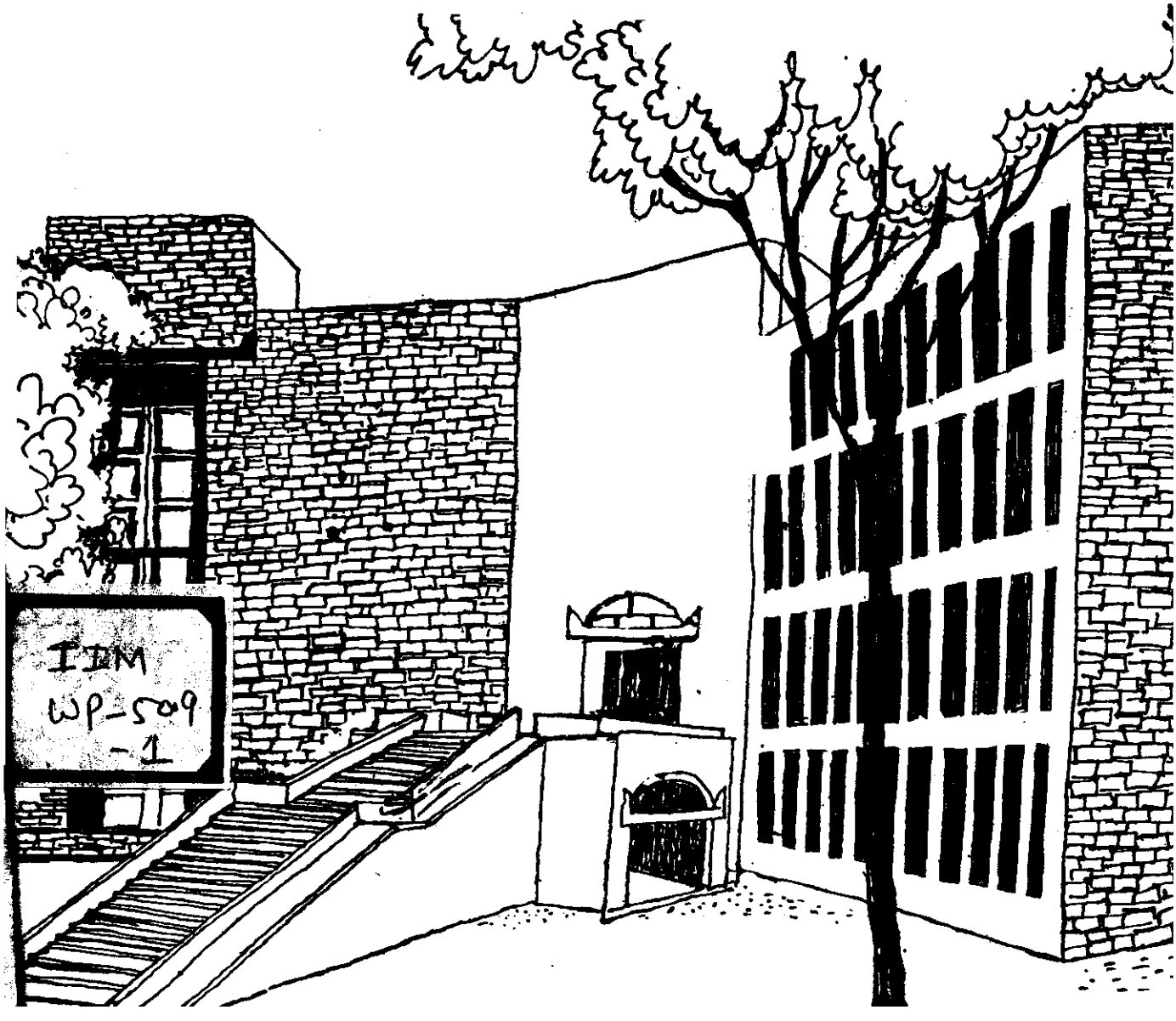
Working Paper



A PROFILE OF VOLUNTARY HEALTH EFFORT IN GUJARAT

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Abstract

The role of voluntary (non governmental, non profit) agencies has been increasingly realised as significant, particularly in the organization and delivery of social services Their contributions in functions and areas where the governmental system does not or cannot make an impact have now been recognized. This paper presents a profile of voluntary health agencies in the state of Gujarat. It is based on a survey of about 100 such agencies in the state. The paper discusses the pattern of distribution of voluntary agencies in the state, their services and reach.Their work in relation to the state is also discussed.

A Profile of Voluntary Health Effort in Gujarat

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Introduction

Although the contribution of voluntary organizations (VO) towards solving the health problems of the country has been significant, it is only in recent times that there has been recognition of their presence and potential. The Working Group on Health For All by 2000 AD appointed by the Planning Commission gave special attention to the role of VOs. The Sixth Five Year Plan (1980-85) saw VOs as a viable institutional means of eliciting broader participation of the people.

Compiling an inventory of VOs in health has been one of the early steps taken by the government as a consequence of this interest in nongovernmental organizations. The Ministry of Health and Family Welfare, Government of India, with support from the World Health Organization, initiated the compilation of a directory of voluntary health organizations in at least four states in 1983. Gujarat was one of the states.

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This paper presents a profile of voluntary organizations in Gujarat based on the directory of such organizations in the State. The directory was organized on the basis of questionnaire. The questionnaire sought data on performance, services, finances and organization. It was cannassed on an extensive basis by mail and in an intensive manner by personal contacts. Of the 130 or so VOs initially contacted, about 70 per cent responded with complete or near complete data. It must be remembered that the profile is therefore constructed with data from about 100 VOs. As a matter of fact, data from 94 VOs in 17 districts have been analysed. Annexure 1 shows the districtwise distribution of VOs. Map 1 in the following page shows the number of VOs districtwise on a State map.

The analysis of data is based on several factors relevant to VOs' health efforts in Gujarat and is detailed in the following passages.

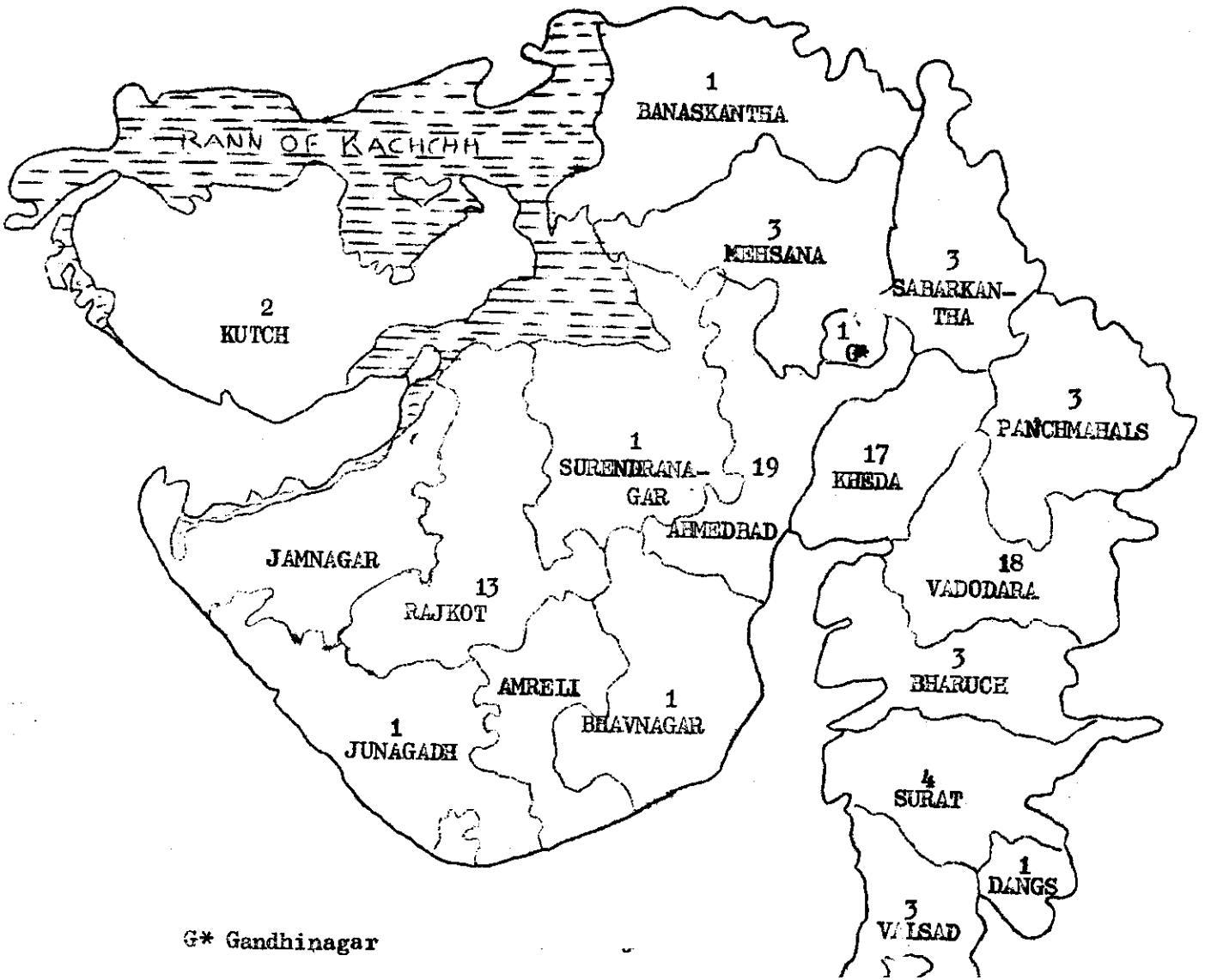
Location

To begin with, the distribution of VOs by location (Annexure 1 and Map 1) shows a concentration in the more developed districts of the state. Vadodara, Kheda, Ahmedabad and Rajkot account for about 70 per cent of all the VOs surveyed.

There is also a tendency to urban locations. Using the 1981 census definition, it appears that about three fourths of the VOs are located in the urban areas (Table 1).

Map 1

GUJARAT



NUMBER OF VOs

G* Gandhinagar

Table 1

Location - Urban or Rural

Location	Number (Percentage)
Urban	73 (77.7%)
Rural	21 (22.3%)
Total ...	94 (100%)

This, of course, does not mean that they only serve the urban areas. Their services are used by the rural population also. It must also be remembered that the location may not have been urban when the VO started its work. Over the years, the place may have become urbanized. Indeed, of the 19 VOs in backward districts, 12 had an urban location (as per the 1981 census); but the places were not classified as urban in the earlier census.

Table 2 shows the type of institution established by the VOs by location.

Table 2

Location and Services

Location	Type of Service		Total
	Hospital	HC/DISP.	
Urban	40(54.8%)	23(31.5%)	63(100%)
Rural	4(19%)	17(81%)	21(100%)
Total ...	44	30	84(100%)

Hospitals are located more in the urban areas whereas health centres and dispensaries are in rural areas.

Outreach Activities

VOs also undertake outreach work which takes them out of their institutions into the community (Table 3).

Table 3

Number of VOs doing Extension Work

Location	Total No. of VHOs	VOs doing Extension work	
		Number	(%)
Urban	63	32	50.8
Rural	21	16	76.2
Total ...	84	48	57.1

More than half the VOs have been engaged community outreach activities. The proportion of rural VOs in outreach activities is considerably greater than those in urban locations. However, even there half of the VOs are involved in activities beyond the walls of their institutions.

Sponsor

A districtwise list of the number of VOs by sponsors is given in Annexure 2. There are two major sponsors of VOs: Religious groups and secular, professional or social worker groups. About a third of the VOs are sponsored by the former

and two-thirds by the latter. An analysis by sponsor and by location indicates that a majority of the VOs sponsored by nonreligious VOs are in relatively more urban locations. VOs sponsored by the religious groups have an equal proportion of urban and rural locations.

Outlay

All the 94 VOs surveyed did not furnish data on finances. The annual outlay estimates of 68 VOs were available. These VOs together spent approximately Rs.4 crores in 1982-83* Per capita VO outlay on the whole works out to about Rs.5.8 lakhs. Since 26 VOs did not report on their finances, an exercise was done to project their probable outlays. They were classified by size, location and type of services. The average annual outlay estimate of this class of VOs was computed from the available data (of 68 VOs). Using this measure, the total likely outlay of all the VOs was estimated at Rs.6.2 crores. According to this estimate, per capita annual outlay of VOs works out to about Rs.6.6 lakhs.

In any case, it is clear that we are talking by and large, about small or medium sized orgenizations in terms of outlay.

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* assuming VO outlay as expenditure for the year.

Table 4 gives an idea of the distribution of VOs by expenditure size. Two-thirds of the VOs have annual expenditures of less than Rs.5 lakhs. There are very few VOs(15%) spending more than Rs.10 lakhs.

Table 4

VOs by Size of Expenditure

Expenditure Size Rs./Year	No. of VOs	Cumulative frequency (No.)	Cumulative frequency (%)
Rs.1000 - 20,000	4	4	5.8
Rs.21,000 - 1.5 lakhs	24	28	40.6
Rs.1.5 - 5 lakhs	18	46	66.7
Rs.5.1 - 10 lakhs	12	58	84.1
Rs.10.1 - 20 lakhs	6	64	92.8
Rs. 20 lakhs +	5	69	100.0
Total ...	69		

On analysing the VOs according to services offered (Table 5), general hospitals and special services have much larger budgets. This is especially true of 3 districts with large VOs - they are mainly hospitals offering special services.

Table 5

Type of Services by Expenditure Size

Budget (Rs.)	Type of Services			
	Hospitals	HC/Disp.	Sp.services	Others
1000 - 20,000	-	3	-	1
21,000 - 1.5 lakhs	3	19	1	-
1.51 - 5 lakhs	5	8	2	2
5.1 - 10 lakhs	7	-	3	2
10.1 - 20 lakhs	5	2	-	-
20 + lakhs	4	-	1	-
Total ...	24	32	7	5

Source of Funds

The VOs are funded by various sources, both public and private. A majority of them have more than one source of funds. This may be because a variety of services may be funded by different agencies. Most VOs also raise part of their resources from private sources - that is individual donors, patients or beneficiaries. This may account for the private sources funding 43.5 per cent of the agencies. Of these only 2 per cent are funded exclusively from private donors. Table 6 shows the various sources and the number of VOs they fund.

Table 6

No. of VOs by Source of Funds

Type of Source	No. of VOs
Non Government:	
Private donors	68
Foreign Agencies	40
Indian Agencies	7
Government:	
Central	10
State	30
Municipal	5

Table 7 gives the break-up of sources according to services. This can give an idea of what kind of services are funded by the different sources.

Table 7

Services and Sources of Funds

Source	Services						
	Gen. Hospital	Health Centre/ Dispensary	Preventive	T.B.	Leprosy	Eye	Family wel
Private Donors	24	23	46	10	5	12	6
Foreign Agency	10	23	24	3	4	6	3
Indian Agency	1	2	-	1	-	3	-
Total ...	35	48	60	14	9	21	9
Central government	1	2	7	2	-	--	3
State government	7	5	17	10	2	6	6
Mucicipality	1	4	-	-	-	-	-
Total ...	9	11	24	12	2	6	9

General hospitals, dispensaries, preventive care and leprosy are mainly funded by private resources. Government funding seems to be concentrated on preventive care, T.B., Eye care and Family Welfare.

Services

The main services provided by VOs have been classified into general hospital services; health centre/dispensary services; preventive services; special services (T.B., Leprosy, Eye) and family welfare. Accordingly, Table 8 shows the number of VOs providing these services.

Table 8

VOs by type of Services

Type of Services	No. of VOs	Percentage
General Hospital Services	32	19.9
Health Centre/Dispensary	35	21.7
Preventive Care*	52	32.3
Special Services	32	19.9
Family Welfare	10	6.2
Total ...	161	100.00

* Preventive care, here is taken to include any or all of MCH, Immunization and community education services.

The VOs mainly provide curative and preventive services. Within curative services, VOs seem to concentrate on provision of ambulatory care. This impression is further strengthened by an analysis of VOs by bed size(Table 9).

Table 9

No. of Beds and Patients by bed size of VOs

Sr. No.	Size of hospitals by number of beds	No. of VOs	No. of Beds	Inpatient/ year	Outpatient
1.	No beds	33	-	-	6,28,761
2.	20	8	69	2754	2,38,871
3.	21-100	28	1542	48892	9,29,015
4.	100-300	9	1215	58688	3,87,196
5.	300	1	747	2984	28,477
	Total ...	79	3573	1,13,318	22,12,320

Table 9 shows that 41 of the 79 VOs (52 per cent) on whom complete data for this table was available are either dispensaries or health centres. They make up 69 of the 3573 beds available (about 0.2%). Yet through outpatient services, they take care of 39 per cent of the total outpatients seen by all VOs. The health centres too provide good coverage if one considered number of patients per bed. The 100+ bed hospitals appear to be less efficient than the smaller ones

by this measure. However, included in those categories are hospitals providing care for chronic diseases. Period of bed occupancy is high in these hospitals and patient utrnover low. If the TB and leprosy hospitals are separated out (these have a ratio of about 6 patients per bed against 97 patients per bed in general hospitals), then the efficiency of the medium and larger hospitals in terms of patients (in and out) seen per bed comapres quite favourably with the smaller ones.

In any case, it is useful to note that 79 VOs from whom relevant data was obtained for Table 9 did provide 3573 beds, took care of 1.13 lakh inpatients and 22.12 lakh outpatients in one year.

VOs and the Government

The discussion so far shows various aspects of the VOs in Gujarat. This analysis to be complete, has to be seen in the perspective of the total health efforts in the State. The largest health machinery is the State government system.

Table 10

State Governmen' Outlay (Sixth Plan)

Sr. No.	Service	Total Outlay (Rs. lakhs) Sixth Plan	Annual	Percentage	Annual Recurrin
1.	Medical Relief	423.00	84.6	6.0	51.3
2.	Education, Research and Training	685.00	137.0	9.8	88.6
3.	Minimum Needs Programme	2009.00	401.8	28.7	347.0
4.	Control of communicabel diseases	3260.00	652.0	46.6	648.7
5.	Others	623.00	124.6	8.9	119.2
	Total ...	7000.00	1400.0	100.0	1254.8
1.	Family Welfare	6477.00	1295.4		

Table 10 gives details of the government outlay by services for the Sixth Plan of the state. The total outlay was Rs.70 crores or annually Rs.14 crores. The recurring annual outlay was Rs.12.54 crores. The government spends a large amount on Family Welfare (Rs.64 crores), almost as much as on health. In Medical and Public Health, the government priority is on control of communicable diseases and minimum needs programme.

Table 11 shows a comparison between the government and VO budget distribution. The difference in total outlay is, of course, great but if the distribution across services is seen, there is a lot of similarity. The government and VOs outlay on communicable diseases is almost the same. VOs seem to spend much more on curative services (medical relief) than the government (18.1 and 6.0 per cent respectively). Traditionally, the VOs have been doing a lot of work in T.B., Leprosy and Eye as compared to the government. The funds used by the VOs are larger in comparison. The VOs offering special services (T.B, leprosy, eye) are mainly large institutions. The state government on the other hand has very few institutions for these services. Its main outlay is on malaria, which is preventive in nature. Nove of the VOs are doing specialised work on malaria. They, however, provide curative care as normal procedure. Similarly, the VOs are doing very

little work in family welfare. The budget is miniscular, especially when compared to the government budget of Rs.64.7 crores! The reason may be that the VOs have stayed out due the massive governmental efforts. Distaste for target fixation of the government and ethical objections to artificial methods are also other reasons.

Table 11

Outlay of Government and VOs by Service

Sr. No.	Service	Govt. Recurring Outlay (Rs.lakhs)		VO Recurring Outlay(Rs.lakhs)	
		Annual	%	Annual	%
1.	Medical Relief	51.3	6.0	71.91	18.1
2.	Education, Research and Training	88.6	9.8	58.07	14.6
3.	Minimum Needs Programme	347.0	28.7	78.30	19.7
4.	Control of Communicable Diseases	648.7	46.6	185.86	46.7
	- T.B	3.7	-	78.86	
	- Leprosy	3.6	-	44.32	
	- Eye	10.4	-	62.68	
	- Malaria	623.0	-	-	
5.	Family Welfare	1295.0	-	33.84	0.9

VOs in Gujarat

On the whole, the VOs in Gujarat seem to be medium sized organizations rendering useful services to the people. They are not a homogeneous group - indeed they refelct the diversity of voluntary effort. Their services, sponsors, sources of funds and size of operations vary considerably. Collectively they do provide about a third of the state's services in terms of annual recurring outlay. Their contribution to medical relief, minimum needs and communicable diseases seems significant.

In the light of the Health For All approach, the State must discuss the role and contribution of the VOs. A greater role in maternal and child health programme (included here under minimum need) can be envisaged. The special capacity of the VO for mobilising and organizing the community can be utilized if PHCs were to locate and establish links with the VOs.

Follow up has always been a casualty in the control of communicable diseases. There could be ways of involving VOs in the villages other than the already available institutions for leprosy and tuberculosis for follow up purposes.

There are bound to be more VOs coming up to provide curative relief services. By considering their number and size in the government's plans, the state's resources may be better utilized for public health purposes.

It is quite conceivable that government support in terms of supplies (vaccines, medicines), training (continuing education for VO staff) and funds would be welcomed by the VOs. There is perhaps no reason why training programmes of the state cannot be open to VOs. In the long run though, an institutional arrangement by which formal links can be established between the state and the VOs can be considered. Such an arrangement could provide for collaborative efforts at primary health care. Obviously, the standardizing nature of the bureaucracy and the diversity and identity-oriented VOs may have to work at establishing, maintaining and strengthening relationships for a common cause.

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Annexure I

Districtwise Distribution of VOs

Sr. No.	District	No. of VOs.
1.	Ahmedabad	19
2.	Banaskantha	1
3.	Bharuch	3
4.	Bhavnagar	1
5.	Dangs	1
6.	Gandhinagar	1
7.	Junagadh	1
8.	Kheda	17
9.	Kutch	2
10.	Mehsana	3
11.	Panchmahals	3
12.	Rajkot	13
13.	Sabarkantha	3
14.	Surat	4
15.	Surendranagar	1
16.	Vadodara	18
17.	Valsad	3
	Total ...	94

Source: Health Statistics of Gujarat, 1984, p.54, Table 10 Name of Cities/Towns included as urban areas with population as per 1981 census.

Annexure II

No. of VOs by district by sponsor*

Sr. No.	District	Sponsor	
		Religious	Non-Religious
1.	Ahmedabad	4	15
2.	Banaskantha	1	-
3.	Bharuch	2	1
4.	Bhavnagar	-	1
5.	Dangs	1	-
6.	Gandhinagar	-	1
7.	Junagadh	-	1
8.	Kheda	9	8
9.	Kutch	-	2
10.	Mehsana	2	1
11.	Panchmahals	1	2
12.	Rajkot	-	13
13.	Sabarkantha	2	1
14.	Surat	2	1
15.	Surendranagar	-	1
16.	Vadodara	4	14
17.	Valsad	3	-
	Total ...	31	62

*One VO could not be classified.

Annexure III

Annual Budget of VOs by District

Sr. No.	District	No. of VOs.	Annual Budget	Projected Budget
1.	Ahmedabad	19	76,50,050	88,83,266
2.	Banaskantha	1	--	--
3.	Bharach	3	8,50,000	8,50,000
4.	Bhavnagar	1	49,73,000	49,73,000
5.	Dangs	1	--	1,08,112
6.	Gandhinagar	1	3,82,000	3,82,000
7.	Junagadh	1	6,00,000	6,00,000
8.	Kheda	17	85,89,000	1,35,65,992
9.	Kutch	2	6,50,000	11,58,496
10.	Mehsana	3	18,15,000	20,10,000
11.	Panchmahals	3	37,00,000	37,00,000
12.	Rajkot	13	29,88,000	33,48,666
13.	Sabarkantha	3	3,07,000	3,07,000
14.	Surat	4	3,95,000	3,95,000
15.	Surendranagar		15,52,000	15,52,000
16.	Vadodara	18	50,13,000	71,30,067
17.	Valsad	3	3,31,000	5,26,000
	Total ...	94	3,98,15,050	6,20,05,353*

* Some of the annual budgets also include budget for activities other than conventional health matters such as education.