CHAPTER 1
INTRODUCTION

Non-Governmental Organizations are widely accepted as an alternative entity to the state or the government in strengthening the health sector across the globe (Gilson L, 1994) (Duggal, Gupta, & Jesani, 1986) (Patel & Thara, 2003). The world health Organization have acknowledged the role of Non Governments in health system strengthening through interventions targeted for better health of people and through policy level interventions (World Health Organization, 2005). The nature and extend of NGO involvement in health related development varies from place to place and their effectiveness and sustainability is subject to the multiple factors in the internal and external environment of the organization. Research literature on Non Governmental and voluntary sector is rich with role-assessment studies and effectiveness studies and the research findings have always contributed to policy makers and to the rectification and upswing of the voluntary sector itself. In this context, the current research is aimed at an exploration and analysis of Non Governmental organizations’ interventions in health system strengthening in the state of Kerala, India.
1.1 **Background to the Research**

Development has been the key concern of all human activities, throughout the history. From the primitive age, men explored and invented new ways and methods to improve his living conditions. The results of men’s effort to improve his living conditions were named as ‘development’, a term that is too heavy with scholarly definitions. Men gathered in groups, which later transformed into communities, societies, and eventually gave birth to powerful kingdoms and leaders who were detrimental to a fast-pace development in all spheres of human life across the globe.

Government or State were visible as the sole agency for development, till the mid of 20th century. They differed in ideologies- like democracy, communism, and socialism etc- and also in approaches towards development. There came a ‘developmental divide’ in the world –that called the rich countries as ‘developed’ and the others as ‘developing’ and ‘underdeveloped’-which formed the basis of all developmental efforts and strategies. In the Post World War II era the above mentioned nomenclature used to describe countries, was mostly based on the extent of modernization, or the extent to which the countries in ‘south’ were able to catch up with ‘north’ in economic terms (Gardner & Lewis, 1996). When modernization proved to be futile in satisfying the needs of the poor, Governments in the developing countries, including India, tried various strategies such as industrialization; basic needs approach, integrated/comprehensive approach all of which were the brainchilds of economic powers which could not bring actual development of the poor, in terms of enhancing their living conditions.
Non-Governmental Organization stepped in at this point as an alternative to governmental efforts in the journey towards development. Voluntarism, charity and welfare were commonly heard terms that attracted many youngsters who were dissatisfied in the states’ efforts for growth. Non Governmental Organizations were recognised as important actors in creating social economic and political change. The acceptance of NGOs was the result of the growing awareness regarding the failure of state in its efforts for development. Also certain NGOs could attain unbelievable success in enhancing the living condition of the rural poor. (Brown & Kalegaonkar, 2002)

There are various arguments regarding the evolution of NGOs. At a macro-level analysis, the political scientists observed that civil society organizations are identified as a response to the state’s power over its citizens (Berger & Neuhaus, 1977). In the economist’s point of view, the unmet demands or the market failure lead to the evolution of NGOs (Hansmann, 1987). A more general observation is that the third sector is a consequence of long term interactions between social, political and economic forces (Putnam, 1993). At a meso-level analysis the NGO interventions are considered as “local proliferation of models created by national organizations” (Skocpol, Ganz, & Munson, 2000).

The United Nations was the first institution to establish an official use of the term Non-governmental Organizations. UN recognized the potential of these people-oriented entities in the developmental process. NGOs worked for poverty eradication, women empowerment, human rights protection, environment protection, educational up-liftment, community development, health system strengthening and almost all other aspects of human development. It was widely acknowledged that NGOs possess certain strengths and characteristics that enable them to function as effective and
dynamic agents in this process. In addition, they have exhibited a special capacity to work within the community in response to expressed needs. They showed the flexibility and freedom to respond in innovative and creative ways to a wide range of requests and situations. Their need based innovative programmes in all spheres of life often pioneered in the various fields of development.

In the 1980s NGOs became a major phenomenon in development, and their enormous number was called as associational revolution (Salamon, 1994). The rise in number of NGOs was attributed to the will of common man to fill gaps created by withdrawal of government control under the pressure of neoliberal reform policies. It is also argued that NGOs came in to existence as a result of the complex interactions of the international ideologies, donor policies and agendas with national, historic and cultural conditions (Tvedt, 2002).

**Health and the Non Government Sector**

Health is a major player that controls the quality of life of every human being. A disease can destroy the calm and enthusiasm of any individual irrespective of all kinds of divides existing in the world, whether he is rich or poor, employed or unemployed, educated or illiterate, black or white. Human understanding has travelled miles ahead from the primitive notion of health as mere ‘absence of disease’. Now it is well defined as the ‘state of well-being’. Being well enough physically, mentally, socially, and spiritually is the greatest bliss, a man can have on earth.
Connection between health and development is a widely discoursed topic, that neither loses its relevance. The global health picture was pathetic with the burden of communicable diseases such as cholera, malaria, typhoid etc, taking thousands of life every year. The developing and under developed countries were the feeble victims of these epidemics since they lacked the resources to fight the disease spreading conditions. The Alma-Ata declaration by United Nations in 1978 triggered all governments towards the ambitious goal of Health for All by 2000. HFA was a strategy of integrated health and medical care for the ‘need based’ countries, including India who were signatories to the declaration. Many vertical programs were planned and implemented according to the bio-medical concept of life, which could not even claim a partial success.

Health, being the most important indicator of development, was a major concern of the nongovernmental sector around the globe. The role of NGOs in health system strengthening is part of the development discourse in the past and present. At the year of Alma-Ata, the position paper of General Health Assembly depicted what NGOs can do in primary healthcare (1978). The highlighted suggestions were as follows:

-At all stages in the development of primary health care programs, NGOs can be effective. Recognition by government of the contributions NGOs will ensure maximum benefits of these contributions to the national health program.

-NGOs can promote dialogue with governments, and other non governments to increase the understanding about the primary health care approach, and provide information and create new ways of understanding primary health care to the public and strengthen the communication channels in this regard.
NGOs can assist national policy formation in the areas of health care and integrated human development. They can present health care needs based on their contacts with communities, and they can also interpret primary health care plans to relevant donor agencies.

NGOs can establish means for greater collaboration and coordination of primary health care activities. This can be done among NGOs and between them and governments at local, national and international levels.

NGOs can contribute to primary health care in many ways through program implementation. They can provide assistance to develop and/or strengthen local NGO capabilities and activities with particular attention to local community development groups, can conduct reviews and assessment of existing health and development programs and assist communities in the exercise of their own role in such reviews; a greater emphasis on evaluative techniques will render all new programs more accountable to real community needs, can develop innovative programs placing primary health care in the context of Comprehensive human development, can ensure that their existing programs and new initiatives promote full participation by individuals and communities in the planning and implementation of programs, expand their training activities to based on the primary health care approach, such as training of health workers, strengthening the skills of traditional healers and midwives, encouraging health technologies appropriate to each locality and careful use of resources can contribute to the creation of new and effective methods of health education which enable both individuals and communities to assume greater responsibility for their own health, recognize the essential role of women in health promotion and in the full range
of community development concerns, can further extend their capacity to work with poor, disadvantaged, and remote populations, enabling them to break the cycle of deprivation and in this way contribute to the search for greater social justice.

The role of NGOs in health system strengthening is clearly defined in the official documents of World Health Organizations. The Adelaide Recommendations on Healthy Public Policy acknowledged that “Health is influenced greatly by non-governmental bodies and community organizations. Their potential for preserving and promoting people’s health should be encouraged” (WHO, 1988). Jakarta Declaration on Leading Health Promotion into the 21st Century (1997) observed that “training in and Practice of local leadership skills should be encouraged in order to support health promotion activities. Documentation of experiences of the local groups in health promotion through research and project reporting should be enhanced to improve planning, implementation and evaluation”. The Bangkok Charter for Health Promotion in a Globalised World (2005) proposed to “make the promotion of health a key focus of communities and civil society. Communities and civil society often lead in initiating, shaping and undertaking health promotion. They need to have the rights, resources, and opportunities to enable their contributions to be amplified and sustained. Civil Society needs to exercise its power in the market place by giving preference to the goods services and shares of companies that exemplify corporate social responsibility. Grass-roots community projects, civil society groups, and women’s organizations have demonstrated their effectiveness in health promotion, and provide models of practice for others to follow”. With this understanding of the global picture let us see the national context of NGO involvement in health related development.
The National Context

The Indian tradition of voluntarism was strongly rooted in cultural values of Dhana and Dharma and was further replenished by the nationalistic spirit of freedom strugglers and social reform leaders. The NGOs in pre-independent India were mostly motivated by philanthropic values and charity intentions. Also the freedom movement initiated by Gandhi acted as a triggering force behind voluntary groups. But the post-independence era witnessed the growth of a different kind of NGOs. The rationalist philosophy was strong through Naxalite movements and a situation of social unrest. Class contradictions were becoming intolerable, and the educated youth came out to the villages with their enthusiastic developmental ideas to fight social and economic inequalities.

During this period there were favourable signals from the international financial institutions for increasing participation of the NGOs in the development programmes in the developing and underdeveloped countries. The NGO initiatives were being seriously studied and applauded for their timely and constructive interventions in the development of Third World. The NGOs were being conceived as social and cultural catalyst for initiating change in the attitude and perception of people, for bringing the people in modernisation stream, and socially empowering them to redesign their own life styles and practices to deal with social and economic backwardness (Punalekar, 2004).

The context again changed during the 1980s, when over involvement of professionals and the smooth flow of foreign funds changed the structure and nature of NGOs from the grass-root image to highly professionalised agencies. India was declared
as welfare state after independence and both the central and state government took many initiatives with welfare objectives. The Central Social Welfare Board was established to assist voluntary organizations financially. Later in 1987, CAPART (Council for Advancement of People’s Action and Rural Technology) was set up with the aim of involving NGOs to improve the conditions of rural poor through improved technologies. As Madan (2004) observed,

“the amount of foreign funds received by various agencies increased year by year, as a result most of them have leaned heavily either on the government or foreign funds. With little or no financial support from the people or the community it may not be possible for them to maintain their autonomy and voluntary character. When public contributions are not involved, there is chance of misuse of funds by voluntary agencies” (p. 77).

Indian development sector is largely influenced by the Non Governmental Organizations, which numbers more than 3 million and covers all aspects of growth and development. Most of the first generation NGOs were born out of the public will to address emergency situations created by disasters. Charity formed the basis of voluntary work in the past, and professionalization took over the field in the last decades of the 20th century. The thrust of NGO activities varied from time to time. Income generation activities were the focus of voluntary organizations in the 1960s, which then shifted to ecological, environmental and technological issues. Human rights became the major objective in the 80s, and towards the end of the century women empowerment and health related development gained momentum (Mukherjee, n.d).
It is evident from the existing literature that voluntary sector has played a significant role in providing innovative and quality health services to the needy. The specific role of NGOs in health sector is explored and analysed by international as well as Indian scholars. As in other states of the country the involvement of non governmental entities in health sector are said to have facilitated the growth of Kerala into health literate state with appreciable health indices. In this context a scientific exploration into the contributions of the non government sector towards strengthening the health systems seems highly relevant.

1.2 Justification for the Research

Recent years have seen growing recognition of the need for better, timelier, and more comprehensive information about the scope, nature and characteristics of non profit sector, due to the sector’s increasing size, and its growing political relevance (Grønbjerg & Clerkin, 2005). The current research is an attempt in this line since it proposes an exploration of the nature and characteristics of NGOs involved in strengthening the health system of Kerala.

The research will lead to a comprehensive listing of Non-governmental health projects/programs in the State. The list will also bring to light the ‘missed out’ areas of health care, which may be taken up by the NGOs and Government in future. The identification of ‘left out’ areas of health care will open up new areas of intervention for Medical & Psychiatric Social Workers, who are now concentrated in hospital settings alone. The researcher hope that the study will draw attention to the need for community based health care system. Also the detailed assessment of selected health NGOs will show up replicable models of health care and also let the authorities see their drawbacks
and limitations in the bringing out of health care programs. The study is also expected to probe the organizations for corrective measures.

*Justification in the context of social work education and practice*

Voluntarism and social work are highly related, since both the terms refer to helping the needy. Social Work is a general term that encompasses all kinds of services and activities aimed at helping the poor. When it was established as a profession distinctions were made between voluntarism and professional social work. Social work is defined as helping people to help themselves and it works on the principles of individuality, the individual’s or community’s right to self determination, and strives for ensuring social justice and equality (NASW, 1999). The basic principle of voluntary agencies towards rural development is also to help people to help themselves, and not merely give relief but to facilitate release of people’s potentials. To that extent the voluntary agencies are expected to play the role of an enabler, helper, facilitator, transformer and a catalyst. The primary and secondary social work methods, namely-social case work, social group work, community organization, social work research, social welfare administration and social action can be made use of by the voluntary sector as appropriate methods for achieving their objectives.

The curriculum on social work education and practice has tried to imbibe the values of voluntarism in students through encouraging voluntary field work activities. The social work students are taught the principles, values and theories of Social Welfare Administration with the purpose of equipping them to work as part of development agencies. But the practicum of Community Development and Medical and Psychiatric Social Work which are the major specializations taught in social work colleges in Kerala, seems to be less bothered about facilitating students to gain experience from
the health NGOs in the state. Community Development students are sent to rural villages and the Medical and Psychiatric Social Work students are placed in hospitals for their field work. The health NGOs can be used as a platform for practicing both these specialisations through their agency based and community based health interventions. The current research is an attempt to highlight the health interventions by Non Government sector in the state, so that the social work colleges can collaborate with them for their field work requirements.

The in-depth analysis of organizational Planning-Implementation-Monitoring-Evaluation process will contribute to the knowledge base of Social Welfare Administration. This part of the research will indirectly assess the gap between theory and practice of Social Welfare Administration principles.

**Identified Gaps in Research**

Though the voluntary sector is playing a significant role in providing innovative and quality health services to the needy, there seems to be a lack of comprehensive research attempts on this topic. Various research attempts were made in other states of the country that gives a general picture about the involvement of NGOs in health sector. In Kerala research on voluntary sector mainly focused on role of non governments in rural development (George, 2004). Specific studies which can be placed in the wide spectrum of NGO involvement in health sector were also carried out in the past decade (Azeez, 2015), (Joseph, 2003), (Anish, 2010). Thus the lack of focused studies assessing the contributions of the NGOs towards strengthening the health sector of the state is a triggering factor for taking up the research.
1.3 Methodology

Research on non profit or nongovernmental organizations is subject to various kinds of methodological limitations. One is related to the absence of proper information system or data base with updated and useful information on the nongovernmental organizations. As Grønbjerg and Clerkin (2005) observed,

“..researchers and policy analysts still face major challenges in obtaining useful and timely information about the non profit sector, especially at the sub national level. There are several reasons why these problems persist. First, almost without exception, the existing non profit information systems are limited in scope (e.g., they may include data on employment, finances, and perhaps types of services provided but rarely such important features as staff composition, target populations, reliance on volunteers, organizational structure, management tools and challenges, involvement in collaborations and networks, etc.)” (p. 233).

So the task of identifying the samples for any kind of research on NGOs becomes challenging in the absence of proper data bases.

Second key constraint is with regard to the selection of an appropriate approach that can assess the overall effectiveness of the organization under study. There exist a large number of models to assess organizational effectiveness. As Herman and Rens (1999) commented “there are as many models as studies on organizational effectiveness”. The difference in nature of NGOs and the diversity in their approaches
and value systems make it necessary to have a comprehensive multidimensional framework to assess their effectiveness.

The methodology of the current study is framed with a thorough understanding of these methodological challenges. The researcher chose a mixed methodology. As a method it focuses on collecting, analyzing, and mixing both quantitative and qualitative data for better understanding of the phenomenon under study. Its central premise is that qualitative and quantitative approaches in combination provide a better understanding of research problem than either approach alone (Creswell & Plano Clark, 2007). A survey method was chosen for collecting quantitative information on the nature and characteristics of health NGOs and their health interventions. For evaluating the health NGOs and their programmes, a multidimensional evaluation framework is prepared with theoretical inputs from the existing approaches and models. The methodology is detailed in Chapter 4.

1.4 Outline of the Report

The thesis is organized into the following sections:

- Theoretical Framework- In the first part of this chapter the concepts used in the study are defined and operationalized. The second part is a discourse of the relevant theories and assessment frameworks regarding NGO effectiveness and program evaluations. Based on this the researcher proposes a theoretically informed qualitative evaluative framework that can be used to assess the performance of health NGOs.
- Review of Literature- This chapter discusses the research issues and arguments in the subject area through a review of previous studies, publications and observations by previous researchers and practitioners.
- Methodology- The research questions, objectives, methodology, sampling, research design and process of data collection are detailed in this chapter.
- History of NGO Involvement in Health Sector- this chapter narrates the involvement of NGOs in strengthening the health sector in Kerala.
- Data Analysis & Interpretation- The analysis chapter is divided into 3 sub parts- Nature of Health NGOs, Characteristics of Health Interventions, Evaluation of Health Non Governmental Organizations.
- Findings, Discussion & Conclusion- This chapter comprises the specific results of the study and its direct implications; the regional and state level implications based on the study findings and a briefing of the inferences made through the research.

1.5 Conclusion

The whole platform of healthcare is open to the voluntary sector, and the nongovernments have proved their significant role in enhancing the health status of the community they serve. Identifying the nature and extent of their involvement is crucial for expanding and strengthening their activities. The proposed research is an attempt in this line. With a wide understanding of the non profit sector, the following chapters review the existing theories and previous research attempts on the topic, leading to an appropriate methodology for the research.