THE VOLUNTARY HEALTH SECTOR – SOME REFLECTION*

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The National Health Policy of 1982, commits itself to ‘adequately utilizing the service being rendered’ by ‘voluntary organisations active in the health sector’, and to ___ them to ‘increase their investment’ and ‘enlarge their services’ by providing orgainsed, logistical, financial and technical support’. This new approach of partnership is a significant departure from the health planning process and policy framework of previous decades.

What is this voluntary health sector? What is its evolving framework for action? What can we learn from its experience? What are the emerging critical issues, in its growth and development? What challenges will it face in its future? We offer some reflections on these key issues.

The Voluntary Health Sector – An Overview

The Voluntary sector has been growing since Independence, but particularly so in the last three decades. Around the forties, most voluntary agencies including those involved in health issues, were deeply involved in the National movement for Independence and later in community development in the fifties. In the 1960’s, a cater understanding of field realities and the inadequacies of the models of development we had adopted, led to a growing dissatisfaction with the system.

By the early 1970’s, there was increasing realization regarding the need to evolve new approaches to all aspects of community development, in keeping with our own socio-economic-political – cultural realities. This required alternative systems of technology, management and training. This led to the gradual formation of three types of voluntary groups:

- An increasing number of voluntary projects, programmes and initiatives that began to explore options and evolve alternative approaches and methods. The focus was on education, health, environment, community organization, women’s issues and trade unionism.

- Need for networking and collectivity of efforts, as well as training and orientation led to the development of a second generation of supportive groups. These included co-coordinating groups and coalitions as well as alternative trainers.

- As numbers increased, a third generation of groups that focused on lobbying, issue raising, communication, action and policy research emerged.

Thus by the early 1990’s the voluntary health sector is a rich, diverse and still growing entity – consisting of a large core of alternative health care providers and a group of supportive centres.

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The Evolving Framework for Health Action

There are estimated to be over 5000 voluntary health agencies in the country. This ‘guestimate’ changes with varying definitions of what a ‘Voluntary Health Agency (VHA)’ is. Quite a large percentage of these are in the six States of Gujarat, Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu and Kerala. Smaller numbers are now present in nearly all the States. Our study reflections show that they include among their activates a combination of at least the following:

- Training community based village health workers;
- Organizing village communities and community organizations like Mahila Mandals and Yuvak Sanghs to enhance participation of the community in health action planning and organization;
- Involvement of traditional dais, folk healers and practitioners of indigenous and other systems of medicine;
- Various forms of health education with increasing use of low cost media like puppetry, street theatre and folk media;
- Tapping community resources and contributions – financial, material, and labour to support the cost and management of health programmes;
- Evolving appropriate modifications in health technologies to suit local needs and constraints:
- Finally a large number of them have linked health action to a much broader strategy of development which includes all forms of education, nutritional support, awareness programmes, water supply and sanitation programmes, agricultural extension, animal husbandry, various types of income generation programmes and cottage industries.

The Societal Dimension

It is the voluntary organizations work in exploring and responding to the broader social and societal dimensions of health that mark them out from most of the governmental health efforts. This includes an increasing commitment to:

COMMUNITY HEALTH
-An Emerging Definition-

“Community Health is a process of enabling people to exercise collectively, their responsibility to their own health and to demand as their right…”

“It involves the increasing of the individual, family and community autonomy over health and over the organizations, means, opportunities, knowledge, skills and supportive structure that make health possible…”
- Individual and community social analysis, awareness building and autonomy
- Demystifying education and conscientization
- Participatory decision making processes within the facilitating terms.
- Community building processes, including increasing participation of those who do not participate at present
- Creative efforts at challenging, countering or getting beyond conflicts of interests in various groups in the community.

All these ultimately stem from the growing understanding among voluntary health agency activists that ‘alternative health care’ has to be part of a process towards building an alternative socio-political-economic-cultural system in which health can become a reality for all people.

An offshoot of this societal analysis and awareness has also meant an increasing involvement of health activists in confronting the over-medicalisation of health, the over professionalisation of skills and knowledge and the over emphasis on the physical dimensions of health. Lobbying for change that will shift health and medical policies to meeting the health needs of people, and increasing efforts at medical accountability and socio-medical audit, are other dimensions of this awareness.

The work of Medico Friends Circle (MFC), Kerala Shastra Sahitya Parishad (KSSP), All India Drug Action Network (AIDAN), Lok Swasthya Parampara Samvardhan Samithi (LSPSS) and All India People’s Science Network (AIPSN) are all symbolic of this commitment. The voluntary health sector has thus contributed through its creative diversity to the evolution of a meaning to the term Community Health.

**BEYOND SEMANTICS**

In this article, we have consciously and consistently used the terms – “Voluntary Agencies” or ‘Voluntary Health Sector’ rather than ‘NGO’s: and Community Health rather that Primary Health Care’ even though these are commonly used synonyms today. We believe that these are not synonyms and the confusion caused by using them as such is often deliberate.

‘NGO’s’ – a term increasingly used by government and international funding agencies stresses the NON governmental nature of the activity which is an unnecessary distinction, because as citizens we are as much part of the government system as government functionaries. The term ‘NGO’ also blurs the difference between the FOR-PROFIT private sector and the NOT-FOR-PROFIT voluntary sector, by clubbing both these sectors in the same terminology, Similarly the term ‘Primary Health Care’ evolved in Alma Ata focuses on ‘health action’ at the periphery/primary level and most often gets interpreted as packages of action focused on the individual. We believe the term ‘Community Health’ (used pre Alma Ata) is a more comprehensive term that stresses action at all levels and emphasizes the shift from individual to group/community/societal action. Our reflections therefore explore the contribution of the voluntary health sector to community health in India.
The Voluntary Health Sector – Some Critical Questions

While recognizing the creative contribution of the voluntary health sector to health care approaches in the country and to health policy alternatives as well, the 1990s should become a period of serious reflection within the voluntary health sector constituency about its own role. This is necessary particularly in the context of the many negative developments and critical issues that are observed in the evolving health care situation today. Some of the key questions that need to be addressed are:

- Is the government consciously trying to blur the difference between the profit sector and the non-profit sector by using the term NGOs for both?

- Has the government purposely focused on the voluntary sector as alternative service providers and overlooked the increasing role they are beginning to play as trainers, issue raisers, researchers and policy generators?

- Is the motivation for increasing partnership with VHA’s because of a recognition in planning circles of their potential or is at the behest or compulsion of bilateral or multilateral International aid agencies?

- Is the availability of increased funding and pressure of scaling up that are common today, affecting the creative contribution of this sector and compromising its value systems?

- Is the increasing professionalisation of voluntary health effort improving their efficiency but causing a loss of vision and commitment because of the entry of market economy values?

- Finally, there is an increasing tendency in both government and voluntary health circles to romanticize the ‘Voluntary Health Agency’ and to denigrate government health efforts. This leads to unrealistic expectations from the voluntary sector and at the same time reduces efforts to reform the government system. Both these strategies will prove counter-productive in the long run.

Looking to the Future

A Policy Delphi survey recently completed (1992) brought together forecasts of important economic, social and political trends that would have a bearing on health, and a framework of the health scenario in India by 2005 A.D. While these trends and findings are outside the purview of this article, their forecast about the challenges that would face the voluntary health sector in the next 15 years is very thought provoking. The panelists listed the following as components of a new philosophical framework that is urgently needed:

- Preferential treatment for the poor, particularly those marginalized by the new economic policies.

- Upholding the justice dimension of health work and acting as an opposing power to the pharmaceutical industry and to vested interests.
- Focus on enabling/empowering people in health work. This would avoid dependency, non-participation, promote community responsibility and a people’s health movement.

- Greater commitment to a holistic approach to health and to and integration of various systems of medicine.

- Ensuring a shift to a community-based, non-institutional approach to health including the demystification and depersonalisation of medical knowledge.

- Increasing access of the poor and underprivileged to medical and health care.

- Developing a sense of understanding, caring and community belonging among health workers.

- Promoting spiritual dimensions of health and well-being.

- Promoting gender related issues especially women’s health status, their access to health care and impact of technology on women.

- Getting involved in environmental/ecological issues that relate to health.

- Strengthening self-reliance at all levels by promoting herbal and home remedies, non-drug therapies, low-cost care and appropriate health technology.

In conclusion, the nineties are …ing to be a watershed decade in the growth and contribution of the voluntary health sector.

Conclusion

The critical questions outlined earlier focus on negative developments that can increasingly subvert the voluntary sectors role in health care. The challenges of the future outlined above, focus on the emerging needs that could be a positive inspiration to new directions and new priorities. Which of these will finally decide the role of the voluntary health sector in 2000 A.D. will depend on a increasing self-reflection and collective effort. Is the voluntary health sector gearing up for this reflective task that draws from and leads to further health action?

It is the voluntary organizations work in exploring and responding to the broader social and societal dimensions of health that mark them out from most of the governmental health efforts.

DR. RAVI NARAYAN and DR. THELMA NARAYAN have been steadfastly working on tracing and identifying the factors responsible for the growth and development of the voluntary sector. Their insights …….. knowledge in this area will have a lasting impact on all who work in this field. They are with the Community Health Cell, a study-reflection action experiment. It has been learning from the micro-level experience of voluntary organizations in the health sector so as to contribute to health policy and community health system development that is relevant to the needs of the country. In June 1990, the experimental
The initiative metamorphosed into a registered society – The Society for community Health Awareness, Research and Action. It is presently a policy research group that also provides information, training, networking, evaluation and research support to the voluntary sector. This article is a bird’s eye view collated from a diverse range of reports and initiatives of the Society.

**Reading List:**


The above materials are available on request from:

**Community Health Cell**  
Society for Community Health Awareness, Research and Action  
No.367, ‘Srinivasa Nilaya’  
Jakkasandra Main,  
Koramangala 1st Block,  
Bangalore – 560034.