APPENDICES

Appendix I - Informed Consent Form for Non Governmental Organizations

Dear Sir,

I am Brinta Nelson, currently pursuing research in Social Work, at SGTDS, MG University under the guidance of Dr. Mahajan P Mani. My topic of research is “Health System Strengthening by Non-Governmental Organizations in Kerala”. The purpose of my research is to identify the health interventions by NGOs and to conduct an evaluation of selected health interventions.

Being informed about your valuable contributions in the health sector, I would like to invite your organization to participate in my research. I ensure that this will be an opportunity for a self-evaluation of the health interventions by your organization and a prospect to highlight your valued efforts in strengthening the health system of the State.

I would also like to inform that your participation in this research is entirely voluntary and sensitive information, if any will be kept confidential and anonymity will be ensured. For any further clarifications, you may kindly contact me. (Mobile No. 9567 840 811, e-mail: bintus87@gmail.com).

Brinta Nelson
Ph.D Scholar (Social Work)
School of Gandhian Thought & Development Studies,
MG University, Kottayam
Consent Form

I have read the above information about the proposed research. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Name of Organization............................................................................................

Name of Respondent............................................................................................

Designation............................................................................................................

Signature...............................................

Date......................................................
Appendix 2 Information Proforma

Profile of the Organization

1. Name of the organization............................................................................................................................

2. Office Bearers:

   Name.............................................................. Contact No

   Name.............................................................. Contact No

   Address

   PIN code

   E-mail ID

   Website

3. Year of Establishment

4. Under which Act the agency is registered:

   a. Societies Registration Act, 1955

   b. The Charitable Trusts Act, 1952

5. Type of affiliation
a. Religious
b. Educational Institution based
c. Independent

6. Major Focus areas of the agency (list the TOP 3 areas)
7. Whether the agency is registered under 1. FCRA / 2. FERA / 3. FEMA
8. State the health-specific objective of the agency
9. Total number of on-going health Interventions of the agency
10. Are you related to any Government Department? Yes/No
11. What is the kind of support you receive from Government?

Financial/human resource/material

12. Are you satisfied with the service/support provided by Government? Yes/no
13. Do you have partnership with any business organization? Yes/No
14. If yes, Mention the name of organizations

.................................., ................................., ................................., ..................................

15. Do you network with any other NGO(s)  Yes / No

16. Level of networking  Regional Level/State Level/National Level/Global Level
17. Are you involved in any kind of advocacy activities?

18. What approach did/do you follow for the advocacy work? Media/ research/ legal action/ lobbying

19. Was your advocacy work effective? Yes / No

20. If effective, in what way? Formulating new policy/ modifying an existing policy/ implementing an existing policy/resisting a policy

21. Are you accountable to any controlling body? Yes / No

22. If yes what kind of accountability? Performance accountability/financial accountability

23. Do you know any other NGO involved in health related activities? Yes / No

24. If yes, provide details

Details of Health Intervention

1. Name of the health intervention ..... ........ ..................... ..... ..... ................................................................. .................................................................

2. Type of Intervention
   a. Community-based
   b. Agency-based
   c. Advocacy
3. **Period of Execution:** From .......................................................... to ..........................................................
   a. One-time Intervention
   b. Time bound Project
   c. On-going intervention

4. **Location of Intervention**
   a. Rural
   b. Urban
   c. Coastal

5. **Nature of Target population**
   a. Old-age
   b. Child
   c. Adolescent
   d. Women
   e. Sex worker/MSM
   f. HIV/AIDS affected
   g. Drug Addicted
h. Disabled
i. Specific disease affected
j. General Public

6. Level of Intervention
   a. Preventive
   b. Curative
   c. Promotive
   d. Palliative

7. Specific location of intervention

8. Approximate number of beneficiaries

9. Project Cost

10. Source of funding
    a. Local Donation
    b. Member fee
    c. Government Funding
    d. Foreign Donation

11. Objectives of the Intervention
12. Is there a co-ordinator for the health intervention/s?
   a. Yes
   b. No

   If Yes, Qualification ...........................................................
   ........................................................... ...........................................................

13. Details of Manpower

   Number of professionals........

   Number of Social Work Professionals........
   Specialisation..........................

   Number of non-professionals

   Number of volunteers

14. Rationale for taking up the project

   a. Need-based
   b. Donor-Directed

15. Were the community members /beneficiaries part of the planning process?

   Yes / No
16. Do you have adequate resources for the implementation of the project?
   Yes / No

17. Do you have a proper office to manage the health intervention? Yes/no

18. Do you have a financial management plan?
   Yes / No

19. What are the resources used in this service? (manpower, medicines, instruments, vehicle, building etc) how do you arrange this resource?

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Process of Resource Arrangement</th>
</tr>
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</table>

20. Can you arrange this resource for a long time? Yes / No

   Following questions are not applicable to one-time interventions

21. Do you have a project proposal/program plan for this Health Intervention?

   a. Yes

   b. No

22. Who prepared the Project proposal/program plan?

   a. External Consultant

   b. Director/Head of NGO
23. Did you conduct a ‘need assessment’/baseline study before planning the Health Intervention?
   
   a. Yes
   
   b. No

24. If yes, how did you do the need assessment?
   
   Survey/discussions/observation/felt need

25. Were community members involved in the planning process?
   
   a. Yes  b. No

26. Do you plan to continue the intervention after the project-duration is over? If yes, how do you plan to arrange the resources?

27. Do you think monitoring is necessary to improve the efficiency of the program?

28. Do you monitor the progress? If yes, how frequently?

29. Please mention the process of monitoring/regular follow up

30. Do you have indicators to check the progress of the intervention? Yes / No

31. Is there donor-requirements for monitoring? Yes / No

32. Have you made any changes in the program after the monitoring process?
33. Do you have an evaluation plan?

34. Do you think that integrating the health intervention with other programs will help in better existence?

35. Who are your partners in this intervention?

Local politicians/business entities/hospitals-private/government/ government officials/health councils/coalitions/ labour unions/ neighbourhood groups/ faith organizations-church/temple etc/ professional associations/ public safety agencies/police/fire etc)/schools/colleges/universities

36. How do you assess the sustainability of your project?

37. What are your plans for keeping the project sustainable?

38. Brief Report of the activities carried out

39. Results (achieved/expected)
Appendix 3 Interview Guide

- Inception of the organization -
  - Who is the founder? What was the inspiration that lead to NGO formation?

- Thrust areas of involvement

- Policy Level Interventions

- Attainment of health specific goals
  - Vision, Mission and Key objectives
  - The activity profile so far
  - Are the activities connected with the objectives,
  - If not how the activities were planned?

- Resource Utilisation
  - What are the available resources- material, financial and human resources
  - Are they stable
  - How these resources were mobilised
  - Major donors, is the agency dependant on the donor
• Management Capacity of the organization
  o Involvement of board members in decision making
  o Involvement of board members in activities
  o Expertise of personnel
  o Is there a Voluntary spirit among the employees, or is it a professional entity

Community Participation
  o Does the NGO have an understanding of the health status of the community?
  o Do they have any kind of data on the characteristics of the target population?
  o Are the community members/representatives of target group involved in planning/implementation?
  o Method and extent of community involvement
    o proximity

• Stakeholder involvement
  o Identify major stakeholders
  o Comment on their role

• Strengths, weaknesses, opportunities, threats

• Future plans