

A STUDY ON THE ROLE OF NGOS IN PUBLIC HEALTH DEVELOPMENT

Kughatoli V. Aye¹, Naba Krishna Borah²
^{1,2}USTM

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Abstract

The health issue is judgmentally essential to reduce the problem of poverty and to gain human well-being of the right of the people in rural society. The government's policy for health improvement in agrarian societies finds some operational challenges. So, they are bound to realize an effective partnership with non-governmental organizations to accomplish national health objectives. The increasing coordination between NGOs and the Government is enhancing capacity building for rural peoples by protecting their socio-mental health issues through delivering effective health care services. However, the primary objectives of NGOs are to develop people's participation in preventive health activities and provide valuable human resources in the way of training and medical assistance for giving insight to the policymakers to strengthen the government machinery in the field of health. The paper studies the role of NEADS (an NGO) in the rural health sector and to what extent the beneficiaries are satisfied as a means of a public-private partnership system for rural health development.

Keywords: NGOs, Rural Health Development, Rural Growth, NEADS

Introduction

The health and competence of an individual are actions for an active and enjoyable life. So, health is correctly stated as wealth that an individual can grip (Ali et al., 2017). However, disease and poor health signify significant problems and affect an individual's life (Col et al., 2006). Around the world, people's health problems, especially in rural areas, are worse compared to urban areas. In this concern, the relationship between poverty and health issues must be restricted within the population, environment, and health facility. So, the question of poverty, low health rank, and significant problems of diseases in rural areas always need to be emphasized to improve health conditions (Strasser, 2003). However, good health is an approach to better well-being and contributes to economic and social productivity. In this concern, the 10/90 Report on Health Research highlights that the global community must accept the statement of good health, which is a way out of poverty. It is a common belief that safeguarding healthy lives and encouraging well-being at all ages can bring sustainable development out of poverty (Kent & Hawkes, 2015). The Sustainable Development Goal Regions and World Bank Income Groups (2019) started the estimated rate globally, showing rough problems and progress. In 2017, an estimated 295 000 women (80% UI 279 000 to 340 000) died globally due to causes of severe pregnancy and childbirth, with a maternal mortality ratio (MMR) of 211, maternal deaths per 100 000 live births (80% UI 199 to 243). This signifies a 35% decrease from the 451 000 (80% UI 431 000 to 485 000) maternal deaths and a 38% decrease from the MMR of 342 (80% UI 327 to 368) projected in 2000. The sharpest reductions between 2000 and 2017 were detected in the South-East Asia Region (57%; from 355 to 152 maternal deaths per 100 000 live births) and the African Region (39%; from 827 to 525 maternal deaths per 100000 live births (WHO, Statistic, p-20, 2021). Healthcare expenditure and economic performance provide health opportunities that can strengthen human capital, improve productivity, and contribute to national financial performance (Raghupathi & Raghupathi, 2020). In the European Union, healthcare is

considered a vibrant and strategic area because, on average, 8 percent of its GDP expands on health (Chanda, 2011). The expenditure on healthcare in the European Union amounts to the US- \$1.2 trillion, which is public-dominated healthcare delivery and 77 percent of total healthcare expenditure managed there (Hawe, 2008).

The role of the organization for Economic Cooperation and Development (OECD) offers a setting for Government to find a good practice based on experiences for a higher standard of economic policy. The report of OECD on healthcare at a glance in 2007 attention to the EU's healthcare system, where the IT sector received the highest honour. The e-health industry in the EU has calculated at US \$ 27.7 billion in 2006, and possibly one-third of the global ICT health industry was US \$66-79 billion. Therefore, healthcare-based legitimacy and transparency were possible, and healthcare professionals (HCPs) became an integral part of health systems and an element of improving health outcomes (Zihindula G. et al., 2019). So, all classes and age groups of people become protected. The aging population is pressure on healthcare expenditure based on limited resources. However, it still demands the modernization of national health services, and supervision of the healthcare organism is a long-time patient for outstanding solutions (White Paper, Brussels; 2007). The sharpest reductions in maternal mortality ratio between 2000 and 2017 were observed in the Southeast Asia Region (57%; from 355 to 152 maternal deaths per 100 000 live births) and the African Region (39%; from 827 to 525 maternal deaths per 100 000 live births). In contrast to other countries, India's maternal mortality ratio (MMR) has improved to 103 in 2017-19, but the states like West Bengal, Haryana, Uttarakhand, and Chhattisgarh have worsened. But, some populous states like UP, Rajasthan, and Bihar displayed a vast improvement and helped India stay the steady reflection of healthcare development (Source- The Times of India, 14th March 2022). Maternal death is relative to the live births that occur in a period and calculated by dividing the average annual number of women of reproductive age alive in the same period. In Assam, the highest MMR was recorded at 229 per lakh births in 2015-17. when MMR in Kerala is recorded, only 42 display the condition of specific improvement of it (Source, The Indian Express, 9th November 2019). So, the self-involvement of the community in the caretaking of their health is considered the fundamental approach to management. Since World Health Organization (WHO, 1978) proposed decentralization to empower and enhance efficiency in public performance (Milner, 1980; Saltman and Figueras, 1997). Decentralization is the process of transferring decision-making and administrative responsibility from the central Government to the outside (Milner, 1980; Rondinelli, 1989; Bossert, 1998). The process of decentralization is always encouraged for its apparent technical, political, and fiscal benefits in development planning (Conyers, 1983; World Bank, 1987, 1994; Litvack, Ahmad & Bird, 1998). No doubt, the participation of NGOs as a means of power decentralization is becoming a genuine system everywhere. NGOs are civil society organizations (CSO) and serve as an agent of intermediaries for change and growth practitioners. Besides the significant global health players, NGOs have become gradually professionalized over the last decade. The values of self-sacrifice are related to classically mission-driven organizations that are dependent on organizations' aid and voluntary services for their role (Candle & C. 2001). NGOs are neither governmental (public-sector) organizations nor private (for-profit) making organizations as transnational corporations (Kabir R. et al. 2021). NGOs assist communities (Benowitz, 2001; Frank, 1999; Keith, 2005; Keohane, 2002). However, Nigeria's NGOs have become organized and influential agents of change. NGOs aim to prevent insecure and unnecessary abortions and maternal and newborn deaths and communicate HIV to new-born (UNFPA, 2013; NFD, 2014). The Federation of Family Planning Associations, Malaysia (FFPAM, 1963), as the oldest active organization and member of the International Planned Parenthood Federation (IP, PF), is serving in 14

states of Malaysia, leading the role of educating in Malaysian family planning and responsible parenthood by providing sexual and reproductive health services (Ali et al., 2020). Besides health maintenance facilities, NGOs are involved in several preventive measures, perhaps more than restorative care, such as considerable or voluntary (Das, 2016) NGOs' actual potential performance is the capacity to deliver directly to the local health service. It has the relational advantage of representing particular public goods using dedicated knowledge and attaining hard-to-reach groups in the working areas. They are recognized as a means of mobilizer of health issues by advocating for government policy (Brinkerhoff, 2007). NGOs' involvement in health is an improvement of knowledge, attitudes, and practice development of the people for satisfaction on health issues. Their roles and activities may include the direct provision of healthcare, the management of healthcare institutions, and service delivery within a publicly run healthcare system (Wolf & Toebes, 2016). The International Conference in Canada (2002), organized by WHO and WONCA on "Rural Health," discussed improving rural and remote areas' health challenges. The conference slogan was 'Health for All, following the concept of together working for partnership efforts from doctors, nurses, and other health workers of an international and national organization to the World Bank; NGOs are private organizations that execute actions for the sake of the poor by offering essential welfare services. However, some NGOs without health experts with limited resources effectively enable the rural people. They often manage actions by engaging professional and local staff and collaborating with local private and public bodies. Many developing countries in the world have started activities for the improvement of diversity in the way of restructuring and outlining the decentralization strategy as NGOs follow. It is a matter of indicator of health improvement for the poor and marginalized groups of people (Wamai, 2008). The positive attitude of the non-governmental organization is predominant and complements organization organs. The people's voices started to be raised after the involvement of NGOs' role in healthcare.

NGO's role in Assam is rooted at the grassroots level for healthcare, and working for safety and security is a particular humanitarian concern. The minimum requirement of health services for life with dignity of the people and providing humanitarian assistance is to some extent found in the case of NGOs like Helpline Health Care Society, ASHADEEP (A Mental Health society), Atma Nirbhar-Ek Challenge, Assam Cancer Care Foundation, NEADS, etc. They aim to protect the youth from drug addiction and raise awareness of food and nutrition. Sanitation and increasing family planning education are the primary activities of the NGOs in Assam. Apart from this, ASHADEEP believes that mental disorders can be protected with the power of mental health and physical health. Furthermore, Cancer Care Foundation, Assam is a jointly working NGO and extending help to the Government to create patient-centric cancer institutions to produce standardized and affordable care closer to patients' homes.

NEADS and Healthcare

North East affected Development Society (NEADS) is an NGO that has been working since 1985 and is an accredited NGO of the "Creditability Alliance Organization" of India for its accountability, transparency, and the process of good governance. For the last 36 years, it has been working to improve rural health with the program of Disaster Risk Reduction, Humanitarian Response, Water, Sanitation, Health and Hygiene (WASH), Food Security, Vulnerable Livelihood, Health, and Nutrition, etc. The affiliation from "Foreign Contribution Regulation Act (FCRA) in 1993 has opened the scope to have funds from "START NETWORK" and "USAID" funding agencies of the UK and EED (European Endowment Democracy), and UNICEF. Moving from particular to general issues for the rural peoples is a

reasonable intervention of NEADS. During the pandemic, it provided oxygen delivery concentrators to each PHC under Chipahikhola and Koliapani Block.

Sumoni Chapori Village at a Glance

Sumoni Chapori village of 8 No Jhanjimukh Gaon Panchayat within the Teok Revenue circle under Kaliapani Development Block is selected for the study as a flood-prone remote area. The latitude of the village is 26.92 0, and the longitude is 94.29o. The Jhanjimukh Gaon Panchayat's total population is 7344, where 365 people are selected from 65 households in the study area (Census Report, GPDP, 2011). The mighty Brahmaputra and Jhanji river flow near the village, affecting the people's natural and socio-economic life yearly. Before 1960, the village was a part of the Jhanji River, but due to stream erosion and the sedimentary process of the Jhanji River, creating a new landform that is district administration has documented as flood flood-prone vulnerable area. On the based infrastructural pattern of the existing study area, several efforts and policies are trying to strengthen the level of participation of the rural people for overall development and to limit their self-reliance on their work.

Motivation for the Study

Prevention is better than cure is the crucial concept of NGOs. NGOs may have a comparative advantage of representing the specialized public by using technical and social knowledge for public goods. For most NGOs, the role of social mobilization around health issues is to help organize communities to identify and respond to health needs. NGOs may use innovative strategies for health care service delivery for capacity building socially and mentally working collaboratively with the Government. So, it is interesting to understand how NEADS, an NGO, brings people's participation to contribute to development through health improvement activities, as discussed in the international conference Canada on rural health.

Data Collection

The data has been collected from all 43 households out of 65 selected using simple random sampling without replacement. The 43 households contain a total of 122 persons. All 122 people were interviewed with the help of an interview schedule regarding their opinion on NEADS rural developmental activities, specifically in the field of Health. To compare the responses of the local respondents, 20 officials, including volunteers of NEADS, were also interviewed with the interview schedule regarding their opinion on their activities and impact on the study area.

The table on 1: Role of NEADS in Health through the Medical camp program

| Activities of NEADS in the field of Health | Programs of NEADS | | | |
|--|------------------------------|-----------|---------------|-----------|
| | | Satisfied | Not Satisfied | Not aware |
| Medical camp/Program | Awareness | 87.70% | 12.30% | 0.00% |
| | Counselling/Training | 87.70% | 12.30% | 0.00% |
| | Financial assistance | 13.11% | 86.89% | 0.00% |
| | Advocacy government policies | 73.77% | 18.85% | 7.38% |

Source: Field data

1. Respondents' Responses on Medical Camp/Programme Organized by NEADS

The activities undertaken by NEADS, including a medical camp and financial help to organize a medical program on education on nutrition, were the motivating factor that has

been reflected in the respondent’s responses, as tabulated in the above table. NEADS’s intervention in the health sector through the medical camp on awareness, and providing financial assistance, for health care is obvious to justify its role. Advocacy for government policy is another part of the justification to find the health-seeking behaviour of the rural people. NEADS provided financial help with different issues. However, how this program is effective is a matter of study concerning the selected village in the Jorhat district of Assam.

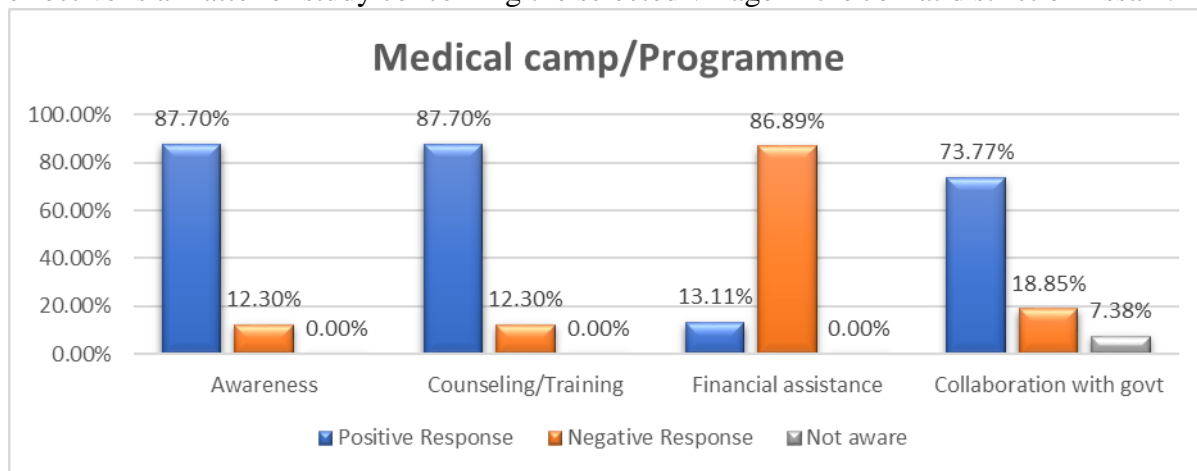


Figure-1

The table above in medical activities by NEADS has focused on the responses of the respondents on activities undertaken by the selected NGO in the study area. It is going too easy to explain the impact of different programs regarding the healthcare of NEADS that reflected some grounds on medical awareness. They organize some medical camps on HIV/AIDS to raise awareness. While 87.70 percent of respondents replied as benefited, only 12.30 percent replied negatively. In this scenario, we may include the activities of free medical check-ups with free medicine for the villagers. NEADS always works to develop knowledge of healthcare by organizing seminars and lectures for quality medical information to the villagers so that the villagers become aware of healthcare.

Therefore, 87.70 percent of respondents did not hesitate to say that they benefited, and only 12.30% replied as not. The value of these programs depends on the financial requirements of the people, and considering the matter, NEADS provided financial assistance to some families under certain norms. At the same time, only 13.11 percent answered as benefited, and 86.89 percent of respondents replied as deprived. So, reconsidering its necessity is a matter of analysis. The advocacy approach that applied to basic counselling and crisis intervention associated with the department of psychiatry of Jorhat Medical College & Hospital impacted 73.77 percent of people in the study area and replied positively. In comparison, 18 percent answered as not. At the same time, 7.38 percent responded that they were unaware of their work in this field.

2. Respondents’ Responses in Financial Assistance on Health Care Given By NEADS

The table on 2: Role of NEADS in Health through the Medical camp program

| Activities | of | Programs of NEADS | | | |
|------------|----|-------------------|--|--|--|
|------------|----|-------------------|--|--|--|

| NEADS in the field of Health | | Satisfied | Not Satisfied | Not aware |
|-------------------------------------|------------------------------|-----------|---------------|-----------|
| Financial Assistance for Healthcare | Awareness | 90.16% | 9.84% | 0.00% |
| | Counselling/Training | 86.07% | 13.93% | 0.00% |
| | Financial assistance | 13.93% | 86.07% | 0.00% |
| | Advocacy government policies | 71.31% | 23.77% | 4.92% |

Source: Field data

An effort made by the Government to raise awareness in the field of health leads to a wide range of influence, but how it becomes fruitful through better communication and information to rural peoples is a burning question. So, sometimes in civil societies, organizations plan yearly to focus on a proper health theme. The objective is to encourage and build up health-seeking behaviour among rural people. NEADS, an NGO of rural development in the rural area, observes World Population Day, World Health day, and No Tobacco Day to spread awareness and provide financial assistance to organize these functions.

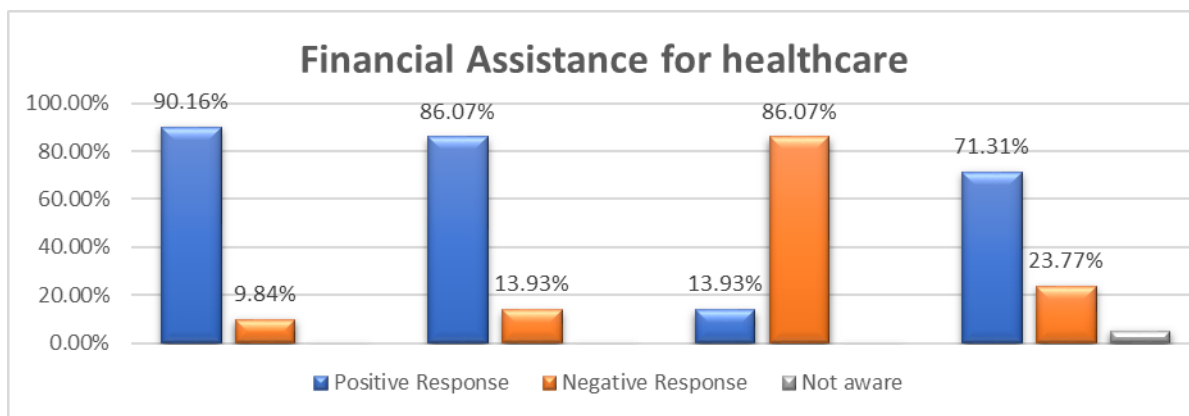


Figure-2

At the same time, 90.16 percent of respondents replied indeed benefited, and only 9.84% undoubtedly. On the other hand, to ensure the effective use of the activity of initial learning to adolescent girls, NEADS started to form an “Adolescent Girls Group” to enhance the capacity of the girls, and the “Mother Club” provided financial assistance for which 86.07 percent reply in favor of the NGO and 13.93 percent as not. All efforts depend on the people's economic conditions to make it applicable to any program, as discussed in healthcare. So, an overall assessment of the respondent on the financial assistance of NEADS on healthcare programs was evaluated; only 13.93 percent relied positively on it, whereas 86.07 percent answered negatively. It means they are in pursuance of financial assistance from the study NGO. How the participation of the villagers regarding village development can be conquered and given a thought by the selected NGO an initiative of collaboration with State Institute of Rural Development (SIRD) Khanapara started and the response on it is 71.3per cent positive, and only 23.77 percent is negative.

The table on 3: Role of NEADS in Health through Education on a nutrition program

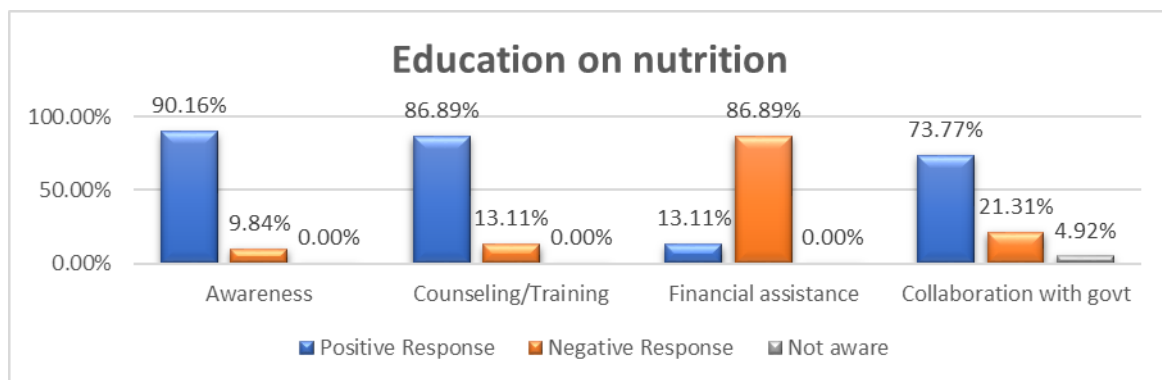
| Activities of NEADS | Programs of NEADS | | | |
|---------------------|-------------------|--|--|--|
|---------------------|-------------------|--|--|--|

| in the field of Health | | Satisfied | Not Satisfied | Not aware |
|------------------------|------------------------------|-----------|---------------|-----------|
| Education on nutrition | Awareness | 90.16% | 9.84% | 0.00% |
| | Counselling/Training | 86.89% | 13.11% | 0.00% |
| | Financial assistance | 13.11% | 86.89% | 0.00% |
| | Advocacy government policies | 73.77% | 21.31% | 4.92% |

Source: Field data

The living standard of working area people supports their lifestyle. We observed to understand the minimum life with nutrition in the study area as a program by NEADS to outline critical indicators to measure whether the standard is being maintained. In time, it surveys to determine the amount of nutrition that affected people after the flood in the study areas and to know their priorities.

3. Respondents' Responses in Education on Nutrition Given By NEADS



So, the awareness activities related to nutrition education during flood emergencies can be assumed to be successful because 90.16 percent of respondents in the interview replied as benefited but on. Still, only 9.84 percent of NEADS provided essential services to prevent distress among the affected people through counselling activities. It focused on dual, family, or group clinical interventions to develop physical strength in recovery. The study area faces poverty and fragile institutional capacity, and ecology is at higher risk of natural disaster and instability, creating a vicious circle of social and environmental degradation impacting health. However, the people are still fit to survive at any cost, and so 86.89 percent thought the NEADS program on education on nutrition was appropriate, but only 13.11 percent denied it. Some activities of plantation to have local fruits to maintain proper nutrition for the rural peoples was the NGO provided financial assistance and 13.11 percent so reply as good. Still, the respondent's necessity shows about 86.89 percent. The market analysis helps to identify what may be the most effective way to meet priority needs. So, the respondent's response options are chosen about market sensitivity and striving to protect livelihoods, including health. NEADS monitors the government facility with its department authority to confirm or adjust in the form of assistance. The study area results arrive because 73.77 percent replied positively, and only 21.31 percent reacted negatively. Apart from this, 4.92 percent are unaware of their program. The factual analysis of medical activities of NEADS in the study area defines and gives some indication to have some ideas on a rural medical facility that involves some complex interaction of factors impact on attraction to the NGOs intervention to assist in addressing socio-economic determinants of well-being, including living

environment, working conditions, environmental issues relating to health development. So, NEADS, as an NGO in Assam, helps to teach the community about the impact of education and health as a part of rural development. It is only because of Ngo's apparent strength that can be explored in a mutually beneficial relationship, as followed by our selected NGO.

Discussion and Analysis

Table 4: Respondent conditions before the intervention of NEADS

| Before intervention (2000-2010) | | | |
|---------------------------------|--------|---------|--------|
| Programs of health | GOOD | AVERAGE | POOR |
| Child health | 31.15% | 63.11% | 5.74% |
| Women Health | 29.51% | 68.03% | 2.46% |
| Health awareness | 4.92% | 18.03% | 77.05% |

Since communities are the first respondents of all program implementation in the study area and tried to understand their overall condition before the intervention of the selected NGOs, table 4 is an analysis of the respondent's needs to find a comparative study. At the same time, Table 5 expresses the overall impact of the NEADS program and its outcome as growth and development after intervention based on interviews with the respondent. The base year after the intervention is kept from 2011 to 2018.

Table 5 Respondent conditions after the intervention of NEADS

| After intervention (2011-2018) | | | |
|--------------------------------|--------|---------|-------|
| Programs of Health | GOOD | AVERAGE | POOR |
| Child Health | 38.52% | 57.38% | 4.10% |
| Women Health | 41.80% | 55.74% | 2.46% |
| Health awareness | 92.62% | 6.56% | 0.00% |

From Table 2, we can see that 5 percent of the total population had good rice production during 2000-2010, and in table 3, we can see that 9.82 percent of the total population had good rice production during 2011-2018. It implies that rice production is increased compared to earlier years. In the same way, we had seen the comparative growth of mustard production during 2011-2018, about 7.33 percent, because before, it was 10.53 percent, and after NEADS's role, it was 17.86 percent. We also learned that the increase in vegetable production means growth between 2010 and 2011-2018 is about 3.74 percent. In the same way, the preparedness for disaster in the study area is, to some extent though not so good, comparatively increased at a level. It is because 80.70 percent of the total population responded as good before the intervention of NGO, and 82.14 percent responded as good after the intervention of NEADS. But this is the quality effect of disaster preparedness on the overall economic condition. The health care program of NEADS is also creating mass sensitization among the respondent because, before the intervention of the NGO, it was in the field of child health at 31.15 percent, after 38.52 percent. Regarding women's health, 29.51 percent and 41.80 responded well after it. The total health awareness effect was as good as answered by 4.92 percent before NEADS entered our study area. However, it is a massive change in health awareness because 92.62 percent responded as good after the intervention of the NEADS program there. The conscious attitude of the people after being aware of health care is a positive sign for the growth of socio-economic development. Education is a driving force of new knowledge and signifies a quality of life for the people. So, children's education level before NGO intervention was not good because only 4.10 percent expressed it, whereas 62.30 percent replied as poor. However, there is a scope for growth because 33.61 percent

responded on average. Therefore, the area of improvement of the rate converted to positive and came to know when after NEADS intervention, it increased 50.00 percent response as good. So, women's educational empowerment before was only 5.74 percent reply as good, and after intervention increased to 49.18 percent as a good response. In a comparative analysis of the condition of the study area, including all fields, we may say that the nature of dependency on government activities sometime may not be counted, excluding Civil Society Organizations. Because the involvement of civil society organizations such as NGOs can develop of participation of the villagers and raise their knowledge of local resource-based growth and development. So, after the intervention of NGOs such as NEADS in the study area is the arrival of growth responsibility to perform themselves. But the overlook of the respondent's income source in the study area before and after the intervention of the selected NGO also signifies the trend of rural development there. Therefore, an effort has been made to systematically understand the source of income extension as the respondent responded in the interview.

Table 6: Analyses of Source of Income before Intervention of NGO (NEADS)

| Source of Income Before Intervention (2000-2010) | | | |
|--|---------|----------|--------|
| AGRICULTURE | SERVICE | BUSINESS | OTHERS |
| 102 | 2 | 10 | 8 |
| 83.61% | 1.64% | 8.20% | 6.56% |

Table 7: Analyses of Source of Income after Intervention of NGO (NEADS)

| SOURCE OF INCOME After Intervention (2011-2018) | | | |
|---|---------|----------|--------|
| AGRICULTURE | SERVICE | BUSINESS | OTHERS |
| 98 | 2 | 12 | 10 |
| 80.33% | 1.64% | 9.84% | 8.20% |

The table no 4 & 5 reflect the income from agriculture 83.61 percent of people relied on agriculture as the primary source of income before the application of activities of NEADS in the study area, and 80.33 percent of people still rely on agriculture as a primary source of income after the application of activities of NEADS in the study area. This shows that most income sources depend on agriculture in the village, but subsequently, their involvement has increased to some extent in business. It is a reflection of, to some time, a new beginning of the trend of generation of income there. The above analysis on the role of NEADS in Rural Development in Sumoni Chapori village is quantitative and qualitative considering the respondent response on humanitarian action of NEADS for rural health. Their active participation is essential to assist in ways that best meet their needs. They are rendering services to include vulnerable and geographically isolated people. The analysis itself signifies the combined effect on education, health, and agriculture and the source of income generation to maintain minimum requirements for a healthy life with dignity to sustain development. NEADS is an NGO in Assam committed to improving the quality of human life and the effectiveness of their program for the people as performed in the study area.

Conclusion

The study has revealed that the role of NGOs has brought about changes in the health sector among rural people. It was trying to study several preventive and awareness programs of NEADS and their practices at the community level. The study reveals the proper impact of health maintenance at the grass root level. The findings based on a sample of the selected study area may have some limitations for small size and in a specific region of the country.

Still, similar results may improve health development in other settings. Ngo's capacity for resource mobilization in the health sector has been encouraged through local people's participation in good health or seeking behavior in rural society as a private partnership system. This study tries to determine to what degree NEADS can convey health services in response to local people's needs and how satisfied people were with the service to deliver enough in the study area. Information was compared with the annual report of the selected NGO, which revealed that there is much similarity in the working record of the NGO as responses of the respondent. The statistics in table no (5) on after intervention of NEADS in the health field have focused on the growing trend of child and women's health and health awareness compared to before intervention in the health sector. At the same, the sources of income of the people in the study area are highlighted as a pattern of development after the intervention of NEADS, and the desired goals management among the stakeholders is found as imperative. Collective improvement through advocacy on government policy is becoming positive for NEADS in the health sector.

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References

- Ali M. David K.M. Leo R. A. (2020), Communication Norms in NGOs Advocating Reproductive Health: A Comparative Study of Malaysian and Nigerian NGOs, *Journal of International Research, Victoria, Australia*, 10 (1), DOI-10.51611/iars.irj.v10i1.2020.114 ISSN 2202-2821 e-ISSN 1839-6518
- Ali A. M.; Kamraju M. and Vani M. (2017), Importance of Health and Fitness in Life, *Asian Journal of Physical Education and Computer Science in Sports*, 17(1); 41-45 ISSN 0975- 7732
- Abdullah, Adina, et al. (2019), "Prevalence of Limited Health Literacy among Patients with Type 2 Diabetes Mellitus: A Systematic Review." *PLoS One*, vol. 14, no. 5, Public Library of Science, May 2019, p. e0216402.
- Bossert T. (1998), Analysing the decentralization of health systems in developing countries: decision, innovation, and performance, *Journal of Social Science and Medicine*, 47(10) DOI:10.1016/s0277-9536(98)00234-2
- Brinkerhoff M.J., Smith C. S. (2007), *The Role of NGOs in Health, Education, Environment, and Gender: Application of the Theoretical Framework*, Brinkerhoff M.J., Smith C. S(eds), Palgrave MacMillan (editor), DOI 10.1057/9780230604933-9, pp-149-187 https://www.researchgate.net/publication/261832754_The_Role_of_NGOs_in_Health_Education_Environment_and_Gender_Application_of_the_Theoretical_Framework
- Das N. (2016), Role of Non-Governmental Organizations in Healthcare Sector of India, *Journal of Research Gate*, DOI: 10.13140/RG.2.2.30420.19845 pp8-64 <https://www.researchgate.net/publication/309487015>,
- Conyers D. (1983). Decentralization: the latest fashion in development administration. *Journal of Public Administration and Development*, 3, pp. 97-109 <https://doi.org/10.1002/pad.4230030202>

- Candland C. (2001), Institutional Impediments to Human Development in Pakistan. In: Shastri A., Wilson A.J. (eds), *The Post-Colonial States of South Asia*, Palgrave Macmillan, New York pp-264-280
- Cole A. M. & Neumayer E. (2007), The impact of poor health on factor productivity: an empirical investigation, *Journal of Development Studies*, 42(6) DOI: 10.1080/00220380600774681, pp-918-938
- Hawe E. (2008), *Compendium of Health Statistics*, Radcliffe Publication, UK (Google Scholar)
- Ejaz, I., Shaikh T. B., Rizvi. N., (2011), NGOs and government partnership for health systems strengthening: A qualitative study presenting viewpoints of Government, NGOs, and donors in Pakistan, *Journal of BMC Health Services Research*, DOI:10.1186/1472-6963-11-11(1) p122, <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-11-122>
- Kent B. & Hawkes S. (2015), Health in the sustainable development goals: ready for a paradigm shift? *Journal of Globalization and Health*, 11(13), DOI; 10.1186/s12992-015-0098-8 pp-124-129
- Kabir R. Bithi T. A. T., Jyoti A. T. (2021), Role of NGOs for Implementing Reproductive Health Policy, *Journal of Human- Social Science: C Sociology & Culture*, 21(1), ID: 370299, ISSN 2249-460X, &0975-587X 21(1) pp 4-12
- Litvack J, Ahmad J, Bird R. (1998), Rethinking Decentralization in Developing Countries. *Journal of Research Gate*, Washington D.C., DOI:10.1596/0-8213-4350-5
- Milner M Jr. (1980), *Unequal care: a case study of inter organizational relations in health care*. Columbia University Press publication, New York:
- Nath A., Nath S. K., (2014), Human Research Development: A case study of an NGO in Assam, *International Journal of Social Science*, 3 (4), DOI no 10.5958/2321-5771
- Raghupathi V., Raghupathi W. (2020), Healthcare Expenditure and Economic Performance: Insights From the United States Data, *Journal of Public Health*, 6, <https://doi.org/10.3389%2Fpubh.2020.00156>
- Rondinelli D. A. (1981), Government decentralization in comparative perspective: Theory and Practice in Developing Countries, *Journal of International Review of Administrative Sciences* 47(2) pp-133–146. <https://doi.org/10.1177/002085238004700205>
- Strasser R. (2003), Rural Health around the world: challenges and solutions, *Journal of Family Practice*, 20(4), pp-457-463, <https://doi.org/10.1093/fampra/cm422>
- Saltman, R.B., Figueras, J. (1997), *European Health Care Reform: Analysis of Current Strategies*; WHO Regional Publications, European Series (72); Copenhagen: WHO Regional Office for Europe.
- World Health Organization (1978): Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR (6-12 September).
- WHO (1987), *Financing Health Services in Developing Countries: An Agenda for Reform*. Washington, DC
- Wamai R. G., (2008), Reforming health systems: the role of NGOs in Decentralization – lessons from Kenya and Ethiopia, *Journal of Harvard School of Public Health* <https://www.semanticscholar.org/paper/Reforming-health-systems%3A-the-role-of-NGOs-in-%E2%80%93-and-Wamai/3dc732b9dd19fc10f998179cf3124a2778d21341>
- Wolf D.H.A & Toebes B. (2016), Assessing Private Sector Involvement in Health Care and Universal, *Journal of Health Human Rights*, 18(2) pp-79-91 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394993/>
- World Health Organization. Global Forum for Health Research. 10/90 Report. Switzerland: WHO;1999

- Zihindula G., John A. R., Gumede M.D., Gavin R.M. (2019), A review on the contributions of NGOs in addressing the shortage of healthcare professionals in rural South Africa, *Journal of Cogent Social Sciences*, Vol-5: 1674100, <https://doi.org/10.1080/23311886.2019.1674100>
- Role of Non- Governmental Organization in Health Care Sector of India (2016), Project report based on the study “Strengthening Ecosystem for Sustainable and Inclusive Health Financing in India (SESSIHFII)” supported by USAID-India. <http://dx.doi.org/10.13140/rg.2.2.30420.19845>
- Commission of the European Communities. White Paper: Brussels; 2007. Together for Health: A Strategic Approach for the EU 2008-13 (Google Scholar).
- The maternal mortality ratio improves to 103, and India may hit the global goal of 70 in advance. (2022, 14th August). The Times of India. <https://timesofindia.indiatimes.com/india/maternal-mortality-ratio-improves-to-103-india-may-hit-global-goal-of-70-in-advance/articleshow/90190138.cms>
- Explained- Maternal mortality rate in the states: Assam229, Kerala. (2019, 9th November), The Indian Express. <https://indianexpress.com/article/explained/explained-maternal-mortality-rate-in-the-states-assam-229-kerala-42-6110729/>

Link

- <https://www.un.org/sustainabledevelopment/health/> (Sustainable Development Goals)
- <https://www.who.int/data/gho/publications/world-health-statistics> World Health Statistics by WHO
- <https://data.worldbank.org/topic/8> (World Bank Data)
- <https://ngosindia.org/assam-ngos/helpline-health-care-society-guwahati/> (Helpline Health Care Society, Guwahati – NGO’s India and Funding Agencies).
- <https://ngofeed.com/top-ngo-in-assam/> (Top NGO in Assam who is providing a better society?)
- <https://www.indiadonates.org/ngos/north-east-affected-area-development-soc> (On NEADS)
- <https://agriculturegoods.com/why-is-agriculture-important/> (Importance of Agriculture & its role.)
- <https://www.sciencedirect.com/topics/nursing-and-health-professions/public-health-nursing> (Public Health Nursing)
- <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html> (Health information Privacy)
- <https://thewire.in/government/indias-mmr-at-103-up-mp-assam-chhattisgarh-still-above-150-higher-than-sdg-goal> (A report on MMRs by The Wire)
- https://en.wikipedia.org/wiki/Health_promotion Health Promotion Topic by Wikipedia
- <https://www.downtoearth.org.in/news/health/maternal-mortality-in-india-what-do-the-recent-figures-tell-us-81935> A news article entitled “Maternal mortality in India: What do the recent figures tell us” published on Down-to-earth platform on Monday 14 March 2022.
- <https://data.unicef.org/topic/maternal-health/maternal-mortality/> UNICEF report on “Maternal mortality” published on September 2021.
- <https://www.hhrjournal.org/2016/12/assessing-private-sector-involvement-in-health-care-and-universal-health-coverage-in-light-of-the-right-to-health/> A journal article entitled “Assessing Private Sector Involvement in Health Care and Universal Health Coverage in Light of the Right to Health” by “Antenor Hallo de Wolf” and “Brigit Toebes” published on December 5, 2016.

