

Voluntarism in Health Services: Role of Voluntary Health Institutions in Health Care Services

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Abstract—Nowadays the act and degree of voluntarism has received growing attention in sociology, psychology and other social sciences. The use of the term voluntarism sounds new but the spirit of voluntarism is perhaps as old as humankind. From the beginning people used to help the needy, poor, sick and helpless. It is conceived as an altruistic activity, intended to improve quality of life of the people.

In the post-1994 era, the relevance of this sector for the uninsured population has been markedly increased, due to corporate social investment and employee assistance programmes aimed at this population. A dramatic increase in donor-funded, health-related activities, in the HIV and AIDS, leprosy and tuberculosis fields, has further expanded the role of voluntary organizations (VOs) in provisioning of the Health Care services to a larger proportion of the population. However, the basic role of these VOs was to provide the skilled human resources to policy make for implementation of the policies but over the period of time the nature of collaboration and type of service provisioning of these organizations have been change. Taking in to consideration of these factors, the study tries to capture the role of voluntary health institution in provisioning of health care services.

Research methodology: The study follows an exploratory method with qualitative research paradigm to achieve the objectives. Secondary data will be used to achieve the objectives.

Keywords: Voluntarism, NGO, non-profit sector, Tuberculosis, leprosy and HIV/AIDS

1. INTRODUCTION

Nowadays the act and degree of voluntarism has received attention in social science. The term voluntarism sounds new but it is as old as humankind. It is conceived as an altruistic activity, intended to promote quality of life of the people. The term voluntarism is derived from the Latin word 'Voluntas' which means will. The will includes all forms of impulses, passion, appetites or desires and determinations.ⁱ When a group of people come together in form of organization and work for the welfare of the society without any intention of profit called voluntary organization (VO).

The term VO, civil society, non-government organization, and trust are used interchangeably. Though there is a technical difference between all these terms but in this paper the term VO is used as non-profit organization.

2. HISTORICAL PERSPECTIVE OF VOS

In the early phase up to nineteenth century the genesis of the voluntarism was in the form of charity, philanthropy and relief activities. But voluntary effort was limited those days. Mostly kings and the chiefs used to provide free kitchens during famine and shelter to homeless. This kind of voluntary work was due to belief in the *Dharma Shastra*. Prior to nineteenth century the main institutions were family kinship, cast and the village community who were providing the facility and services to the needy people. It was the period of growth of VO and it gained new stimulus.

The first half of the nineteenth century was the era of social reform movement. In this period some people like Raja Ram Mohan Roy, Ravindra Nath Tagore, Dayanand Saraswati, and Swami Vivekananda were fighting against the rigid social evil like *Sati Pratha*, Child Marriage, prohibition of widow remarriage and the caste directed practice. During this period the VO was based on 'Reformist approach'ⁱⁱ.

This period was seen as shift of Christian missionary in to voluntary action and growth of numbers of indigenous VOs in India. Other religious organizations like Muslim and Sikh also came forward to protect their community.ⁱⁱⁱ

The second half of the nineteenth century was the period of the process of institutionalization of social and religious movement. And a large number of reform associated organizations in different part of the country were attracting many people to voluntary work. Due to their religious passion people were interested into socially oriented activities. During these period religious organizations sat up a number of educational institution, health facilities, and other charities. Christian missionaries also established school and hospitals. During the period of freedom struggle there was an increase in

the number of VOs in response to the call of Mahatma Gandhi from different kind of professionals such as doctors, lawyers and teachers. Gandhi appealed to all these professionals to devote their time for the betterment of the people and for these peoples health work was not separate from overall development.^{iv} Many of these organizations came into existence in response to major disasters and crisis, with the aim of providing emergency relief and rehabilitation.^v In the beginning of the twentieth century along with charity and religious organizations, many large businessmen also started to participate in charitable work.

After independence the major task in front of the newly independent country was to ensure the all round development especially in the rural areas across all sectors. To give a proper emphasis for the development oriented activities the then government launched the Community Development Programme.^{vi} This program was influenced by non-government organization's experiments. Till mid sixties the nature of the VOs was charity oriented but after that, the nature of these organizations became change. The reason behind this was that, in this period the green revolution had taken to second and third sector to the countryside.^{vii}

Another shift has taken place in the history of VOs in the era of 1980s. In this era the main emphasis of VOs was on 'advocacy'. This epoch was seen an involvement of magnanimous organizations of developed countries, for the development and well fare of poor people. It was because of during this period many developed and developing countries decided to introduce the privatization, liberalization and limited the role of the state in social sector programmes. Several third world countries who were in the crises due to the balance of payment, cut down their budget in the social sector and started thinking loans from international funding agencies and World Bank (WB).

A new shift in philosophy of VOs was seen in the period of 1990s. In this period the philosophy of development has change in to 'People-centred-development'. For this purpose the active role was played by the self help group and autonomous group and the VOs were working as a catalysts and facilitator in the process.

The past fifty years have been seen a very rapid growth in profile, size and range of activities in VOs. There were some kind of changes have taken place since independence such as change in degree of professionalization of organizations activity, in source of funding (National and International) patters and in secular origin of the VOs. This development in VOs propagated the professionals in participation towards social activities and professionalization of organizations started. This professionalization showed the way to organizations to work on issues pertaining to health and organizations began to fulfill gap in health care provision, focusing on under-served populations.^{viii}

3. REFLECTION OF VOLUNTARY ORGANIZATIONS: AN ANALYSIS OF FIVE YEAR PLANS

After the independence India initiated Five Year Plan in 1951. The assumption behind it was that the state would take the responsibility to eliminate the poverty, ignorance, disease and inequality of opportunity. The plan took into consideration the available resources, made adequate provisioning of the social welfare services, and prioritizing of different developmental programs. In these plans the role of VO was recognized effectively.

In the First Five Year plan VOs were taken in to consideration as a *social service agency*. Thus social service agencies provide workers to help village Panchayats and cooperative societies. It was recognized in the first five year plan that these organizations will help in training of workers and their service could be availed in specific area. It was felt that VOs could be better in rural areas for the construction and repair of sources of water supply, roads and sanitation works for which state has no resources. In the national advisory committee for public cooperation it was recognized that VO will play an important role in national plans. They would develop their own activities and work accordingly. In this plan mostly VOs were engaged in the training of midwives, dais and health workers and establishing of large number of maternity and child health centres.

In woman and child welfare, social education and community mobilising, it was realised that public cooperation through VOs could give valuable results. The Planners admitted, 'It is necessary to coordinate the programmes of various VOs. Such coordination calls for a common approach and a cooperative outlook on the part of the organisers of voluntary social work.'^{ix}

Public participation in the work of VO was appreciated in the Second Five Year Plan. As stated by the plan '*by harnessing voluntary effort and local manpower resources, physical targets in the Plan can be supplemented in many fields and even greatly exceeded*'.^x This statement was inspired by the two organizations which were working in those days that were 'Bharat Sewak Samaj' and the 'Kasturba Gandhi National Memorial Trust'. In this period the premise of VOs was social welfare. Central Social Welfare Board (CSWB) established state level social Welfare Advisory Board in order to reach to the local NGOs and release funds. But in second five year plan, VOs did not have broader role in programmes and policies. It was limited only to social welfare. In this period, the CSWB was set up with the object of assisting VOs in organizing welfare program for women, children, and the handicapped. But their potential was not recognized in policy planning and implementation.^{xi}

During the third five year plan there were gradual increments in VOs in quality and quantity both. During this period they were engaged in flood control, anti-water logging and

irrigation. There work based on technology. Rural industries and health was the main focus. It was the period when individual cooperation got institutionalized and Nation Advisory Committee for public cooperation lost its credibility. This plan acknowledged, 'it is essential that the help of VO labour organization and other association in various fields of national life should be sought, on as large a scale as possible and integrated in to the practical programme of work adopted in each area'.^{xii} The role of VOs recognized in the displaced tribal, resettlement and rehabilitation of the people also.

In fourth plan the focuses was on support and strengthen the VOs to build up their capability for continuous work. The family welfare and child welfare program was underway in partnership between VO and Pnachyti Raj. A study was also set up by the commission on social welfare. This commission made several recommendation concerning grants to VOs.

In fifth five year plan financial assistance was given to VOs providing medical care and implementation of family planning program. VOs started to conduct experiment, like youth against famine, and involvement of youth in development work.

Sixth plan was on same theme of social welfare. The area of voluntary work was extending in energy sources, water management, soil conservation, disaster management and nutrition. Seventh plan is seen as emergence of VOs in planning and implementation of program and policy. They were free to plan their own schemes and follow the methodology they thought best in provisioning of the service and reduction of poverty.^{xiii} They were offering grants in aid to help set up income generating unit for needy women. Regarding health, Union Ministry of health and family Welfare launched many scheme for realising fund to VOs like scheme for improvement of medical services, improvement of hospitals in rural or urban areas, promotion and development of voluntary blood donation program, special health scheme for setting up small hospitals/ dispensaries in rural area only.

The key goal of eighth plan was socio-economic development. It was believed that the association of VOs could be cost-effective in the integrated development of rain fed areas, watershed management, and agricultural extension. VOs made a tremendous contribution in raising and promoting the small family norms by motivation and education of women, provisioning of the antenatal and postnatal care. The role of government has shifted from service delivery to facilitating VOs to fill the gap in social services. VOs were participating effetyly in decision making, and accountability from the state.

The ninth five year plan was almost silent on VOs. It has been realised that the VOs are actually complementary in nature. Both the government and voluntary sector are to work on a reciprocal basis. In this plan there was liberty to each ministry to allocate funds to VOs for various projects and programmes.

4. JOURNEY OF VOS IN PROVISIONING OF HEALTH CARE SERVICES SINCE 1990S

In the period of 1920s and 30s voluntary action in the health field was influenced by the Gandhian ideology. The first of voluntarism was guided by a humanist, anti-colonial and nationalistic sprit. The concern of the ill health and communicable disease was created among the intellectuals and medical professionals.^{xiv} This resulted in the formation of voluntary bodies like the Hindu Kustha Nivaran Sangh and the TB association of India. The Indian Medical Association was also born out of voluntary effort by nationalistic minded doctors.

In India medical Conference at Lahore in 1929, Dr. B.C. Roy stated that the current situation of the health of the country is very bad. 'The death rate is very high, infant mortality rate is very high, the prevalence of disease like cholera, small pox, plague, and dysentery is also very high. If we want to do anything extra, we have to form VO for social services during epidemic, medical inspection of school children, and raising sanitary consciouness among the mass.'^{xv}

In mid nineties, urban areas got major attention and rural areas were not given adequate focus. It was only Bhore committee which was based on community based primary health care approach gave proper attention to rural areas.^{xvi} The committee also emphasizes the role of VOs in health services to get the participation of people in promotion of health and education.

The period late fifties and throughout the sixties is the witness of three major war China and Pakistan in 1962, 1965 and 1971, which affect the Indian economy, and government became fail in meet to the growing challenges. To meet these challenges the, there were a large number of VOs came in existence. The government data also reveals that, during this period approximately fifty percent health services were provided by the VOs.^{xvii} This initiate a process of experimentation with new approaches and a search for methods beyond curative medical model to meet the needs of the masses.

To control the population of third world country, a technology oriented family planning programme was launched in sixties. Before the family planning programme VOs were also active in birth control movement. After the launching of the government programme the role of VOs in control of population became ambiguous. The role of VOs in programme was 'covert the family planning programme from a routine government programme in to the people's movement'.^{xviii}

In the period of 1980s, health was seen as a separate entity rather than one component of general development. There were some problem like gap between planning and implementation, people were unaware about government services, some organizational problem like lack of proper referral system, dual administrative control, lack of evaluating and monitoring system.^{xix} Though during these period

governments was main actor in provisioning of the services but simultaneously VOs or NGOs also acting in welfare of the society. Mostly VOs were addressing themselves to the problem directly. They were using community health approach to reach the community. This approach was joining commitment and close involvement with the community at the grassroots, targeting of the poor, disadvantage and organizational involvement. This involvement of community at the grassroots and targeting marginalize section, VOs has built up a right body of knowledge and practice to identify the poorest in the community and their involvement in development process. Due to these reason there is an increasing trends of involvement of VOs in health services.

The National Health Policy 1983 opined that, to improve the health services of the country there is a need to stabilization of population. The policy emphasised the need for “securing the small family norms through voluntary efforts and moving towards the goal of population stabilization.

In 1997, the Alma-Ata conference recommended an alternative approaches to meet the basic health need of the third world people. It says that we have to achieve the target-infant mortality rate below 60, prenatal mortality to 30, crude death rate to 9, maternal mortality below 2, life expectancy at birth to 64, and net reproductive rate 1. These goals look unachievable without the help of second and third sectors. The conclusion drawn by the report goes strongly in favour of VO.^{xx}

The National Health Policy (2002) recognized that the major national disease control programme can not be effectively implemented merely through government functionaries. Taking in the consideration, the experience of last two decades the policy emphasized the importance of VOs in provisioning of the health services. It is stated that ‘NHP 2002 will address the issue related to implementation of the services and suggested policy instrument for the implementation of public health programme through individuals and institution of civil society.^{xxi}

5. CONCLUSION

The role of VOs is not only limited in provisioning of the services. Their role is also recognized in all stage of research cycle development. It helps in making good policy, knowledge production and in prioritizing the felt need of the community. VOs are generally looked up as experience holder in health research for development. It is a broad process involving not only the production of knowledge, but also up-stream and down-stream health related activities which are needed for its relevance and effectiveness, such as priority setting and knowledge translation.

The role of VOs is recognized in the level of policy implementation. Ministry of Health and Family welfare have involved to the NGOs and voluntary agencies in various program and policy as supplement. The credibility of these

second and third sector agencies is to bring the change in social and personal attitude, perception and behavior of the community. The role of these sectors is not only in supplement of health and family welfare services provided by the government, it also helps in bridging up the communication gap between people and the government.

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