

Partnership With Non-Government Organisations

8.1 INTRODUCTION

The National Rural Health Mission (NRHM) seeks to build greater ownership of the programme among the community through involvement of Non-Government Organizations. Promotion of Public Private Partnership for achieving public health goals is one of the strategies initiated by the department in this regard. This partnership will reinforce the strategy of involvement of NGOs already spelt out in the National Population Policy 2000.

The Government of India is committed to voluntary and informed choice in family planning, reproductive and child health care services. Towards this end, the Government, the corporate sector, voluntary and non-voluntary sector are expected to work together in partnership. The professional bodies like Indian Medical Association, Federation of Obstetrician & Gynecologist are also involved in the partnership to achieve the desired goal.

8.2 PARTNERSHIP WITH NON GOVERNMENT ORGANIZATIONS(NGOs)

The Government of India envisages collaboration with NGOs through enhanced participation by the State Government also. Under RCH-II, the ownership of the programme has been decentralized to the State Government. The planning process now starts from the district level. The scheme has been included in the State PIP for NRHM under RCH II.

NGOs in particular, have been assigned supplementary or complementary role to that of the Government health care delivery thus aiding them in reaching the masses meaningfully. They have a comparative advantage of flexibility in procedures, rapport building with communities, and are at the cutting edge of programme implementation. NGOs will be involved in ASHA's training, activities relating to National Disease Control Programmes, PNDDT

related activities and service delivery in addition to health education and awareness programme.

8.3 NEW GUIDELINES

According to the guidelines of NGO Scheme, the States have been given an important role in selection/approval of the NGOs and overseeing implementation of the projects undertaken by them. An inbuilt mechanism of monitoring the working of the NGOs and various activities undertaken under the project, in addition to the mid-term appraisal, etc. by the designated evaluating agencies/ organizations has been built into the guidelines:

The key features are:

- Decentralization of the schemes to the State and District level.
- Integration with National Rural Health Mission.
- Training of ASHAs.
- Activities relating to various National Disease Control Programme.
- Awareness relating activities concerning PNDDT Act.
- Shift from exclusive IEC and awareness generation to Service Delivery.
- Delivery of RCH services by NGOs in un-served and under served areas.
- Clearly defined eligibility criteria for Registration, Experience, Assets and jurisdiction.
- Rationalization of the jurisdiction area serviced by the NGO to provide in depth service and optimize resources.

- Mainstreaming gender issues in all intervention areas.
- Enhanced male participation and involvement in delivery of all RCH services.
- Emphasis on measurable qualitative and quantitative performance indicators.
- Selection, approval, funding and monitoring of Mother NGO/Service NGO projects by State and District RCH Committees.
- Increased interface of NGOs with local government bodies.

8.4 MOTHER NGO (MNGO) SCHEME

The underlying philosophy of the Mother NGO (MNGO) Scheme is one of nurturing and capacity building through partnership. In accordance with the National Population Policy 2000, National Health Policy (NHP) 2002 and 10th plan document that places emphasis on decentralization of programme management and RCH service delivery using a gender sensitive approach, the NGO guidelines were revised in accordance with the RCH II approach.

The objectives of the MNGO scheme, are to improve RCH indicators in the under served and unserved areas, with specific focus on Mother & Child Health, Family Planning, Immunization, Institutional Delivery, RTI/STI and adolescent reproductive health care. It is expected that the gender concerns and male involvement will be addressed across all the interventions.

The un-served areas specifically include hilly, desert and mountainous regions, SC/ST habitats, urban slums and in areas where the government infrastructures are functioning sub optimally. Under the revised mode, NGOs are expected to facilitate RCH service delivery in addition to addressing the awareness, education and advocacy requirement.

The overall approach has shifted from a project to a programme mode (from one-year cycle to 3-5 year cycle). Rationalization of NGO jurisdiction (reducing coverage from 5-8 districts or more to 1-2 only), and each Mother NGO to work with only 3-4 Field NGOs (FNGOs) from each district, encouraging each Mother NGO to identify the un-served and under served pockets within the districts

in consultation with District Health Officials, identification of Field NGOs from the same pockets to serve populations covering 1-2 sub centers in the provision of RCH service delivery related to NRHM, Family Planning, Immunization, Mother & Child Health and access to institutional delivery. RTI/STI, adolescent reproductive health care, implementation of Janani Suraksha Yojana (JSY) are some of the salient features. Currently, 259 existing Mother NGOs are working except State Innovative in Family Planning Services Project agency (SIFPSA), Lucknow (UP) in all the States of the Country.

8.5 SERVICE NGO (SNGO) SCHEME

The Service NGOs (SNGOS) are, those, who are expected to provide clinical services and other specialized aspects such as Dai training, MTP, male involvement, covering 1,00,000 populations, contributing to achieving the RCH objectives.

NGOs with an established institutional and infrastructure for service delivery are encouraged to compliment the public health care delivery system in achieving the goals of RCH-II programme. These SNGOs will cover an area co-terminus to that of a CHC/block PHC with approximately 1,00,000 population or around 100 villages. Service NGOs are expected to provide a range of clinical and non-clinical services directly to the community as an integrated package of RCH-II services. Some of the services expected to be provided by Service NGOs include safe deliveries, neo natal care, treatment of diarrhoea and ARI, abortion and IUD services, RTI/STI etc.

8.6 INSTITUTIONAL FRAMEWORK FOR PROGRAMME MANAGEMENT

The programme management under the revised scheme is decentralized to the State and district Authorities. The State Government forms State RCH society, which has the responsibility for the overall management of the scheme. The State NGO Selection committee will be responsible for MNGO selection, recommendation of projects for Government of India approval, fund disbursement, capacity building, monitoring and evaluation. The District RCH society is responsible for all the operational aspects of the programme management at the district level. The district NGO committee holds the responsibility for recommendation of MNGO composite proposals to State RCH Society, facilitating

the signing of MOU with the MNGO and passes it on for fund release to state RCH society, undertake review meetings and periodic monitoring in the field for assessing Field NGO/Mother NGO performance.

Role of Government of India is related to provision of policy guidelines, final approval of proposals, and technical support for capacity building of NGOs and fund release to state governments.

8.7 STATE NGO COORDINATORS (SNGOCs)

The SNGOCs are responsible for monitoring the implementation, facilitating timely submission of NGO reports to the state government, providing government feedback to NGOs, communicating government policies and programmes and facilitating NGO dialogue with the district health system. Presently there are 15 selected Service NGOCs are in position.

8.8 INSTITUTIONAL FRAMEWORK FOR NGO CAPACITY BUILDING

The Regional Resource Centres (RRCs) is the institutional mechanism available to support this programme. There are 11 RRCs covering the programme all over the country. NGOs with expertise and experience in Reproductive Child Health (RCH) and having national level stature are identified as RRCs.

The RRCs are playing an important role to be a catalyst, advocacy and net working with state governments, strengthen managerial and technical competencies of the Mother NGOs, support and oversee Field NGO training, document and disseminate best practices, collect and disseminate RCH policies, laws, and programme from the respective states where they work and maintenance of database on technical and human resources related to RCH.