Chapter-II

Review of Literature
In this chapter, efforts have been made to review thoroughly the literature pertinent to the research topic and research setting. These studies are conducted by scholars both in India and abroad. We have divided these studies in three categories i.e. (i) Studies related to NGOs in development, (ii) Studies related to healthcare, (iii) Studies related to NGOs in health care. It can give insight into analysis and help in establishing a meaningful rationale for the present study.

STUDIES ON NGOs IN DEVELOPMENT

In her study “Voluntary work in India”, Lalitha (1975) investigates the status and role of voluntary personnel engaged in social welfare organization on an all India basis. The study covered 390 voluntary organisations and 356 operational volunteers in nine cities of India, namely Delhi, Bombay, Madras, Bangalore, Ahmedabad, Hyderabad, Lucknow, Patna and Amritsar. The study examines in depth socio-economic profile of voluntary workers, nature of work they were engaged in their motivations and aspiration connected with voluntary work, the policy and attitude of voluntary organizations towards the involvement of volunteers and difficulties encountered by voluntary agencies in matters of their recruitment, training, supervision and retention. The study makes certain suggestions for increasing the effectiveness of volunteers in welfare services such as a new direction and orientation of voluntary work in view of the changed socio-economic conditions in the country, a fresh look by voluntary organizations at their policies and programmes of mobilizing volunteers to keep pace with the exigencies of the present situation.

In his study, “Women Organizations and Social Networks”, Ahlawat (1995) examined in detail the significant role played by social networks that
operated in the functioning of the social organization to accomplish desired goals as well as broader objectives. It was a comparative analysis of the women organizations across two different settings in Haryana. It also tried to focus attention upon how 'networks' would help individuals as well as organizations as a two way process of social exchange network.

In his study, “Voluntary Action and Rural Reconstruction”, Prasad (1997) made an empirical endeavour to explore Gram Bharti’s contribution, over 30 years, in translating the concept of Servodaya and Antodaya in the Gram Dan villages in selected parts of Bihar. Data for this work were collected from 90 villages under the constituency of Gram Bharti. The study finds that Gram Bharti has been doing its best in solving disputes, conflicts and violence by peaceful means in the area. However, there is still much more needed to protect the indigenous (Adivasi) people from continued exploitation. The study suggests that the Gram Bharti can do two things from them (a) to check dispossession of adivasis by land grabbers from the plains and (b) to restore the alienated land to the adivasis or restoring the lost land to them.

In his book, “NGO in Development”, Lawani (1999) views that voluntary action has been the instrumentality for not only meeting the needs of the community and tackling its problems but also for participating in social, economical and political affairs of the community. India has a rich tradition in voluntary services, but the role of NGOs in social welfare and social development is yet to be understood even after four decades of planning. In his study, an attempt is made to examine the historical account of voluntary action and the structure and management of the voluntary welfare organizations in India and their role in social change and development.

Rao (2000) conducted a study among the NGOs involved in training the rural youth under Training for Rural Youth in Self Employment (TRYSEM). The trainees from the NGOs were better employed than the
others trained in government and public institutions. NGOs took interest in arranging employment for their trainees while in government and public institutions once the training was over, the trainees had to try for employment on their own. It was also found out that the facilities for training in some NGOs were much better than government and public institutions.

In his book, “Working With Community at the Grassroots Level”, Gargrade (2001) views that through professional social work intervention, people can be helped to help themselves. Government and NGOs can participate in the plans, programmes, schemes and needs identified by people rather than imposed on them. The book contains two parts. The first is devoted to theory. It will enable the worker to understand the objectives, concepts and methods of community and Gandhian work. The second part of the study is in involvement and participation of people of various strategies, programmes and agencies to serve as guidelines for improvement. The book on the whole has made an attempt to bridge the gap between professional social work and Gandhian work.

In his book “People’s Participation and Voluntary Action: Dimensions, roles and strategies”, Rana (2001) reflects on the participatory methodologies applied in developmental activities and significance of people’s initiatives in monitoring and implementations. The focus also lies on voluntarism, the dimensions of voluntary organization including their social community involvement and the role of civil society in popular participation. The strategies followed by the third state in organizing grassroots actions and implementing social action programmes are discussed in details.

In his book, “NGOs and Rural Development”, Bhose (2003) examines the role of NGOs in the rural development. Tracing the genesis and evolution of voluntary organization his study evolves a theory of voluntarism such as sacrificial, professional, amateur, ventilatory, survival pseudo and trans figuration voluntarism. In addition to discussing framework and types of
NGOs, he throws substantial light on the concept of rural development and NGOs intervention in it. He also provides valuable information on people’s participation in rural development, importance of empowering rural people and the need for advocacy to influence government policies in favour of the poor.

In his book, “Administration and Management of NGOs”, Goel (2004) tells about different aspects of NGOs comprehensively: type of NGOs, How to create an NGO, features and issues of an NGO financial management and resources creation of an NGOs, administration of an NGO, foreign grants to various NGOs, the laws and other laws as applicable to NGOs in India.

In his book, “Role of NGOs in Development Countries”, Singh (2004) argues that the study of social sector is incomplete without a knowledge about the role of NGOs in social economic development of developing counties. In his study, he presents this complete and controversial debatable issue in a comparative framework of developing counties in general and Nepal in particular. The context of his study is wide ranging, covering almost all the aspects relating to the dynamics of NGOs in socio-economic development of developing countries.

In his book, “Schemes for NGOs in Development”, (Goyal: 2005) aims to make present as well as future NGOs to understand the basic tenants, tools and techniques and skills along with special qualities and features necessary for a successful NGO. His book is a comprehensive compilation of various schemes for NGOs that are presented ministrywise and departmentwise along with details like objective, target group, programme component, implementing agency and assistance provided under each and every scheme. List of NGOs and numerous supplementary informations are also provided in the book for convenience.

All the above studies covered the historical, social and economic background of voluntary organizations and their structure and management
and found that NGOs played a significant role in social welfare, social development and rural reconstruction.

**Studies on Healthcare**

In his book, “Public Health Administration”, Goel (1984) tells about the nature, scope, role of health care administration and its relationship with socio-economic development. His study analyses the challenges of health and health care administration in the context of developing countries with special references to South East Asia. It also analyses the process of policy making and planning for health care administration. It discusses the role of different agencies and stages in the formulation of health policy and plan. The issues and problems concerned with multilateral technical assistance proved through these agencies has been examined quantitatively and qualitatively to assess their impact on health status of the people inhabiting this world.

In his book, “The Politics of Health in India”, Jeffery (1988) provides the first detailed accounts of Indian Health Service since 1947. He carefully outlines the status of health and health services in India before independence. After considering the legacy of British rule, he assesses patterns of health expenditure, the education of health personnel’s, and the operations of health institution after 1947. The politics of health in India and the impact of the international economy form the context of his impressive study. He argues that health services are only loosely connected to the patterns of class domination in India. Examining the patterns of development, the author concludes that Indian health services, in spite of their considerable limitations, are more closely geared to Indian health need that are those of many other developing countries where a powerful medical profession has been encouraged by international aid to devote researches to hospital and medical colleges. In India, health planners have been supported by international agencies in a rather different agenda: maintaining substation, through preventive campaigns, training for paramedical workers and sanitation.
Reforms since 1970 have continued this tradition, but the limitation of the existing system and the constraints on the likely success of the reforms, suggest that the Indian Health System will remain less adequate than it could be.

In his book, “Imperial Medicine and Indigenous Societies”, Arnold (1989) investigates the purpose, nature and impact of western medicine in the 19th and early 20th centuries. His study ranges widely, from the Belgians in the Congo to the Americans in the Philippines from the treatment of European ‘lunatics’ in India to the discovery of the third world malnutrition. But the central concern is the way in which colonial doctors and imperial medicine shape the interaction between rulers and the ruled.

In his book “Geometrical Environment and Health Care: A study of Bundelkhand Region,” Agnishoti (1995) views about the relationship between ecological factors and health problems with emphasis on spatio-temporal distribution pattern and the organization of the Health Care delivery in the Bundelkhand region. He has divided the region in to geometrical suitability zones using various physical, socio-cultural and health parameters. This will help immensely in the development of health care plan and the eradication of disease.

In his book, “Health Care: Service & Management”, Reddy (1995) emphasized that health care is a social right of every citizen. It is considered as one of the important indicators of human resource development. Investment on health will enhance labour productivity, social welfare and thereby contributes to alleviation of poverty. The theory of welfare economics is solidly behind the theory of health economics with its implications for health policy involving a rising public expenditure. Over the year, the relations between falling sick and dying from sickness in India has shifted from communicable diseases (Malaria and T.B.) to non communicable disease (cardiac injuries and accidents). Health education is to be improved to
understand the preventive and curative methods. This volume covers in depth comprehensive issues of health care: Indigenous system, health status of women, tribal medicine, yoga, herbal treatment, nutritional status of children, child doctors, concept and utilization of public health services.

In his book “Plan, Financing of Health, Family Welfare and Nutrition in India”, Punchamukhi (1996) examines the nature of financing of health, family welfare and nutrition in India in the course of plan period with a special focus on plan financing during the Sixth and Seventh Five Year Plans. Though health, family welfare and nutrition are important component of human development. There is much to be desired with regard to the effort that the country has been putting in developing this sector. Against this background, the present study can be considered to be a useful and informative exercise analyzing the trends and composition of plan financing of this sector. The study also brings out the relevance and importance of the central government and state government in plan financing, though health is a state subject according to the Indian constitution. It also brings out the importance of strengthening the overall information base regarding health, family welfare and nutrition in India.

In his book “Health and Youth in India”, Hirmani (1998) viewed that youth all over the world has unique health problems which include drug abuse, malnutritions, unemployment, stress, strain, overpopulation and thus struggle for better opportunities and life. Health problems of Indian youth are different than youth in western countries as their roots are in family stem with institutionalized socio-cultural norms and situation factors. This book made an attempt to focus on health of youth in India which manifest that the society plays a crucial role to provoke, protect and maintain health of youth.

In his book “Community Health Care, Goel (2002) focused on health care as an indispensable part of socio-economic development of people, especially in the developing counties like India. The challenges posed by
illiteracy, ignorance and poverty make it a daunting task to realize the goal of health for all espoused by WHO. This work is based on 11 research studies conducted by him to evaluate various aspects of community health care. This study also evaluate reaction of beneficiaries and community involvement in health system.

In his book, “Public Health Policy and Administration”, Goel (2005), makes an enquiry into the equality and adequacy of arrangements made for motivating the family planning programmes as a way of life. The book is divided into 2 chapters. It deals with the nature, scope, role of health care administration and its relationship with socio-economic development. It analyses the challenges of health and hospital care administration the context of the developing counties with special reference to South-East Asia and the process of policy making and planning for health care administration. It examines the role of UN system – WHO, UNICEF etc. and discuses the role of different agencies and stages in the formulation of health policy and plan.

In her study, “Health Competence and Capacity Building,” Latha (2005) argues that Health is an asset, the most valued resources in an individual’s life. Acquisition of this is influenced by bio-psycho-social and cultural factors. Individual’s orientation to health are significant predictor of health goals, health behaviour and also health status. Her study covering a sample of non-clinical (n = 536) and clinical (n = 260) subjects, served in health perception, risk awareness, disease attitudes, health orientations and health practices through questionnaires. Multivariate analysis (Discriminate Function Analysis) resulted in the emergence of a single function discriminating the clinical and non-clinical subjects. The patient group was found to be more internally oriented positive about the disease management; had better health related practices. The results confirm the susceptibility to disease as strong motivator for learning about health. The need for individual resource building through awareness and skills training is emphasized.
In her study, “Health Policy in India: Retrospect and Prospect” Nagla (2007) briefly summarizes the health policy and planning in India since independence. Health care planning has undergone changes in its structure, personnel and in its access of the populace on the basis of recommendations made by different committees. After independence, India has initiated several policies and programmes and global partnership has been introduced. So far expected results have not been shown. Therefore without the realization of the goals of the programme of action of the millennium development which combines clear theoretical thinking with realistic application. Though multi-sectoral approach has been adopted at various stages, but still there is a need to percolate these aspects in the grass-root through trained and well skilled workers for sustainable impact of health and family welfare programmes.

The above studies covered the nature, scope, role of health care, administration and its relationships with socio-economic development. These studies also analysed the process of policy making and planning for health care and administration and the nature of financing of health in India since independence.

Studies on NGOs in Healthcare:

Duggal, Gupta and Jesani (1986) conducted a study on “NGOs in Rural Health Care” at the behest of the Indian Council of Medical Research (ICMR) to gain a deeper insight into the role and functioning of the many different types of NGOs in the field of health located in Maharashtra, a state having the largest number of such agencies. That study brought out the largest variation between the aims and motivation of the various NGOs as well as their different approaches, which vary from the running of rural hospitals to community participation and concretization. That also brought out the change of approach of the NGOs during the past two decades from being mere medical functionaries to involvement in community activities. An interesting
finding of that study was that the NGOs, had hither to neglected socially and economically backward districts as compared to their better concentration in the average and highly development districts in the state of Maharashtra. That highlighted the need to pay more attention to the deprived masses in the backward districts where infrastructure was highly underdeveloped.

Indian Institute of Management Ahmedabad (1987) conducted a comparative study among the NGO hospitals, government hospitals and private hospitals. It reported that, in general, the cost per hospital bed per day in the NGO sectors was very less than the government and private sectors. The study suggested that NGOs might be relatively efficient providers of hospital-based care compared to others. In fact NGOs often achieve substantial “cost savings” due to lower pay scales compared to government employees and in some cases honorary physician services, both of which lead to a lower wage bill and lower overall cost. These are benefits not easily transportable to other institutions.

Baru (1987) made a study on “Factors Influencing variations in Health Services” in Andhra Pradesh. The study was limited in two well developed districts (Krishna and Guntur) as well as two backward districts (Mehbubnagar and Medak). It considered public private and voluntary sectors providing health services. With regard to voluntary sector, study explored that growth and distribution of voluntary agencies were skewed in favour of well-developed districts. The reason for concentration of voluntary organisations in a particular area were many:

1. Well developed districts were under British rule and more number of hospitals as well as dispensaries were set up by Christian missionaries but backward district were under Nizam’s rule and very few hospitals were set up by missionaries.
(2) In 1977, a severe cyclonic storm took place in Krishna as well as Guntur districts and hence there was a rapid growth of voluntary organizations for relief and rehabilitation work.

(3) In the well developed districts, infrastructure facilities were better for setting up VOs.

Duggal and Amin (1989) have made a study on “Case of Health Care”. Results indicated that the level of per Capita Health expenditures of NGOs within the range of current government spending on primary health care. It is worth noting that in most cases, NGO projects function in addition to the normal government system. The similarly in average costs of NGO provided services to those provided by government funded primary health care suggests that these added resources are being used at least as efficiently as those in the public sector. This may reflect the unmet needs that are being met with additional NGO inputs.

In her paper, “NGO Experience in Health”, Sunder (1994), describes the experiences of the Anubhav projects in the context of non-governmental sector in India. It highlights the distinct approach to primary health care adopted by non-governmental organization in contrast to that of the government as the predominant actor on the health scene. This paper Surveys the evolution of the NGO sector in health and the distractive strategies followed by successful NGOs. It then attempts to isolate the common elements of their successes and futures, the reasons for both and the lessons these holds for the future. The experiences of the projects profiled in the Anubhav series are considered against the backdrop of the NGO sector as a whole.

In the article, “Organizing for Success: The NGO experience”, McIntosh and Simmons (1994) presents a comparative analysis of the organizational strategies structure and processes adopted by the 12 Anubhav series and argue that agencies which achieve a significant level of
congruence, or mutual support; among these three organizational components, and between the organization and its environment, are more likely to attain their goals than are other agencies. The paper attempts to identify the strategies, structure and processes adopted by the Anubhav agencies to address their varying objectives. It also analyzes the ways in which the projects adapted to the constraints and opportunities offered by their environments.

In the article, “Experience is in Paying for Health Care in India’s Voluntary Sector”, Berman and Dave (1994), Summarize the results of four-in-depth case studies on the financing and costs of the health programmes of well known non-government organizations in India. These organizations have shown a high degree of creativity and innovation in developing varied sources of financing to reduce dependency and enable them to sustain their programmes.

Government funds play a major role in supporting these voluntary health activities, with less significant roles played by foreign donations, user charges, pre-paid membership, and public fund raising. Some effective methods of assuring access for poor clients while developing self-financing are described. Cost studies of the NGOs health schemes indicate that they operate at least as efficiently as public series and may primarily supplement rather than substitute for such services. Suggestions for further development of voluntary sector financing are put foreword.

In her paper, “Health Delivery Strategies: Lessons from the NGO Experience” Ghosh (1994) examines the strategies employed by the Anubhav projects for community involvement and mobilization for awareness creation and for developing health information systems. The innovation of a three tired structure of health services and the emphasis on comprehensive health care rather than on vertically targeted programmes are some of the factors behind the success of NGO projects. Such innovative strategies for training and
programme implementation should be experienced with in areas under government auspices as well.

In the Article, “Community Health Workers”, Kablinsky (1994), explores the present picture of Community Health Workers (CHWs) in several NGOs in India and contrasts them with their counterparts in government service. It begins with a review of the initial objectives of the public programme and NGOs, the motivation of the two types of organizations, and the translation of these into work plan. The reality of these plans is then examined through the observed work efforts of CHWs in the NGOs. The third section of the paper reviews the support provided to CHWs in NGOs.

In the article, “Upscaling Successful Innovations”, Satia (1994), discusses the possibilities and the problems related to upscaling through a review of community health experiences of non-government organization (NGOs) as documented in the Anubhav case studies. The comparative success of NGO programmes as against the performance of the national programme makes upscaling desirable. But developing community level organization and self reliance are complex and long term tasks. This paper addresses problems of transferability of NGO experiences to government programmes and the problems inherent in the process of upscaling. Specific strategies for upscaling as well as continued focus on other aspects which have proven to be the strengths of the NGOs, are enumerated and analyzed in the paper. The conclusion is that significant upscaling of community health programmes can take place through increased collaboration between NGOs and the government. Strengthening institutional capacity for learning from each other is the most important step in this direction.

In her book, “Reaching India’s Poor: Non Government Approaches to Community Health”, Pachauri (1994), provides a backdrop of the NGO scene in India, analyses the experiences of health programme implemented by
NGOs, and provides a perspective on NGOs in the 1990s and beyond with a discussion of the policy implications of emerging issues. This book is divided into two sections. The first provides a set of the 12 Anubhav case studies published by the Ford Foundation and the second includes 8 chapters that examine cross cutting issues and provide a comparative analysis of NGO health programmes in India. These chapters include 3 sections. The first provide a backdrop of NGO Health Programmes in India as well as an introduction and overview of the ford foundation projects. The second section provides a synthesis of the themes discussed in the subsequent chapters, and the third a perspective on NGOs in the 1990s and beyond, as well as a discussion of the policy implications of emerging themes.

In her study, "NGO Efforts to Prevent Maternal and Infant Mortality in India", Pachauri (1996) argues that in recent years there has been a significant growth of non-governmental organizations in India. NGOs have been successful in reaching the poor and reducing mortality and fertility. As innovators and experimenter, NGOs have the potential to help operationalize the reproductive and child health programme. She discusses strategies for reducing maternal and infant mortality drawing from past NGO experience. She also discusses the issues related to safe motherhood programme and adolescent sexuality and fertility and sexually transmitted diseases in women and children. She urges to government to form new partnerships with NGOs. NGOs should also develop new coalitions and allies to address emerging challenges.

In this book, "Voluntary Action in Health and Population," Mishra (2004) argues for a research oriented approach, where public health care is treated as an integral part of the total culture. He stresses the importance of formulating strategies that are the concerned socio-cultural milieu and which take into account variables such as food habits, economic status, religious beliefs and social institutions. In this framework, his book brings together 14
case studies of action research project undertaken by voluntary organization in the field of health and family planning. They cover projects in different socio-cultural situations across 10 states, each unique in itself, calling for area specific strategies. Yet, the focus of all the case studies is same to under care determinates, consequent to innovative intervention in development programmes. Then follow the case studies which are grouped in five thematic sections dealing respectively with infant mortality and fertility, reproductive health and sexual behaviour in urban slums etc. The book ends with an outline of critical areas for action and a discussion on voluntary organization as catalysis's of change. Overall, the book analyses the dynamics of social change, the factors that lead to success and the problems.

The review of studies shows diversity among the research initiatives. for instance, a few are individual case studies, a few are related to programme activities, a few deal with organisation structure of NGOs. The studies are largely from a management perspective. No study has taken a comprehensive view of heath care from providers, receivers and organizational point of view. A comprehensive perspective, which has a sociological approach will examine the social basis of NGOs, their system of delivering the health care and the receivers on point of view in receiving the health care makes it comprehensive. Therefore, we have decided to examine the role of NGOs in providing health care facilities in Haryana with particular reference to Rohtak.