The role of the Ramakrishna Mission in India as a voluntary organization

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Abstract

Voluntary organizations are now active in virtually every area of human interest. There is no doubt that they contribute greatly to a society's welfare and advancement. A voluntary organization promotes a sense of solidarity among its members by offering a chance for its members to help others and society in general without being driven by profit. Their mission is to serve others with altruistic, spiritual, and philanthropic beliefs. Human growth depends on nonprofit organizations' contributions in a variety of fields, including education, relief, rehabilitation, etc. Ramakrishna Mission is a nonprofit organization in India and the study focuses on the role nonprofits play there..

Keywords: Health Sector, Medical, Ramakrishna Mission , Voluntary organisation

1. Introduction

A large part of Indian culture and values is caring for the sick, feeding the hungry, providing housing for the homeless, and giving financial assistance to the impoverished. It is rooted in religion that people are motivated by compassion and generosity to help their fellow beings. Most religions place a high value on helping others, especially those in need. There is no doubt that dana (giving) is an important component of one's dharma (religion) in Hinduism, Buddhism, Jainism, and Sikhism. Islam has made charity (Zakah) obligatory for all believers; in Christianity, it is an act of love. However, as society progressed, these charitable endeavors were increasingly replaced by non-profit organizations that are increasingly active in a variety of social facets, including programs for women and children's development, poverty alleviation, environmental preservation, slum improvement, and so forth. These organizations, which today draw their strength more from the community than from religion, aim to identify and work for the underprivileged, marginalized, and weaker groups in society, including children, women, scheduled castes and tribes, economically disadvantaged groups in need of assistance, and issues unresolved by government. In addition to financial assistance, voluntary organizations provide their beneficiaries with services and facilities, guidance and counseling, and support for other organizations. In a democratic system, they engage in so many activities that their positive effects on a nation's welfare and progress cannot be ignored. The majority of nonprofits operate on a local, state, or even global scale, but some only function locally. Some of the largest nonprofit organizations include orphanages, hostels, homes for the elderly and the handicapped, etc. A school, college, non-formal learning setting, and adult education facility all fall under education. Health organizations include hospitals, pharmacies, health centers, and outreach programs. Ramakrishna Mission is a volunteer organization that conducts healthcare delivery activities in Shillong. An overview of the meaning of voluntary organizations and the history of their formation in India will be provided in this paper. The information used in the article was gathered from both primary and secondary sources.

2.Objective of the study

There are some objectives as follow as

- to explain the concept of voluntary organisation.
- . to study history of voluntary organisations in India.
- to analysis scenario of health and healthcare in india
- to study the role of ramakrishna mission in health sector.

3. Research Methodology

Writings on philosophical ideas of Swami Vivekananda; Interviews of the teachers, students and associated personalities of the educational institutions of the Ramakrishna Mission, Writings on the historical and philosophical background of educational centres of the Ramakrishna Mission. Data interpretation is made by statistical technique

4. Discussion and Major Finding

- **Over View Concept Of Voluntary Organisation.**

The term „voluntarism‟ is derived from the Latin word „voluntas‟ which means "will" or "freedom". In the most basic sense a voluntary organisation consists of a group of people who come together to fulfill some purposes. David.L.Sills defines it as an organised group of persons (1) that is formed in order to further some common interest of its members (2) in which membership is voluntary, neither mandatory nor acquired through birth and (3) that exist independent of the state(Sills1968:371). According to Michael Banton it is a group organised for the pursuit of one interest or of several interests in common. Usually, it is contrasted with involuntary groups serving a greater variety of ends, such as kin groups, castes, social classes and communities (Sarkar 2005:36). In Beveridge‟s , words "a voluntary organisation is an organisation in which whether its workers are paid or unpaid, is initiated and governed by its own members without external control"(Sarkar 2005:36). The following are the essential characteristics of a voluntary organisation. (i) These organisations are free from any external control and are governed by its own members on democratic principles. (ii)Have definite objectives and programmes which are humanitarian in nature. (iii)Not profit oriented. (iv)Managed by an independent self governing body elected periodically by the members. (v)Have a formal legal status. (vi) Have a clearly defined constitution. (vii) The funding is generally done by the local communities, donors or sometimes even by the governmental organisations. The active force which enables the voluntary organisations to perform its designated functions are the volunteers who offer their services without any financial compensation. The volunteers contribute to the working of the organisation through their personal experiences and professional expertise and the honorary services rendered by them enables the organisation to provide services at a low cost and in many cases even free. Their close interaction with the population enables the organisation to get a closer understanding of the needs of the target group and thus receive active participation in the programmes. Volunteers join such organisation either because it gives them a sense of fulfillment by serving others or provide a means by which they can demonstrate an active concern for the community. Professor Muttalib‟s observed that there are five main sources of voluntarism- religion, government, business, philanthropy and mutual (Madan 2004:70). Bourdillon and William Beveridge viewed mutual aid and philanthropy as the two main sources from which voluntary social service organisations emerged(Madan2004:70). The other factors motivating voluntary action could be cited as personal interest, seeking benefit such as experience, recognition, knowledge and prestige, commitment to certain values etc. In the Indian context the terms mostly used to describe these initiatives include `voluntary initiatives‟, `voluntary associations‟,`voluntary agencies‟, `voluntary organisations‟, etc. A major impetus for the use of this terminology derives inspiration from Mahatma Gandhi who played a pivotal role as a propounder of voluntary efforts in the rural development of the country.

- **Analysis The History Of Voluntary Organisations In India:**

Before independence: Voluntary organisation is not a new phenomenon in India it has always been a part of its culture and tradition. According to R.C.Majumdar (1961), "in ancient and medieval periods the kings, merchants, landlords and various corporate organisations vied with one another, according to their means for helping the cause of religion." Emperor Asoka organised free kitchens and free shelter to the needy poor. The religious institutions such as temples, maths, dharamshalas etc later became the centers of social service on an extensive scale. During the Mughal period, as a rule, citizens had to pay 1/40th of their unspent wealth as tax (zakat), which was used for charitable purposes(Madan 2004:71). In the British era, with the efforts initiated by enlightened Indians, a large

number of voluntary organisations sprang up. The social work activities undertaken by the voluntary workers during the British period passed through various phases. The first phase from 1780 to 1880 was devoted to social reforms. In the second phase, from 1880 to 1900, the emphasis was laid on the establishment of social welfare agencies for the socially handicapped. In the third phase, from 1900 to 1920, there was formation of all-India organisations especially for the Harijans, tribals and industrial workers. In the fourth phase, from 1920 to 1937, the emphasis was on the preventive aspect, i.e. expansion of educational facilities, village uplift and development of industries, provision for recreational activities and protective legislation. In the fifth phase, between 1937and 1939, the new short lived Congress ministries in many states set up rural development and/ or women‟s welfare departments for rural reconstruction and welfare of women respectively(Madan 2004:71-78). ***After independence:*** India has witnessed a tremendous growth in the number and influence of voluntary organisations since independence in 1947. The processes of grassroot democratisation as well as the economic policy of liberalisation have been the major forces behind the growth. Since Independence until around 1980 there was little effort on the part of the Indian Government to define the role of a voluntary agency or to recognise its importance. In 1980, with the Sixth Five Year Plan (1980-1985), the government identified new areas in which these organisations could participate in development. These areas included:
(a) Optimal utilisation and development of renewable source of energy, including forestry through the formation of renewable energy association at the block level. (b) Family welfare, health and nutrition, education and relevant community programs in the field. (c) Health for all programs. (d) Water management and soil conservation. (e) Social welfare programs for weaker sections. (f) Implementation of minimum needs program. (g) Disaster preparedness and management. (h) Promotion of ecology and tribal development, and (i) Environmental protection and education(Madan 2004:74). Under the Seventh Five Year Plan (1985-1990) the Indian government envisioned a more active role for voluntary organisations to aid in making communities as self-reliant as possible. These groups were expected to show how village and indigenous resources could be used and how human resources, rural skills and local knowledge could be used for their own development. In the Eight Five Year Plan its importance was further enhanced, paying particular attention to the role of these agencies as participants in rural appraisal for drawing up developmental plans at a very low cost and involving the rural community.

- **Scenario Of Health And Healthcare In India**

The medical scene in India has been undergoing tremendous change since the past few decades. While on one hand the disease patterns have changed and new concepts of health care and medicines have evolved on the other technological advancements have made medicines and treatment procedures extremely expensive and beyond the reach of common people. While ailments such as poliomyelitis, leprosy and neonatal tetanus will soon be eliminated , infectious diseases such as dengue fever, hepatitis, whooping cough, respiratory infections, tuberculosis, malaria and pneumonia continue to plague India. Further due to the adoption of unhealthy dietary practices by the affluent urban population India is experiencing a rising trend in non- communicable/ lifestyle diseases such as hypertension, cancer and diabetes. India is ranked third among countries with HIV-infected patients. Poor sanitation and inadequate safe drinking water is leading to diarrheal diseases the primary causes of early childhood mortality. As more than 122 million households have no toilets as over 50% of the population defecate in the open(2008 estimate) leading to a number of diseases through parasitic and bacterial infections. Maternal deaths are also high owing to socio-economic and cultural constraints limiting access to care. A considerable rural-urban imbalance in terms of accessibility is also witnessed in which the rural population is still struggling for better and easy access to health care and services. There are also shortages of hospital beds and trained medical staff such as doctors and nurses. Under the Indian Constitution, health is a state subject. Each state therefore has their respective healthcare systems in which both public and private sectors operate. Certain responsibilities are also undertaken by the Central government, relating to the working of various health authorities and providing funds to implement national programmes. The organisation at the national level consists of the Union Ministry of Health and Family Welfare (MoHFW). In each State, the organisation is under the State Department of Health and Family. Each regional/zonal set-up covers 3–5 districts and acts under authority delegated by the State Directorate of Health Services. The healthcare infrastructure in India includes levels that include primary, secondary or tertiary healthcare providers. The providers of healthcare at these different levels include: Public Health Sector (i)Primary health care- Primary health centres, sub- centres. (ii) Hospitals and health centres-rural hospitals, community health centres, specialist hospitals, medical college hospitals, municipal hospitals. (iii) Health insurance schemes-Central Government Health Schemes, Employee State Insurance Scheme etc (iv) Other Agencies- defence, railways. Private Sector (i) For profit - Private hospitals, dispensaries, nursing homes, clinics, polyclinics and general practitioners. (ii)Non profit-charitable trusts by temples and educational institutes and NGOs. (iii)Indigenous Systems of Medicine (AYUSH)

(iv)Ayurveda, Yoga, Unani, Siddha and Homeopathy. (v) Voluntary Health Agencies like Indian Red Cross, Indian council of child welfare and many more (vi)National Health Programmes like National Cancer Control Programme, National Program of Healthcare for the Elderly etc From the above mentioned components of the Indian healthcare system the public and private health sector are the dominant. While 74% of hospital beds are contributed by the private sector. 25% of the population is covered by public and private insurances. The composition of expenditure is shown below:

Table1: Health Expenditure Public And Private % Of GDP

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Public	1.13	1.11	1.1	1.16	1.22	1.16	1.18	1.18	1.29	1.41
Private	3.15	3.14	3.13	3.18	3.15	3.12	3.16	3.21	3.24	3.28

Source: http://www.worldbank.orghttp://data.worldbank.org/indicator/SH.XPD.PRIV.ZS and http://data.worldbank.org/indicator/SH.XPD.PUBL.ZS (accessed on 19th July 2016).

It has been found out that while services provided in public hospital costs fraction of the private hospitals patients still prefer private hospitals as lack of good administration and management, deficiencies in the quality of services , unavailability of medicines and even diagnostic tests creates problems in accessing the care in public hospitals. The private hospitals on the other hand though are more accessible are not affordable by all. Further their concentration in urban areas makes it difficult for rural people to access them. Thus the major problem with the Indian healthcare system is accessibility, affordability and quality care. Voluntary organisations play a significant role here by helping not only to bridge the gap but also by creating a low-cost and effective health care model. The activities undertaken by such organisations include providing primary health care to people who do not have access to health services, reach remote areas which are poorly served by government and private facilities, assisting the government in its treatment campaigns and disease control programmes and devise innovative approaches for disease control . According to a rough estimate, today more than 7,000 voluntary organisations are operating in various areas of health care throughout the country. They encourage diversified participation in which charitable institutions, religious organisations, individuals and institutions participate actively through donations and collaborations. Alok Mukhopadhyay (2000:334) mentions the following types of voluntary health efforts that exist in India: (i)Specialised Community Health Programs: running income-generation schemes for the poorer communities so that they can meet their basic nutritional needs. (ii)Integrated Development Programs: In these programs, health is a part of integrated development activities. (iii)Health Care for Special Groups of People: This includes education, rehabilitation and care of the handicapped. (iv)Government Voluntary Organisation: These are voluntary organisations which play the role of implementing government programs like Family Planning and Integrated Child Development Services (v)Health Work Sponsored by Rotary Clubs, Lions Clubs and Chambers of Commerce: They usually concentrate on eye camps – conducting cataract operations in the rural areas on a large scale with the help of various specialists, etc. (vi)Health Researchers and Activists: The efforts of these groups are usually directed towards writing occasional papers, organising meetings on conceptual aspects of health care and critiquing government policy through their journals (which usually have limited circulation). (vii)Campaign Groups:These groups are working on specific health issues,such as a rational drug policy and amniocentesis, among others.

- **. Ramakrishna Mission As A Voluntary Organisation**

The Ramakrishna Mission is a voluntary organisation, dedicated to serving humanity. It was established in Kolkata on May 1897 by the lay and monastic disciples of Sri Ramakrishna, jointly, under the initiative of Swami Vivekananda. Vivekananda was deeply moved by the misery of India‟s poor and illiterate masses and established the Mission to pass on the teachings of Ramakrishna with emphasis on social service. It is a registered organisation under the India‟s Society‟s Act (XXI) of 1860 in which monks and devotees inspired by the ideals of service and renunciation conducts various types of social service activities. The headquarters of the Ramakrishna Mission is located at Belur in Howrah, West Bengal. At present the Mission has 181 branches in different parts of India and abroad. There are also about one thousand unaffiliated centres (popularly called „private centres‟) all over the world started by the devotees and followers. The various activities that the mission carries out in the diverse areas of human needs are briefly discussed below (Atmapriyananda 2010:146-151). (i)Relief and Rehabilitation activities – Since its foundation in 1897, the Ramakrishna Mission has been conducting extensive relief operations in various parts of the country for the victims of natural disasters such as cyclone, flood, earthquake and man- made calamities

such as riots. (ii)Health care and Health education- The Mission runs hospitals, outdoor dispensaries and mobile dispensaries (mostly in rural and tribal areas). Besides medical camps are also conducted where people are treated free of cost. (iii)Educational activities- Institutions like school, colleges, universities etc have been opened to impart knowledge of secular subjects. (iv)Spread of religion and culture- This is accomplished through a large number of libraries, seminars, exhibitions, publishing books etc. There are 21 publishing centres publishing several books and 22 journals in different languages. (v) Youth welfare programmes- Separate recreational and cultural centres for children and youth have been set up by the centres in Bangalore, Chennai, and Pune etc. Here the children are provided with supplementary nutrition and guidance in the practice of social, moral and spiritual values. (vi) Women welfare programmes-The women are served through maternity sections in hospitals, old age homes, schools of nursing and vocational training centres for rural women (vii)Work in rural and tribal areas- In these areas the Mission runs institutes of agriculture and rural development training institutes. Educational and medical institutions are opened in semi- urban areas where rural people form the bulk of the beneficiaries. The urban centres of the Mission have taken up development projects in rural and tribal areas such as wasteland development, construction of pucca houses are also undertaken. Some centres also conduct Pallimangal (integrated rural development) activities in selected villages.

- **The role of ramakrishna mission in health sector**

The Ramakrishna Mission has set up a number of regular medical institutions such as hospitals or out – patient dispensaries to cater to the medical needs of the people. Apart from the centres engaged solely in medical service, the various centres have started charitable outpatient dispensaries which subsequently developed into well equipped dispensaries providing allopathic and/or homeopathic treatment. Many of these centres also provide ayurvedic treatment, physiotherapy, accupunture etc. The hospitals get benefitted by equipments and other grants from State and Central governments besides public donations. One of the recent developments has been the introduction of Mobile Medical Units by a number of these centres, in order to extend medical services to people in remote corners of rural and tribal areas which are mostly inaccessible. These mobile units supply free medicines to a large number of patients, and organise free diagnostic and eye-operation camps. Besides, preventive and promotive measures are undertaken through health education and immunisation schemes / programmes on a regular basis. The centres in Aalo (Along), Antpur, Chapra, Cherrapunjee, Coimbatore Mission, Ichapur, Jayrambati, Kamarpukur, Kalady, Malliankaranai (Tamil Nadu), Manasadwip, Mysore, Narainpur (Chhattisgarh), Narottam Nagar, Nattarampalli, Ramharipur, Sargachhi, Sarisha, Shivanahalli (Bangalore), Viveknagar (Agartala), Thrissur, etc, directly caters to the needs of rural and tribal folk (Atmapriyananda 2010:143).

Table2: Activities undertaken by the Ramakrishna Mission in various years in Health Sector:

	2004-2005	2005-2006	2006-2007	2008-2009	2009-2010	2011-2012
Hospitals	15	15	15	15	15	15
Dispensaries	125	129	121	125	130	129
Medical Mobile Units	48	49	52	54	59	60
Eye and Other medical camps	80	75	89	450	790	1,038
No of Beneficiaries	7897624	8277076	8540760	7918930	8079426	7823397

Source-http://www.belurmath.org/activities.htm#Medical and http: //vivekanandaarchive .org(accessed on 30th July 2016)

Nurses training centres, and a Medical Research Centre attached to the hospital in Kolkata for post-graduate degree and diploma students and an Institute of Paramedical Courses. Some of the specialised medical treatments provided by some of the centres through their hospitals, dispensaries, special programmes, camps etc are mentioned below (Atmapriyananda 2010:140): (i) Eye treatment rendered by the centers at Belgaum, Bhopal, Patna, Rajkot, Porbandar, and so on, and at the hospitals in Lucknow, Muzaffarpur,Vrindaban, etc.

Many centers have separate eye- department attached to their dispensaries. (ii)Leprosy case detection and treatment are done in centres at Lucknow, Kamarpukur, etc. (iii)Maternity and child welfare services are provided by the hospitals in Kolkata, Lucknow, Thiruvananthapuram and Vrindaban and also by some dispensaries. (iv)Neurology department functioned at the hospitals in Itanagar, Kolkata, Lucknow etc. (v)Physiotherapy treatment provided by the centres in New Delhi, Indore, Itanagar , Kolkata, Lucknow, Nagpur , Shillong, etc. The centres at Rajkot and Vishakapatnam have special clinics for providing physiotherapy treatment to cerebral palsied children. (vi)Psychiatry treatment provided in Thiruvananthapuram, Kolkata, Vrindaban, and Lucknow hospitals and also by some dispensaries. (vii)Tuberculosis cases are treated at sanitorium in Ranchi, the TB clinic attached to Delhi centre and also in centres at Bhopal,Chennai, Lucknow, Patna etc.

5. Conclusion

The Ramakrishna Mission was established to serve the tribal community, which constituted the majority of the population. As evidenced by the Ramakrishna Mission Charitable Dispensary, medical services are provided to tribal societies. With a clinical and pathology laboratory, X-ray department, surgical sections, and a homeopathic department, the Charitable Dispensary has served the neighborhood's residents since 1951. In the nearby villages, a mobile medical van treats patients and distributes baby food to indigenous communities. Out of the total number of patients treated by both medical units each year, 80% belong to the Scheduled Tribes, 5% to the Scheduled Castes, and 15% to the General. It has been the Charitable Dispensary of the Ramakrishna Mission's duty to serve the people of this hill town in a humble and idealistic manner. It is impossible to predict that a tiny banyan sprout will eventually grow into a massive banyan tree. The question was asked in 1901 by Swami Vivekananda. It has actually come to pass that the banyan tree that he envisioned as a "gigantic banyan tree" is a "tiny sprout.". Ramakrishna Mission is a nonprofit organization that helps Indians and people around the globe. Ramakrishna Mission's center advances by offering altruistic volunteer service to society.

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