

Non-Governmental Organisations and Community Health: Women's Perspective

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Abstract: *"It is important to note that, in recent Five Year Economic Plans, government is closely associating NGOs in implementation of community health programmes. NGOs interact with the government on many levels and for many reasons. This interaction is becoming broader and more frequent. In this context, it is essential to evaluate the role of NGOs in community health promotion. A SWOT analysis of NGO helps the government to decide whether sanctioning of project is worthwhile or not? On the basis of this result, government can chalk out a policy while sanctioning grant to adopt community health programmes".*

Keywords: Non-Government Organisation, Community, health-Women's Perspective, Five Year Planning

1. Introduction

There has been a prolific growth of NGOs (Non-Governmental Organizations) in India since independence. One of the major areas of this growth has been in the field of community health. From mid-sixties, the government has envisaged a major role for NGOs in the health sector. Most of the plan documents clearly mention the important role that NGOs have to play in all aspects of health care, especially for the underprivileged population and remote areas. According to World Health Organization (WHO) "health is the state of complete physical, mental, social and spiritual well being not merely absence of disease or deformity".¹ It refers to a state of complete physical, mental and social soundness. In this perspective, it is necessary to evaluate community health programmes evolved by NGOs in collaboration with Government.

Origin of the Research Problem:

Health care in India has a long tradition of voluntarism. For centuries, traditional healers have taken care of the health needs of their own community as a part of their social responsibility. They have used knowledge that has passed down the generations, regarding the medicinal value of locally available herbs and plants. This tradition still continues, particularly in the tribal pockets of the country.²

Unfortunately, the institutionalized voluntarism that evolved during the colonial era was completely dominated by the thinking of the colonizers. They completely ignored the rich traditional systems of health care in India. This was partly due to the fact that much of this effort grew out of the activities of Christian missionaries, most of whom came from the West. The Indian elite, who had been partially involved in the voluntary effort during that phase, also firmly believed in the supremacy of everything Western³. Consequently, there was little possibility of evolving a health system that assimilated the best of both schools. Perhaps, the major exception was Mahatma Gandhi's continuous effort to popularize naturopathy, yoga and vegetarianism through the ashrams that he had set up in various parts of the country.

The role of NGOs has received increasing importance in public policy and health policy over the past decade. As more financial and other resources were invested in this

sector, the profile of its constituent groups changed. NGOs in the 1960s and 1970s were largely not –for – profit voluntary organizations working towards integral development. In health they included medical service through hospitals, health centres, and mobile clinics run by charities, missions and philanthropic organizations. With experience and reflection this group developed a deeper community based understanding of the dynamics of health, health care and development in different socio-cultural situations. They were often able to achieve what governments in resource poor situations could not. NGO networks developed at national and global levels with a specific focus on health. During the past decade a global people's health movement emerged with a strong focus on health determinants and a right's based approach to health care. The potential for partnerships are thus many⁴.

Objectives of the study

The present study aims at an analysis of role played by the NGOs in community health programmes in general in India and in particular in the Dakshina Kannada district of Karnataka state. The main focus of the study is NGOs and community health from women's perspective. The main objectives of study are:

- 1) To evaluate the programmes of such NGOs in terms of performance, impact and co-ordination with other agencies.
- 2) To evaluate NGOs from women's perspective.
- 3) To suggest ways and means to achieve success in the implementation of community health programmes by NGOs in collaboration with Government.
- 4) To conduct SWOT analysis of NGOs.

2. Methodology

Methodologically it is a stupendous task to evaluate the contributions of NGOs in community health services due to the social complexities in the micro level, and intervention of many institutions on the target groups in the rural area. Equally it is difficult to assess the degree of collaboration between government and NGOs as it involves many invisible, non-quantifiable factors. However, in this research an attempt is made to explore the role of NGOs in implementation of community health programmes by using the technique of opinionnaire schedule. The proposed study

is based on primary source such as interviewing beneficiary, gathering information through questionnaires etc. A special focus is made on women, beneficiaries of community health programmes. In addition to this secondary source of materials will be gathered from books and journals and reports published by the NGOs.

Community health initiatives of NGOs in Dakshina Kannada district:

There has been a prolific growth of voluntary organizations in Dakshina Kannada district since independence in 1947. One of the major areas of this growth has been in the field of community health. Good number of NGOs focuses on integrated interventions to address Maternal Health and Child Survival, Neonatal Health, Nutrition and Breast Feeding, Tuberculosis, HIV/AIDS, Family Planning, Women Empowerment, Panchayat Empowerment, Environmental Sanitation and Water Supply, Legal Aspects of Health, Indian System of Medicine (ISM) and Traditional System of Medicine (TSM). Employing a unique approach to training communities and local organizations, Counterpart ensures that programs are locally appropriated and sustainable. NGOs programs are designed to aid the most vulnerable population in the regions of program implementation, including women, Dalit/Oppressed, Tribal, School going Children, Poor and Deprived, Slum Dwellers, Victims of Displacement and senior citizens. Most of the NGOs are registered under Societies Registration Act 1860 and governed by Karnataka Societies Registration Rules. Some of the NGOs are registered with Ministry of Home Affairs, Govt. of India under Foreign Contribution Regulation Act.

In addition to NGOs, there are Educational Trusts and Charitable Foundations working for betterment of health of deprived class of people. In India, trusts set up for the social causes and approved by the Income Tax Department, get not only exemption from payment of tax but also the donors to such trusts can deduct the amount of donation to the trust from their taxable income.⁵ The legal framework in India recognizes activities including "relief of the poor, education, medical relief, and the advancement of any other object of general public utility" as charitable purposes.⁶ Companies formed under Section 25 of the Companies Act, 1956 for promoting charity also receive benefits under law including exemption from various procedural provisions of the Companies Act, either fully or in part, and are also entitled to such other exemptions that the Central Government may accord through its orders.⁷ Important NGOs involved in community health programme are SKDRDP, Dharmasthala, Asha Jyothi, Mangalore, Bhandavaya, Mangalore, Jeevandhara Social Service Trust, Vamanjoor, Prajna Counselling Centre, Mangalore, YMCA, Mangalore, Deeksha Trust, Belvai, Nazareth Community Health, Mangalore etc. The voluntary health effort as it exists today in Dakshina Kannada district can be broadly classified as follows:

- **Specialized Community Health Programs:** Many of them go a little beyond health, by running income-generation schemes for the poorer communities so that they can meet their basic nutritional needs.

- **Integrated Development Programs:** In these programs, health is a part of integrated development activities. Consequently, their emphasis on health care may not be as systematic or as effective as that of the previous group. However, the long-term impact of their work on health and the development of the community is significant.
- **Health Care for Special Groups of People:** This includes education, rehabilitation and care of the handicapped old age people, women, destitute etc. These specialized agencies are playing an important role, keeping in view the fact that hardly any government infrastructure exists in this sector of health care.
- **Government-Voluntary Organization:** These are voluntary organizations which play the role of implementing government programs like Family Planning and Integrated Child Development Services. These bodies are marginally more efficient than the government system but their overall approach is the same.
- **Health Work Sponsored by Rotary Clubs, Lions Clubs and Chambers of Commerce:** They usually concentrate on eye camps-conducting cataract operations, blood donation camps, medical check-up camps in the rural areas on a large scale with the help of various specialists, etc.
- **Educational Trust:** As a part of social responsibility and community extension activities, medical colleges and nursing colleges conducts health check-up camps, health awareness campaign and other activities connected to health.

Evaluation of performance of NGOS involved in community health programmes:

The specific contributions of NGOs to development are difficult to assess. The ability to measure NGO contributions to health sector and to make comparisons between different NGOs is complicated because of the varied activities in which they are involved. Health programs initiated by the NGOs encompass a broad range of activities designed to improve the quality of life. In this context, an attempt has made to qualitative assessment of NGOs based on opinionnaire collected from the beneficiary group. For this purpose an opinion schedule has been prepared to collect information from the women beneficiaries. It is discussed below-

Opinionnaire to assess the performance of NGOS in implementing community health programmes

Evaluation of NGOs cannot be done by using quantitative techniques, because it is a complex phenomenon. Some of the NGOs may not disclose accurate fund they availed from different sources. In this context, an attempt has made to evaluate the performance of NGOs by using opinionnaire technique.

Opinionnaires are used to measure the attitude and the belief of the respondents. Opinionnaires are also a type of information forms, also known as attitude scale. The opinionnaires are devised with view to probing into the minds of the people. The researchers analyze the responses and reach to a conclusion about the beliefs or attitude pattern of the respondents. The expressed reactions to a statement

show their attitude towards the matter in the question. Evaluation of NGOs performance in implementing community health programmes is done by opinion collected

from the women beneficiaries of the programme. An attempt has also made to collect opinion about community health services rendered by the Government hospitals.

S. N	Content	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1	Creates awareness regarding Health and Hygiene	39	29	20	9	3
2	Motivate people to join community Insurance schemes	37	27	16	16	4
3	Give information about Government health schemes	45	30	17	5	3
4	Provides counseling services to the needy people	20	23	30	20	7
5	Conducts health check up camps regularly	48	20	23	4	5
6	Provides free medical facilities	23	42	20	10	5
7	Support for sanitation and safe drinking water	35	22	13	17	13
8	Effectively Implements Community Health Programmes	20	35	19	12	14
9	Regularly conducts medical camps and health awareness camps.	22	24	24	14	16
10	Conducts Adolescent Health Education Programme Effectively	34	28	22	8	8

Opinionnaire to Assess the Performance of Public Health Institutions in mplementing Community Health Programmes in Dakshina Kannada District (women’s perspective)

Source: Field Survey

The table furnishes details regarding the opinion of beneficiaries related to public health services rendered by the government hospitals and health centres. While collecting opinion, total quality of services rendered by the Government to the public has been sought from the women beneficiaries. Opinionnaire encompasses various aspects such as awareness creation, provision of medical facility, conducting of medical camps, information about insurance scheme, sanitation and safe drinking water, facility available in the hospitals etc. The size of the sample is 100. All the beneficiaries belong to women group. It is found that 32.3% respondents expressed that public health institutions effectively implement community health progremmes. However, 28% agree, 20.4% uncertain, 11.5% disagree and 7.8% of the sample size strongly disagrees. From the above results it is evident that, sample size is not satisfied with the services rendered by public health institutions. It shows that, public institutions have access to around 60% of the population only. It is to be noted that, whatever result revealed in this opinionnaire, also replicated in India in general. Surveys made throughout India points out that 65% of the Indian population cannot have access to modern medicines. In addition, a number of drugs and even many diagnostic tests are still unavailable in the public health care sector of India. Most of the hospitals are located in the urban areas, thereby making it almost impossible for the rural people to access.

In this context, an attempt has made to assess the performance of NGO in implementing community health programmes in Daskshina Kannada District. This has been done by constructing comprehensive Opinionnaire schedule. The opinionnaire encompasses three main variables such as

awareness, execution and partnership aspects. The size of the sample is 100. In this investigation also perception of the women regarding community health programme has been taken into account. Opinion sought from the same group of population. Awareness aspect focuses more on ability of NGO in creation of health awareness among the poor public. Execution aspect reveals the execution capacity of the NGOs in implementing community health programmes. Partnership aspect reveals that, whether NGOs are succeeded in implementing public health programmes in association with other organizations.

Evolving concepts about health and the articulation of its links to poverty, equity and development have recently widened the range of WHO’s (World Health Organization) partners. No longer has the domain of medical specialists, health work now involved politicians, economists, lawyers, communicators, social scientists and ordinary people everywhere. The involvement of civil society has profoundly affected not only the concepts underpinning public health but the formulation and implementation of public health programmes and policies as well. Nongovernmental organizations and other civil society actors have engaged with WHO to implement health programmes at country level, made outreach to remote areas and women population possible, advocated public health issues to a broad audience, addressed sensitive issues and worked in alliance with WHO to raise funds more effectively.

NGOs and charitable trusts of Dakshina Kannada district also play very important role implementation of community health programmes. Some NGOs along with Rotary, Lions and other organizations conducts medical checkup and awareness camps in rural areas. Some leading NGOs like SKDRDP and CODP etc are alone take up health initiatives in the district. Some time they collaborate and coordinate with Government also to carryout community health programmes.

S. N	Content	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
I	Awareness Aspect					
a	Creates awareness regarding Health and Hygiene	83	10	4	2	1
b	Motivate people to join community Insurance schemes	75	14	7	4	-
c	Educate people regarding the use of sanitation system	86	13	1	-	-
d	Give information about Government health schemes	75	23	-	2	-
e	Educate people regarding communicable diseases	69	20	9	2	-

		77.6	16	4.2	2	0.2
II	Execution Aspect					
a	Provides Medical Assistance for poor people	65	20	10	2	3
b	Provides support for joining community Insurance schemes	68	18	9	4	1
c	Provides counseling services to the needy people	72	20	6	2	-
d	Support for sanitation and safe drinking water	65	25	6	4	-
e	Conducts health check up camps	82	17	1	-	-
		68.6	19.4	7.2	3.4	1.4
III	Partnership Aspect					
a	Regularly conducts medical camps and health awareness camps in association with other organizations.	85	11	4	-	-
b	Join hands with Government in implementation of Community Health Programmes.	87	6	5	1	1
c	Support Government to carry out health education, training and school health services	89	9	2	-	-
d	Assist Government to fight against HIV/Aids	90	8	2	-	-
e	Conducts Adolescent Health Education Programme with the support of Government	87	6	6	1	-
		87.6	8	3.8	0.4	0.2

Opinionnaire to Assess the Performance of NGOs in Implementing Community Health Programmes in Dakshina Kannada District (women’s perspective)

Source: Field Survey

The above table furnishes details regarding the opinion of beneficiaries related to community health services rendered by NGOs in detail. It encompasses awareness aspect, executive aspect and partnership aspect.

They are discussed below-

- 1) **Awareness Aspect:** With regard to ‘awareness aspect’, 77.6% of the sample size belongs to women’s population, expressed their opinion that, NGOs Create Health awareness among the public. However, 16% agree, 4.2% uncertain, 2% disagree and 0.2% of the sample sizes strongly disagree.
- 2) **Execution Aspect:** In connection with ‘execution aspect’, 68.6% of the sample size opined that, NGOs effectively execute community health programmes. However, 19.4% agree, 7.2% uncertain, 3.4% disagree and 1.4% of the sample sizes strongly disagree.
- 3) **Partnership Aspect:** With regard to ‘partnership aspect’, 87.6% of the sample size expressed their opinion that, NGOs in association with Government and other funding agencies provide better health services to the needy people. However, 8% agree, 3.8% uncertain, 0.4% disagrees and 0.2% of the sample sizes strongly disagree.

4.3 SWOT analysis of NGOS

Every NGO is unique in its nature having certain specialties and also with limitations. In this study a critical SWOT analysis (strengths, weaknesses, opportunities and threats) of sample NGOs involved in community health has been made. On the basis of SWOT analysis, we can assess the performance of sample NGOs in a holistic manner. It is important to note that, in recent Five Year Economic Plans, government is closely associating NGOs in implementation of community health programmes. NGOs interact with the government on many levels and for many reasons. This interaction is becoming broader and more frequent. In this context, it is essential to evaluate the role of NGOs in community health promotion. A SWOT analysis of NGO

helps the government to decide whether sanctioning of project is worthwhile or not? On the basis of this result, government can chalk out a policy while sanctioning grant to adopt community health programmes.

Strengths:

In this study, we have selected 39 sample NGOs engaged in promoting community health programme in different manner. Among these, some NGOs are exclusively working for implementation of health programmes. However, for some NGOs health is a part of integrated development activities. All the NGOs involved in community health programme, focuses on women health also. The reason behind is that, women in India is belongs to marginalised group. In general, following are some of the observations made on the strengths of NGOs in implementation of community health programmes.

- 1) NGOs are known for their commitment to serve the poor voluntarily. By virtue of their grassroots presence the NGOs have been able to develop emotional bondage between the beneficiaries and the organization that is missing in government agencies.
- 2) NGOs are endowed with missionary zeal and commitment. They work for people’s cause altruistically and untiringly. Their work is not clock-bound. They are working beyond scheduled hours of work and attending the socio-economic problems of trainees/beneficiaries.
- 3) They are pro-poor and marginalized. They are serving the downtrodden, small/marginal farmers, unemployed youths, marginalized, oppressed and women through proper strategy.
- 4) They are free from the bureaucratic hurdles, and have flexibility in execution of community health programme. Frequently they conduct general body meeting and discuss their progress and limitations and accordingly they adopt new strategy.
- 5) The findings of the study reveal that, all health programmes envisioned by the NGOs are participatory in nature.
- 6) Findings of the study reveal that NGOs have adopted critical collaboration approach with different organizations. There is proper coordination between the

organization and other developmental agencies like government, banks, philanthropic organizations etc; to perform its role more effectively.

- 7) The strength of the NGOs lies in the performance shown by mass health awareness campaign in rural area. The findings of the study reveals that, 'janajagrati' programme initiated by the NGOs has slowly releasing the addicted people from the clutches of alcoholism and proving itself as a role model to other regions.
- 8) The comprehensive health initiative programme of SKDRDP, a leading NGO of Dakshina Kannada district, backed by the insurance coverage enabled rural poor to have access to modern health facilities. In addition to this, alternative Indian system of medicine like ayurveda, yoga, meditation, naturopathy etc; given due importance in the process of treatment. The integrated health approach adopted by the project has been generated a ray of hopes in rural area.
- 9) Some NGOs focuses on health and sanitation programmes due to its vital role and impact on the society. 'Suraksha is dedicated to the family's health and involves awareness programmes on health, health camps, construction of toilets etc. Free medical services are provided to all the needy through the mobile medical clinic operating in the project area. The NGOs also network with the health department whenever the need arises. It facilitates public vaccination programmes.

Weaknesses of NGO

Various weaknesses in the operations and functioning of sample NGOs are listed below.

- 1) The successful models evolved by NGOs like and SKDRDP, CODP in Dakshina Kannada district cannot be replicated widely due to socio-cultural diversity.
- 2) There is no proper coordination between sample NGOs and other small NGOs working in the rural area. Therefore, there are possibilities of duplication of work and wastage of resources.
- 3) In community health promotion programme, many agencies such as government, NGOs, cooperatives, corporate sector etc are involved. There is every possibility of confusion among these institutes regarding role to be played. As a result, there is possibility of wastage of men, material and money.
- 4) Since the sample organizations are giving health service to the rural poor on continuous basis there is possibility of dependency syndrome.
- 5) As the number of beneficiaries increases in every year, it may not be possible to give personal attention.
- 6) The close examination of the secondary information supplied by the NGO's reveals that, there is no constant support of government and other funding agencies to carry out community health programmes. Every year they have to tap new source to run this programme. This in turn affects the performance of the organization.
- 7) Poorest among poor is not yet fully covered under the sample NGOs scheme. It is also true that, in a very short period of time it is not possible to achieve miracles.

Opportunities

What the government could not do and what the corporate sector did not do have been achieved by the sample NGOs functioning in D. K district. However, there is scope for further improvement in their operations. The following are some of the observations made on opportunities available for NGOs in achieving this goal.

- 1) NGOs have emerged as a third sector today, next to government and corporate sector. Sample NGO such as SKDRDP and CODP, Navodya, Nagarika Seva Trust etc., occupy prominence in every walk of life particularly in rural area.
- 2) NGOs need to perform many more hard tasks encountering threats and challenges so as to bring about desired changes in community health. Global forces and market economy pose threats to the poor and marginalized rural masses. Dakshina Kannada district of Karnataka state is not exception to this trend. These threats and challenges are otherwise opportunities for NGOs to address the issues, awake the people and empower them to protect their health.
- 3) Sample NGOs have a lot of scope to promote community health programmes. Some NGOs have already taken up these issues, but still there is scope for covering untouched rural masses. Both the Central and State Governments encouraging the NGOs to take up this issue on continuous basis.
- 4) International organizations like the U. N. O, World Bank, and donor countries etc. emphasize, as mandate, to involve NGOs in project sponsored by them.
- 5) Though foreign funding directly to NGOs is on a downward trend, specialized local agencies like CAPART, SIDBI, Ministry of HRD, Social Welfare, Health, Environment, Forestry and various other foundations provide a fillip to NGOs' innovative initiatives.
- 6) Preparedness of NGOs in case of epidemic diseases in the Dakshina Kannada district is yet another area for sample NGOs to perform their challenging role.
- 7) Recently with the revival and strengthening of Panchayat Raj Institutions consequent upon the Constitution (73rd Amendment) Act, 1992-the NGOs role has become more significant. Their expertise, their ability to create the health awareness, education and their mobilizational capacity will be needed much more. They can function as facilitators over a wide range of issues. In this context sample NGOs have more scope to prove their efficiency in capacity building of the rural masses.
- 8) Women-empowerment and gender equality is yet another challenging task before NGOs. For the next 2 decades a major thrust would be given on women's development and empowerment. Much and more needs to be done on gender-sensitization. Sample NGOs can take-up this issue to a greater extent by meeting their health requirement.
- 9) There is wider scope for sample NGOs to carry out community health programmes. HIV/AIDS has become an alarming problem in the country. Correct and right kind of messages has not reached the rural men and women. People are frightened than educated. Hence

NGOs can do much in AIDS prevention through awareness creation.

- 10) In countries like India, there are numerous government health and family welfare schemes. However, these schemes do not reach the rural poor and women group timely, justly and fully due to inherent weaknesses in the government system. Such schemes are like that of an “operation success but patient died”. Here there is scope for NGOs to educate and empower community based organizations that can best avail the schemes.

Threats

In the changing context of globalization, NGOs are facing different kind of problems and threats. Every action has its own reaction. For NGOs work, reactions and threats are manifold because of vested interests whose power and authorities are questioned by NGOs facilitation. The following are some of the threats in general NGOs are facing while functioning in rural area.

- 1) Some political parties are highly antagonistic towards NGOs. If such parties come to power, there will be some sort of problem for NGOs to function effectively in rural areas. There is scope for NGOs to associate with Panchayat Raj Institutions in recent Act. If they associate with panchayat Raj institutions actively, this scope may get converted into threat.
- 2) In rural area there is mushroom growth of NGOs due to financial support extended by the Central and State Government to a greater extent. This results in cut throat competition among them and which breeds hostile and unhealthy relationships. In course of time NGOs themselves remain a threat for NGOs.
- 3) In NGO sector, we find two kinds of personalities. First one is bureaucratic and power mongers and the second one is charismatic development lists. The latter, if chronically get frustrated, leave their organization, leaving the vacuum there on the one hand and adding additional competitions and rivalries on the other. This creates rivalry among NGOs and also adds to the proliferation of NGOs.
- 4) In some NGOs, formation of union is cropping up and thwarting the functions of voluntarism.
- 5) Fund raising has become a painful exercise to many NGOs. The trend of foreign funds is slowly dwindling. Of course local funding is in full swing. While certain pseudo NGOs through unethical means raise funds, good NGOs suffer more as they are not prepared to compromise/sacrifice funding to wrong NGOs breeds corruptive practices and commercialization of NGO sector.
- 6) There is decay in value system of some NGOs due to the existence of corrupt system. If money comes to NGOs from corruptive systems how can they provide clean administration? This real problem of many small NGOs who could neither compromise their values nor are they in a position to say ‘No’ to unclean funding on account of their need for survival and existence.
- 7) Declining trend of foreign funding has made adverse effect on staffing pattern of NGOs. The organizations which maintain huge staff structure are already facing enormous financial constraints in sustaining themselves.

These are some of the threats common to small NGOs functioning in Dakshina Kannada District.

3. Conclusion

To conclude, NGOs have increasingly been promoted as alternative health care providers to the state, furthering the same goals but less hampered by government inefficiencies and resource constraints. However, the reality of NGO health care provision is more complex. Not only is the distinction between government and NGO providers sometimes difficult to determine because of their operational integration, but NGOs may also suffer from resource constraints and management inefficiencies similar to those of government providers. Some registered NGOs operate as for-profit providers in practice. Policy development must reflect the strengths and weaknesses of NGOs in particular settings and should be built on NGO advantages over government in terms of resource mobilization, efficiency and/or quality. Policy development will always require a strong government presence in co-ordinating and regulating health care provision, and an NGO sector responsive to the policy goals of government.

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