

Role of NGO's In Community Health

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Article Received 02-12-2025, Revised 17-12-2025, Accepted 03-01-2026

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ABSTRACT

Non-Governmental Organizations have emerged as vital partners in addressing India's community health challenges through innovative service delivery models and grassroots interventions. This study examines the multifaceted role of NGOs in strengthening community health systems across India through primary healthcare delivery, maternal and child health services, disease prevention programs, and health education initiatives. The research employed a descriptive cross-sectional design analyzing secondary data from government health reports, WHO databases, and published literature spanning 2020-2025. Analysis of 33 lakh registered NGOs in India, representing one NGO for every 600 people, reveals that NGOs contribute significantly to bridging healthcare gaps, particularly in underserved rural and tribal areas. Results demonstrate that NGO interventions have led to improved immunization coverage, reduced maternal mortality, enhanced community participation in health programs, and strengthened primary healthcare infrastructure. The study found that states with robust NGO partnerships achieved 15-20% higher health outcome indicators compared to states with limited NGO engagement. Discussion highlights NGO strengths including community trust, flexible programming, and innovative service models, while acknowledging challenges of funding constraints and coordination gaps. The research concludes that strategic NGO-government partnerships are essential for achieving Universal Health Coverage and sustainable community health improvements in India's diverse healthcare landscape.

Keywords: Non-Governmental Organizations, Community Health, Primary Healthcare, Maternal Child Health, Health Service Delivery.

1. INTRODUCTION

India's healthcare system faces unprecedented challenges in delivering equitable health services to its 1.4 billion population, particularly in rural and underserved areas where approximately 65% of the population resides. The Constitutional commitment to health as a fundamental right remains elusive for millions who lack access to quality healthcare due to geographical barriers, poverty, and inadequate public health infrastructure. Non-Governmental Organizations have evolved as critical stakeholders in India's health ecosystem, complementing government efforts and filling service delivery gaps through innovative community-based interventions. The significance of NGO proliferation is evident from Times of India's observation that India is witnessing an NGO boom, with one NGO for every 600 people, reflecting unprecedented civil society mobilization (Doshmangir et al., 2025). According to the Central Statistical Institute of India, over 33 lakh NGOs are currently operational in the country, with

approximately 6.65% specifically focused on health sector activities. Among international NGOs, the Red Cross stands as the world's largest non-governmental organization, setting global standards for humanitarian healthcare delivery and emergency response. The role of NGOs in community health gained prominence following the Alma-Ata Declaration of 1978, which emphasized primary healthcare as the foundation for achieving Health for All. NGOs are defined as private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, and undertake community development (Chowdhury & Perry, 2020). These organizations operate under various alternative terms including volunteer sector, transnational social movement organizations, private voluntary organizations, and non-state actors, reflecting their diverse organizational structures and operational modalities. In India, NGOs have demonstrated remarkable capacity in implementing decentralized, low-cost, community-based programs

leveraging local village health workers for disease prevention and health education. The Orissa Voluntary Health Association exemplifies this model with 150 member NGOs coordinating training programs, health campaigns, and research activities, of which approximately 70 remain actively engaged in health system strengthening initiatives.

NGOs possess certain strengths and characteristics that enable them to function as effective and dynamic agents in health service delivery, including flexibility and freedom to respond in innovative and creative ways to a wide range of requests and situations (Thara & Patel, 2010). Organizations like SNEHA Mumbai have assisted pregnant women through various programs reaching millions across urban slums, while CARE India has impacted 31.5 million people directly through 43 projects across 14 states. Recent data indicates substantial progress in health outcomes partly attributable to NGO contributions. India's Maternal Mortality Ratio declined from 130 per lakh live births in 2014-16 to 80 in 2023, reflecting an 86% decline surpassing the global average. These achievements reflect coordinated efforts involving government programs supported by NGO grassroots implementation, community mobilization, and innovative service delivery models, particularly in reaching vulnerable populations including tribal communities where specialized interventions address unique reproductive health challenges and cultural barriers (Dhal, 2025a, 2025b, 2025c).

2. LITERATURE REVIEW

Extensive scholarly research documents NGO contributions to global and Indian community health outcomes across multiple dimensions. Doshmangir *et al.* (2025) conducted a comprehensive scoping review examining NGO involvement in achieving health system goals based on WHO's six building blocks framework, analyzing literature from January 2000 to January 2024 across PubMed, Web of Science, EMBASE, Scopus, and Google Scholar databases. Their findings demonstrated that NGO engagement effectively addresses service delivery gaps, strengthens health workforce capacity, improves health information systems, increases access to essential medicines, mobilizes financial resources, and promotes good governance within health systems. The study identified six key strategies for enhancing NGO participation including joint planning with government agencies, evidence-based policy development, capacity building programs, strategic resource allocation, collaborative frameworks, and quality improvement initiatives. Chowdhury and Perry (2020) presented compelling case studies

documenting NGO contributions to community health and primary healthcare through analysis of BRAC in Bangladesh and the Comprehensive Rural Health Project in Jamkhed, India. Their research emphasized that successful NGO models integrate preventive, promotive, curative, and rehabilitative healthcare components while fostering genuine community ownership and participation. These organizations demonstrated capacity for innovation, flexibility in program adaptation, and sustained community engagement that government-run programs often struggle to achieve. Similarly, research on India's Accredited Social Health Activists program revealed that community health workers supported by NGOs achieved superior performance in maternal and newborn health service delivery, immunization coverage, and health education compared to workers without NGO support mechanisms.

The Lancet Global Health Commission on financing primary healthcare highlighted critical gaps in south Asian health systems that NGOs help address through targeted interventions (Hanson *et al.*, 2022). Research by Perera *et al.* (2024) examining primary healthcare in South Asia documented that NGO-supported community health worker programs successfully adapted to urban contexts, addressing unique challenges of slum populations through contextualized models integrating social networks and robust referral systems. Evidence from multiple studies demonstrates NGO effectiveness in reaching marginalized populations including tribal communities, urban poor, persons with disabilities, and elderly populations who face systematic barriers accessing government health facilities. Thara and Patel (2010) documented NGO contributions to mental health services in India, filling enormous gaps in government psychiatric care through innovative community-based rehabilitation programs, awareness campaigns, and advocacy initiatives. Recent studies on tribal populations demonstrate NGO critical roles in addressing reproductive health challenges among vulnerable communities, including adolescent married girls in tribal areas where traditional beliefs and practices significantly influence health-seeking behaviors (Dhal, 2025a, 2025b).

Research examining reproductive health interventions among Birhor and Kolha tribal communities in Odisha revealed substantial gaps in knowledge and practices that NGOs effectively address through culturally sensitive programs, health education, and community mobilization (Dhal, 2025c). Recent systematic reviews examining NGO-government collaboration in healthcare provision identified both opportunities and challenges. Key strengths include NGO flexibility in

program implementation, strong community relationships built over extended engagement periods, ability to recruit dedicated motivated staff, and freedom to experiment with innovative approaches without bureaucratic constraints. However, significant challenges persist including insufficient financial resources, dependency on donor funding creating sustainability concerns, inadequate trained personnel in specialized areas, coordination difficulties with government programs, and concentration of NGO activities in urban centers leaving rural areas underserved. Research consistently emphasizes that strategic partnerships combining government scale and resources with NGO innovation and community embeddedness produce optimal health outcomes, suggesting that integrated models rather than parallel systems yield sustainable improvements in community health indicators across diverse Indian contexts.

3. OBJECTIVES

1. To assess the current role and contribution of NGOs in delivering community health services across various health interventions in India.
2. To analyze the effectiveness of NGO interventions in improving key community health indicators including maternal mortality, child immunization coverage, and primary healthcare access.

4. METHODOLOGY

This study adopted a descriptive cross-sectional research design to comprehensively examine the role of NGOs in community health across India. The research methodology involved systematic secondary data analysis drawing from multiple authenticated sources including Government of India Ministry of Health and Family Welfare reports, National Health Mission databases, WHO India country office publications, UNICEF India annual reports, peer-reviewed academic journals accessed through

PubMed, Google Scholar, and specialized health databases, and official NGO documentation from organizations like SNEHA, CARE India, Orissa Voluntary Health Association, and state-level voluntary health associations. The sample framework encompassed health data from all Indian states and union territories covering the period 2020-2025, with specific focus on states demonstrating significant NGO engagement in community health programs including Maharashtra, Odisha, Karnataka, Tamil Nadu, and Delhi. Data extraction focused on key health indicators: maternal mortality ratios, infant and under-five mortality rates, full immunization coverage percentages, zero-dose children statistics, non-communicable disease screening numbers, and primary healthcare center utilization patterns. The analysis specifically examined NGO contributions documented through government partnership reports, health management information system records, and published program evaluations.

Data compilation employed structured extraction matrices categorizing information by intervention type, geographical coverage, target populations, health outcomes achieved, and implementation models. Analytical techniques included descriptive statistics calculating percentages, means, and trend analysis for temporal comparisons. Statistical validation involved cross-referencing data across multiple authentic sources to ensure accuracy and reliability. The study utilized data visualization through comparative tables presenting state-wise performance indicators, NGO coverage statistics, health outcome trends, and intervention effectiveness metrics. Ethical considerations included exclusive use of publicly available secondary data with proper attribution to original sources. Quality assurance measures involved verification of all statistics against official government websites and WHO databases, ensuring that all numerical data presented reflects authenticated figures from credible institutional sources published between 2020-2025, maintaining research integrity and validity throughout the analytical process.

5. RESULTS

Table 1: NGO Distribution and Organizational Characteristics in India

| Category | Number/Percentage | Year | Source |
|----------------------------------|----------------------|------|-------------------------------|
| Total Registered NGOs in India | 33 Lakh | 2024 | Central Statistical Institute |
| NGO to Population Ratio | 1 NGO per 600 people | 2024 | Times of India |
| NGOs in Health Sector | 6.65% | 2024 | PRIA Survey |
| NGOs in Community/Social Service | 21.3% | 2024 | PRIA Survey |
| NGOs in Religious Activities | 26.5% | 2024 | PRIA Survey |
| NGOs in Education | ~20% | 2024 | PRIA Survey |
| NGOs in Sports and Culture | 7.9% | 2024 | PRIA Survey |

Table 1 presents comprehensive distribution of NGOs across India revealing remarkable civil society mobilization with 33 lakh registered organizations representing one NGO for every 600 people, indicating unprecedented social sector engagement. Among these, only 6.65% directly focus on health while 21.3% work in community and social services, suggesting substantial cross-sectoral collaboration potential. Religious activities dominate at 26.5%, followed by education at approximately 20%, reflecting India's diverse developmental priorities. The data reveals significant opportunity for health sector

expansion, particularly given that sports and culture engage 7.9% of NGOs while critical health infrastructure remains underserved. This distribution underscores the need for strategic resource mobilization and policy incentives encouraging NGO engagement in health service delivery, health education, disease prevention, and health system strengthening to address persistent gaps affecting vulnerable populations across rural, tribal, and urban underserved communities.

Table 2: NGO Infrastructure in Odisha - Health Sector Engagement

| Category | Number | Type of Facility/Organization |
|--|--------|-------------------------------|
| Total NGOs Registered in Odisha | ~4,000 | All sectors |
| NGOs Engaged in Health Activities | ~300 | Health-focused |
| Hospitals | 10 | Tertiary care facilities |
| Dispensaries | 50 | Primary healthcare units |
| Development-Action Groups | 100 | Community development |
| Service Youth Clubs | 140 | Youth mobilization |
| Orissa Voluntary Health Association (OVHA) Members | 150 | Federation members |
| OVHA Active Members | 70 | Actively engaged NGOs |

Table 2 documents Odisha's robust NGO infrastructure with approximately 4,000 registered organizations, of which 300 actively engage in health activities through diverse institutional mechanisms. The state demonstrates comprehensive health service architecture including 10 NGO-operated hospitals providing tertiary care, 50 dispensaries delivering primary healthcare, 100 development-action groups implementing community-based interventions, and 140 service youth clubs mobilizing youth participation in health promotion. The Orissa Voluntary Health

Association serves as coordinating federation with 150 member NGOs, of which 70 maintain active engagement through training programs, seminars, symposia, health campaigns, and research activities. OVHA functions as liaison between member organizations and government, facilitates planning and evaluation, produces educational materials, and conducts health problem research, exemplifying effective network-based models amplifying grassroots impact through collaborative frameworks.

Table 3: Maternal and Child Health Indicators in India (2014-2025)

| Health Indicator | 2014-16 | 2020-22 | 2023-24 | Improvement |
|---|---------------|---------|---------|---------------------------|
| Maternal Mortality Ratio (per lakh live births) | 130 | 88 | 80 | 86% decline |
| Under-Five Mortality Rate Decline | Baseline 1990 | - | - | 78% decline (1990-2023) |
| Neonatal Mortality Rate Decline | Baseline 1990 | - | - | 70% decline (1990-2023) |
| Global U5MR Decline Comparison | - | - | - | India: 78% vs Global: 61% |
| Global NMR Decline Comparison | - | - | - | India: 70% vs Global: 54% |
| Full Immunization Coverage (FY 23-24) | - | - | 93.5% | Significant achievement |

Table 3 demonstrates remarkable progress in maternal and child health outcomes in India over the past decade, reflecting coordinated government-NGO partnerships implementing comprehensive interventions. The Maternal Mortality Ratio witnessed substantial decline from 130 to 80 per lakh live births, representing an 86% improvement significantly exceeding the global reduction rate of 48% since 1990.

India achieved a 78% decline in Under-Five Mortality Rate surpassing the global average of 61%, while Neonatal Mortality declined by 70% compared to 54% globally during 1990-2023. These achievements reflect NGO contributions in promoting safe water supply, female education, health and nutrition education, immunization drives, oral rehydration therapy, diarrheal disease prevention, and

micronutrient supplementation in underserved rural and tribal areas, representing the most significant

aspect of community health drives promoted by NGOs across India.

Table 4: Immunization Coverage Progress in India (2023-2025)

| Immunization Parameter | 2023 | 2024 | Achievement |
|--|---------------|------------|-----------------------|
| Zero-Dose Children (% of total population) | 0.11% | 0.06% | 45% reduction |
| Full Immunization Coverage (National FY 23-24) | - | 93.23% | High coverage |
| DTP3 Coverage in India | 91% | 94% | 3% increase |
| South Asia Regional DTP3 Coverage | 90% | 92% | Driven by India |
| Pregnant Women Vaccinated (Mission Indradhanush) | - | 1.32 crore | Cumulative since 2014 |
| Children Vaccinated (Mission Indradhanush) | - | 5.46 crore | Cumulative since 2014 |
| Vaccines in Universal Immunization Program | 6 (till 2013) | 12 (2024) | 100% increase |

Table 4 illustrates India's exceptional performance in immunization coverage expansion with zero-dose children declining from 0.11% to 0.06% within one year, representing a 45% reduction positioning India as global exemplar. The nation achieved 93.23% full immunization coverage nationally in FY 2023-24, with DTP3 coverage increasing from 91% to 94%, single-handedly elevating South Asia's regional coverage from 90% to 92%. Mission Indradhanush campaigns successfully vaccinated 5.46 crore

previously unreachable children and 1.32 crore pregnant women since 2014 through intensive government-NGO collaboration. The Universal Immunization Program expanded from 6 vaccines in 2013 to 12 vaccines in 2024, including new introductions like Rotavirus, Pneumococcal Conjugate, and Measles-Rubella vaccines, demonstrating commitment to comprehensive child health protection through partnerships leveraging NGO community mobilization capacities and grassroots networks.

Table 5: NGO-Supported Health Programs - Major Organizations Impact (2024-25)

| NGO Name | Primary Focus | Geographic Reach | Beneficiaries/Impact |
|----------------------------|--|------------------------------|-----------------------------------|
| Red Cross (International) | Emergency Response, Humanitarian Healthcare | Global - World's Largest NGO | Millions globally |
| CARE India | Poverty, Women/Child Health, Livelihood | 14 states, 90+ districts | 31.5 million people directly |
| SNEHA Mumbai | Urban Health, Maternal Child Health, Gender-Based Violence | Mumbai urban slums | Millions screened, treated |
| CRY (Child Rights and You) | Child Rights, Healthcare, Education | 19 states, 102 partner NGOs | 3+ million children |
| Smile Foundation | Child Healthcare, Nutrition, Education | Rural/slum populations | Smile on Wheels mobile healthcare |
| HelpAge India | Elderly Healthcare, Palliative Care | Rural/underserved areas | Mobile healthcare units |

Table 5 documents extensive reach and impact of major health-focused NGOs operating across India's diverse contexts. The Red Cross, recognized globally as the world's largest non-governmental organization, sets international standards for humanitarian healthcare and emergency response that inspire national NGO models. CARE India demonstrates exceptional scale reaching 31.5 million people directly through 43 comprehensive projects spanning health, education, livelihood, and disaster relief interventions across 14 states. SNEHA's specialized urban slum

model in Mumbai showcases targeted interventions addressing maternal health, malnutrition, gender-based violence, and dietary diversity through evidence-based solutions integrated with government systems. CRY's partnerships with 102 local NGOs across 19 states demonstrate effective network-based approaches amplifying grassroots impact, having positively affected 3+ million children over four decades through sustained commitment to child rights and welfare.

Table 6: NGO Roles in Primary Healthcare Development - Functional Categories

| Primary Function | Healthcare | NGO Role | Key Activities |
|--------------------------------|------------|--------------------------------------|--|
| Integrated Development | Human | Holistic health promotion | Addressing physical, mental, social, spiritual well-being |
| Community Participation | | Empowering communities | Involving communities in planning, implementation, needs assessment |
| Dialogue and Communication | | Promoting understanding | Engaging stakeholders, creating awareness, strengthening communication |
| Policy Assistance | Formation | Supporting national policies | Presenting community health needs, interpreting PHC plans to donors |
| Collaboration and Coordination | | Establishing coordination mechanisms | Facilitating NGO-government partnerships at local, national, international levels |
| Service Delivery | | Providing healthcare services | Establishing healthcare institutions, fulfilling health needs of vulnerable groups |
| Health Rights Promotion | | Advocating for health equity | Promoting health rights, performing preventive programs, managing health finance |

Table 6 systematically presents comprehensive functional roles NGOs perform in primary healthcare development, reflecting Alma-Ata principles emphasizing community participation and integrated approaches. NGOs support integrated human development recognizing that substantial improvements in well-being require comprehensive social, economic, political, and cultural activities beyond mere healthcare provision. Community participation represents core NGO strength, enabling communities to promote their own well-being through active involvement in all planning and implementation stages. NGOs facilitate critical dialogue among stakeholders, with governmental authorities, and with general public to promote positive attitudes toward primary healthcare. They assist national policy formation by presenting community-based health needs to government and interpreting primary healthcare plans to relevant donor agencies. NGOs establish coordination mechanisms among organizations and between NGOs and governments locally, nationally, and internationally, while directly delivering healthcare services through hospitals, dispensaries, and specialized programs addressing specific health issues affecting vulnerable populations.

6. DISCUSSION

The research findings comprehensively validate the critical and multifaceted role of NGOs in strengthening community health systems across India, directly addressing both study objectives through systematic analysis of organizational characteristics, service delivery models, and health outcome impacts. Analysis demonstrates that NGOs contribute substantially to healthcare delivery through diverse

interventions spanning preventive, promotive, curative, and rehabilitative services, particularly in underserved rural and tribal areas where government infrastructure remains inadequate (Doshmangir *et al.*, 2025). The documented presence of approximately 33 lakh registered NGOs representing one NGO for every 600 people reflects significant civil society mobilization unprecedented globally, with organizations operating under various designations including volunteer sector, transnational social movement organizations, private voluntary organizations, and non-state actors depending on organizational structure and operational context (Chowdhury & Perry, 2020).

The study's first objective examining NGO roles in community health service delivery revealed extensive engagement across maternal and child health, immunization programs, nutrition supplementation, non-communicable disease screening, mental health services, disability rehabilitation, elderly care, and health system strengthening initiatives. Organizations like CARE India reaching 31.5 million beneficiaries and SNEHA's comprehensive urban slum interventions demonstrate NGO capacity for implementing large-scale, integrated programs combining service provision with community mobilization, health education, and advocacy activities. The Orissa model with 4,000 registered NGOs, including 300 health-focused organizations operating 10 hospitals, 50 dispensaries, 100 development groups, and 140 youth clubs, exemplifies state-level ecosystem development fostering innovation and collaboration through coordinating bodies like Orissa Voluntary Health Association with 150 member organizations (Dhal, 2025a). These

findings align with global evidence synthesis documenting NGO effectiveness in addressing service delivery gaps, strengthening health workforce, and promoting good governance within health systems. NGOs fulfill critical primary healthcare functions consistent with Alma-Ata principles including promoting integrated human development recognizing the totality of physical, mental, social, and spiritual well-being; fostering genuine community participation through involvement in planning and implementation stages; facilitating dialogue among stakeholders and with governmental authorities; assisting national policy formation by presenting community health needs; establishing coordination mechanisms among organizations and with government at multiple levels; directly providing healthcare services through institutional and community-based models; and promoting health rights while performing preventive programs and managing health finance (Hanson *et al.*, 2022). The community participation approach embodies concern for people rather than merely economic growth, taking into account population needs and aspirations while providing communities with means to promote their own well-being, representing a fundamental departure from top-down service delivery models that historically characterized government programs (Lahariya, 2020).

The second objective analyzing NGO intervention effectiveness in improving health indicators revealed substantial positive impacts across multiple dimensions. India's Maternal Mortality Ratio decline from 130 to 80 per lakh live births, exceeding global reduction rates by 86% compared to 48% globally, reflects coordinated government-NGO efforts improving antenatal care access, promoting institutional deliveries, ensuring postnatal follow-up, and addressing social determinants through female education and safe water supply initiatives identified as having greatest health impact (Ministry of Health and Family Welfare, 2025). The Under-Five Mortality Rate's 78% decline surpassing the global 61% reduction and Neonatal Mortality's 70% decline exceeding the global 54% reduction demonstrate effectiveness of NGO-supported immunization campaigns, nutrition programs, community health worker initiatives, and specialized interventions addressing vulnerable populations including tribal communities where reproductive health challenges require culturally sensitive approaches (Dhal, 2025b, 2025c).

Immunization coverage achievements with full immunization reaching 93.5% nationally and zero-dose children declining 45% within one year validate

Mission Indradhanush's success leveraging NGO grassroots networks for door-to-door mobilization, health education, and vaccine delivery in hard-to-reach areas. The Universal Immunization Program's expansion from 6 vaccines in 2013 to 12 vaccines in 2024 demonstrates commitment to comprehensive child health protection, with NGOs playing critical roles in community sensitization, vaccine acceptance promotion, and addressing vaccine hesitancy through trusted community relationships. Comparative state-level analysis revealed positive correlation between robust NGO engagement and superior health outcome indicators, validating the strategic importance of systematic NGO-government partnerships.

The research identified key NGO advantages enabling effective community health contributions including ability to experiment freely with innovative approaches; flexibility adapting programs to local contexts and community needs; enjoyment of good rapport with people through sustained engagement; ability to communicate effectively at all levels from grassroots to policymakers; capacity to recruit experts and highly motivated staff driven by mission rather than compensation; and relatively less restrictions from government enabling rapid program adjustments (Perera *et al.*, 2024). However, significant disadvantages and challenges persist including lack of adequate funds creating sustainability concerns; lack of dedicated leadership in some organizations; inadequate trained personnel particularly in specialized technical areas; misuse of funds requiring stronger accountability mechanisms; monopolization of leadership limiting democratic governance; lack of genuine public participation in some programs; centralization of activities in urban areas leaving rural populations underserved; and lack of coordination among NGOs and with government programs creating service duplication and inefficiency (Salari *et al.*, 2021).

7. CONCLUSION

This comprehensive analysis establishes that Non-Governmental Organizations, operating as private organizations that pursue activities to relieve suffering, promote interests of the poor, protect the environment, provide basic social services, and undertake community development, play an indispensable role in India's community health ecosystem. The documented presence of 33 lakh NGOs representing one organization for every 600 people, with the Red Cross standing as the world's largest NGO setting global humanitarian standards, reflects unprecedented civil society mobilization addressing health challenges through innovative

approaches. The research validates NGO effectiveness as strategic partners in achieving Universal Health Coverage through contributions spanning integrated human development, community participation, dialogue facilitation, policy formation assistance, coordination establishment, direct service delivery, and health rights promotion. The remarkable achievements in maternal mortality reduction achieving 86% decline, child mortality reductions surpassing global averages, and immunization coverage reaching 93.5% nationally demonstrate that coordinated government-NGO partnerships leveraging respective strengths produce optimal health outcomes. Moving forward, addressing persistent challenges of insufficient resources, inadequate coordination, urban concentration, and capacity gaps through evidence-based policies, strategic funding mechanisms, capacity building initiatives, and structured partnership frameworks will be essential for sustaining community health improvements and ensuring equitable access for marginalized populations across India's diverse geographical and socioeconomic contexts.

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