs (Information and Communication Technologies) as also evident in the case of Narayan Hrudayalaya (<http://www.hrudayalaya.com>) an efficient usage of tele-medicine network with the involvement of Indian Space Research Organisation (ISRO) has already set an example. Many other efforts are also being made in this field and this concept is coming up to reduce the gap of services and to cover up the improper distribution of the human resource, though it will take some time but not too much to make it too late. There is a need of integration of systems but again architectural and design factors as far as physical and infrastructural implementation is concerned have to be taken care of. (Saxena, Budhiraja, Wadhwa, 2003).

The basic factor and requirement is to fill up the gaps in the services which on the one hand may be achieved through the enlargement of the infrastructure and human resource requiring lot of fixed and recurring costs and redundancy of resource base of the state. While on the other hand a partnership of the department of health and Family Welfare with ITC may give a reasonable raise in the profitability of the company also fulfilling its new found objective of co creation of value through multiplication of the usage of their network and systems and will effectively enhance the dispersion of services of the department of health through increasing its reach and the contact and the communication levels with the beneficiaries. The only thing required to initialize the process is association of the two organizations and the added offer of the health services through e-Choupal network.

Although, the restoration of faith definitely is a complicated factor but the interconnectivity of all the units with satellite link and Intranet will first of all increase the levels of monitoring, feedback, follow-ups, logistics management and interconnectivity among the medicos apart from the generation of the database, which may help in realizing "the objective of Health For All (HFA) (National Health Policy 1983, Kurukshetra Oct, 2002)".

## **7. A Self Explanatory Model**

This model comprises of five strategic elements in the form of sequential steps, wherein two of the strategies are based on the basis of the marketing logic & feasibility and two of them are based and supported by the fundamental aspects of the generation of buying power and integrating the same with providing the health services with profitability and subsequently reaping the benefits of business development, market development, the social development and subsequently the 'Societal Harmony' as a whole. But, the very first step would be the infusion of technology in the present system with the perspective of generating commitment and credibility through information Technology.

## **8. The Model**

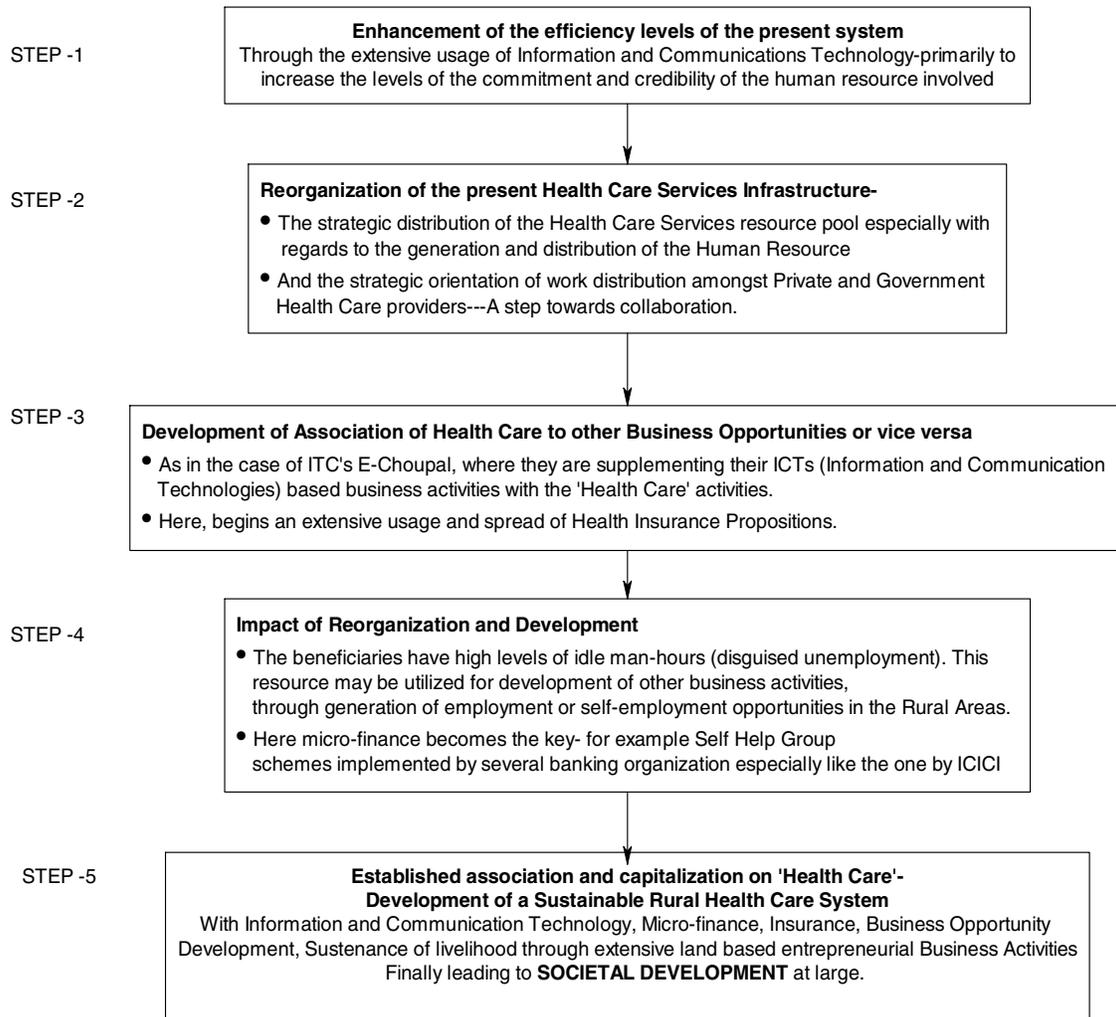
At first, the paper proposes to look at the factors of enhancing the efficiency levels of the present system, and for this it proposes the utilization of Information technology not just for enhancing the working efficiency of the system, but basically for developing the efficiency levels of the human resource involved in the system through increasing the levels of their commitment and credibility through the utilization of Information technology. Public administration should not be the prisoner of the past.

### ***8.1 A clue about the practical implementation of the Proposition***

A Prospective Association of ITC's e-Choupal (<http://www.itcportal.com>, [http://www.itcportal.com/sets/echoupal\\_frameset.htm](http://www.itcportal.com/sets/echoupal_frameset.htm)) with the Department of Health and Family welfare of the State of Uttar Pradesh:

Although, the restoration of faith definitely is a complicated factor but the interconnectivity of all the units

with satellite link and Intranet will first of all increase the levels of monitoring, feedback, follow-ups, logistics management and interconnectivity among the medicos apart from the generation of the database, which may help in realizing “the objective of Health For All (HFA) (national health policy, 2001)”. It is also suggestive of the fact that while the discipline and the practice of public administration should not ignore their enriching past, they cannot be its prisoners



**Figure 1:** The Model ‘Affordability for the Poor & Profitability/Feasibility for the Provider’

- Secondly, it supports a proposition, which is a strategic marketing based structure. Though this structure uses marketing based principles and logic as its basis, but still depends heavily on the ‘will’ of the prospective promoters of the concept. This is the initial most step called as “The strategic marketing for competitive advantage, the expansion of the market and the services as well”. It emphasizes on the unification of the strategic resource based services in a pool in relation to providing health.

- Both the preceding two steps can later well be utilized in increasing the investor confidence, especially the multinational company's, who would be the basic carriers of the success of the model, proposed.
- The third step, which is primarily based on the effective and the strategic distribution of services also emphasizes on the integration of some other business propositions and the services specifically relevant to the rural and the poor population of India and similar nations. Here, also as and when we perceive the MNC's to effectively look towards the markets mentioned as profitable business propositions, the usage of Information technology would become an effective part of the success of this third step.
- The fourth, which, is primarily, based on the fact that India and the similar nations have a large pool of unskilled manpower with an effective levels of primary education. This step basically, emphasizes on the business generation through entrepreneurial development programs first in relation to the women/orphans/needy/masses and then integrating it with the health services and their multiplication, henceforth. This step, which primarily talks of enhancing the buying power of the population and the markets concerned also, would be looking towards an extensive utilization of the Information technology for fulfilling its objectives.
- The fifth and the last proposition is a land based entrepreneurial development program. As they say India is a land of agriculture and farmers. This strategic business proposition emphasizes on the integration of the export oriented agriculture development of pharmaceutical and the medicinal plants and herbs with specific development of scientifically oriented human resource through the development education in the field of pharma and medical research integrating the same with the development of health services.

Observing the sequence of the steps defined above, the reasons for their occurrence in this particular manner have to be suggested, and these are:

The scenario in the case of the health industry suggests that it is not so organized i.e. "the service providers and the facilities in relation to the same are highly disorganized and have high concentration levels in the urban areas where the facilities in relation to the status of living for the individuals are good and also there is a perceived buying power in the urban areas as compared to the rural areas.

Now, looking at the five major aspects on which this paper is trying to argue, the objective comes out to be the capitalization of the size of the market and to give value addition to the marketing of the health services by considering the social responsibility aspect of these services also, considering the realization of the profits to enhance the life and the replicability of the process.

Thus, in lieu of the same, at first this paper has given the introduction of the strategic component in dissipation of the health care services in and through the existing system itself. Subsequently it has suggested the addition of value to the business as a whole through integration of the services and the products, which, address to the same customer segment. Once the entrepreneur will start believing in the viability of such markets and would feel comfortable in relation to the expansion of the markets, the integration of a step, which will enhance the buying power of the customer itself, would add to the spending of the same on the core services offered by the entrepreneur. Now, this development can further be capitalized by the step five, which is based on the factor of further entrepreneurial development through agricultural/non-agricultural development activities with the objectives of relevant integration of research and development in the field of medicine, which further would support medical care itself, ultimately supporting the cycle of economic development as a whole.

## **9. Concluding Remarks**

Considering and also trying to address the issues, while taking learning from the efforts made by the Private Organizations in the rural areas until now, this paper proposes for the Partnership of Public Administration and Private Enterprise not only to fill up the gaps in the spread and prevalence of infrastructure but also, to be utilized for re-motivating the human resource responsible for executing the process of development with the help of the proposed model on the following lines:

- Most of the existing infrastructure can be utilized with enhanced efficiency with the help of Partnership of Public Administration and Private Enterprise.
- There are schemes and programmes running in relation to health, poverty alleviation and development primarily by Government, which may speed-up with the help of Partnership of Public Administration and Private Enterprise.
- Primary constraint in relation to the effective execution of the developmental efforts is improper communication and government work culture, which, leads to the de-motivation of the programme execution teams and the beneficiaries as well. Motivation may be restored through Partnership of Public Administration and Private Enterprise (and this is the first level of achievement that is supposed to be achieved).
- Further, this part of the population i.e. rural and the poor need to be considered as markets and their status as a market can well be established through the Partnership of Public Administration and Private Enterprise.
- Here, poverty is being considered from the perspective of not only being as income deprivation but also as deprivation of various capabilities (Sen, 2000) and therefore, achievement of further 'capabilities' and thus 'freedom' is proposed for the said populace through effective Partnership of Public Administration and Private Enterprise.
- Further integration of the developmental efforts of the Government with the business strategy and acumen of these organizations would initiate a new era.
- The usage of technical and IT infrastructure/network these MNCs are building in the State supports the logic of proposition of Partnership of Public Administration and Private Enterprise
- There is a valid prospect integration of rural and poor population as workforce through Partnership of Public Administration and Private Enterprise so as to support employment generation and achievement of sustained livelihood.

Finally, this paper foresees income generation and enhancement leading to the achievement of further capabilities and freedoms, subsequently, leading to an all encompassing social development through Partnership of Public Administration and Private Enterprise. Such partnerships as a mode through their strengths may support poor in becoming active agents for changing their own lives which is consistent with the concept of livelihood approach (Osmani, 2003) suggesting that “the objective of a poverty reduction strategy should be to strengthen the ability of the poor to pursue their own livelihood strategies and to be active agents for changing their own lives.” In addition to acknowledging foundationally, the evaluative importance of freedom, we also have to understand the remarkable empirical connection that links freedoms of different kinds with each other. Political freedoms help to promote economic security. Social opportunities facilitate economic participation. Economic facilities can help to generate personal abundance as well as public resources for social facilities. Freedoms of different kinds can strengthen one another. This freedom-centered understanding of economics and of the process of development is very much an agent-oriented view” (Sen, 2000). Partnership of Public Administration and Private Enterprise may definitely enhance the levels of substantive freedoms, as

- The integration of these organizations, would reduce redundancy, hence supporting effectiveness.
- further Partnership of Public Administration and Private Enterprise and development of markets in the process, would allow the beneficiaries/the agents more freedom to achieve higher levels of

substantive freedoms and simultaneously integration and interlinking of various agencies and implementation facilitators would converge to a situation where “Freedom of one kind would strengthen the other” (Sen, 2000).

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