

## **GO-NGO Partnership: A Developmental Approach for Health Sector in Northeast India**

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**ABSTRACT:** During the Seventh Five Year plan, there was an affect of privatization in Indian economy. That influenced in most of the policies and programmes of India through involvement of government as well as NGOs. Involvement of NGOs has also been noticed since 1970s and 1980s with the different initiatives of people of around the world and that brought out an idea of government partnership with NGOs to promote all round development. This idea further affected the health sector that lead to arise of several private sector hospitals and clinics in different cities in India. During that period, government recognizes the NGOs strength and accepted their participation through the state government. It's introduced NGOs as a complimentary to the government services that can even deliver health services to the masses. In the context of Northeast India, the development of rural areas as well as improvement of the condition of health is still in underneath. Therefore, the paper intends to highlight how an effective partnership between Government and NGOs can promote and boost up the health status of Northeast India.

**KEY WORDS:** GO-NGOs Partnership, Health, Northeast, & Development

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### **I. BACKGROUND**

The recognition of NGOs sectors has started since first Five Year Plan, prior to independence of India by the leaders in the development process. The formation of National Advisory Committee on Public Cooperation by National Planning Commission in 1952 focused on mobilizing public participation in planning and for various social welfare programmes. A number of thirty non-governmental organizations were included in this committee. Some of the landmarks of NGOs participation and involvement have been noticed in implementation of some of specific National Policies such as; National Policy on Children, policies related to Women, Health and Education. Further, it was noticed in promoting over all development by receiving much importance from the government with the implementation of various social welfare policies. The government then recognized NGOs involvement as partner in programmes through Integrated Rural Development Programme, Rural Landless Employment Guarantee Programme, and Training Rural Youth for Self Employment, Rural Housing, Supply of Safe Drinking, Health Care and Family Welfare Programmes and etc. Even in the era of globalisation, NGOs have become very crucial in the process of decentralisation of power and for development (Mathew; 1999, Sarkar; 2007, p. 12) and their arrivals in the field of health care have acquired a considerable importance in India since 1978 (Sarkar; 2007, p. 11). In addition WHO (2003) through the world health report also recommended NGOs in primary health care which indicated that rebuilding in health systems today could not just be the state's responsibility whereas, NGOs have an increasingly important role in partnership with the state. Thereby, the concept of working together and partnership between Government and NGOs sector has started gradually.

Working together or in collaboration is one of the best approaches for development. A strong collaboration between Government and NGOs / Public and Private sectors are now growing hope for last few decades in the process development. It is true that government is the body who need to play such important role for developing and implementing policies and programmes for the welfare of its citizens. Meanwhile, there is a need to implement such programmes into grass root level where NGOs are found better acquainted as third sector to deliver and act on behalf of the government. To us, the term Partnership is much more than a quite new concept brought out in the light of development. Hence to add further, Dutta & Nath (2013) stated that a partnership is cross-sector collaboration in which organizations work together in a transparent, equitable and mutually beneficial way towards a sustainable goal and where those defined as partners agree to commit resources and share the risks as well as the benefits associated with the partnership. It is also can be defined as a formal agreement between two or more parties that have agreed to work together in the pursuit of common goals. From early society the things have been observed about the non-governmental organizations which have

long traditions of running schools, health facilities, community service centers, skill training centers. Further, in addition to GO-NGO partnership Mishra (2005) stated that facilities provided by NGOs such facilities should not be assumed as substitutes for the government efforts rather should act a supplementing government services. This has further led the importance of involvement of NGOs in delivering government services in to grass root level.

Now a days GO-NGO partnership has become a global phenomenon in current development. It is a relationship rooted in the acceptance of both parties of their shared vision and responsibility for the delivery of social services within policy and legislative frameworks governing a countries response to its needs and problems (Kalis, 2000). Some of successful partnership have found in studies of Bangladesh, India, Philippines, Thailand and some other countries. In the context of India partnership between GO-NGOs has developed during the seventh five year plan. Growing with several issues and challenges in health and other sectors stands on the way of the countries development it is found that there number of NGOs are working in the country in diverse fields. Thus feeling of vital need of NGOs during this period and has evolved the concept of GO-NGO partnership. This concept firstly implemented in the context of rural development later on it has given emphasized on health sector. The major role of the government in this regard they design the plan activity for the NGOs for particular programme because NGOs works in very grassroots level. There are also some other evidences that in undertaking decentralization power an effort was made by the government of Rajasthan in the early of 1980s to actively involve NGOs in the development process. Similarly, Dutta & Nath (2013) mentioned that in Karnataka, the state government has shown a decided interest in developing working linkage with NGOs.

## **II. OBJECTIVE OF THE STUDY:**

The purpose of the study is to know the importance and scope of GO-NGO partnership in promotion of health of Northeast India through policy and programme implementation.

### **Scope of the study:**

The study may give an opportunity to both the parties to actively participate in decision making in for the development of the nation specifically through promoting better and quality health services. In such a partnership both the party will deal with a common goal which to achieve with different innovative ideas for all round development. An effective implication of both GO-NGOs partnership may bring certain new changes for health in the arena of globalization. It may successfully fulfill the objective of the study by the extent to which it can convince the government and the NGOs to bring about the necessary changes so that a more fruitful partnership can be foster for development of health sector of NE India.

## **III. METHODOLOGY**

This study is based on descriptive analysis with secondary sources of information which tried to drawn an insight view of the importance of GO-NGO partnership model of services for improving health scenario of Northeast India.

## **IV. ANALYSIS AND DISCUSSIONS**

**GO-NGOs Partnership in Indian Context:** It is very recent trend of partnership between GO and NGOs through the decentralization of power, roles and responsibilities in governance. NGOs have multiple roles like organizing, educating, motivating, guiding, awareness creating, training, capacity building, empowering, advocating, lobbying, and etc. As the recognition of NGOs sectors started since first Five Year Plan, prior to independence of India by the leaders in the development process as social service organizations in the field of care protection and rehabilitation of the disadvantage. Later, through the formation of National Advisory Committee on Public Cooperation by National Planning Commission in 1952 focused mobilizing participation of public in the plan and other social welfare programmes. The effort of government has also reflected in the year 1953, in the form of Central Social Welfare Board for coordinating financial assistance to voluntary organizations and for promoting such organization in places where they did not exist. The initiatives of National Institute for Public Cooperation and Child Development (NIPCCD) were reflected in institutionalizing government efforts to promote NGOs in the country. Hence, the Sixth Five Year Plan has become the apex body for training functionaries to coordinate, monitor and evaluate child welfare services under government of India (Garain, 1994, p. 338) and has become the watershed for the Nongovernment sector. It has given a new era to the NGOs as an active partner in the development process of the country. Numbers of Initiatives have been taken by the government to institutionalize a dialogue between the Government and NGOs. This has widened the role of NGOs through implementation of various schemes under twenty programmes. This has led an effect of privatization in Indian economy during the Seventh Five Year Plan which has transferred the responsibilities to NGOs in the form of decentralization. The term decentralization has kept very important role in defining and understanding the partnership or collaborative model of services between GO and NGOs. Hence,

this process has divided the activities through formulating policies for the nation and for its development through increasing the efficacy and quality of public services. This can be considered as an impact of Structural Adjustment Programme (SAP) which pushed the government to divide its workload through NGOs activities and influenced in most of the policies and programmes of India and further affected the health sector that lead to arise of several private hospitals and clinics in different cities in India. Likewise the role of NGOs in health sector was also visible to some extent. Thus, the government considered the importance of NGOs' role in different sectors including health. The government of India envisages collaboration with NGOs through the participation of state government. Thus, the government accepted the role of NGOs as a complementary to the government services that can even deliver the health services to the masses.

This trend was further extended during the Eight Five Year Plan, which revealed that the Department of Family Welfare gave the recognition to the NGOs sector and formulated various schemes where by NGOs, could make a positive contribution to the health programmes and have broad based programmes. A number of model schemes were introduced during eight plan period under NGOs that entrusted with promotion of the small family norms and population control. In Ninth Five Year Plan (1997-2002), the scope of NGOs movement have been widened considerable and they have ensured as pioneers of reform movements within Health and Family welfare sector in many states. NGOs with the partnership of Government focused on controlling population policy under National population Policy in India. The National Population policy was later clubbed with a programme called RCH (Reproductive and Child Health Programme) under the Ministry of Health and Family welfare. Further, Mishra (2005) expressed that there was a clear attempt made by the government through Ninth Five Year Plan and the emphasis would be in involving the political system in the process of mobilization and development of peoples initiatives and strengthening and promoting peoples institution like; cooperatives, self-help groups, association of workers. Thus, the concept of partnership between GO and NGOs has significantly gained importance through decentralized process specifically in health sector through involving supplementary role of NGOs in different national health programmes. Such programmes as National Family Planning Programme (NFPP), National Tuberculosis Control Programme (NTCP), National AIDS Control Programme (NACP) and the National Health Mission (NHM) and etc.

#### ***Implications in Northeastern Region:***

The Northeast India comprises with the state of Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland, Sikkim and Tripura. According to Census of India (2011) these states has covered an area of 262179 km<sup>2</sup> with 4, 55, 33,982 number of population about 3.07 percent of India's total. The region has a long international border (98.0 percent); it is bounded by China and Bhutan in the north, Myanmar in the east, Nepal in the west and Bangladesh in south & west. In the context of northeast, partnership between GO-NGO will be highly impactful by seeing the regional barriers and conflicts, geophysical vulnerability where NGOs can promote services to the extreme of grass root level based on their existence and experiences. Good health leads economically strong and productive life for the people as well as development of the Nation. Various health hazards directly or indirectly stands on the way of economic development, sustainability and the country's growth. Hence, talking about the health scenario of northeast India the entire geographical presence of the region is affecting the growth of the region. Therefore, it is needed to understand the health scenario of the NE region of the country for better promotion of services. The health sector of the region reveals that the region of NE India has the vulnerability with numbers of health hazards and challenges especially the issue of HIV/AIDS which is a serious threat to the life of northeastern people especially the state of Manipur, Mizoram, Nagaland and Assam are more prone to this deadly disease. Similarly, now a day's numbers of people are suffering from the disease like; Cancer, Tuberculosis (TB) and Malaria in the NE region. According to the TB status report of the Government of India, the state of Assam registered 38.317 for TB treatment in the year 2015, meanwhile the number is 4,944 in Meghalaya, 2198 in Manipur, 1993 in Mizoram, 3298 in Nagaland, 2507 in Tripura and 2,691 in Arunachal Pradesh (Bhattacharjee, 2016; Das & Shimray, 2016, pp. 58-68). The region has also highlighted for the major threat for Cancer which are basically in four states i.e. Assam with Dibrugarh and Kamrup urban districts as also Silchar town, expanded to cover Cachar; Manipur, initially Imphal West district only the coverage has since been extended to entire state; Mizoram, state as a whole – Aizawl district only and all others districts combined except Aizawl and Sikkim (Gangtok) (Health Sector Report, NEC, 2012, p. 37; Das & Shimray, 2016, p. 61). Further in the latest report of NACO (2015) reported that there are 22329 number of HIV cases have been found in Northeastern region of India. In addition, the Annual Report (2014-15) of Ministry of Health and Family Welfare, Government of India has also identified numbers of health issues in the region which needed to take much stronger initiatives. It's further highlighted few draw backs and reasons in the Annual Report of NACO (2015) such as; lack of trained medical manpower, poor governance system in health sector, morbidity and mortality due to malaria, mosquito and water borne diseases high level of tobacco consumption, high incidence of HIV/AIDS in Nagaland, Manipur, Mizoram and Assam due to heterosexual relationship and high drug uses in region. Apart from this numbers of people are suffering from the disease like;

Cancer, Tuberculosis and Malaria. These damage many lives of northeastern people which are influenced by various factors such as life styles of different communities, climate change, people's density etc. Some of statistics which have found from the Bulletin on Rural health Statistics in India (2011) which included indicators as health profile of NE India which depicts that the Maternal Mortality Rate and Infant Mortality Rate is high in the state of Assam and Meghalaya with 480 and 50 respectively comparatively with the other states of the country is higher than the national figure of 50.

These problems are also supported by numbers of socio-economic and geo-physical challenges such as; poor communication, lack of access of health facilities, unemployment, geographical isolation, insurgency and conflicts in the region. Despite of having numbers of challenges and issues the region of Northeast has designated with huge untapped natural resources and mineral resources (particularly oil in Assam, Uranium and coal in Meghalaya). Its economy is based on some key factors such as agricultural, commercial fishing and forest product industries. But due to lack of process of industrialization in the region, small-scale industries and other economic sources have not been feasible due to lack of opportunities initiatives, economic infrastructure, lack of market accessibility, and etc. All matters when one's have sufficient financial stability to afford access of health facilities.

### **Possible Challenges in GO-NGOs Partnership**

There will be certainly some obstacles and challenges in different fields while working together by GOs and NGOs. Important aspect of GO-NGO partnership is the quality of funds flows from the government to NGOs. This is an important component of shaping the relationship between two. Besides this, functioning of NGOs gives strength to the concept of partnership i.e. free from strict guidelines of GO's through particular project funding. Dependency of NGOs on government and on external donations and fund because of these NGOs found less flexible in maintaining such partnership. In some of the programmes less transparency and delay of fund from the government have been found as key limitations in partnership. NGOs cannot generate immediate fund and infrastructure which also indicate slow progress for development. There are also challenges in introducing new technologies in remote areas because of very limited awareness level among the rural people on updated technologies to apply. Besides these, cultural beliefs among different tribes, ethnic communities of the region and conflict in different groups acts as some of major hurdles on the way of development of NE India.

### **Way forward:**

No doubt globalisation has brought tremendous benefits and progress in many countries in the forms of economic and social transformation that accelerating development in the movement of goods, services, capital people and environment. Competing with the severity of various public health issues the Government of India has introduced numbers of national level programmes to eradicate such health issues with the involvement of NGOs. Such programmes are; National Anti-Malaria Programme 1953 (NAMP) initiated to prevent deaths due to malaria and to reduce malaria morbidity. In response to TB the Revised National Tuberculosis Control Programme (RNTCP) has been introduced by the government of India, World Health Organization (WHO) and World Bank (WB) together revised the National Tuberculosis Programme in the year 1992. They initiated the NGOs involvement in the variety information, education and communication system. DOTS Centre has been introduced since 2005 onwards which also provide sputum testing examination and provide multi-drug therapy to TB patients. When AIDS has become the deadly disease in many of the state starting from the state of Tamil Nadu, Manipur, Mizoram and in other states, the Ministry of Health and Family Welfare has set up the National AIDS Control Organization (NACO) a separate wing under National AIDS Control Programme to implement and closely monitor the various components of the programme.

Hence for successful implementation of partnership approaches between GO-NGOs in programmes like National AIDS Control Programme, Reproductive Child Health Programme, Family Planning Programme, Revised National Tuberculosis Control Programme, government should take more initiatives to strengthen public health system in Northeastern region (states) as well as in other states of the country. There numbers of NGOs in the region who are performing their role in promotion of health services for the region such as, Northeast Network, Northeast Development Foundation, Seva Bharati, SAATHI, etc. To rebuild the health system in the region it would be better if government promote more programmes through various public, private institutions and with the active involvement of NGOs of Northeast who are delivering many effective services to the region. Therefore, a strong partnership or collaborative initiative can be taken with various public and private institutions who are delivering various health services to the region like; Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) Shillong, Regional Institute of Medical Sciences (RIMS) Imphal, Regional Institute of Paramedical and Nursing Sciences (RIPANS) Aizwal, Mizoram, Dr. B. Barooah Cancer Institute, Guwahati Neurological Research Center (GNRC), North East Cancer and Research Institute (NECRI), LGB Regional Institute of Mental Health, Cachar Cancer Hospital and Research Center, etc. in the form of preventive, curative and rehabilitative services. The region has a few number of dominant public health

issues as HIV/AIDS, Cancer, Malaria and TB (Bulletin on Rural Health Statistics in India, 2011). Hence, these institutions of Northeast can initiate various projects with the help of government to investigate health issues for the remote areas of the region through the collaboration of local NGOs and can also implement services to promote health status of the region.

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