CHAPTER 7
FINDINGS, SUGGESTIONS & CONCLUSION

Non Governmental Organizations are widely accepted as an alternative to the Government in the efforts for development. The involvement of NGOs in health system strengthening has been a topic of discourse in all parts of the world, and the focus of discussions ranged from role assessment to measuring effectiveness. Based on the broader context of health system strengthening activities by international, national and local NGOs across the globe, the researcher had tried to explore the health system strengthening activities by Non Governments in Kerala and to evaluate their intervention strategies. The major findings based on the key objectives are listed in this chapter.

7.1 Major Findings

Visible shift in the NGO sector from religious to secular orientation

There is plenty of evidence in literature regarding the contribution of religious organizations in overall development of the state, and in health sector too (Chowdhary, 1990) (Jain, 1997) (Mukhopadhyay, 2015). But the pattern seems to be changing, and more independent organizations of secular orientation are established and are involved in health sector. Only 27.5 % of the total sample is associated with religious entities and only one NGO with religious orientation was identified as a health specific NGO and the others included health related development as one of their objectives. More than half of the health NGOs is independent established by persons from various sectors of life such as lawyers, politicians, social activists, doctors, scientists, teachers and lay persons.
The religious orientation of non government organizations has certain pros and cons. They are mostly working on foreign aid and this influences the selection of programs. The component of actual need is often missed out, and interventions are planned based on felt need or donor requirements. Moreover religious NGOs are often formed out of an obligation of the religion to serve people, whereas the secular or independent NGOs evolve out of common man’s realization about his responsibility for serving the poor and the needy. This difference is visible in the type of interventions provided by the two kinds of health NGOs. The religious one’s focus more on conventional areas of health such as disability aids, counseling services and sort of integrated community development programs, while the independent NGOs are concentrating on health promotion activities. This trend can be attributed to the increased awareness of the new generation NGO managements about current health status of Kerala that is burdened with lifestyle diseases.

**Misutilisation and underutilization of foreign financial aid**

The Foreign Contribution Regulation Act, 2010 monitors and regulates the flow of foreign aid to Non Governmental Organizations in India. It also aims to prevent misuse of foreign fund by registered associations. The process of registration is stringent, and only organizations with a proven track record of at least 3 years are granted registration after thorough scrutiny of antecedents of the organizations and of the office bearers too. Special Prior Permission is granted to new organizations, to receive foreign fund. The process is controlled by Ministry of Home Affairs. A total of 2436 NGOs in Kerala are registered under FCRA, and a majority of them are having religious affiliations.
The tax exemption under societies registration act is often misused for receiving foreign donation in the disguise of charitable acts. Thus the FCRA registration puts the NGO in shades of doubt. Recently more than 4000 NGOs in India were blacklisted by IB following a probe after allegations against NGOs supporting the anti-Koodamkulam struggle.

As per the records of Ministry of Home Affairs, Govt of India 468 organizations in Ernakulam district are registered under FCRA. Among them only 16 were identified as health NGOs based on the research inclusion criteria. 60% of the Health NGOs are not registered under Foreign Contribution Regulation Act, revealing that they are not receiving any foreign aid for their activities. Among the unregistered ones, the complexity of registration was cited as a reason by organizations that lacked professional staff. The taboo attached with receiving foreign funds was also reported as a major reason for not trying for FCRA registration.

**Health NGOs and their interventions are urban centered**

Non Governmental organizations came as an alternative when governments failed to reach the rural poor. So it is expected that NGOs exist in rural communities to cater to their development needs. But the geographical distribution of Health NGOs in Ernakulam shows that 80% of them are situated in urban area, in the heart of Ernakulam city and only 20% are in villages. Their interventions too show a similar pattern. More than half (54.86%) of the interventions are located in the urban centers. 35.39 % of the interventions are carried out in rural areas and only 9.73% of the programs are executed in coastal villages. This finding substantiates the comment of Mukopadhyay that “all voluntary initiatives are not necessarily in the area of extreme needs.”
Even in Kerala, they are not necessarily in the least developed parts of the state” (Mukopadhyay, 2000).

This trend is not desirable since NGOs are expected to serve the poor. Their concentration in the urban centers implies that the beneficiaries belong to the middle or upper middle class of the society, who have other alternatives than the voluntary services, to look in to when they are in need. There are urban slums, colonies, migrant labour camps and coastal villages, where voluntary efforts are mostly needed for prevention of diseases as well as promotion of a healthy lifestyle. But the NGOs in the district though not purposefully, neglect these areas of extreme need. This disparity is visible in the distribution of health interventions too.

Relationship of Health NGOs with Government is limited to implementation of National Disease control programs, but the health specific NGOs are involved in policy level discussions

The Government of India encourages the participation of non governments in the implementation of its various health schemes and projects. This is mainly because government expects that NGOs can better implement the program components with their resources and increased access to local communities. The major programs that include NGOs in the implementation stage are National Rural Health Mission, National Aids Control Program, and National Tobacco Control Program. Contrary to the observations of Mukopadhyay regarding the approach of government to NGOs, the state government of Kerala has started inviting NGO officials for policy level discussions and planning. The NGO sector claims that most of the health projects initiated by state are the projected version of NGO interventions implemented in micro level. The organ
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Donation campaign – Mritisanjeevani and Kerala State Dementia Initiative-Smruthipadham substantiate the above statement. Though the relationship between Government and NGOs seems better, the challenges of red tapism, absence of specific guidelines for program implementation and delay in allocating necessary financial assistance are still persistent on a high scale.

**Health NGOs have constructive links with for-profit organizations but the networking between health NGOs is weak**

The voluntary sector in Ernakulam is not reluctant to join hands with the corporate sector and this collective have accelerated the momentum of their efforts towards better health. Hospitals around the city are the mostly networked entities by NGOs. Lourdes Hospital, Lissie Hospital, Medical Trust, Amrita Institute of Medical Sciences, Lakeshore Hospital, PVS Hospital are associated with the voluntary sector in their extension activities. The hospitals are mostly engaged in observing specific days such as cancer day, AIDS day, anti-tobacco day etc, and in organizing medical camps. Other business entities in the district are involved in health sector as part of their Corporate Social Responsibility. Apart from joining with the health NGOs in sponsoring their events, they have individual programs in health system strengthening such as ambulance services, pain and palliative care clinics, financial assistance for treatment of cancer and such fatal ailments etc. As mentioned by Pyres (2011) the involvement of corporate foundations is visible in Kerala too. Examples are The Muthoot Foundation, CV Jacob Foundation, K Chittilappilly Trust etc. The 10% of health NGOs who are not associated with any kind of business organizations are mostly (3 out of 4) religious organizations, though no special reason could be identified behind this lack of affiliation.
Networking between NGOs is observed in terms of information sharing, capacity building and organizing joint events. 37.5% of the health NGOs were part of an NGO network and the majority of the samples (67.5%) were not part of any NGO groups. The major networks identified were Anti-Tobacco Network organized by Kerala Voluntary Health Services, NGO forums organized by National Rural Health Mission. Only a limited number of Health NGOs could inform the researcher about another health NGO working in their vicinity. This shows the lack of awareness about the existing services by the service providers itself.

**Health NGOs have limited interventions in policy level but those who intervened could make changes**

Involvement in advocacy by the health NGOs in Ernakulam is very minimal; say only 7% of them are actively working towards policy level changes and modifications. Most of them claimed that they are involved in some kind of advocacy work, but indirect probes revealed that activities like awareness generation, trainings and educational leaflet distribution etc are misinterpreted as advocacy.

Those who are involved in advocacy have made use of the various approaches such as campaigning through media, sensitising the target population about the need for policy change, organising public events and legal action. Two health specific NGOs, Mythri and Kaniv were found to have intervened through means of media, legal action and lobbying towards the modification the Mental Health Act, 1987. Their focus was on licensing of mental health care institutions and the property rights of mentally ill. Kochi Health Mission has done a commendable work in the area of generic medicine. They prepared a report on generic medicine availability and possible interventions in
Kerala that proposed a number of practical recommendations to the government, private health care agencies, drug manufacturers, medical professionals and to the public. SORT was instrumental in setting up the Mritasanjeevani-organ donation program initiated by the state government. All these instances validate that health NGOs in the district are capable of effective policy level interventions which is the prominent part of health system strengthening as defined by WHO.

**Performance accountability measures are absent**

NGOs are independent organizations and they enjoy the power of independent decision making. But the lack of a controlling mechanism often puts them in trouble. The research revealed that only 47.5 % of the Health NGOs were accountable to a controlling body such as religious authorities, or to certain Government departments and in some cases ( 9 out of 19) to the donor agencies. Four of the Health NGOs were associated with Indian Medical Association, but they detached themselves from the control of IMA for specific reasons. More than half of the Health NGOs were not accountable to any controlling body.

Financial accountability is made mandatory to NGOs registered under the Society’s Registration Act by section 13 of the act. It demands that every organization registered under the act, must submit audited balance sheet and income & expenditure statement annually to the register. Performance accountability is mostly limited to preparation of annual reports and publishing it by print or online.
Most of the health interventions are community based

The initial categorization of health interventions by the health NGOs was done according to the type of intervention—whether the intervention is community based or agency based. Interventions in which the NGO staff went to the people and provided services were termed as community based and those interventions in which people approached the Organization to avail the service were classified as agency based interventions. The wide varieties of interventions were analyzed with this parameter and it was concluded that 85.84% of the Interventions were community based and only 14.15% were agency based. The agency based interventions were mainly counseling services, legal or medical information to the sick, financial assistance for treatment.

The health intervention by NGOs cover a wide range of target population

The health interventions by NGOs in Ernakulam District cover all segments of the population namely, children, adolescent, aged, terminally ill, and persons suffering from cancer, cardiac ailments, physical or mental disability, communicable diseases such as HIV/AIDS, Tuberculosis etc. More than one fourth of the interventions are aimed at the overall health promotion of the general public. Though this picture is convincing, a deep look in to it reveals that there are unreached groups and unmet needs. Maternal health with focus on pregnant and lactating women, sexual health of adolescents, health care for victims of gender based violence, etc are potential areas for NGO involvement. Though Government implements projects for the above mentioned groups, there are still gaps in the achievement of envisaged goals of the
government interventions. NGOs can bridge this gap either through direct interventions or through linking the needy with government departments.

**There is a growing concern for the preventive and promotive aspects of health**

As evident from the existing literature, the health interventions can be classified as preventive, curative, palliative and promotive as per the level of intervention. The study illustrates that 33.63% of the interventions are meant for overall health promotion. One fourth of the interventions were preventive in nature whereas only 11.50% were set up with curative purpose and 29.20% were exclusively for palliative care of the terminally ill. The experienced Health NGOs with more than 10 years of experience who implemented large scale community based integrated health programs are now concentrating on health promotion activities.

**There is not much dependence on foreign funds by health NGOs**

Health NGOs depend on various sources for financial back up. The local donations contribute to 33.62% of the health interventions in the district. It is observed that there is an increase in local donations since people are more aware about the voluntary activities and are more willing to donate for a good cause. These days charity is encouraged even from childhood through religious and educational institutions and wide coverage is given by the media to any kind of charity giving. Foreign financial aid is availed for 39.82% of the health intervention. The paradox observed in this context is that the organizations working with limited resources are not even registered for FCRA while the well established ones are having the added advantage of financial support from overseas. The question about foreign donation seems sensitive and there is lack of transparency in this regard. The amount of foreign fund involved with each
NGO is not available for public scrutiny, which makes the task of estimating the extent foreign donor influence, a difficult one. Cochin Cancer society is following a best practice in this regard. They update their website every year on the amount received as donation and the amount spend for their interventions. CSR wing of industries contribute to 18.58% of the health interventions. A very limited percentage of the interventions are funded by Government (7.96%).

**Involvement of professional social workers is limited in health NGOs**

The collected data on human resource shows that 37.16% of the interventions were carried out by volunteers, 23.89% by paid staff and the remaining 38.93% was executed by a group of volunteers and paid staff. The volunteers who worked as part of these health NGOs share some characteristics. Most of them are professionals from various disciplines who set aside their leisure time for voluntary activities and they are trained by the respective health NGOs for the specific tasks to be carried out as part of their health interventions. The paid staff can be categorized into professionals and non-professionals. The non professional category is mostly trained animators or volunteers from the community itself. They work as field level functionaries and are later recruited by the NGO as permanent paid staff. A benefit of this approach is that they don’t need any kind of induction in to the organization, since they already feel part of it.

Professionals in health NGOs are from management, social work, psychology. Social Workers were part of only one fourth (25.66%) of the total number of health interventions. They were employed as project coordinators, consultants, and field staff and as student trainees.
There is a shift from time-bound targeted interventions to one-time general interventions

According to the period of execution or duration of the intervention, the health interventions were classified as one-time interventions and time-bound projects. More than half (57.52%) of the total health interventions in the district were one-time interventions such as medical camps, observing specific days, honoring philanthropists in health sector, training programs and awareness generation campaigns. The remaining 42.47% were time bound projects or programs and their duration ranged from 3 months to 2 years.

The Planning-Implementation-Monitoring-Evaluation mechanism is absent in most of the health interventions

An assessment of the rationale for taking up the health programs was carried out as part of the study and in majority (69.03%) of the cases the NGOs claimed that the interventions were planned according to the need of the community they serve. In 30.97% of the cases the intervention was carried out as per the decision of the donor agency (either government or foreign agency). Though the NGOs claim that their interventions are need based, they are not taking any measures to identify and prioritize the actual needs of community. Instead they are planning interventions based on the felt needs.

The aspects of monitoring and evaluation are not given due importance and they are limited to monthly staff meetings and preparation of annual reports. Only
27.08% of the time bound health interventions are having some sort of monitoring mechanism. The methods of monitoring are - meetings with field level workers in which they are asked to report the progress, visits to the project area, interaction with beneficiary to cross check the progress. Not even a single intervention has set indicators for monitoring the progress. In all the 13 cases that do regular monitoring, the process was said to be helpful in making major changes in the program plan according to the actual needs or varying needs of the society.

Only 41.59% of the health interventions are evaluated after the implementation. The evaluation is either a meeting of key persons in which they discuss about the program, or the preparation of a program report to be kept as an NGO record. The possibility of using evaluation as an EBP (Evidence Based Practice) tool is not explored by any health NGO in the district.

**Sustainability Measures are absent in health Interventions**

A very limited number of health NGOs are bothered about the sustainability of their interventions. Most of them withdraw their services from the target area after the project or program duration and are not concerned about how long the results are sustained.

**Participation of community is limited in the Health Interventions by NGOs**

Proximity to the grass root level is an alien concept for the NGOs. Their access to the rural poor depends on many factors such as availability of field workers, mobility of the field staff, geographical coverage of interventions etc. Community members or the beneficiaries were involved in the program planning phase only in
28.31% of the health interventions. And in the case of those NGOs who cared to involve community members in the planning and implementations, the sustainability of interventions were ensured since the community was capable of continuing the intervention even after the withdrawal of the NGO.

**Key findings of Evaluation**

The major findings obtained from the analysis of NGO strategies using the evaluative framework is listed below:

- Most of the health specific NGOs are concentrated on awareness generation activities, which seems to be effective in terms of general health promotion

- Presence of Professionals especially from the medical field seems to be an advantage to the health NGO, since they find easy access to resources and they are easily acknowledged by the public

- The interventions and strategies of health NGOs are successful at micro level, and are taken up by government for implementation on a wider scale.

- Though the relationship between government and health NGOs in general is still limited to implementation of national disease control programs, the health specific NGOs are maintaining a meaningful contact with the government that is, they are used as think tanks, project advisors and as trainers for the government initiatives in health sector.

- The SWOT analysis reinforced the findings of previous researchers, and it is evident that the characteristics of NGOs are almost the same irrespective of their location. The common strengths identified are- presence of
multidisciplinary team, Popular and charismatic leadership and access to mass media. The common weaknesses revealed are - resource constraints, lack of volunteer assets, absence of skilled and dedicated employees.

- The wide coverage possible through media, government policies and initiatives in health sector, national and international networks of health NGOs are some of the opportunities that the health NGOs can make use of.

- The health specific NGOs are also urban centred and they find it difficult to work within community due to resource constraints. In some cases the strategic plan of NGOs doesn’t even bother about community involvement. This known or unknown distancing from communities is the major threat faced by the health NGOs.

7.2 Suggestions

Encourage Research and Documentation of NGO contributions in health sector

Role of voluntary sector in health care sector is a less explored area. Though a number of workshops, seminars and conferences happen every year in various parts of the country, that highlights NGO initiatives in development, proper scientific research studies are very few, on this pertinent topic. Specific studies are done in Maharashtra, Andhra Pradesh and in West Bengal, and the study reports provide a panoramic view of the involvement of NGOs in the health sector of respective states. ANUBHAV Series by Voluntary Health Association of India had documented twelve case studies of NGOs working in health sector. The advantages of such academic documents are
many. Government Policy makers can learn from these NGO models in health sector and redesign the same things in a larger scale, with greater confidence, since they are pretested in smaller communities. This can be utilised as a reference by other NGOs also while they step in to the health sector.

**Ensure Accountability and Public access in the NGO Sector**

Accountability, simply defined as the ways and means by which an individual or organization is held responsible for their actions (Edwards & Hulme, 1995), is highly relevant in the case of non-profit entities, since they work without the state control. A check on NGO accountability to the Indian context shows that there were plenty of disputes and debates related to transparency and accountability in nonprofit sector, and also efforts to ensure accountability. As Lisa Jordan Points out, “accountability questions are on the rise for three reasons: rapid growth in numbers and size of NGOs, attraction of more funds and a stronger voice in public policy” (Jordan & Van Tuijl, 2006). If NGOs and other kinds of civil society organizations can be more transparent and accountable to the beneficiaries and can take steps to make basic and relevant information about their programs widely available to the public through media or web, they can definitely overcome the ‘blacklisting’ criteria and can gain better acceptance both from Government and from the people. It is a matter of criticism that there is no provision in the Kerala state’s statute that require NGOs to file their annual returns. Other states such as UP, Maharashtra and West Bengal keep such an accountability mechanism. So measures may be taken to ensure financial and performance accountability, without affecting the autonomy of nongovernmental organizations.
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Organize Local NGO Forums

Our country is home to umpteen numbers of NGOs and there are more than two or three organizations working in the same community. Duplication of programs, overutilization of resources etc can happen in this context. The NGO leaders may take the initiative to form local NGO forums, so that they can share their future plans, the problems and prospects of on going projects, the beneficiary response patterns to their efforts, the identified needs which are yet to be addressed, the unreached population in their target area etc. If their ultimate aim is development, these forums can serve the purpose.

Strengthen NGO-GO Partnership in the Post 2015 Health Development Agenda

India is entering the post MDG era, as all other developing countries. The targets of MDGs are under achieved and it is proved that governments alone cannot tackle the health issues of the nation. Government NGO partnership in health sector can enhance equity, quality, accessibility and availability of health services, efficiency in resource allocation, and can widen the range of services. Government of India is encouraging the participation of NGOs in implementing the health care programs. NGOs have a significant role in the national disease control programs. But lack of proper channels of communication, absence of appropriate guidelines, and the so called red loops of bureaucracy that delays resource allocations are some problems to be tackled.
The Draft Health Policy of the state says that, in order to navigate the sector through the multiple challenges faced in the health sector Government of Kerala needs to articulate the policy framework under which all the stakeholders can develop their strategies. This document is an attempt to address such a need. But the NGO involvement in health sector and strategies to tap their potential did not find place in the document. NGO involvement in health related development need to be acknowledged and encouraged at policy level.

As Elamon and Ekbal (2000) suggested “Non-Governmental Organizations in various parts of the country can be actively involved in introducing the concept of decentralization in health sector”. Local self government institutions such as Panchayaths and Municipalities can connect with the health NGOs in their area and utilise the available services and implement joint health interventions.

**Employ Community Social Workers as a joint venture of government and NGOs**

Though nearly thousand social workers graduate every year in Kerala, their participation in community level health interventions is very much limited as evident from the study. As most of the directors pointed out, professional social workers prefer to do office work than going to the communities and working with the local people. Since most of the NGOs are located in urban centres access to the villages is cited as a problem. This lacuna can be solved and better utilisation of professional social worker’s services can be ensured if a social worker is appointed in each panchayath by the state government, as there are engineers, agricultural officers for every panchayath.
Health NGOs may Network with National and International Health Organizations

For many NGOs in the developing world, international actors can be the sources of ideas, financial resources, and political legitimacy. The health NGOs in Kerala can network with the national and international umbrella organizations and make use of their resources and ideas.

Focus need to be on ensuring sustainability than Target Achievement

An appropriate system of healthcare should evolve from the people themselves. Just as health conditions emerge from the community’s interaction with its surroundings; it is the people’s struggle through that also determines the services they get (Mukhopadhyay, 1996). If the NGOs focus on achieving targets set by the donor agencies alone, the sustainability and long term impact of their intrusions will be at stake. Thus from the planning stage itself community participation is very much relevant so that people can design much better than a professional consultant, who hails from outside the community.

Focus on Empowerment (Access to Resources)

Empowerment is a basically the process of gaining power by an individual or group or community. Power here has the meaning of ‘access to resources’. NGOs may work on facilitating the empowerment process i.e., identify and remove the blocks that prevent people from accessing the existing health care resources. Lack of knowledge, unfavourable power structure, misconceptions and superstitions etc can
act as direct power blocks. Thus NGO interventions may include specific components to tackle these concerns effectively.

Reach out to the ‘Left Out’ and the ‘Unreached’

As per the data released by Socio-Economic caste Census (SECC) 75% of the rural households in India have a monthly income of less than Rs. 5000. With the average of 5 members per household, about 670 million people in rural India live on Rs. 33 per day. Notably the country’s 69% of population live in rural areas.

The indications in previous studies reveal a high concentration of NGOs in the urban areas. As Mukhopadhyay (1996) mentions, the Voluntary interventions are not necessarily in the areas of extreme need. Since the health status of people living in the rural, tribal and coastal villages are at stake throughout the country; it is high time that serious research may be done to explore the geographical areas left out by the government as well as NGOs.

Identify Potential Areas of Intervention

The health NGOs need to shift their focus to the newly generated health needs of the society. Illness related suicide is one such area. As per the records of National Crime Record’s Bureau, physical and mental illness was the top reason behind suicides committed in 2014. People affected with fatal diseases need strong emotional support along with financial aid. Health NGOs can take up this responsibility. Another emerging health concern is climate related illnesses and death. Health NGOs can get involved in sensitising the public on the preventive approaches to this problem.
7.3 Delimitations of the Study and Scope for Future Research

The study was concentrated in one district of the state due to large number of NGOs across Kerala. So the contribution of all non governments in health sector across the state is not included in the study. The methodology adopted for the survey part was descriptive in nature and did not include an evaluative framework. Detailed evaluation was done in limited number of samples. Thus the results of the survey part only helped in identifying variables for further exploration.

Further research may be conducted in the following areas:

- Action research to enhance organizational effectiveness of health NGOs
- Extent of Professional Social Worker’s Involvement in Voluntary health interventions
- Contribution of Corporate sector in strengthening the health systems of the state
- Outcome/Process Evaluation of Health Interventions by NGOs
- Working potential of Health NGOs and the determinants of working potential
- Sustainability of interventions by health NGOs
7.4 Outcome of the Study

The process of data collection was mutually benefitting for the researcher and the health NGOs. The researcher could probe the organisations to take corrective measures in their health intervention strategies. For example, the NGOs who did not had any kind of monitoring and evaluation mechanism, decided to include such measures in their programs, for better outcome. The health NGOs could also realise that they are far from the communities they serve. Some of the NGOs managements demanded that the case study reports to be given to them so that they can have an internal evaluation based on it. The researcher could also contribute to the future plans of health NGOs based on their strengths and opportunities.

As an outcome of the study, the researcher is preparing a directory of NGOs in health sector in collaboration with the Kochi Health Mission. The directory will include the contact details and list of services of all health NGOs in the district and will be a handy resource for hospitals, Local Self Governments and the public.

An online portal that gives required details on NGOs working in Health sector is also being designed with the aim of maintaining an updated data base of health NGOs. Through this platform, health NGOs can enter and edit details of their health programs at their convenience and the public can have easy access to the voluntary health services available in the district at a mouse click.
7.4 Conclusion

The present study illustrated the role of nongovernmental organizations in health system strengthening activities. The major dimensions of health system strengthening are health interventions aimed at betterment of people’s health and policy level interventions. The health NGOs in Ernakulam is implementing wide range of health services that covers almost all segments of the society. The policy level interventions are very minimal but those who intervened could make changes. NGO networking is poor among the health NGOs, which needs further reinforcement. The GO NGO relationship also needs more efforts from both sides so that the government can implement more comprehensive interventions with the support of NGOs. The concentration of health NGOs in urban areas, poor resource utilisation specifically human resources, lack of proper accountability mechanisms, and weak NGO networks are identified as areas in need of a positive change. The health NGOs may undergo detailed self evaluation process in order to improve their involvement in health system strengthening of the state.