CHAPTER 2
THEORETICAL FRAMEWORK

This chapter will converse about the prominent concepts related to the involvement of Non Governmental Organizations in health system strengthening, as well as the major theories and approaches related to the evolution of NGOs, NGO effectiveness, program planning and evaluation. The meanings of relevant concepts are clarified by reducing them to measurable dimensions through the process of Operationalization. Combining the existing theories and approaches, a comprehensive theoretical framework is formulated for the in depth analysis of the unit under study.

2.1 Conceptualization

Voluntary Organization

There is a constant debate regarding the use of terms ‘VO’ and ‘NGO’ interchangeably. It is necessary at this point to clarify the confusion. Voluntarism is always associated with non-paid services. But the scholarly definitions of VOs do not provide a clear distinction between VO and NGO. For example, Bourdillon (1945) defines a VO as the product of blood, sweat and toil of a few individuals who are known for their persistent efforts for achievement of their sincere aspirations. An Indian researcher explains it as an organised group in order to promote common interest, which is voluntary, self-governing and self-financing in its orientation (Sarkar, 2005). He distinguishes VO and NGO as below:
VOs are small in size and run outside the domain of state control, whereas NGOs sometimes provide welfare services as part of or on behalf of the government.

VOs can exist without any legal status, whereas registration is a must for NGOs.

Voluntarism and work without remuneration mostly characterizes a VO, whereas professionalism and paid-services are part of NGOs (Sarkar, 2005).

These distinctions cannot draw a clear border between Voluntary and Non-governmental Organizations. On the other hand, using the terms interchangeably cannot be encouraged at least in the case of scientific research studies.

**Non-Governmental Organization**

The United Nations was the first institution to establish an official use of the term *Non-governmental Organizations*. The term appeared in the Article 71 of the United Nations Charter and Statute of the International Court of Justice, Signed June 26, 1945. It read,

*The economic and Social Council may make suitable arrangements for consultation with non-governmental organizations which are concerned with matters within its competence.* (UN, 1945)

The charter later consolidated economic, social and other organizations in to the term non-governmental organizations. Since its creation by the UN, usage of the
The term NGO developed through appearance in official documents, publications, and through organizations that called themselves as NGOs. The countries which first applied the term NGO to its organizations are those which have maintained closer ties to multilateral or bilateral entities through development projects and as the beneficiaries of aid from these associations. The UN charter established only two types of recognized organizations, governmental and non-governmental only. Thus the term NGO was meant to specify all variety of organizations, which had no tie to the government. The Council of Europe emphasized the non-profit characteristic of International Non-governmental Organizations as,

>This convention shall apply to associations, foundations and other private institutions (hereinafter referred to as NGOs) and the first condition is: Have a non-profit making aim of international utility (Council of Europe, 1986)

In Latin America, different terms were applied to non-governmental organizations: some are simply called non-profit, others social development organizations and so forth.

It is observed that the variety of organizations comprised under the term “Non Governmental Organization” creates difficulties in undertaking studies with a socio political, economic or academic purpose. Also use of more general terms such as third sector and civic society creates more confusion in this regard. (Olivo, 2007).
The theoretical framework defines the term NGO on multiple dimensions. Some refer to NGOs as part of the voluntary sector or the non-profit sector, while the term “third sector is also a widely used one. Marc Nerfin called NGOs the third sector since it represents people’s power. Citizens and their associations, when they do not seek either governmental or economic power, constitute the third sector (Korten, 1992). NGOs together are part of the private non-profit sector, a term invented in the latter part of the nineteenth century in order to distinguish between the private and the government (Salamon, 1987).

NGOs are often termed as Civil Society Organizations, a usage that needs clear distinction. Civil society is defined as an entity that inhabits the area between individuals or families and the state. It ranges from political parties to business corporations and includes groups aiming to influence the formation and operation of public policy and groups that have no concern of public domain at all. Blair defines CSO as “an NGO which has one of its primary purposes influencing public policy” and it clarifies that while all CSOs are NGOs, all NGOs are not CSOs.

NGOs are organizations that are not mainly financed by governments, and not under the control of governments (Cumper, 1986). In other words, NGOs are entities registered as public trusts or societies. They adopt welfare programs that can be funded by government. They do not generate their own funds completely but rely on external assistance from both national and international agencies.

They are private organizations, but are not expected to make any profit (Duggal, 1988). D. Rajasekhar (2000) describes, voluntary formation, working towards
development and amelioration of suffering, working with non-self serving aims, and relative independence as the major characteristics of Non-Governmental Organizations. Under a broad definition NGO includes any organization that is not part of the government but operates in a civil society. They may be organizations such as political groups, labor and trade unions, religious organizations, sports, arts and cultural clubs, professional associations, and consumer organizations.

The researcher after considering the practical dimensions of the proposed research have narrowed down the broad implications of the term NGO in to non-profit making organizations that are involved in health related development for a specific period and are registered as a public trust or society.

**Health**

Earlier, health was understood as merely absence of disease. But the efforts to eradicate diseases could not ensure good health to people, especially to the marginalised and disadvantaged groups. Redefining health as a more comprehensive term was highly needed. World Health Organizations and related agencies took the lead in these efforts. As a result, various dimensions of health were identified, namely- physical, mental, social and spiritual.

The widely quoted definition of health by World Health Organization defines health as a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity. The Ottawa Charter for Health Promotion (WHO, 1986) further stated that health is not just a state, but also “a resource for everyday life, and not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities”.
Health is now identified as a basic human right and as the most essential component for social and economic development. The social determinants of health such as peace, shelter, education, food, income, stable eco-system, sustainable resources, social justice and equity are considered as fundamental conditions necessary for good health (WHO, 1986). There is wide understanding of the importance of focusing on these dimensions for enhancing the health status of a community.

As per the definition of WHO, there are different dimensions to health. Physical health is a state of optimum functioning of all organs in the body and mental health is the ability to adjust with the various experiences of life with a positive attitude. Social health is the harmonious relationship between the individuals and the society. Spiritual health is the ability of the individual to find the purpose and meaning of his life (WHO, 1986).

**Health Intervention**

Health Intervention can be defined as any program or activity intended to bring about positive changes in the health status of an individual, a group or a community as a whole. It can be preventive, curative, rehabilitative, palliative and also promotive in nature.

Interventions aimed at reducing or eliminating the onset, causes or recurrence of a disease is called prevention (NPHP, 2006). Treatment of diseases is curative and interventions improving the quality of life of people with advanced life threatening or debilitating illness are palliative in nature. Through palliative interventions, the patient and the family is supported to cope with the illness and even bereavement (Pallium India, 2013). Promotive interventions are directed towards the social determinants of
Theoretical Framework

health. “It combines diverse but complementary methods or approaches including communication, education, legislation, fiscal measures, organizational change, community development, and spontaneous local activities against health hazards” (WHO, 2005). In the purview of this study all the above mentioned aspects of health care are acknowledged as health interventions.

Health System Strengthening

As WHO defines health system strengthening by any organizations can have two components—one is, identifying and implementing changes in the policy practice of a country’s health system, resulting in a better response to health challenges and the other is any kind of initiatives or strategies leading to better health of a particular population through improvements in access, coverage, quality or efficiency.

Ohanyido (2012) identifies six key areas of health system strengthening by NGOs, namely, health service delivery, health work force, health information system, access to essential medicines, health systems financing, leadership and governance. He elucidates the role of NGOs in health system strengthening as follows:

♦ NGOs can work to ensure that the Health services are efficient, effective, and accessible.

♦ NGOs can work within the health system to ensure that the number of well-trained staff is available through capacity building or advocacy to government etc.
• NGOs can help ensure that the Health information systems is able to generate useful data on health determinants and health system performance and also avoid creating parallel systems

• NGOs can work with all stakeholders to ensure that there is access to medicines, vaccines, and medical technologies in an equitable fashion.

• NGOs can help strengthen Health financing systems by exploring funding sources and advocating to stakeholders to raise adequate funds for health, ensuring that people can access affordable services.

• NGOs can strengthen the system by ensuring that the Leadership must guarantee effective oversight, regulation, and accountability.

The nature of health interventions by NGOs reveals that they can be called as “complex interventions”, because they are not drug or surgical procedures, but have many ‘active ingredients’. (Campbell, Fitzpatrick, Haines, & Kinmonth, 2006). Health care that was earlier carried out by medical professionals alone is now viewed a responsibility of the public itself. Politicians, academicians, social activists, lawyers and ordinary people participate in various kinds of health activism through civil societies. All such activities undertaken by NGOs with the purpose of strengthening the health system are part of this particular research.
Advocacy, Lobbying and Networking

Advocacy in general terms is influencing public policy. When advocacy is defined in the large context of public policy, it can be formulation, influencing, altering, modifying, implementing, discarding, resisting, encouraging a particular policy (Tandon, 1993). Advocacy is not merely community mobilisation, but when community is mobilised for resisting anti-poor policies, or with the purpose of formulating constructive contents for revising or formulating a policy, it is advocacy. According to existing guidelines and literature on advocacy, there are various approaches to advocacy, namely advocacy through media, legal approach, advocacy through research etc. Lobbying is the act of influencing decisions. The term lobbying is supposed to have emerged after the meetings of legislators and petitioners at the lobby of the Willard Hotel in New York during the 1800s. As the term denotes, it is dialogue with the government or state officials for a policy change, and thus it is a part of advocacy.

Networking is generally sharing of experience and expertise. In practical sense, the meaning of networking can range from just “keeping in touch” (Shepherd, 1998, p. 227), to organizing joint seminars or events, to national and even global campaigning (Holmén & Jirström 2000). Networking facilitates learning from each other (Holmen, 2002). Since an NGO as a small entity cannot exist as an independent unit, networking seems to be a cost-effective means to reach a wider population.

With an overview of the major concepts used in this research, the next session is a brief summary of the theories on NGO formation, approaches and methodologies to measure NGO effectiveness leading to the development a theoretical framework for evaluating health NGOs.
2.2 Theoretical Framework

Theories on NGO Formation

Various ideas and ideologies are part of the evolution of Voluntary and Non-Governmental Organizations. Here is a brief discussion of the same, so that the researcher can emphasize and the readers can identify the relevance of the proposed study regarding role of NGOs in healthcare sector.

A widely discussed proposition regarding the evolution of NGOs is the Welfare State theory. According to Rudolph (1997), welfare state commits itself to ensuring within the framework of a mixed economy a minimum level of welfare for its citizens by enacting employment, social insurance and public assistance policies. After independence, India also became a ‘welfare state’, which made welfare of people, a responsibility of the state. Social Services were institutionalised and welfare programmes were designed for the weaker sections (Sarkar, 2005). But as Srivastava (1999) points out, ‘the state monopolised the social service sector and was largely its sole patron. After World War II, there was a gradual decline in the Welfare State and it was visible in the nineteen eighties, when the Governments in developed countries started reducing their involvement from social service sector. This gap triggered the genesis and spread of NGOs across the world and they were acknowledged as major change agents.

The assumptions made by the Market Failure Theory is that the voluntary sector emerged as the combined product of market failure and providers of collective goods (Salamon, 1987, p. 35). On the basis of this theory, it is said that when
Government failed to meet the need of people, the voluntary sector emerged to meet the ‘unsatisfied demands’ of specific segments of community.

The “contract failure” theory of the voluntary sector, reasons that the existence of voluntary organizations is due to a market condition called contract failure (Salamon, 1987, p. 36). The theory says that for some goods and services (e.g., care for the aged), the purchaser is not the same as the consumer. In such circumstances, the market does not have basic information to provide suitable services according to consumer’s choice. Here arises the need for an alternative that can offer the purchaser a degree of assurance that the goods or services being purchased meet adequate standards of quality and quantity, and as per the theory, the non-profit forms this alternative. Non-profit organizations work for more charitable purposes and are more worthy of the trust of the purchaser, unlike for-profit businesses that are motivated by profit and therefore tempted to betray the trust of a purchaser (Sooryamoorthy & Gangrade, 2001)

**Approaches to Measure NGO Effectiveness**

The concept of organizational effectiveness has received greater attention in recent years in the non-profit research and practice. But there is no consensus both theoretically and empirically on what is organizational effectiveness and how can one measure it perfectly. Sowa et al (2004) observed that,

“..questions of effectiveness have become increasingly important in the world of practice, as government and philanthropic funders, clients, and the public exert increased pressure on non profit organizations to demonstrate their impact on complex social
problems. Tools such as outcome measurement, benchmarking, and quality systems are being adopted to build organizational capacity and achieve greater effectiveness. These developments create an even greater imperative for scholars to agree on common criteria that define effective non profit organizations and provide frameworks that can facilitate the assessment of effectiveness”.

The review of existing literature on NGO/NPO effectiveness shows the following trends: there is a broad scholarly consensus that one-dimensional measures of effectiveness are not useful— even though such measures are commonly used by NGO/ NPO rating agencies; the scholarship on NGO/NPO effectiveness is dominated by conceptual works, while empirical studies remain rare; a consensus on how to operationalize effectiveness remains elusive (Lecy, Schmitz, & Swedlund, 2012). In a review of literature on organizational effectiveness from 1950 onwards, the researchers concluded that there are three main schools with different approaches to effectiveness. They are goal attainment, resource-control, and social constructivism/reputational perspectives. These approaches are discussed in detail.

As per goal attainment model, effectiveness is defined as a complete or at least partial realization of the organizational goals (Etzioni, 1960, 1964, 1975; Price, 1972; Bludorn, 1980; Hall, 1980; Latham & Locke, 1991). Etzioni wrote that, organizations are deliberately constructed and reconstructed to seek specific goals. Evaluating the extent to which goals are attained, can be applied in for-profit organizations, since they have clearly measurable outputs. But this approach poses many challenges in case of development organizations, where there is a profit non-distribution constraint. Every NGO starts with at least 3 or 4 objectives/goals. This
plurality of goals makes the task of evaluating overall effectiveness a hurdle. Organizations with clearly defined and easily measurable goals may be assessed using the rational goal model. On the other hand, organizations with more ambiguous goals may be better appraised using other factors, such as fiscal health, the ability to attract and sustain resources, or the ability to satisfy key stakeholders. Also the outcome is often difficult to measure since it requires operationalization of terms like need satisfaction, community impact etc. which are abstract in nature. A related approach is Management by Objectives. It is an ultimate goal-oriented model of effectiveness. In MBO approach the relevant measure of effectiveness is the determination of which objectives were achieved or not achieved. (Martz, 2008)

According to systems resource approach effectiveness of an organization is the ability to acquire scarce and valued resources from the environment. In detail, this approach assumes that organizational activities take the form of transactions in which scarce and valued resources are exchanged under competitive conditions. The organizations success over a period of time in this competition for resources-i.e., its bargaining position in a given environment-is regarded as an expression of its overall effectiveness (Yutchman & Seashore, 1967).

According to the contradictions model the idea of trying to characterize a whole organization as totally effective or ineffective is problematic. In any complex organization there may be parts of the organization that function well and suggest effectiveness while other aspects of that same organization perform poorly. The four assumptions of Contradictions model are a) Organizations face complex environments that place multiple and conflicting demands and constraints on them. It may not be possible to succeed in meeting all the environmental conditions an
Theoretical Framework

organization faces b) Organizations have multiple goals which may be conflicting to each other and so it is impossible to maximize the achievement of all goals c) Organizations face multiple internal and external stakeholders or constituent groups that make competing or conflicting demands. It may be impossible to satisfy all groups of people who express interest in a company d) Organizations must manage multiple and conflicting time demands. Satisfying short- or long-term demands at the expense of the other may result in sub-optimal performance.

Methodologies to measure NGO effectiveness

Based on the above discussed theoretical approaches, various methodologies are applied to measure Organizational Effectiveness, in business as well as non-profit organizations. Prominent ones are the appreciative enquiry, balanced score card, Malcolm Baldridge Quality Awards etc.

Appreciative enquiry refers to a search for knowledge and a process of intentional collective action which are designed to help evolve the vision and will of the company as a whole. In distinction to traditional strategic planning, the approach lays not so much in goal-seeking or problem solving as in organizational innovation (Whitney, 2010). Appreciative inquiry refers to a research and planning perspective that is uniquely intended for discovering, understanding, and fostering innovations in organizational arrangements and processes. Its purpose is to contribute to the generative aims of the organization and to use such knowledge to promote the effectiveness and continuing success of the organization. AI follows five principles in understanding an organization –the constructionist principle, the principle of simultaneity, the poetic principle, the anticipatory principle, the positive principle (Barrett, 2005). Through appreciative inquiry, the researcher acknowledges what has
been accomplished by the organization so far, leverages the strengths and assets of the organization, generates provocative and innovative ideas and collaborates among key executives and managers (Cooperrider, 2008).

The Balanced Scorecard is an approach to strategic management. It is a management and measurement system that enables organizations to clarify their vision and strategy and translate them into action. Developed by Drs. Robert Kaplan (Harvard Business School) and David Norton, it provides a clear prescription about what companies should measure in order to ‘balance’ the financial perspective. It provides feedback on the internal business processes and external outcomes in order to continuously improve strategic performance and results. With it you view the organization from four perspectives, develop metrics, collect data, and analyze it relative to the perspectives including:· learning and growth, business process, customer and financial aspects (Lawrie & Cobbold, 2004)

Methodologies to Measure Program/Project Effectiveness

Evaluation has taken an especially prominent role in practice because of the focus on evidence-based practice in social programs. EBP mostly means using program evaluation data to help determine best practices. Since health intervention by non-governmental organizations is the particular focus of this study, more discussion is needed on the evaluation of NGO program/project effectiveness. The Strength Weakness Opportunity Threats (SWOT) Analysis and Process evaluation are widely used in NGO/project evaluation studies
SWOT analysis is a widely used tool that helps NGOs to assess their own capacity and capabilities. SWOT stands for Strengths Weaknesses Opportunities and Threats. Table 2.1 gives some basic SWOT questions that organizations can ask themselves, doing an internal evaluation process (Pahl & Richter, 2009).

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the resources available?</td>
<td>What are the drawbacks or limitations?</td>
</tr>
<tr>
<td>What tasks are we doing well?</td>
<td>What hinders the progress?</td>
</tr>
<tr>
<td>What advantages we have over other such organizations?</td>
<td>What could we do well?</td>
</tr>
<tr>
<td>What do we lack when compared to others?</td>
<td></td>
</tr>
</tbody>
</table>

Explore areas of resource utilisation, staff strength, expertise, management capacity, program characteristics etc.

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the factors outside the NGO that could help us do better</td>
<td>What are the factors outside the NGO that could be harmful to us doing better?</td>
</tr>
</tbody>
</table>

Explore social trends, government policies, public response pattern etc.
Process Evaluations intend to explore the implementation, receipt and setting of an intervention and help in the interpretation of results. Process evaluation examines “How does the intervention works?”. They may aim to examine the views of participants on the intervention; study how the intervention is implemented; distinguish between components of the intervention; investigate contextual factors that affect an intervention; monitor dose to assess the reach of the intervention; and study the way effects vary in subgroups (Wight & Obasi, 2002). Although “process” and “qualitative” are often used interchangeably, data for process evaluation can be both quantitative and qualitative. For example, in a series of systematic reviews of research on health promotion and young people, 33 (62%) of 53 process evaluations collected only quantitative data, 11 (21%) collected only qualitative data, and nine (17%) collected both (Oakley). Moreover, Process Evaluation of the program is a snapshot of the program at any given point of time. It is concerned with identifying program strengths and weaknesses. It can be useful, that it can provide a context in which to interpret program outcomes and so that other agencies or localities wishing to start similar programs can benefit without having to make the same mistakes (Logan & Royse, 2010)

Sowa, Selden and Sandfort (2004) suggested a Multidimensional and integrated Model of Non Profit Organizational Effectiveness (MIMNOE). It takes in to account management effectiveness and programme effectiveness and also analyse factors that affect the program outcomes. The approach looks in to the capacity and outcome variables both at management and programme level. Management and Program effectiveness are identified as the primary dimensions of effectiveness. They are further divided in to two sub dimensions, (a) capacity (processes and structures)
and (b) outcomes. They suggested that both objective and perceptual measures are needed to fully capture the dimensions of effectiveness and that a model of organizational effectiveness should allow for organizational and programmatic variations within a systemic structure.

### 2.3 Issues in Evaluating NGOs

An overview of the theories of NGO formation put forward by previous researchers show that, NGOs bear the responsibility of meeting the expectations of specific target groups and communities, with their alternative developmental strategies. How far these voluntary entities are meeting the expectations is subject to scientific and objective evaluation of their efforts. Evaluating NGO efforts in any sector of development is a difficult task. This responsibility is either taken up by external agencies or by the NGO itself. If an NGO has a monitoring and evaluation (M&E) mechanism of its own the task is easier, but in most of the cases such a system is absent (Lecy, Schmitz, & Swedlund, 2012). NGOs commonly assess their own programs and projects without scientific evidence and claim that they are successful.

The DAC Study that collected information from nearly 60 research reports from around 26 countries observed that,

“...a repeated and consistent conclusion drawn across countries and in relation to all clusters of studies is that the data are exceptionally poor. There is a paucity of data and information from which to draw firm conclusions about the impact of projects, about efficiency and
**Theoretical Framework**

Effectiveness, about sustainability, the gender and environmental impact of projects and their contribution to strengthening democratic forces, institutions and organisations and building civil society. There is even less firm data with which to assess the impact of NGO development interventions beyond discrete projects” (Riddell, 1997, p. 99).

So the question is how to conduct a scientific unbiased evaluation. In order to tackle this question it is necessary to identify the troubles occur during the evaluation process by NGOs. As Fowler (1997, p. 160) and Riddell et al. (1997, p. ix) put forward, the pertinent reasons for low standard evaluations are ambitious expectation of the firms, the complexity of scales or tools used for evaluation, diversity of activities and vague, immeasurable objectives, lack of baseline data and absence of a monitoring mechanism within the agency. These reasons are still relevant and the evaluators often disregard them and prepare shallow reports that exhibits mostly quantitative target achievement information.

In the context of NGOs working with multiple objectives that are rarely measurable, any of the above mentioned approaches or methodologies does not seem to be sufficient enough to undertake an effective evaluation of their impact on the society. Thus the researcher proposes an evaluation framework that combines multiple dimensions from the existing theories and approaches, for evaluating the strategies of NGOs, specifically the health NGOs.
2.4 A Multidimensional Evaluative Framework for NGOs

Multidimensional models of organizational effectiveness have gained prominence among non profit scholars, with many studies using multidimensional approaches and others arguing that the nature of non profit organizations demands frameworks that capture multiple dimensions of these organizations (Sowa, Selden, & Sandfort, 2004). The current study intends to make a contribution to this movement.

After a review of existing theories, approaches and methods for NGO evaluation, the researcher is proposing a theoretically informed qualitative evaluative framework for evaluating the NGO strategies in health sector. The process of evaluation needs to engage the NGO management, staff, field level workers and the community where the NGO is working. The observations can be recorded by the evaluator and then be produced as an evaluation report that narrates the strengths and weaknesses of the organization and proposes corrective measures for better involvement in health sector.

The seven dimensions in the proposed framework are:

1. Attainment of Health Specific Goals
2. Access to and Utilisation of Resources
3. Management Capacity
4. Community Participation
5. Sustainability of Interventions
6. Stakeholder Analysis
7. SWOT Analysis


**Attainment of Health Specific Goals**

In order to assess the extent of goal achievement the goals need to be specific, measurable, achievable, and realistic and time bound. In the case of NGOs in general and health NGOs specifically the objectives are rarely measurable. Thus it is difficult to comment whether an objective is attained or not. The best possible thing an evaluator can do is to check whether the activities are in line with the stated aims or the both are at extreme ends. This approach is more helpful in case of agencies with multiple objectives that are entirely different from each other. Each objective can be cross checked with the activities carried out. So this dimension of the proposed framework aims to relate the activities carried out by the organization with their stated objectives and to find out how far the both are connected.

**Access to and utilisation of resources**

Scarcity of resources is pin pointed by previous researchers as the most common threat to the voluntary sector. And resource mobilisation is often misinterpreted as fund raising alone, where as many of the NGOs even lack enough infrastructures to work on. Thus the second dimension of the evaluative framework is an appraisal of the organization’s access to resources (specifically financial resources and material resources such as building and vehicle) and the extent of resource utilisation. Here the evaluator can judge the resource mobilisation efforts, identify the sources and assess the sustainability of these resources and the extent to which the available resources are contributing to the mission of the organization.
Management Capacity

Non Government Organizations are mostly controlled by the management or sometimes by a single person who started the NGO. The boards of non profit organizations perform important governance and legitimating functions. They have the responsibility of ensuring that the organization lives up to its mission and expends resources in a fiscally responsible manner (Abzug & Galaskiewicz, 2001).

The potential of management to effectively organize and implement need based programs is key to the functioning of any NGO. Thus the third dimension of the evaluative framework aims to assess management capacity. This dimension will evaluate the Involvement and influence of board members in NGO activities and the nature of human resource management in the agency.

Community Participation

NGOs are known for their proximity to the communities they serve. But the actual picture is contradictory to this notion. After the era of professionalization in the NGO sector, the grass-root connections have weakened seriously. This trend has resulted in unrealistic program planning and unsustainable interventions. In order to understand the potential of an NGO, its involvement with the community needs to be explored. The fourth dimension of the framework aims to assess the community participation of the NGO. The organization’s understanding about the community they serve is explored and the extent and methods of community involvement in NGO Programs are identified through interaction with the management, staff as well as the community members. This dimension will also check if the interventions are innovative and are according to the prior needs of the community.
**Sustainability of interventions or sustainability of the NGO**

Sustainability of a project/program/intervention can be described in two ways. One is the continued availability of resources even after the project duration is over. Another dimension is that the results of the intervention continue to sustain or the goals continue to be satisfied according to the current needs of the target group even after the intervention is over. The latter one is relevant in the context of health interventions since the health issues addressed by the NGO interventions are expected to be resolved in a sustainable manner and the results are expected to last even after the NGO’s withdrawal. This particular dimension is not applied in this study because, most of the health specific NGOs that took part in the study are implementing one-time interventions for the general public instead of targeted, time-bound projects. The sustainability of the health interventions can be assessed through beneficiary interactions and such kind of a sustainability check can be performed only in time-bound and targeted interventions.

**Relationship with multiple stakeholders**

Stakeholders of an organization are persons or entities who are interested in the programs of the organizations and who act to manage these interests. Stakeholder analysis is generally defined as the process of systematically gathering and analyzing qualitative information to determine whose interests should be taken into account when planning and implementing interventions. In case of health NGOs, the potential stakeholders are health professionals, beneficiaries/community members, policy makers, government, social networks, media, other NGOs, donor agencies, local politicians. The evaluator can facilitate a
Theoretical Framework

brainstorming process for the respondents to identify the key stakeholders. These stakeholders can then be prioritised according to their importance and the level of influence in NGO interventions. The process will be helpful for planning programs with due focus on important stakeholders.

**SWOT Analysis**

The proposed framework also includes an analysis of the strengths, weaknesses, opportunities and threats of the health NGOs as described in table 2.1

### 2.5 Conclusion

As Parsons (1938) opined, without acknowledging the existing controversies in the subject area the social science researcher cannot move forward and make relevant contributions to knowledge. Scientific knowledge is not merely a collection of facts. Researchers cannot study a phenomenon completely, instead they collect important facts. The logic of this selection is theoretical knowledge of the phenomenon under study. The review of concepts and theoretical schemes in the area of NGO evaluation helped the researcher in framing specific research questions. The review of past studies and existing research issues in the area of health NGOs also strengthened the foundation of the research, and a summary of this review is presented in the next chapter.