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Assessment of health-related activities of non-governmental organizations in Rajasthan, India

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ABSTRACT

Public–private partnerships are being encouraged as a part of the comprehensive development framework. We assessed the work profiles of registered non-governmental organizations (NGO) working on health-related activities in Udaipur district, Rajasthan, India by conducting a 16-item pretested questionnaire study. The questions related to various facets of their activities, their scope and process of evaluation. Of the 66 NGOs selected, most (28 [42%]) were working among the general population and had a partnership with a public entity (43 [65.1%]). The running capital of most NGOs (27 [41%]) was ₹100 000–2 000 000. Only 25 (38%) had a monitoring system to evaluate their progress. There are immense opportunities for NGOs in the health sector in Udaipur. The need of the hour is to encourage various public and private institutions to work together to achieve excellence in healthcare and service delivery.

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INTRODUCTION

Partnership is the need of the hour—partnership between government and industry, and between producers and consumers.[1] In the health sector, WHO describes partnership as a means to 'bring together a set of actors for the common goal of improving the health of populations based on mutually agreed roles and principles'.[2,3]

Public–private partnerships (PPP) are being fostered based on an understanding that the public sector alone is unable to provide public good in an efficient, effective and equitable manner because of lack of resources and management issues.[4] During the 1990s, the concept of PPP evolved and gained popularity by addressing a number of serious diseases in the developing world. However, the record of success for PPP is mixed.[5] In 1993, the World Health Assembly called upon WHO to mobilize and encourage the support of all partners in health development, including non-governmental organizations (NGOs) and institutions in the private sector, in the implementation of national strategies for health for all.[6,7]

There are several ways to conceptualize and categorize partnership. The NGO model links the public with the private sector (NGO), with the public sector providing organizational, material or financial resources to enable a private partner to carry out the public programme.[8]

Assessing various NGO opportunities will help identify potential areas where work should be done to increase the partnership for betterment of society and to make available basic health facilities to the needy. Therefore, we assessed the profile of NGOs in Udaipur district, Rajasthan.

METHODS

A close-ended, structured interview was conducted among 66 registered NGOs (details obtained from the website of the Planning Commission, India)[9] working on health-related activities in Udaipur district, Rajasthan, India. The incharge of the NGO was contacted on telephone and the purpose and nature of the study was explained. A 16-item questionnaire was administered by a trained interviewer. This related to various facets of PPP activities, their scope and the process of evaluation.

The study was done in October and November 2010. The time taken for each telephonic interview was 30–45 minutes. About four interviews were conducted each day. Ethical clearance was obtained from the ethical committee of Darshan Dental College and Hospital, Udaipur, Rajasthan, India.

The questionnaire was pre-tested by conducting a pilot study on 14 (20%) of the study participants. Reliability of the questionnaire was assessed by using Test–Retest and the values of measured kappa (κ) was 0.86 and weighted kappa (κ_w) was 0.9. Internal consistency of questionnaires was assessed by applying Cronbach's alpha (α) and the value of α=0.78 was measured. The questionnaire was modified accordingly and used for the survey.

We tried to contact non-responders repeatedly to minimize the non-response rate. Questionnaires were checked at the end of each day for omissions, incomplete answers, unclear statements or illegible writing. Responses were then carefully coded, with verification. Simple descriptive analysis was used to analyse the data.

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RESULTS

Of the 99 registered NGOs working in Udaipur district, 68 were involved in health-related activities and 66 of these responded and participated in the study (response rate 97%).

The demographic details of the individuals incharge of NGOs revealed that the majority were men (56, 84%). Most of the incharges had a master's degree (26, 39%), followed by 18 (27%) with a bachelor's degree and 2 (3%) with a diploma. Eight (13%) incharges had a PhD degree; however, 12 (18%) had only school-level education.

Lack of health awareness (20, 30%) and inaccessibility to basic health facilities (12, 18%) were the most common problems they were tackling. The majority of NGOs reported working for the general population (28, 42%). Most NGOs (37, 56%) reported working at the block level and only 11 (17%) NGOs were working at the district level. Volunteers and paid employees were responsible for the implementation of various programmes in 41 (62%) NGOs while 15 (23%) worked through government projects. High equity was shown by 55 (83%) NGOs which provided most services free. However, 11 (17%) NGOs charged for their work from the people and thus had low equity (Table I).

The majority of (43, 65%) health-related NGOs had a partnership with a public entity. The running capital of 27 NGOs (41%) was ₹1–20 lakh. Funds for various health projects came in the form of donations for 30 (45%) NGOs and from the Central government for 15 (22%; Table I).

All 66 NGOs reported that they were interested in PPP to promote oral health and 38 (58%) of them considered that treatment camps were the best way to promote oral health. Only 10 (15%) NGOs felt that health education is important to promote oral hygiene.

Table I. Characteristics of the 66 non-governmental organizations (NGOs)

Characteristic	*n* (%)
Number of years since the incharge is working at the NGO	
0–5	28 (42)
6–10	16 (24)
11–15	8 (12)
>15	14 (21)
Problem areas covered by the NGOs	
Lack of health awareness	20 (30)
Inaccessibility to basic health facility	12 (18)
High prevalence of diseases	1 (2)
Other problems	33 (50)
Target group	
Tribal population	9 (13)
General population	28 (42)
Geriatric population	4 (6)
Maternal population	13 (19)
Child health	8 (12)
Special groups	4 (6)
Coverage area	
District	11 (17)
Blocks	37 (56)
Villages	18 (27)
Implementation	
Volunteers and paid employee	41 (62)
Through government projects	15 (23)
Through both ways	10 (15)
Provision of free services	
Yes	55 (83)
No	11 (17)
Partnership with public entities	
Yes	43 (65)
No	23 (35)
Partnership with private entities	
Yes	39 (60)
No	27 (40)
If yes, the number of private entities	
Single	20 (51)
Multiple	19 (49)
Running capital (₹)	
<1 lakh	16 (24)
1–20 lakh	27 (41)
21–40 lakh	10 (15)
>40 lakh	13 (20)
Mode of funding	
Central government	15 (22)
State government	5 (7.5)
NGOs	5 (7.5)
Private finance	11 (18)
Donation	30 (45)

DISCUSSION

PPP with an NGO is a form of agreement between the government (public sector) and a non-government entity (private sector, for-profit and not-for-profit) for the purpose of delivering health services cost-effectively and equitably.[10] The Planning Commission website lists a number of NGOs in India based on self declaration. This does not imply that those organizations are endorsed or recommended by the Planning Commission or by the concerned ministries, departments or other government bodies. The information available on the website may not be complete and correct. Hence, it may be possible that the list may not have included all the NGOs working in Udaipur district.

The major problems NGOs were tackling in remote and rural areas were lack of health awareness, inaccessibility to basic health facilities and high prevalence of diseases. In the study done by Annigeri *et al*,[11] the major problem faced by various PPP models was inaccessibility to basic health facilities (43%).

A target group is defined as a group to which the intervention is directed.[12] This group can either consist of beneficiaries or a group that may contribute to improvement of the situation of the end beneficiaries, such as an intermediate organization or service provider. In our study, the target group of nearly half the NGOs (42%) was the general population. In a report on PPP initiative in health in Odisha, 80% of PPP models were targeting the general population.[13] In our study, 41 (62%) of the NGOs had volunteers and workers responsible for the implementation of their programmes, similar to the findings of Annigeri *et al.* (42%).[11]

Equity implies that, ideally, everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other social determinants.[14] We found that 55 (83%) NGOs were providing health services free of cost to the poor population of Udaipur district; showing a high level of equity. In the study by Annigeri *et al*.,[11] services provided by most PPP models (80%) in various states of India showed a high level of equity. In a report on PPP models in Odisha, 80% of PPP models provided free services to all, showing a high level of equity.[13]

The running capital of 27 (41%) NGOs was in the range of ₹1–20 lakhs and that of 13 (20%) was above ₹40 lakhs. Annigeri *et al.*[11] observed that the running cost of PPP models was

>₹40 lakhs/year. In a report on PPP, the running capital of most NGOs was >₹10 lakhs.[13] The ability to understand the effectiveness of a PPP project will depend on an accurate description of the form and financing of enhanced service provision. Of particular importance is whether the project represents a new investment from the private sector in public sector service programmes, or, alternatively, a new public sector service programme.[5] In public health, *sustainability* has been defined as the capacity to maintain programme services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial and technical assistance from an external donor.[15] In our study, sustainability of 55% of the health programmes by NGOs was doubtful as they faced lack of funds. Annigeri *et al*.[11] observed that 80% of the programmes were self-sustainable due to support from donors and government.

The non-governmental sector is very diverse. Various types of organizations represent different interests, have different methods of activity, different amount of resources and perform different tasks. NGOs in the health system deal with delivery of medical and physical services, education, integration, psychological support, as well as health advocacy. NGOs carry out important social functions, but also suffer from dysfunction. The growing role of NGOs in providing social services, and the increase in their participation in political processes, calls for the need to confirm the validity and credibility of the activity.[16] However, the reality of healthcare provision by NGOs is more complex. Not only is the distinction between government and NGO providers sometimes difficult to ascertain because of their operational integration, but NGOs may also suffer from resource constraints and management inefficiencies similar to those of government providers. A reflection on the strengths and weaknesses of NGOs in particular settings is important in terms of resource mobilization, efficiency and/or quality.[17] Our survey focused exclusively on healthcare delivery of NGOs whereas NGOs can have many other roles. Further studies focusing on the role and capacity building mechanisms would be useful. Future studies to identify, test and document effective mechanisms that encourage the two sectors to come together for the promotion of health are needed.

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