Linkages between public and NGO sectors in Uttar Pradesh, India: A case study for potential engagement opportunities
A. Srivastava\textsuperscript{1}, S. Bhattacharyya\textsuperscript{1}, M. Gautham\textsuperscript{2}, B. Avan\textsuperscript{2}
\textsuperscript{1}Public Health Foundation of India, India, \textsuperscript{2}London School of Hygiene and Tropical Medicine, UK

Introduction: Non-governmental organizations (NGOs) have emerged as significant providers of MCH services in developing countries. Collaborative linkages of the NGOs with public health system, if utilized effectively, can lead to improved coverage and quality of services. This study explores the level and types of linkages between the public sector and NGOs and gaps and challenges for effective linkage between the two sectors. A social science model (Coston 1994) on Government-NGO linkages was adapted for first time in MCH to analyze the NGO-public health system linkages in two districts of Uttar Pradesh, an underprivileged state of India.

Methods: Two NGOs were selected as case studies. Semi-structured in-depth interviews using topic guides were conducted with senior functionaries to understand the NGO’s structure, activities, monitoring and supervision systems and linkages with public health system. Records and reporting formats were also reviewed.

Results: Formal linkages of the NGOs with public health system related to regulation (registration), participation in district planning meetings, sharing information on Government supported programmes and workforce linkages. Non-formally, NGOs also sought interactions with senior public health officials for dissemination of findings, advocacy, apprising senior officials of NGO’s activities and for resolution of any issues. Challenges to effective linkages included limited data sharing, participation in planning and monitoring regulatory compliances.

Discussion: The study evidenced moderate level of linkage between public health system and NGOs in UP, marked by frequent interaction and some level of reciprocity in terms of information and resource flows, but weak participation in policy and planning. The type of linkage could be described as one of ‘complementarity’, which entails information and resource sharing (including Government grants and contracts) but not joint action. This model or framework could be further used as a tool to assess public health-NGO linkages and identify areas to address for better implementation and outcomes.

Keywords: non-governmental organizations, public health system, linkages, collaboration