

Review Article

Role of third sector in promoting health outcomes in Kerala: a sociological study

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ABSTRACT

Third sector is an alternative sector separate from and balancing the state and the market. Third sector refers to different kinds of not-for profit organizations such as charities, Non-Governmental Organizations (NGOs), self-help groups, social enterprises, networks, and clubs. This paper seeks to understand how third sector organizations become important in improving health outcomes in Kerala. Third sectors play very important role in improving health outcomes at several levels. Sometimes they influence health outcomes directly and sometimes through making improvements in other variables like education, sanitation, poverty alleviation, and public awareness programs. The study is based on analytical method and the information is collected from various secondary sources and reviews.

The study finds that, in Kerala, several third sector organizations work on varied issue such as, livelihood and poverty, education, improving water supply and sanitation, etc. which ultimately reflect in the health outcome of the state and there are also other organizations which make specific interventions in direct medical care. It also reveals that high level of education and health awareness have sensitized the people to the need for timely health intervention and thus helped to create demand for healthcare. The study further reveals that third sector plays a key role in the promotion of health care, especially at a time when the State is facing an increase in the number of various lifestyle disease cases. An important finding of the study is the fact that Kerala's highest stocks of social capital promote the existence of the third sector.

Keywords: Health, Health outcomes, Third sector organisations, Education, Sanitation

INTRODUCTION

Health is one of the important indicators of development. It is best understood as the indispensable basis for defining a person's sense of well being. According to William C. Cockerham feeling well and being able to carry out one's daily activities – namely, a state of functional fitness- are typically the bases upon which people view them as healthy or not.¹ Anand gives two reasons for the importance of health. First, health is directly constitutive of a person's well- being and second, health enables a person to function as an agent to pursue the various goals and projects in his or her life. And these

reasons make a situation to consider health a special good.² Health is among the most important conditions of human life and a critically significant constituent of human capabilities. Social equity and justice is not possible without health equity which is multidimensional. This equity is not just about the distribution of health. Its enormously wide reach and relevance helps health to be reached equally.³ In a country like India, health and disease are directly related to quality of life especially food, water, nutrition, hygienic living conditions, etc.⁴ Several agencies are involved in providing health and healthcare. A review of existing literature suggests that in many Indian states, health services are provided by the

public sector (first sector), private sector (second sector), and the not- for- profit sector (third sector).

Experiences suggests that no development strategy can be successful unless a shared vision of public sector, private sector and voluntary sector is created and the civil society, having Voluntary Organisations (VOs) or Third Sector Organisations (TSOs) as the key actors can play a crucial role in development strategy. Serra's study (2001) on sixteen Indian states in a comparative perspective found that the vibrancy of associations in India is quite extraordinary in many respects, both for its geographical incidence and its capacity to involve poor and otherwise powerless groups. In India, membership in some organisations like recreational, cultural and co- operatives is greater than 10 percent only in Kerala, Assam and West Bengal. The marked political consciousness of people in Kerala people led to a highly effective state-citizens interaction and to a very democratic society. And the state of Kerala appears as the best Indian example of a society with high social capital that is inseparable from and essential for the existence of third sector organisations.⁵

The paper attempts to comprehend the significant contributions of third sector organisations in improving health outcomes in Kerala. Direct and indirect roles have been played by the sectors to reach to high health standards; directly through providing medical treatment, medicines, etc. and indirectly through making improvements in certain variables like education, sanitation, poverty alleviation, and public awareness.

This paper has following three objectives:

- The study tries to explore the present health scenario of Kerala.
- It intends to study how the activities of third sector organisations in the fields such as education, awareness programmes, sanitation, poverty alleviation, etc. affect the health outcomes in Kerala.
- It attempts to reveal various factors which promote the activities of third sector organisations.

REVIEW METHODS

The study is based on analytical method and the information is collected from various secondary sources and reviews. Some previous researches, empirical studies and government reports are also used.

DISCUSSION

Health scenario of Kerala

Kerala has put in place a major initiative for transforming service delivery on a long-term basis within the framework of its Modernizing Government Programme (MGP). In 2003, a service delivery reform was taken up by the Government of Kerala through its Service Delivery Policy formulated. The key issues in service delivery that have emerged relate to: (i) the state as the best provider of basic services - e.g., water, sanitation, education, health services—to citizens; (ii) the cost-effective pricing of services to ensure access and sustainability; and (iii) the importance of decentralization as the best option for improved service delivery to citizens.⁶

Health development in Kerala, comparable to that of high income countries, has been the outcome of investment in health infrastructure in public, private and co- operative sectors, along with people's health awareness and connectivity.⁷ Ultimately, it is the health consciousness of the people that played the crucial role in the health status of Kerala. It is pertinent to note here that even with a high prevalence rate and incidence rate the state shows low levels of duration of illness.⁸ This should be attributed to the consciousness of the people to utilise the health facilities soon after a disease occurs.

While we analyse Kerala's health status based on the major indicators like birth rate, death rate, infant- child and maternal mortality rate, fertility rate, life expectancy, etc., reports show crucial differentials, where Kerala ranks way above the national average. Table 1 clearly provides the data that reveal improved health conditions prevailing in Kerala.

Table 1: Health Indicators in Kerala.⁹

Indicators	Rural		Urban		Total	
	Kerala	India	Kerala	India	Kerala	India
1 Birth Rate#	15. 10	23. 10	14. 20	17. 40	14. 90	21. 60
2 Death Rate#	7. 00	7. 60	6. 50	5. 60	6. 90	7. 00
3 Infant Mortality#	13. 00	46. 00	9. 00	28. 00	12. 00	42. 00
4 Neo-Natal Mortality Rate*	9. 00	39. 00	3. 00	21. 00	7. 00	35. 00
5 Child Mortality Rate*	2. 00	17. 00	2. 00	9. 00	2. 00	15. 00
6 Under-5 Mortality Rate*	14. 00	76. 00	12. 00	43. 00	14. 00	69. 00
7 Still Birth Rate*	9. 00	9. 00	2. 00	7. 00	7. 00	8. 00
8 Total Fertility Rate*	70	90	70	00	70	60
9 Maternal Mortality Rate**		NA			66. 00	178.00
10 Expectancy of Life at Birth (Male)*		NA			71. 40	62. 20
11 Expectancy of Life at Birth (Female)*		NA			76. 30	64. 20

Kerala also ranks on the highest in its health outcomes while making a comparison with other states. Female life expectancy in Kerala is highest, as compared to other states like U.P and Bihar; it is approximately 16 years more than in these states. Comparatively, the female infant mortality rate in Madhya Pradesh is approximately 7.2 times more than what it is in Kerala. The average population served per government hospital bed in states such as Uttar Pradesh and Bihar is much higher as compared to Kerala or West Bengal.¹⁰ Kerala has the country's highest caesarean rate of 30.5 per cent which is not just three times the national average but also higher than the World Health Organisation's recommended rate (15 per cent).¹¹

The unswerving governmental support for the welfare sectors till the mid 1980s served as a catalyst for the development of health services in Kerala. This was also reflected in the expansion of health infrastructure. During the periods between 1960s to mid 1980s the number of beds in public sector institutions increased from 13000 in 1960-61 to 36000 in 1986. Health sector investments continued till the mid 1980s. But, thereafter the pace of growth of public health care system slowed. The public health care expenditure decreased by 35% between 1990 and 2002, making Kerala one of the states with the highest reductions in public sector contributions and the highest increase in private funding for health care. The decline in public sector spending for health resulted in an overwhelming expansion of the private sector. The emergence of the third sector is also located in this background in Kerala.

Third sector and health

Etzioni coined the term "third sector" in 1973, in his paper entitled "The third sector and domestic missions". For Etzioni, it was an alternative sector separate from and balancing the state and the market, themselves considered separate sectors. Third sector organisations can be defined as neither belonging to the public sector nor to the market and they constitute a very specific segment of modern societies.¹² In practice "third sector" is being used to refer to widely differing kinds of organisation such as charities, non- governmental organisations (NGOs), self- help groups, social enterprises, networks, and clubs, to name a few that do not fall into the state or market categories.¹³ According to the proponents of the third sector, the organisations in those sector share distinct characteristics; they possess an internal organisational structure; they are structurally separate from the government, and they do not generate profit that are distributed to members.¹⁴ Third sector organisations tend to be both highly differentiated internally as well as highly integrated.

In India, the role, activities and functions of the third sector, which organised outside the State structure, were previously performed by local governments and local

voluntary efforts. The origin and development of the third sector in India has been shaped by two major influences: one rooted in indigenous traditions and value systems, and the other a product of the interface between the Indian society and the western world.¹⁵ In India, after 1970s, a sudden growth in the number of NGOs and their involvement in many social sectors have been occurred. Duggal focuses on some important reasons which stood behind such a growth. In this period, the government was encouraging many NGOs by giving grants or permitting them by giving foreign funds directly. There was also an encouragement and support to them from the corporate sector which was having a partnership with the government sector. The Income Tax Act introduced new tax deductions to donors for providing funds for rural development and social services to NGOs. Many NGOs were professionalized by the corporate sector. This professionalization of NGOs also provided opportunities to committed and motivated individuals to opt careers in development that also became an important reason for the mushrooming of NGOs in India.¹⁶

Fernandes argues that in 1970's and 1980's, many government programmes were the catalyst for village based groups around issues of health, education, drinking water, forestry, women development, etc. Likewise, voluntary organisations promoted Mahila Mandals (women's groups), youth groups, farmer's group, sanghas and sanghatanas (union and organisations) of the poor in rural and urban areas.¹⁷

If we look at the nature of demand for human services, third sector organisations are effective and efficient in providing services for consumers who suffers financial, personal, societal or community disadvantage.¹⁸ For the past few decades, these organisations are progressively becoming more central to the health and well being of the society. Third sector organisations provide a range of general services that facilitate valuable community interactions. They are to be found at local, national, and sometimes international level and for many, coming from marginalised population, they become the sole interface for providing care. They promote health and information exchange, obtaining and disseminating health information; building informed public choice on health; implementing and using health research; helping to shift social attitudes; mobilising and organising for health.¹⁹

In a discussion paper on civil society and health, WHO explains that in many cases, civil society organisations provide cover to group otherwise disadvantaged in health services access or assist governments in major treatment campaigns and disease control programmes, in drug distribution, in reaching vulnerable communities, and in fostering innovative approaches to disease control. They contribute to enhanced health care by providing services in response to community needs and adapted to local conditions; they lobby for equity and pro- poor health policies, frequently acting as an intermediary between

communities and government; reach remote areas poorly served by government facilities; and provide services that may be less expensive and more proficient. They also provide technical skills on a range of issues from planning to delivery to services.²⁰

The effort of the non-profit sector in health care today covers a wide range of activities and can be classified broadly into: advocacy, awareness and education, research, and actual provisioning of services. Several NGOs in India work on varied issues such as livelihood and poverty alleviation, women's empowerment, health awareness and education, improving water supply and sanitation, etc. other than those providing medical care.²¹

During last few decades, many third sector organisations or NGOs have come into spotlight for their astonishing contribution in health care. For instance, 'Institute of Health Management Pachode' and 'Streehitakarini' in Maharashtra; 'Banwasi Sewa Asram' in UP; 'Pariwar Seva Sanstha' in Delhi; Society for Education Welfare and Action Rural' in Gujarat; 'Rural Unit for Health and Social Affairs' in Tamil Nadu; 'Child in Need Institute', and Tagore Society for Rural Development – Rangabeilia Project' in West Bengal; etc. Each of these organisations is considered as model health care NGOs and has multi-dimensional activities like health awareness, clinical service, health care training, health research, etc.²²

The not-for-profit health sector includes various health services provided by NGOs, charitable institutions, missions, trusts, etc.. But, the spread of these organisations is quite erratic in different states.²³ All voluntary initiatives are not necessarily taken in the area of extreme needs. One finds very limited voluntary initiatives in the BIMARU states (Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh) as compared to the better-off states like Kerala and Maharashtra.²⁴

Third sector and health in Kerala

In spite of many significant developments in the health services in Kerala, still there are substantial gaps continuing to exist in the demand for and supply of quality health care. With many years of experience of the hazards of top down planning in the health sector of the state, initiative has been taken to gradually decentralise health planning through civil society organisations at the grass root level. For the last few decades, civic participation through voluntary action, NGOs, non-profit organisations, etc. has been taking up a major role to fill this gap in the health service system of the state. A new Kerala model started to arise in 1990s, through decentralised administration; especially planning, uniting productive and environmental objectives and co-operation between the state Non Government Organisation (NGO) and civic movements.²⁵ It is relatively a new initiative where a very good beginning has been prepared in the state of Kerala.

The study of Serra is attained this fact when she talks about the major five health indicators; the per capita health expenditures, per capita number of centres in rural areas, per capita number of doctors, life expectancy at birth and Human Development Index (HDI). The states like Kerala and Himachal Pradesh are marking their highest ranking at these indicators which are always above the average value. Bihar and Uttar Pradesh are deteriorating their performance which is always below from the average value. Kerala's highly recognised high social capital and civic sense is the cause of good state performance in delivering public service including health care provisions and it exhibits a quite unique profile of the state with respect to all other states.⁵

Several third sector organisations in Kerala like, Foundation for Social Health, Open mind Mental Health Charity, Apex Voluntary Agency for Rural Development (AVARD), Kuttanad Non Governmental Organisation (KNGO), Peoples Service Society, etc. work on varied issue such as, livelihood and poverty, education, improving water supply and sanitation, etc. and there are other organizations like Kuriacose Alias Service Society (KESS), Institute of Geriatric Medicine and Palliative Care - Alappuzha, Institute of Applied Dermatology (IA)-Kasarcod, etc. which make specific interventions in direct medical care. Some faith based organizations which are part of third sector are there in many parts of the state to reach at severely discriminated sections and remote places where there are no safeguards to health or life.

Demand creation is accomplished by moving from health education to health promotion. Some NGOs in Kerala actively engage in school health education programmes. Kerala Educational Development and Employment Society (KEDES), Thiruvananthapuram district is one of them which has been working on a broader platform of Rural Development and improving methods of mass education and development. Its activities have been undertaken to broaden the horizon of development and implemented activities which have resulted in community development at grassroots level. The main thrust of the Society is to reduce poverty by investing in the development of human capital by developing skills and imparting knowledge to the neo-literates for their sustainable development. KEDES believes that the three elements pivotal to human development are longevity, education and control over resources. In this effort to build healthy people, KEDES is conducting a series of training programmes to upgrade the skills of voluntary health workers in order to strengthen their capacity and ensure better health for rural population.²⁶

A case study conducted by Bhasker and Geethakutty on the role of NGOs in rural development, reveals the major programmes of two prominent NGOs of Trissur district of Kerala; Kuriacose Alias Service Society (KESS) and Apex Voluntary Agency for Rural Development (AVARD). KESS is having some health programmes like

free medical care, safe drinking water by providing wells, smokeless choola, sanitary latrines, where AVARD is having immunisation of children, health education, family counselling centre and sanitary latrines as their health programmes.²⁷ Another case study on Kuttanad Non Governmental Organisation (KNGO) in Kerala by Thomas and Muradian in 2010 reveals that at a more operational level KNGO had been involved in the provision of drinking water, using Ferro- cement rainwater harvesting tanks, constructed through its SHG network, which has been one of its high impact grassroots interventions. KNGO recognises that human deprivation or poverty has many faces such as hunger, lack of shelter and access to drinking water, illiteracy and ill- health. Thus, the organisation is basically focussing on anti-poverty programmes to culminate into self- propelled community processes with justice to man (livelihood) and natural resources (the environment).²⁸

Health benefits of improved water supply and sanitation also include an increased social well being. It is common experience that in India sanitation in public places is poor and water is unsafe for drinking. In many states, sanitation and drinking water has never received the level of priority. Sanitation is even further neglected by most of the people, because it is not considered as a social priority. Open defecation, waste water flowing on the roads, and garbage being dumped in public places has become an acceptable social norm. There are many diseases caused by poor water and sanitation, such as diarrhoea, typhoid, jaundice, intestinal worms, etc. But, in Kerala the situation is better than other states and there are many third sector organisations that are providing training, planning, information, education and communication inputs to water and sanitation projects.²⁹

Kerala's Rural Water supply and Sanitation Project had developed over the five year period from 1990 to 1995 as a response to the endemic development and governance challenges faced by Southern India's sanitation sector. The main objective of the project was to meet the sanitation needs of poor families and to reduce their health problems which were occurring due to lack of proper sanitation and hygiene facilities. The construction of latrines only marked the beginning of the sanitation sector in Kerala. Local and international sanitation experts shared experiences, tools and results with Panchayats, civil society organisations, and community members in an effort to develop a cohesive strategy for improving sanitation through the deployment of latrines. For the proper implementation of the sanitation projects, third sector organisations were given more responsibilities like taking part in ensuring quality and quantity of construction materials, financial accountability and social accountability contracts. Local civil society organisations volunteered to survey local households, contracting firms, and public officials to gauge their awareness of sanitation rules. They were also empowered to monitor and evaluate the quality of construction. Kerala's sanitation project has reduced

morbidity and improved hygiene, sanitation and community health in the region. The 'Socio- Economic Unit Foundation', a Kerala- based nongovernmental organisation that works with communities to improve sanitation and hygiene (among other development priorities), contributed significantly to the success of project.³⁰

From 1988 to 1995, state-wide, the NGO facilitated the installation of 200,000 household latrines and 2,000 institutional latrines, and between 1996 and 2003, 200 child-friendly toilets were also constructed. It was the output of 122 NGOs' effort which caused to achieve a better health output too. Total Sanitation Campaign (TSC) or Nirmal Bharat Abhiyan (NBA) is a national campaign on hygiene and sanitation which is also implemented in Kerala with a huge participation of many voluntary organisations. These sectors conduct many seminars on water, sanitation, health and also conduct quiz competitions on these issues for the school students under NBA. As per the 2011 census report of India, in Kerala, the achievement against NBA objectives is 100 percent and sanitation coverage is 94. 4 percent which is not achieved by other states.³¹

Kerala Voluntary Health Services (KVHS), an NGO has approached the High Court of Kerala seeking positive directions for implementation of the statutory Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 and accordingly the rules were made. As a result, the High Court directed government to strictly implement the provisions of prohibition on sale of cigarettes and other tobacco products around Education Institutions Rules, 2004 and to ensure that no tobacco products of whatever nature are sold within 100 yards measured radically starting from the outer limit of the boundary wall or fence or as the case may be of the educational institutions. Government was also directed to form committees at various levels for monitoring the implementation. It was a great effort of KVHS to reduce diseases caused by the usage of cigarettes and tobacco and a contribution to the state in achieving better health outcomes.

CONCLUSION

The study finds that, in Kerala, several third sector organisations like, Kerala Educational Development and Employment Society (KEDES), Apex Voluntary Agency for Rural Development (AVARD), Foundation for Social Health, Open mind Mental Health Charity, Kuttanad Non Governmental Organisation (KNGO), Kerala Voluntary Health Services (KVHS), Socio- Economic Unit Foundation, Peoples Service Society, etc. work on varied issue such as, livelihood and poverty, education, improving water supply and sanitation, etc. and there are other organizations like Kuriacose Alias Service Society (KESS), Institute of Geriatric Medicine and Palliative Care- Alappuzha, Institute of Applied Dermatology (IA)-

Kasarcod, etc. which make specific interventions in direct medical care. It also reveals that high level of education and health awareness have sensitized the people to the need for timely health intervention and thus helped to create demand for healthcare. The study further reveals that third sector plays a key role in the promotion of health care, especially at a time when the State is faced with an increase in the number of various lifestyle disease cases. An important finding of the study is the fact that Kerala's highest stocks of social capital promote the existence of the third sector.

The study further finds that ultimately, it is the health consciousness of the people that plays fundamental role in the high health status of Kerala. The relation between high achievements in social sector including health sector in Kerala and civic sense is very important. It reveals that high level of education and health awareness have sensitized the people to the need for timely health intervention and thus supported to create demand and civic sense. It has been proved that third sector organisations actively involved in the fields of education, awareness programmes, poverty alleviation, sanitation, training programmes, planning, information, and water and sanitation projects that led to achieve its high health outcomes as compared to most of the other states. The study finds that Kerala's highest stocks of social capital have an important role to promote the existence and activities of the sector. It clarifies that most of the third sector organisations' activities directly or indirectly affect on health outcomes. Thus, the state could not have achieved its top health infrastructure and outcomes without this sector which ultimately contribute to the overall development of the state.

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