

Strength of linkages between public and NGO sectors in India:

A case study for potential engagement opportunities in Uttar Pradesh

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Presentation outline

- Introduction
- Methods
- Profile of selected service providers
- Elements of NGO-health system linkages
- Findings on level & type of linkage
- Challenges in effective linkage
- Conclusion: key findings & recommendations



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Introduction

- **Pluralism in India's health system**
 - Strong private (or non-Government) sector presence
 - 60-75% human resources for health
 - 78% total health expenditure
 - Public-private sector ratio: Rural 60:40; Urban 10:90
 - Diverse composition of private sector
 - Commercial or for-profit
 - Non-profit or NGOs
 - Informal providers
 - Traditional healers



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Introduction

- **Non governmental organizations (NGOs)**

- Important providers of MCH services in India
- Bring flexibility, innovation and access to the most vulnerable and marginalized communities
- Greatly depend on linkages with health system at all levels to function
- Strengthening linkages important for effective implementation, improved coverage and quality of services

- **Study Objectives**

- Analyse Government-NGO linkages in MCH
- Identify levels & types of linkages; gaps & challenges
- Make recommendations for improved linkages



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Introduction

The Context

- India accounts for a fifth of global maternal mortality burden
- Attaining MCH goals is a top priority in India
- NGOs are significant partners in this effort
- External flows to NGOs – 21% of total health expenditure
- Study carried out in 2 districts of Uttar Pradesh
 - the most populous state in India (200 million)
 - MMR 359 (India 212); IMR 61 (India 47)
 - Strong private sector accounting for 87% of health expenditure



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Methods

- Two NGOs as case studies
 - National (Vatsalya)
 - Multilateral (UNICEF)
- Scoping visit to conduct relevant health system analysis
 - semi-structured interviews with Government and NGO staff
 - observations in field sites
- Review of records and reporting formats
- Social science model adapted to explain levels and types of linkages



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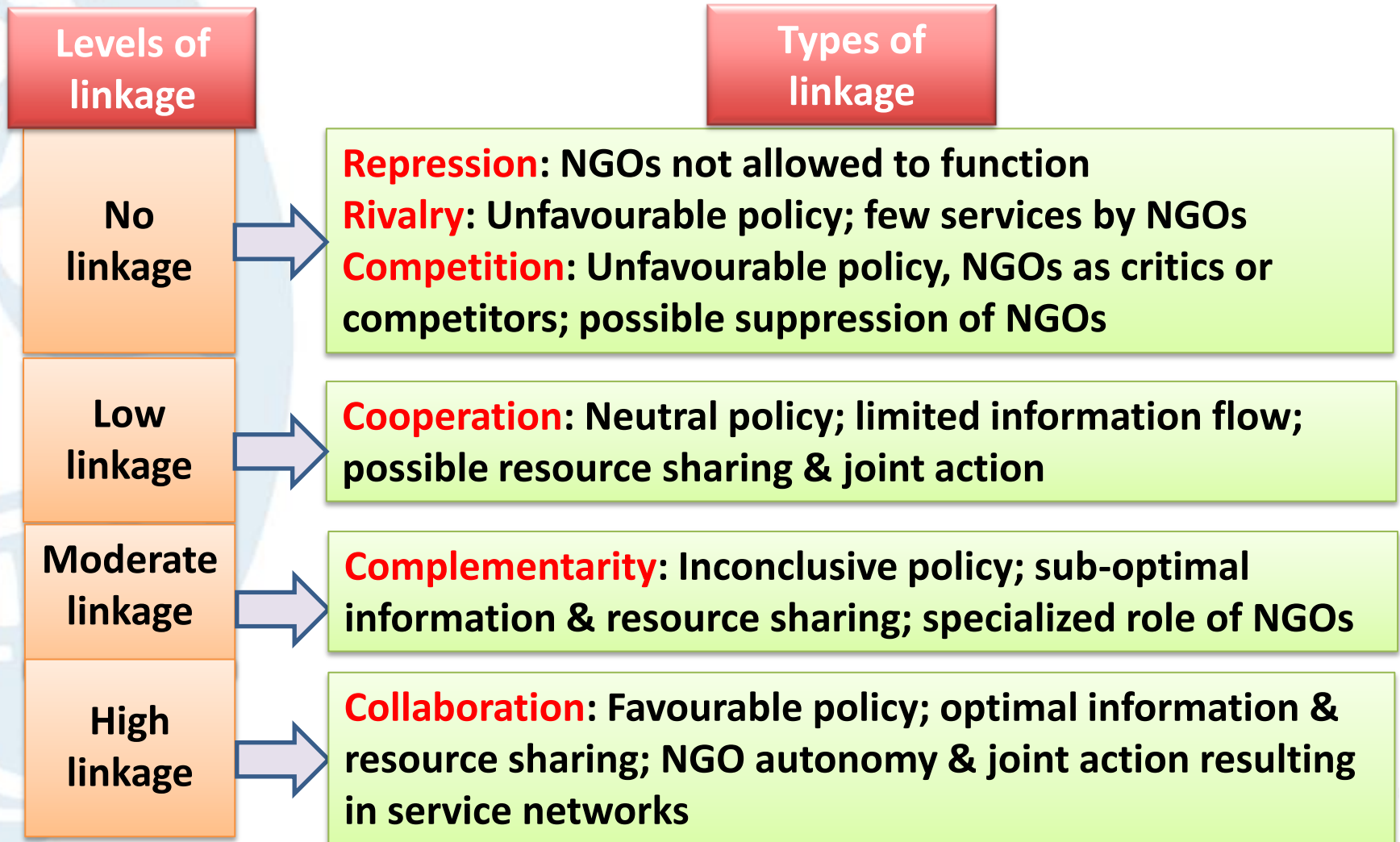
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Methods

Levels & types of Government-NGO linkages



Profile of selected service providers

UNICEF

- Largest UN organization working in India
- Support to Uttar Pradesh Government on number of newborn, child health and immunization programmes
- Receives funds from several large donors, including USAID and BMGF

Vatsalya

- Registered in 1995 in Uttar Pradesh
- Agenda widened from female foeticide to health and nutrition of girls
- Receives fund from several external and national donors like Micronutrient Initiatives, Catholic Relief Services and Plan



Elements of NGO-health system linkages

- **Regulation**- all NGOs registered with the State; renewal every 5 years
- **Joint planning & review**- Health Partner's Forum; District Health Society
- **Other forums of information sharing**- Occasional one-to-one interactions, advocacy events, other public meetings
- **Workforce linkages**- Training / technical support to public health staff
- **Implementation linkages** – field level, day-to-day coordination on tasks supporting Government MCH programs; problem solving; permissions
- **Monitoring, reporting, data sharing** – periodic monitoring reports; financial reporting, records of commodities supplied



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Findings on level & type of linkage based on the model

Level and type of NGO-Government linkage in MCH in Uttar Pradesh as per the model used in the study

- **Level of Linkage** – *moderate*
(frequent interaction and some level of reciprocity in terms of information and resource flows)
- **Type of linkage** – *complementarity*
(information and resource sharing including government grants and contracts, but not joint action)



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Challenges in effective linkage

- **Limited data sharing** – restricted to Government programs; other sharing largely informal; no evidence of utilization of NGO data by Government
- **Limited participation in planning** – Unclear role of NGOs as stakeholders in Government planning process
- **Limited monitoring of regulatory compliance** – annual report submission not enforced; poor record maintenance and follow-up; different rules for local and multilateral NGOs



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Conclusion

Key findings

- NGO sector in Uttar Pradesh maintains both formal and informal linkages with health system;
- Sub-optimal linkage prevents effective planning with NGOs; there is lot of scope for improved Government-NGO linkages in the state

Recommendations for improved Government-NGO linkage in UP

- Formalize engagement strategy with NGOs (policy statement) for effective utilization of Government-NGO linkages
- Statutory forum for interaction with NGOs to facilitate collaborative functioning aligned with state health priorities
- Complete mapping of NGOs essential for structured engagement strategy



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This study was undertaken under The Informed DECisions for Action (IDEAS) project, London School of Hygiene and Tropical Medicine

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