CHAPTER 5

HISTORY OF NGO INVOLVEMENT IN HEALTH SECTOR IN KERALA

Development experience of Kerala in the pre and post independent period is riddled with many factors of which voluntary effort has got special attention. Kerala was called as “the land of charity” (Mateer, 1991) and was home to various kinds of social services most of which were informal and voluntary in nature. Private voluntary efforts particularly by the Catholic Church and English Protestant Missionaries along with Government support has triggered off the proliferation of a large number of voluntary agencies in the following years. This drift was observable in all facets of development especially health. This chapter looks into the historical context of health sector development in Kerala and the involvement of various Non Governmental Organizations in strengthening the health system of the state.

5.1 Health Sector Development in Kerala

Kerala was universally recognized for its good health indicators. The Maharajas of Travancore and Cochin implemented specific policies and allocated finance for health related development (Lakshmi, Mohantha, Revikumar, & Manna, 2014). The state was home to indigenous medicines such as Ayurveda that set the base of people’s health seeking behaviour and a strong health care system. By the advent of Western medicine during the colonial era, in the 19th century, the princely rulers of the erstwhile states of Travancore and Cochin (which later were integrated into the state of Kerala along with the Malabar district of the Madras presidency in British India) took the
initiative in making the western system of care available to their subjects. A royal proclamation of 1879 made vaccination compulsory for public servants, prisoners and students. The health care facilities and health of the state gradually improved and at the time of formation of Kerala State in 1956 the foundation for a medical system accessible to all citizens was already made. After the formation of Kerala State, the elected governments splendidly invested in education and health till the 1980s. The highest growth in number of public sector health institutions was during the period between 1960s and 1980s. “But thereafter the pace of growth of public health care system slowed this decline was made good by the private medical care setup which makes Kerala one of the state with the highest reductions in public health sector contributions” (Lakshmi, Mohantha, Revikumar, & Manna, 2014).

Though Primary Health Care Centres and sub centres were set up with the aim of universalization of health care services, the following decades witnessed reduction in the quality of government health care system due to the economic crisis in the state and gradually the baton was handed over to private hospitals and nongovernmental health care institutes.

As Lekshmi et.al (2014) observed the private health subsector institutions were heterogeneous in the size and quality of services they provided. In Kerala private institutions such as mission hospitals under the Christian churches provided quality health care services, even before formation of the state (Nabae, 2003). The services were provided as a charity not for profit. Within the private health sector, for profit hospitals were initially small nursing homes and large hospitals were mostly in the not-for-profit or charitable sector. But during the last decades of the
twentieth century there was a massive growth in the number of specialist hospitals, and the for profit private hospitals took over the control of the state’s health care system.

Even in the midst of economic ups and downs the state could maintain appreciable health indices and it framed the academically well known phrase ‘the Kerala model of Development’. The achievements with regard to health indices such as low Infant Mortality Rate, low Maternal Mortality Rate were acknowledged as the result of development in various sectors such as political participation, transportation facilities, female schooling etc. Even before independence nongovernmental organizations were actively involved in health system strengthening activities, and their number and areas of involvement showed a constant increase throughout the years. The relevant observations in this regard are described below.

5.2 Involvement of NGOs in Health System Strengthening

The NGOs that were dynamically engaged in health sector in the previous century were the Rockefeller Foundation, Kerala Sasthra Sahitya Parishad, Christian Health Association of India, Kerala Voluntary Health Services, and the Diocesan Social Service Societies. The contribution of NGOs that came in to existence in the last quarter of the century is also mentioned under the head new generation NGOs.
Rockefeller Foundation

The involvement of Rockefeller Foundation in Thiruvithamkoor during 1929 to 1939 is well recorded by M. Kabeer in a working paper published as part of a larger study on mortality decline in Thiruvithamkoor (Kabir, 2003). The Arabian Sea, Indian Ocean, Western Ghats and Cochin bordered the princely state of Thiruvithamcoor which was directly ruled by the British. It was home to a number of imported diseases due to its connections with the outside world. The government took various measures to fight the epidemics prevalent in the area through vaccination against smallpox in 1860s, appointment of sanitary commissioner in 1895, Epidemic Regulation Act in 1897, and employment of public health workers. But communicable diseases such as malaria and cholera continued to take thousands of life every year.

The Rockefeller Foundation, a US based international NGO was involved in massive public health activities in Asia and Latin America. They started public health programmes in India after the First World War. The Thiruvithamkoor government asked for the Foundation in 1928 to extend their help in ‘organising a public health department on modern lines’. The Foundation’s representatives agreed to extend their activities after a visit to the locality. Later Dr. Jacocks, the health expert of the foundation was appointed as the Public Health Advisor of the State, and he proposed a public health scheme for the state which was approved in 1929 (Kerala State Archives, 1930). The Foundation provided fellowship for doctors from Thiruvithamkoor for training from abroad who were later appointed
in charge of the department and through this the foundation could imbibe their philosophy of public health in the health departments of the Thiruvithamkoor.

The notable interventions of the Foundation were the Hookworm Campaigne, attempts to tackle the entomology of Filariasis, Malaria and Plague, Intensive malaria control programmes in Neyyatiinkara, detailed rodent studies to control the spread of Plague, establishment of a health unit in Neyyattinkara, and massive health education programmes (Kabir, 2003).

Possibility of research and experimentation seems to have attracted the Rockefeller Foundation to Thiruvithamkoor because of the area’s potential of being used as a tropical observatory. They also seem to have had trade related interests such as increasing labour productivity through interventions in health sector. Criticisms were raised by individuals and government officials against the foundations activities and over involvement in administration. The foundation failed to make effective interventions during the cholera epidemic in 1935, and they had to gradually withdraw from Travancore by the beginning of Second World War. The change in Foundation’s focus from public health to medical care was visible when they provided financial assistance for the construction of the first medical college in Thiruvithamkoor-Cochin region i.e The Trivandrum Medical College. Kabir (2003) acknowledged the overall contribution of the Rockefeller Foundation in Travancore as quoted below,

..the Foundation’s major contribution to Thiruvithamkoor perhaps lay in the institutionalisation of public health. The search for the causative vectors, their intensity over the different localities and bionomics
became critical in controlling and finally eradicating some of the diseases later. The activities initiated under the advice of the Foundation representative were continued even after the Foundation representative left Thiruvithamkoor. A public health survey conducted in 1948 showed remarkable success in reducing filariasis and malaria and Kerala became the first state in India to eradicate endemic malaria in 1965 (p. 35).

**Kerala Sasthra Sahithya Parishad**

Kerala Sasthra Sahithya Parishad was set up with the aim of localizing scientific knowledge through the dissemination of science in the mother tongue of Kerala. They organized people’s health mass education program and health parliament in the 80s that made tremendous changes in the health literacy of the people of Kerala. Lectures were organized in each villages through Rural Science Forum and various topics on health and hygiene were widely discussed. The Total Literacy Campaign they organized in Ernakulam District is quoted as the biggest project ever funded by a government scheme to a voluntary organization. In 1987 KSSP conducted an extensive survey of 10000 households in which they found that overall only 23% of households regularly utilized the government health services. Even in the poorest stratum this share was as low as 33%, declining steadily to 8% among the most affluent households. The reasons stated for not using government institutions included ‘non-availability of drugs in the government hospitals’, ‘lack of proper attention’ and ‘better behavior in private institutions’ (Kannan, 1991). KSSP took part in the people’s planning campaign
and organized training sessions on health and development in the 1990s. The focus was on Challenges in health care, health care delivery system, vertical health care schemes, sanitation, drinking water, studies in health area. As Dr. Alok Mukhopadhyay opined, the works of KSSP in strengthening the health system of the state is incomparable, and their role was mainly educational in nature (2015). In his own words,

“The Kerala Sastra Sahithya Parishad (KSSP) is one of the few voluntary organizations that has attempted to demystify medicine. Special campaigns on drug policy, anti-smoking and amniocentesis have had some limited impact, both at the policy level as well as in educating consumers. KSSP emphasizes that the greater health problem is poverty, and that the majority of ailments arise from the inadequacy of proper food and an unhealthy living environment. The KSSP has organized numerous health camps, published several documents on people’s health, and are in constant touch with various organizations like the Voluntary Health Association of India (VHAI) and Medico Friends Circle. The KSSP believes that health care is a basic right of every citizen, and that an effective delivery system should work towards keeping the entire population physically and mentally healthy”.

Catholic Health Association of India & Kerala Voluntary Health Services

Catholic Health Association of India and Voluntary Health Association of India were the two umbrella organizations established with the aim of
coordinating the voluntary efforts in health sector and their activities were actually aimed at strengthening the existing health systems and health resources. CHAI was found in 1943 as a Catholic Hospitals Association. The focus was on the quality of services provided by the medical professionals. CHAI formed a network of more than 100 hospitals across the country and strengthened the potential of service delivery through hospitals. They trained the medical professionals, with a view to bridge the gap between service providers and beneficiaries. CHAI was a religious organization and their gradually shifted from hospital based trainings to community based health projects.

Voluntary Health Association of India was established with a secular orientation of charity and welfare. Kerala Voluntary Health Services was set up as the Kerala Chapter of VHAI. In the initial years KVHS was focusing on strengthening the service delivery system of hospitals. The vision was to inculcate the concept of community health concept among the health professionals. In 1980s the concept of ‘community health worker’ emerged. The trend of volunteerism was also on the rise. A large group of community health workers were trained by KVHS and other NGOs and many NGOs started up taking projects in health sector. Towards the end of 20th century KVHS stepped in to policy level interventions. They were instrumental in the state’s anti-tobacco policy formulation, and they are actively leading the anti-tobacco campaign currently (Itty, 2013).

**Diocesan Social Service Societies**

The Catholic Church have been instrumental in the development scenario of the state. The church has voluntary organizations in all districts of the state, and they
are engaged in all sectors of development such as poverty alleviation, women empowerment, health, environment protection etc. There are 29 Catholic Diocesan Social Service Societies in Kerala and their activities are coordinated by the Kerala Social Service Forum (KSSF). Many of these NGOs were established during 1970s and 80s and have made appreciable contributions in various segments of development including health (James, 2014). They are scattered in all the 14 districts of the state.


Health has been a part of their multidimensional objective list and their health interventions in various districts of the state are monitored and evaluated by the KSSF. As per the annual reports of KSSF, the health interventions of
Diocesan Social Service Societies are classified in to the following categories: Awareness programmes, Medical camps (general, eye care, cancer detection, disability screening etc), Free medicinal aid, Provision of nutritional supplements, reproductive child health programmes, interventions based on alternative medicines, promotion of herbal plantation, health insurance schemes for the poor, programmes for disabled, spreading awareness on HIV/AIDS and other lifestyle diseases, and satellite clinics for holistic health care of the aged.

**Other local NGOs**

As Panikar & Soman (1984) observed, apart from these mainstream organizations, “there might have been other less well known or localized organizations functioning in different parts of the state or among particular community groups”. And it is clear that informal organisations have played a positive role in inter-sectoral action for health. For example Kerala Association for Non-formal Education and Development Program for Community Organization, Mahilasamajams, St. Joseph’s Social Uplift Centre, Nirmalalayam, Mitraniketan (Rural health centre), Thalikulam Vikas Trust (Thalikulam Health Program) etc are mentioned for their contributions in health sector by previous researchers. In the case of above mentioned organizations the unique personal qualities of the individuals and groups involved have greatly helped in winning the confidence of general as well as community participation and support for their activities.
5.3 New Generation NGOs

The non government sector which was earlier characterised by voluntary spirit, dedicated bare foot social workers and assured community participation have undergone tremendous changes after the era of professionalization. As commented by an NGO researcher ‘superstructures were formed ignoring the grass roots’. The growth of information technology had its impact on the NGO sector in such a way that their visibility and public support increased through websites, and web based campaigns. The tax exemption seemed to be an attractive force that persuaded many to register NGOs and gradually gain eligibility to receive foreign funds. Certain NGOs made the best use of professional expertise and information technology while many others lost the spirit of social service in maintaining the burden of administering the organizational setup. Even among all these complexities there are a number of NGOs that made notable interventions in health sector of the state. A few of them are mentioned here.

Towards the end of twentieth century the NGO sector in Kerala were strengthened by nongovernmental organizations specialised in specific issues. The Pain and Palliative Care Society established in 1993 worked to relieve the pain of terminally ill patients with their team of dedicated medical professionals and volunteers. In 1996, the society earned the title of “Demonstration Project” from World Health Organization, and they were the only agency gaining the title, in the developing world. After ten years of its inception, the Institute of Palliative Medicine was established as part of the society with an in-patient facility and a training centre. Later through their appreciable efforts and policy level
interventions triggered the government to formulate a state palliative care policy, and now each Panchayath is made responsible for providing the required palliative care facilities. The Institute of Palliative Medicine is now the authorised agency for training personnel for the government initiated interventions in this area.

Raksha Society for Care of Children with Special Needs was started in 1985 as the first special school for children with cerebral palsy in Mattanchery, Ernakulam. They later included children with autism, mental retardation, muscular dystrophy, and learning disabilities in to their target population. They initiated neonatal screening in government hospitals so that the incidence of cerebral palsy and related disorders can be detected and treated at the earliest. They also employed a specially trained staff in schools so that children with learning disability can be managed in the normal school environment, without being sent to special schools. Both these programmes are recently taken up by the government, and Raksha is still actively involved in the process of health system strengthening through their special education programmes and home based training for parents of mentally challenged children.

Association for Welfare of the Handicapped have been working for the handicapped in the developmentally backward Malabar region of Kerala from 1973 onwards. Their target population includes people with hearing/visual impairment, mentally handicapped, cerebral palsied, loco motor disabled, multiple disabled like deaf-blind, leprosy cured and also for the genetically and hereditary disabled people. They were able to render scientifically designed rehabilitation services to the differently abled who hailed from poor families. AWH focused on
early detection and intervention, special education, vocational training and job placements of the differently abled.

Santhi Medical Information Centre in Trichur, founded by Mrs Uma Preman in 1997 acts as a resource centre that provides necessary medical information to the needy and arranges financial assistance for serious illnesses. They spread awareness about cross-donation of organs, and facilitated nearly 700 kidney transplants and could successfully mobilise communities to meet the financial burden related with organ transplants.

Fr. Davis Chirammel is a well known figure in the field of health activism and he extended his philanthropic activities through two Voluntary organizations - ACTS and Kidney Federation of India. Accident Care and Transport Service (ACTS) came in to existence in as an emergency care service in Thrissur which is accessible to the public through the helpline number 1099. The ACTS ambulance service is a dedicated group of drivers and volunteers who will rush to the accident spots and will take the victim to the nearest hospital. The ACTS services are available in each and every corner of Thrissur District. The Kidney Federation of India was established in 2009 and it works for patients with renal failure. They facilitate kidney transplants and mobilise public for financial support to the poor patients.

The All Kerala Blood Donors Association is a forum of voluntary blood donors in the state. It is a widespread network of volunteers who are available for donating blood to the needy patients at any hospital, at any time. The donors as well as patients can register online and they are coordinated through messages and phone calls to
meet the blood requirements. AKBDA is a best example for the effective use of information technology for promoting blood donation in the state. They keep updated donor registry and tracks all blood requests and also motivates the donors for further donation by issuing privilege cards.

The care and rehabilitation of differently abled is mostly taken care of by the NGO sector. There are a number of networking agencies such as the Kerala Federation of the Care of the Mentally Disabled. 42 rehabilitation centres are registered under KFCMD. As per the statistics provided by the web portal Punarbhava 49 NGOs/Special Schools are listed as service agencies for the differently abled people in Kerala. Their activity profile includes day care homes, special education, rehabilitation services, half way homes, vocational training, job placements etc. But the actual number of NGOs working in the area of differently abled is much more than the above figure as per Government records. In Ernakulam District alone, there are 70 institutions for the disabled and 18 of them are getting grant-in-aid from Social welfare department.

The National Association of Social and Mental Health (NAMASH), The Kerala Blind School Society, Shilpa Society for the Mentally Handicapped, Punarjani Charitable Trust for De-Addiction and Rehabilitation, Padua Social Centre etc are also involved in health system strengthening activities in the state since the last decades of twentieth century.
5.4 Government – NGO Partnership in Kerala

The Government of Kerala is associating with NGOs for implementation of various programmes under the Social justice department and the Directorate of Health and Family Welfare. The schemes under the Social Justice Department that provide grants-in-aid to NGOs are Assistance to Disabled Persons for purchase/fitting of Aids and Appliances (ADIP Scheme), Dheendayal Disabled Scheme and financial assistance to voluntary organizations running homes for the differently abled. The National disease control programmes run by the directorate of health and family welfare also collaborate with NGOs for effective implementation. The schemes are mainly National Programme for Control of Blindness, Revised National TB Control Programme, National AIDS Control Programme, State Mental Health Programme and National Tobacco Control Programme.

5.5 Conclusion

A look into the current health scenario of the state will open up potential areas for NGO involvement. Several recent studies have pointed to a high morbidity – low mortality paradox prevailing in the state. The health care scenario in Kerala appears to be in a stagnant position. The accessibility as well as the quality of primary health care has to be urgently enhanced to overcome this challenge. (Asokan, Praveenlal, & Shaji, 2011). Kerala is facing new health challenges like return of Infectious diseases, increase in accident related injuries, growth in the number of aged and geriatric health issues, high level of suicide, diseases due to environmental degradation, climate related ailments, and new diseases like Dengue, Chikunguenia and also HIV/AIDS. Other health related
problems includes diseases due to pesticides and other industrial chemicals and decreased health status of coastal and tribal population.

Though there are many projects and schemes aimed at each of the above discussed health challenges, sustaining the momentum of change and resource mobilization seems to be the two tasks ahead. The historical context of NGO involvement in health sector shows that they are capable of creating positive impact in health issues. Thus health NGOs in the state can be mobilised for health system strengthening activities.