CHAPTER -1

INTRODUCTION AND RESEARCH DESIGN
CHAPTER - 1
INTRODUCTION

Health is one of the important and a vibrant aspect essential in achieving inclusive growth of a country and also for the development of human beings. Governments all over the world are considerably making efforts for providing health care facilities to all the people. The main objective of enhancing health care facilities in all the countries is mainly meant for the development of Human Capital in the economy. However, in a developing country like India, which is a country of villages or rural areas, Government (both State and Central) are framing number of programmes and policies for providing health care facilities in urban and rural areas. It is evident from any study, urban areas are fully pledged with health care facilities in India. But, in connection with rural areas there is lack of health care facilities, due to number of causes or reasons. Moreover it is analysed in the current chapter below, that health care service facility is dominated by private sector in urban areas, where as it is not the case with rural areas. Hence, public sector has tried to make provisions for extending their health services to rural areas also.

In this regard Governments recognized the importance of role of NGO’s in rural health care services and undertook measures to make NGO’s participate in providing such Primary Health Services in rural areas. The NGO’s may be of non-profit or for profit would be made to participate in this respect. Many studies found that NGO’s are essential or some times inevitable in providing health care services to rural areas in the country. The NGO’s mainly with the objective of working in health sectors have significantly contributed in expansion of health care services in rural areas.

The present study attempts to know the role of NGO’s in providing health care services with due respect to rural areas and building up rural human capital. From the respondents point of view who are receiving health care services from NGO’s from Government PHC’s are considered in the present study to know the people awareness about NGO’s, Government PHC’s and their services to them in their respective areas. Following discussion in this chapter gives us brief review of importance of role of NGO’s in health care services in rural areas.
1.1. Health:

Health is an important determinant of human beings. So, it is subjective as well as an objective evaluation of the physical, mental and social status. Human health constitutes a wide range of conditions, which are influenced by socio-economic status, educational attainment, and the availability of services. Good health is more than the absence of disease. Good health means the well-being of a human body, mind and spirit. Generally the concept of health implies - a - sound mind in a sound body in sound family in a sound environment. The widely accepted definition of health is as defined by World Health Organization - "Health is complete physical, mental and social well-being, which is necessary for leading a fruitful life".

Bhore committee (1946) used the term comprehensive health care which meant provision of integrated preventive, curative and promotional health services. The committee suggested that comprehensive health care should replace the policy of providing more medical care.

The concept of health disease and treatment are related to the social structures of communities. Every culture, irrespective of its simplicity or complexity, has its own system of belief and practices concerning health and disease and has also evolved its own system of treatment to combat disease. With the rise of modern nation-states having specific welfare agenda, public health has become an inalienable aspect of civic life. States having the essence of civil society are evolving or adopting a health system suitable to its own needs all over the world.

1.2. STATUS OF HEALTH IN INDIA:

As the population is growing so are the health problems and this is putting an immense pressure on our resources, which are already scarce. It is important therefore that all our resources be utilized in a judicious and planned way. In successive plans, the percentage of outlay and expenditure as a proportion of the total budget decreased from 3.3 per cent in the first plan to 3 per cent in the second, 2.6 per cent in the third, 2.1 per cent in the fourth, 1.9 per cent in the fifth, 1.8 per cent in the sixth and seventh plans.

In the ninth five year plan, the total health outlay was Rs. 5118.19 crore. Health care expenditure in relation to the Gross National Product (GNP) in India was
about 0.98 per cent in the seventh five year plan as compared to 0.91 per cent in the sixth five year plan.

As per the United Nations Development Programme's (UNDP) Global Human Development Report (HDR) 2007, India ranks 128 among the countries with medium human development out of 177 countries of the world. In terms of Gender Development Index GDI, India ranks 113 out of 157 countries development and it is also indicative that the country has done better in terms of per capita income than in other components of human development.

1.3. NGO's IN HEALTH CARE IN INDIA: A BACKGROUND

As per census report 2011, in India there are 68.85 per cent of population lives in rural areas. To improve the prevailing situation the problem of rural masses which are terrible and innumerable have to be studied carefully. Even after 68 years of independence people in rural areas are found to be economically backward, socially nullified and in general, deprived of facilities like health, education, transportation, communication and even denied of basic amenities like protected drinking water, food ignorance, ill-health and multitudes of exploitations. Such aspects have led to many economic and social problems. However, these all aspects are directly or indirectly contributing to the emergence of health problems in the economy. In this respect Government is taking number of measures for providing health facilities and basic health amenities to the people in the country. But Government has its own challenges in approaching the rural people in rural areas. Hence, NGO’s have emerged as one of the source of approaching the rural areas with health facilities. Moreover, Government is also helping them to provide health facilities to rural areas. Government is supporting NGO’s in implementing number of health programmes like Arogya Bhandu, Arogya kavacha, Yashaswini Health Scheme, Vajpayee Arogya Shree, Janani Suraksha Yojana, Madilu Yojane, Prasuti Aarike, Maternal Allowance, Tayi Bhagya, Janani Suraksha Programme etc. Hence, the present study focuses on the rural health care through NGO’s participation. And also the challenges and issues in connection with NGO’s rural health care services are considerably analyzed.

Non-government organizations (NGO’s) have a long and proud history of contributing to improving the health of India's poor with early efforts beginning in the 19th century. Since independence the quantity and scale of NGO health programmes
have increased. The pace has quickened further in the last decade, as central and state government and international organizations have recognized good work being done. In 1989, it was estimated that NGO's were serving the health needs of approximately 5 per cent of India's population in rural and urban areas.

NGO health programmes have received national and international recognition for pioneering new forms of health care delivery such as through community health workers. They are also often cited as models for larger public programmes, not only in terms of programmes design, but also for, such qualitative aspects as management, community participation, improvements in health behaviour and ultimately impact on health status.

According to the directory of Voluntary Health Care Institutions published by the Voluntary Health Association of India, 1,355 hospitals are working in India where Kerala tops the list, Tamil Nadu being second, followed by Andhra Pradesh in the voluntary sector.

The Christian missionaries are the pioneers in bridging the gap between the rural and urban health services by way of setting up educational and health services in different parts of the country. Pre-independent India had a network of medical services with civil hospitals at every district headquarters. The organizations like Ramakrishna Mission, the Kasturba Gandhi National Memorial Trust established hospitals and small dispensaries both in rural and urban areas. The names of medical colleges located at Vellore (Tamil Nadu) Manipal (Karnataka), Wardha (Maharashtra) Ferozepur and Ludhiana (Punjab) etc., are worth mentioning. In Maharashtra, Baba Amte's Anandvan the Hind Kustha Nivaran Sangh, Arole's Jamkhe project on comprehensive Rural Health etc., are of great importance. The Indian Red Cross Society has also set up several hospitals, dispensaries and blood banks in different parts of the country, in addition to combating of tuberculosis. The Child in Need Institute near Kolkatta has been working in the field of malnutrition among women and children. Thus, there are number of NGO's or Voluntary Organisations providing health care services in the country.

Community health is yet another field where the voluntary agencies have contributed a great deal in developing alternative models for providing effective health care in many parts of the country. Some of these organizations have also been
able to develop village based health cadres, educational materials and appropriate
technology, thus, attempting to fill the critical gaps that exist in the government health
services.

Leprosy control and rehabilitation is another worth mentioning field of
voluntary sector. The Christian missionaries were the first to undertake this
humanitarian work in the sixties of the last century. The oldest leprosy institution,
known so far is the Leper Asylum started by Agra Leprosy Relief Society in 1861.
The next institution was started by British missionaries at Ambala around 1870. The
third known institution in 19th Century is Raja Kali Shankar Leper Asylum at
Varanasi in 1895. Initially, only Christian missionary institutions came up but later
secular social workers entered the field. Maharogi seva samiti Dattapur was started in
1936 by Shri Manoharji Diwan who was inspired by Mahatma Gandhi and Vinoba
Bhave originally started OPD work but due to the stigma and ignorance in the society,
was soon compelled to establish an asylum, which is still progressing. More such
agencies were established after 1947, well-kwon among are Santhal Pahadia Seva
Mandal and Rajendra Sevashram in Bihar, Kustha Sevashram and Ashok Ashram in
Uttar Pradesh, Gandhi Memorial Leprosy Foundation, Vidarbha, Maharogi Seva
Mandal and Maharogi Seva Samiti Anandavan in Maharashtra and Thakkar Bappa
Kushtha Nivaran Nilayam in Tamil Nadu. Many of these institutions tried to emulate
the mission institution which were considered to be the model.

Discussion of rural health usually begins with an examination of the resources
available in an area as a measure of its commitment and as an indication of the rural
communities potential for improvement. One tends to regard existing resources as the
most likely focus for further improvement. This is necessary because the rural
community often lacks the usual collection of private agencies and organizations
found in larger settings, consequently many observers look to the local government
unit as the single overall institution that has the popular support to effect
improvement.

The picture that emerges from such an examination is a mixed one. Local
government is generally involved in rural health care sometimes as a resource but also
at other times, as an impediment, on the positive side, the local government may play
any of three basic roles: (1) a direct provider of services. (2) the one who pays for
services rendered by others, and (3) a facilitator or co-ordinator that creates new services or expands and improves existing ones.

Especially in the field of health care, NGO's have acquired a considerable importance in India since 1978, the Alma-Ata-Conference held under the joint auspices of the WHO and the UNICEF, gave birth to a new approach in health care i.e., Primary Health Care Approach which fixed a goal of “Health for all” by the year 2000. That conference was preceded by a joint study of the WHO and UNICEF for finding out alternative approaches to meet the basic health needs of the third world people. The study examined some of the isolated Voluntary Health Projects in the third world countries like Jamkhed in India. The conclusion drawn went strongly in favour of NGO’s. At the same time some assumptions went against the Government Health Services i.e. the Government Health Sector lacks infrastructure facilities, trained manpower, committed medical and Para-medical personnel, and thus cannot be trusted to execute any goal oriented programme. In 1985, the Ministry of Health and Family Welfare was in full agreement with Planning Commission on the issue of greater involvement of NGOs in the field of health care. National population policy (2000), which aims to bring down the fertility rate to replacement level by 2010 and to achieve a stable population growth by the year 2040 also focused on the voluntary organisations for population control.

During last two and half decades many NGO’s come in to force for their remarkable contribution in health care. For instance Institute of Health Management Pachodi and Streehitakarini in Maharashtra, Banwasi Sewa Ashram in UP, Parivar Seva Sanstha in Delhi; Society for Education Welfare and Action in Gujarat; Rural Unit for Health and Social Affairs in Tamil Nadu; Child in Need Institute and Tagor Society for Rural Development – Rangabelaia Project in West Bengal; etc. Each of these organizations are considered as model health care NGO and has multi-dimensional activities like health awareness, clinical service, health care training, health research, etc., more or less every state possesses this kind of NGO’s and also many grass roots level organizations who have limited health care activities. The ministry of health and family welfare (MHFW) is in full agreement with planning commission on the issue of greater involvement of NGO’s in the field of health care. In October 1982 directives were issued that Voluntary Organisations to be involved in the implementation of anti-poverty and minimum needs programmes like MCH,
Family Planning, Communicable Disease Health Education, Health Awareness, Drinking Water Facilities, Immunization etc., and consultative groups be formed in all the states headed by a senior officer of the state. NGO’s are doing a very creditable Job-in organizing and running hospitals and dispensaries in India. India is only second to USA in terms of number of hospitals outside the government health sector and run by NGO’s. If suitably encouraged in terms of liberal financial grants, they can contribute a great deal in filling the gap of referral hospitals at taluka level, district level and urban slum as well as rural areas.

A Bangalore-based NGO, FRLHT launched a campaign for home herbal gardens covering about 1.5 lakh households during 1993-2003. Experience showed considerable reduction in morbidity on account of using medicinal plants and immense potential for offering curative and preventive remedies for conditions such as hepatitis, respiratory ailments, skin diseases, wound healing and specific reproductive health conditions. (Foundation for Revitalization of Local Health Traditions, 2005).

NGO's are not only supplementing governmental efforts in the sphere of health care activity. They are also making the government to take new policy initiatives or to modify the old ones for the welfare of the people who barely need the services most. In the complex social system of the modern world, it has been observed that NGOs can function as a catalyst of change. Changes in the traditional belief and behaviour are generally brought about by four types of catalytic factors namely.

- Interaction with other cultures.
- Introduction of new technology.
- Packaged communication over mass media and,
- The changed agents at the community level.

In this connection, NGO's at the micro level play an important role. Their inherent strength lies in their flexibility, their capacity to develop programme strategies according to local conditions, in-depth understanding of crucial issues and the underlying causes and determining critical areas of action.

Before we discuss about the functioning of NGO’s in health sector, we have to examine some of the view points like the philosophy of primary health care set out at
Alma-Ata-Conference in 1978. The access to basic health care considered as the fundamental right. On the other hand the world Bank Development Report in 1993 sets out a donor view point of health in which public health and preventive services, together with a basic minimum package of clinical health care, is considered as a right with additional service being available at a price to the user. But there is something inherent in NGO’s as opposed to either the state or the private for profit sector which makes them the most appropriate providers of health care whilst. This view rarely is encountered explicitly in such a pure form but NGO’s are considered better at health care provision.

In its endeavor to streamline and simplify the procedure for providing assistance to the NGO’s, the Department of Family Welfare has evolved a system in which all the small organizations working at the grass root level are not required to go to the national capital or state capitals for getting the assistance. Under this system small organizations at the village, panchayat and block levels are assisted through Mother NGO’s.

1.4. Areas of NGO’s work in the Health sector:

NGO’s are active in all spheres of health care systems or approaches like curative, preventive, promotive and rehabilitative. They are at all times actively involved in the management of disasters and natural calamities. Considering the potential of NGO’s now the policy makers and planners are shifting the responsibilities to the NGO’s. Thus we can see that the New National Health Policy has envisaged a key role of NGO’s effort in two most vital components of Health and Family Welfare Programmes i.e. Population Stabilization and Primary Health Care. There efforts are essential for securing success in adopting small family norm, community participation and effective implementation of the RCH programmme and primary health care.

There are so many research projects initiated by the NGO’s in the country like Jamkhed project. VHAI (Village Health Association of India) initiated independent commission for health. Besides, there are specific and different set of activities which support the direct provision of health care. Now such service includes professional training, provision of supplies and management consultancy. Some of the NGO’s are publishing their contribution in Journals or in forms of books etc. However, in brief
we may list that the NGO's are involved in the following categories of activities in
the health sector.

- Service provision.
- Providers of support services.
- Research activities.
- National health programmes
- Policy advocacy
- Fund raising
- Co-ordination
- Consultancy.

1.5. Major Contributions of NGOs in Health sector Reform:

From the literature available it has been observed that NGO's have contributed in all spheres of health care activity right from initiating health and development programmes at grass root level communication and dissemination of information, responding to disasters and calamities, launching specific health care programmes, working as a pressure group through advocacy and lobbying with policy makers, networking with other NGO's government and external agencies to influencing policy decisions at the highest level. Some of the major contributions of NGO's in health care programmes in India are as follows:

- National Family Planning Programme.
- National Blindness Control Programme.
- National Leprosy Control programme.
- National T. B. Control programmes.
- National AIDS Control programme etc.

NGO's often have a comparative advantage in terms of flexibility in procedure, rapport with local populations and high credibility. The government is already involved in non-governmental organizations in generating awareness. The time has now come to involve them in the provisioning of integrated service. Delivery at the grass roots level that will ensure access and equity. In fact, during the Ninth Five Year plan the scope of the NGO movement has been widened considerably. They have emerged as partners in the national family welfare movement in many
states. Under the reproductive and child health programme the NGO’s are being assisted at three levels and many of them have developed the capacity and autonomy to regulate their own affairs.

1.6. NEED FOR THE STUDY:

With the need of understanding the importance of NGOs and health care services to protect the good health condition of rural people in this region i.e., Belgaum district in Karnataka state, with that extent the NGOs were able to provide such health services to public and the obstacles which come in the way of rural people to avail of such health services, this study has been undertaken. Thus, to know the health empowerment of rural people in the study areas, the capacity of solving health problem and difficulties by NGOs which came in the way of rural male and female to avail such health care services, the study is needed.

Voluntary action today is a global phenomenon. The changing role of the NGO’s is descemible. Earlier, they used to concentrate on welfare schemes, particulary the rehabilitation programmes, when natural calamities occur. In the 1980’s the voluntary agencies entered the rural field in a big way, and started concentrating on a wide variety of issues like child rights, environmental degradation, water conservation, housing for the poor, rural health and caring for the disabled. They are best suited to take up sentsitive issues like organizing the poor (I. Satya Sundaram 2014).

The present research study is an attempt to analyse the NGO’s participation in enhancing health care services in rural areas. As the contribution of the NGO sector is often unrecognised in evolving more effective alternative services (Kavita Bhatia, 1993). After reviewing the studies made by Ashok Kumar Sarkar (1971), Kavita Bhatia (1993), James Allman (1993), Shanti Ghosh (1994), Reeta Dingra (2001), Swarnalata Sakuja (2008), commonly intimate that there is need for the research in connection with the nature and extent of preventive health care services of NGO’s and interface between Government and NGO’s with regard to bringing about efficient health care services among people in rural areas.

With the above overview need for the study of NGO’s health care services is felt necessary and is undertaken in the present research work.
1.7. STATEMENT OF THE PROBLEM:

As per census report 2011, in India there are 68.85 percent and Belgaum district 74.66 per cent of population lives in rural area. To improve the prevailing situation the problem of rural masses are varied and innumerable. Even after 68 years of independence, people in rural area have been found to be economically backward, socially nullified and in general, deprived of facilities like health, education, transport and communication and even denied basic amenities like protected drinking water, quality food, ill-health and multitudes of exploitations. This research study “The Role of NGOs in Rural Health Care” special reference to Belgaum District in Karnataka state throw light on three aspects of the problem:

1. Rural people are facing many health problems.
2. There are no proper health services.
3. Health care services provided by the NGOs and public health care services are not sufficient.

1.8. Objectives:

Following are the objectives for the present study:

1. To study the health care infrastructure facilities in India and Karnataka.
2. To study the socio-economic conditions of the study area.
3. To examine the NGO's role in rural health care facilities in Belgaum District.
4. To assess the major programmes of health care facilities in the study area.
5. To suggest policy measures and highlight findings of the study.

1.9. Hypotheses:

The study has been undertaken to test the following hypotheses:

1. The health services provided by the Government and NGO’s are not sufficient with the equal number of people in the study region.
2. Large number of rural people are illiterates and inadequate health facilities.
3. Due to the lack of information the many people are not able to avail health services by NGO’s.
4. Programmes and Policy implementation are not sufficient in a study area.
1.10. DATA BASE AND METHODOLOGY:

This study is based on the primary and secondary data. Further in view of the size and complexity of the health care of rural people in the society, it is decided to focus our research on "The role of NGO's in rural health care" in study area.

1.10.1. Secondary Data:

The secondary data is collected from the published and unpublished documents of District Health Office (DHO), Belgaum District Statistical offices of Belgaum, District At Glance (DAG), Sub-Registration Office Belgaum, Directorate of Economics and Statistics (GOK), National Family Health Survey (NFHS), Human Development Reports (HDR), National Sample Surveys Organisation (NSSO), SRS Reports, Census of India, Various Reports and State and Central Government documents.

1.10.2. Primary Data:

The primary data is collected from Belgaum District. Moreover the rural respondent beneficiaries revealed the efficiency of the NGO’s and their services. This gives us an idea of role of NGO’s in rural health care. The contributions of the NGO’s in rural health care is well tested with the help of beneficiaries views on their health services, through the interviewing schedule of questionnaire in the selected area of study.

1.10.3. Study Area:

Karnataka is called as the Knowledge-Hub of Asia, which is developing in all sectors. As per the report of the "High Power Committee for Redressal of Regional Imbalances" of which Dr. D. M. Nanjundappa was the chairman, which was submitted to the Government of Karnataka in 2002-03. In this report it is clearly mentioned that North Karnataka is very less developed in fact backward compared to south Karnataka (HPC, Dr Nanjundappa report 2003). Karnataka has 30 districts which is having four administrative divisions namely Bangalore, Mysore in South Karnataka and Gulbarga and Belgaum in North Karnataka. Now, Gulbarga division comprises of six districts namely Bellary, Bidar, Gulbarga, Koppala, Raichur, Yadgiri(in 2010-11), districts. And Belgaum division consists of seven districts namely Bagalkot, Belgaum, Bijapur, Dharwad, Gadag, Haveri, Uttara Kannada districts. Belgaum division is large in its area and scope of working in North
Karnataka which fall in the area of present study. Many NGO's are working in different districts of Belgaum division. As it is well known that Belgaum district is biggest district in connection with the demographical features as presented in Table No. 4.1.

1.10.4. Data Analysis:

After the completion of field investigation the study includes the process, classification and tabulation of the collected data. The required information which has been collected carefully through primary and secondary sources has been categorized and classified according to the nature of data, and later this data has been tabulated by using simple percentage, mean and average etc. are used. Thus, a systematically and scientifically tabulated data has been analyzed in the study.

1.10.5. Selection of the study Area and Respondents:

To undertake this research three talukas from Belgaum district were selected for in-depth and comparative study between NGO's and Rural Health Care Services. NGO's like, Family Planning Association of India, United Welfare Society, Belgaum Integrated Rural Development Society (BIRDS) Vimochana sangha, Hope Recovery, Shree shakti Association etc. These NGO's are giving different health care services like maternal health care, child health care, Family planning services, drugs de-addiction etc., to the needy people in the study area. For this purpose 204 respondents from Khanapur Taluka, 175 respondents from Gokak Taluka and 161 respondents from Athani Taluka who have got health services from NGO's were selected. Thus, a total of 540 respondents were selected purposive randomly for the collection of primary data.
1.11. ORGANISATION OF THE STUDY:

The present study has the following 7 chapters.

The first chapter deals with introduction, meaning and background of the study, methodological aspects of the study such as, need for the study, statement of the problem, objective and hypotheses, sources of data, study area, selection of sampling in the study area and techniques of content, data analysis etc.

The Second chapter has been divided into two parts 'A' and 'B'. Part 'A' deals with theoretical framework and review of literature.

The Third Chapter includes the health infrastructure facilities provided in India, Karnataka state and Begaum District such as Health Centres, Beds, Number of Community Health Centres, Number of Primary Health Centres, Number of Sub-Centres, Family Planning Welfare Centres, Drug Shops etc., and causes for the poor growth of health infrastructure and health programmes.

The Fourth Chapter deals with the Profile of Belgaum District: aspects of the study area such as Geographical Background, Location and extent, Population, Number of NGO's, Demographic aspects, Topography, Land Utilization, Irrigation, Agricultural Cropping Patterns, Infrastructural Facilities, Literacy rate etc.

Fifth Chapter deals with the Socio-economic profile of the respondents in the study area: Gender and Location, Age structure, Religious structure, Caste groups, Educational qualification, Occupational structure, marital status, family type and family size etc.

Chapter Sixth presents the field survey of respondents and the role of NGO's in Rural Health care Services in the study area.

The Seventh Chapter includes the concluding remark of findings and suggestions.