Global Social Welfare
https://doi.org/10.1007/s40609-023-00288-5

Diaspora Philanthropy: A Study of Diaspora-Funded Philanthropic Organizations' Activities in the Health Sector of Kerala, India

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Accepted: 15 May 2023

Keywords Diaspora philanthropy · Gulf migration · Kerala · Health activity · Philathropic organization · Migrant organization · Dialysis centre · Home care unit · Physiotherapy

Introduction

Diaspora philanthropy refers to the charitable giving of people who live outside their country of origin to support causes that benefit their homeland. It is motivated by the altruistic mind of the diaspora community and their interest in promoting human welfare in their origin country. The term philanthropy comes from the Greek words for love of humanity and generosity to the needy. It is defined as a private initiative for the public good or the effort to improve humankind's well-being by charitable aid or donation. Philanthropy addresses the most pressing social and moral issues affecting human well-being, such as health, education, social welfare, human service, cultural preservation, international relief, development, and environment (Payton & Moody, 2008). Philanthropy, which encompasses a broad range of voluntary charitable giving practices, has its roots in religious, historical, and cultural traditions of society. Over time, philanthropy has been evolved by changing political and economic trends. (Johnson, 2007). Most of the world's moral traditions embrace the principle of helping those who suffer or are in need. Jewish and Christian doctrines speak of "doing unto our neighbors as we would want to be done unto ourselves." One of the five Pillars of Islam is *zakat*, the concept of tithing to aid people experiencing poverty and those in need. African countries have a version of *Ubuntu*, a spiritual worldview in which one's humanity is integrally related to supporting others (Copeland, 2007). In the era of technological advancement and globalization, diaspora giving to their home communities also increased. According to the Index of Global Philanthropy and Remittance 2016, the growth of collective remittances from diaspora worldwide to their origin countries has increased, estimated to be around $64 billion (Adelman et al., 2016).

Globalization and technological improvements have broken down barriers between countries, making it easier for people to communicate and move from one region to another. This has facilitated diaspora communities to actively engage in philanthropic activities in their home countries (Espinosa, 2016; Vishwanath, 2003). Additionally, technology has helped sustain existing relationships and create new partnerships based on common geography, interests, and ideologies (Pritchett, 2003). Information technology has transformed international giving compared to traditional methods, providing increased opportunities for diasporas to support their home countries actively (Johnson, 2007). The emergence of various platforms and social media, such as SNS (Simple Notification Service) activation, FinTech, and blockchain, has revolutionized the methods of donation and fundraising activities (Castillo et al., 2014; Warren et al., 2014). Consequently, there has been an increase in philanthropic aid from the international community to poor regions over the past three decades and a gradual rise in philanthropy from diaspora communities to their countries of origin (Adelman et al., 2016). Nowadays, organizations and individuals increasingly prefer using the internet and mobile services for fundraising and charity efforts instead of traditional standard offline channels (Kim & Kim, 2021).

While discussing the factors and motives of diaspora philanthropy, philanthropy among migrants and diaspora communities is a complex phenomenon that depends on various factors. Some of these factors are related to their personal and socio-economic circumstances, such as their living conditions, employment status, and financial situation. These factors can affect their ability and willingness to give back to their home countries (Bekkers & Wiepking, 2011; Clemens et al., 2008; McKenzie & Rapoport, 2010; Rapoport & Docquier, 2006). Additionally, there are other motives that can influence and encourage philanthropic

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Published online: 05 June 2023

giving, such as social arrangements, gender traditions, altruism, family networks, geography, religion, community identity, social status, the role of diasporas in national development, the growth in the size and importance of philanthropy, and other parameters like regional and linguistic affiliations (Geithner et al., 2004; Luecke et al., 2012).

In the Indian context, the Indian diaspora community is a term that refers to people who have migrated from India or have Indian ancestry and live in other countries. The history of international migration can be traced back to the British colonial period, which continued even after India gained independence (Mishra, 2016). As a result, India has become the largest country in sending migrants abroad and ranks first in receiving remittances from overseas (IOM, 2019). Many countries recognize their diaspora communities' potential to contribute to their nations' economic and social development through various means, such as financial investment, political advocacy, and philanthropic giving (Kapur et al., 2004; Khadria, 2008). In India, the enactment of laws like the Societies' Registration Act of 1860, the Income Tax Exemption Act of 1961, and the Foreign Contribution Regulations Act of 1976 has led to the growth of voluntary organizations and philanthropic activities (Lawani, 1999). These legal measures have facilitated the engagement of the Indian diaspora in charitable efforts and contributed to the country's civil society development. The Indian diaspora commonly engages in philanthropy due to their deep-seated beliefs, emotional connections, and cultural ties to their home country. Often, their donations are closely associated with their religious, ethnic, and caste affiliations (Merz et al., 2007; Sidel, 2003).

When examining the methods of philanthropic resource mobilization by Indian diaspora communities to their homeland, it becomes evident that various intermediaries play a crucial role in facilitating the flow of resources and support to different causes and communities. These intermediaries can be categorized based on their nature and scope. First, informal networks, such as family, friends, clans, kinship, and relatives, serve as important intermediaries. Second, formal networks, including faith-based organizations, Indian indigenous organizations, ethnic associations, and worldwide organizations, also play a significant role (Kapur et al., 2004). Donations from the diaspora via the informal network are hard to evaluate or quantify, but it is clear that they are pretty extensive (Viswanath, 2003; Anandharajakumar, 1995). The Indian diaspora and various organizations have been actively sending back their earnings and resources to support local religious, education, health, and other social service projects in India. Additionally, they intend to accelerate social and economic change in India by connecting communities and resources across the world. This concerted effort by the Indian diaspora and organizations aims to contribute towards developing and uplifting their home country (Mishra, 2016; Sidel, 2003).

When examining philanthropic organizations supported by the Indian diaspora, it is evident that many share common characteristics, often affiliated with a religion, caste, region, ethnicity, or other labels. These organizations can vary in size and formality, ranging from small, informal groups to large, high-profile ones (Levitt, 2008; Kurien, 2006; Shani, 2005; Biswas, 2004; Anand, 2004). Despite their religious affiliations, many of these diaspora organizations also engage in community-based development activities, such as the construction of schools, community amenities, and other social welfare schemes, alongside their fundraising efforts for religious activities (Agarwala, 2015).

In the Kerala context, colonialism's plantation economy introduced ideas of migration as a virtuous form of social mobility and modernity. This trend of international migration from Kerala became more prominent with the rise of petroleum extraction in the Middle East and the increasing reliance of oil companies on Indian workers (Seccombe & Lawless, 1986). Over the past four decades, Kerala has emerged as one of the most significant source regions for temporary Indian workers migrating to the Gulf Cooperation Council countries (Khadria, 2008). However, Gulf migration is distinct from other forms of migration, characterized by circularity and temporariness. Unlike permanent settlers, Gulf migrants are contract laborers who must return to their home countries once their contracts expire (Zachariah et al., 2002). As a result, it is common for individuals who have migrated from Kerala to the Gulf to return to their homeland after their contracts end and then return to the Gulf in search of new job opportunities. This phenomenon has led Osella and Osella (2008) to portray Gulf countries as part of Kerala rather than separate entities. Social and economic developments in Kerala have flourished in the wake of the outflow of gulf migrants and the inflow of remittances, particularly in the backward regions of the state. This phenomenon has contributed to poverty reduction, a decline in the unemployment rate, and improvements in healthcare, education, and demographic indicators (Zachariah et al., 1999, 2004; Prakash, 1998; Babu, 2005). As a result, Kerala has also witnessed a significant increase in its population's quality of life and human development index. According to the Kerala Migration Report 2018, there are currently 2.1 million emigrants from Kerala across the world, with the Gulf region accounting for 89.2 percent of the total migration. The remaining 10 percent of emigrants work in the USA, UK, Canada, and Australia. The number of remittances sent by migrants to Kerala, as reported by the survey, was 85,000 crores of rupees in 2018 (Rajan & Zachariah, 2018).

Theoretical Perspective of Migration and Development

The debate on the impact of migration on development has been polarized between optimistic and pessimistic views aftermath of World War II and the independence of many countries in the global south. The optimistic view posited that the flow of remittances, the return of skilled and experienced migrants to their home countries, and the transfer of knowledge and skills would help developing countries advance in various developmental areas (Kindleberger, 1965; Penninx, 1982). Conversely, the pessimistic view argued that migration reinforced sending countries' underdevelopment by increasing remittance dependency, disrupting the traditional economy, and draining human capital (Lewis, 1986; Lipton, 1980; Rhoades, 1979).

Amidst these two polarized perspectives, a pluralistic approach emerged after the 1980s and gained prominence in the 1990s. This approach recognized the positive and negative aspects of migration and placed emphasis on the household as a key factor in decision-making (Stark & Levhari, 1982; De Haas, 2007). The pluralistic approach sought to reconcile the contrasting views on migration and development by acknowledging that both positive and negative impacts can coexist. It recognized that while remittances can contribute to economic growth and poverty reduction in receiving countries, they may also create dependency and discourage investment in productive activities in sending countries. Similarly, while the return of skilled migrants can foster knowledge and technology transfer, it may also lead to brain drain and the loss of skilled labor in sending countries.

Apart from these approaches, while looking into migration and development, the proponents of the new economics of labor migration and livelihood approaches argue that migration plays a key role in providing a potential source of investment capital in most developing countries where the imperfect market system prevails (Stark, 1978; Stark & Levhari, 1982; Taylor, 1999). Furthermore, Taylor and Wyatt (1996) argue that, in the sending community, migration and remittances benefit not only the households that receive them but also the households that do not have expatriates. Moreover, migration and remittances help to change and survive the market system which existed only for the rich in developing countries. Therefore, this study takes an enthusiastic approach to migration, recognizing that it has the potential to improve rather than impoverish a country or region (Bhagat, 2020). These insights provide a strong foundation for understanding the complex relationship between migration and development. As it is understood, migration can directly or indirectly stimulate the social and economic aspects of the migrants' places of origin.

Diaspora Philanthropy and Development

Discussion of how diaspora philanthropy can be leveraged to promote development in countries of origin is critical in an era of globalization. Diaspora philanthropy has become more formalized in many countries due to globalization and advanced technology, and it has been considered a 'new mantra' for development. Despite being neglected in the past, the intervention of transnational communities and migrant communities in their origin countries has significantly improved public services and infrastructure (Bakewell, 2008; Miller, 2012; Pritchett, 2003). Therefore, this section discusses how the immigrant community is involved in philanthropy that benefits the diaspora's home country community and society.

Many studies have shown that migrants fund and support towards organizations that engage in a variety of activities related to education, health, social security and welfare, and other community developmental projects in their home countries (Goldring, 2004). For instance, migrant communities from Burkina Faso helped to build schools, provide health centers, and construct all-season roads (Beauchemin & Schoumaker, 2009), while in Mexico, there is a positive correlation between access to water services and the incidence of emigration across localities (Adida & Girod, 2011). In the case of philanthropy, migrants can provide financial support through various means, such as giving direct assistance to beneficiaries or contributing resources to community groups, organizations, and migrant associations that engage in various developmental activities in their home countries (Aysa-Lastra, 2007; Sorensen, 2005).

In conclusion, migrants play a crucial role in developing their native countries through remittances and philanthropy. Their financial contributions to their families and communities, as well as their support for developmental activities, can positively impact the economic and social development of their home countries. Overall, the literature review suggests that diaspora communities can have a vital role in improving the living standards of backward people in their regions. The role of diaspora philanthropy in supporting public needs and developmental activities should be recognized and leveraged for sustainable development. In this context, the study's objective is to examine the philanthropic activities of diaspora-funded organizations working in the health sector and to try to understand the contribution of their actions in the health sector of Kerala. A conceptual framework has been developed and summarized in Fig. 1.

Data Source and Methodology

The present study was conducted in Malappuram district of Kerala, India, through in-depth interviews with selected representatives from organizations. The organizations for

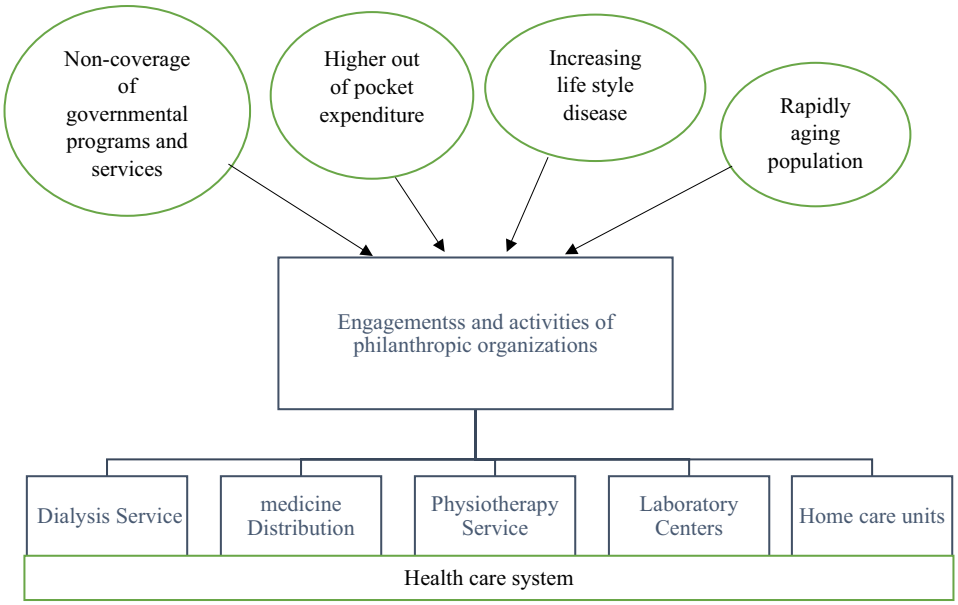

Fig. 1 Conceptual framework of the study

the study were chosen based on criteria such as (A) philanthropic engagement in the health sector and (B) funding/support from migrants. Information about these organizations was obtained from various channels, including volunteers working with charitable organizations, philanthropists, and websites of charitable organizations. Nineteen organizations were selected for the study (Table 1) to gain a detailed understanding of their activities in the health sector, collection of financial resources from the diaspora, and distribution to the beneficiaries. Once the selection process was completed, the researcher initially contacted the philanthropic organizations by phone to request an appointment for a face-to-face, in-depth interview with their representatives. Subsequently, the researcher visited the organizations' offices and interviewed the representatives. These interviews aimed to gather comprehensive information about the organizations' activities, funding mechanisms, and beneficiary outreach. Efforts were made to ensure the reliability of the findings. The organizations' activities were cross-verified through their press releases, social media posts, brochures, posters, and other relevant materials. The researcher also participated in some philanthropic activities organized by these organizations and visited their activity locations to gain firsthand insights. Additionally, the researcher engaged in direct conversations with some beneficiaries to gather information about the organizations' engagement and impact.

Among the selected organizations for the study, there were three different types of organizations (Fig. 2). The first category was a charitable trust sponsored and funded by the migrant family. The second type was migrant associations, which are groups of diaspora organized to raise funds and financial support for health and other charitable activities in their native place. The third category was philanthropic organizations in Kerala supported and funded by migrants. Although the third category of organizations was not founded or started by migrant communities, they did get funding and donations from migrants for charitable endeavors.

The method used in this study for the analysis of 19 in-depth interviews with officials of charitable organizations is the content analysis approach. This approach is a technique for systematically and objectively identifying unique properties of messages or contents (Holsti, 1968). Specifically, the method helps identify specific words, themes, or concepts in the qualitative data (Columbia Population Health Methods, 2022). To implement the categorical content analysis approach in the study, the researchers utilized NVivo 12 software to categorize and code the transcriptions according to the activities offered by the philanthropic organizations. This process involved identifying and extracting words and themes that represented the activities of the organizations from the transcriptions. The software facilitated the organization and analysis of the data, allowing for systematic identification and categorization of the activities. The results of the analysis revealed that the philanthropic organizations in the study were mainly involved in five categories of services: dialysis units, physiotherapy centers, laboratory centers, medicine distribution and pharmacy units, and home care units. These categories were derived from the coded data in NVivo obtained through the categorical content analysis approach.

Table 1 List of organization

Si no	Name of organization	Area	Activities
1	Vazhakkad Association of Qatar	Health	Dialysis, pharmacy, medical campaign
2	Manjeri dialysis and medical health Centre	Health	Dialysis, pharmacy, laboratory, ambulance, volunteer service, food distribution for patients
3	Kondotty SHT Dialysis Centre	Health	Dialysis, mobile lab, medicine, laboratory
4	Perinthalmanna CH Health charity Centre	Health	Ambulance, help desk, blood bank, volunteer, food distribution for patients
5	SH Dialysis and Health Centre Malappuram	Health	Dialysis, pharmacy, laboratory, ambulance, volunteer service, food distribution for patients
6	CH Centre medical college	Health	Dialysis, pharmacy, laboratory, ambulance, volunteer service, food distribution for patients
7	Patheeksha Home care Mooniyur	Health	Home care, medicine distribution, food distribution, medical equipment
8	Home Care Kunnumpuram	Health	Home care, medical equipment
9	Sparsham Home Pokkottur	Health	Home care, medical equipment
10	Alivu health and physio therapy charity Centre Vengara	Health	Dialysis, pharmacy, ambulance, physiotherapy, financial support for cancer patient
11	Shihab Thangal dialysis center Valanchery	Health	Dialysis
12	SMART Centre Padinjattumuri	Health	Dialysis, home care, ambulance, physiotherapy center
13	Ozhukur CH Centre	Health, education, community development, social welfare	Clinic, ambulance, pharmacy, scholarship, career guidance, women vocational and educational empowerment program, home care, relief packages
14	Thanal Kalpakanchery	Education, Health, rehabilitation, social welfare	Physiotherapy, medicine distribution, pension scheme, loan scheme with zero interest, scholarship, housing project, food distribution, financial support for patients' families
15	Yambu migrants' association	Education, Health, rehabilitation, social welfare	Financial support for educational project, health center, housing project, and social welfare pension scheme and insurance scheme
16	Jedha migrants' association	Education, Health, rehabilitation, social welfare, relief packages	Financial support for educational project, health center, housing project, and social welfare pension scheme and insurance scheme, publication of books, legal support for migrant abroad, food and kit distribution
17	Makkah migrants' association	Education, Health, rehabilitation, social welfare, relief packages	Financial support for educational project, health centers, housing project, and social welfare pension scheme and insurance scheme, publication of books, legal support for migrant abroad, food and kit distribution
18	Dubai migrants' association	Education, Health, rehabilitation, social welfare, relief packages	Financial support for educational project, health centers, housing project, and social welfare pension scheme and insurance scheme, publication of books, legal support for migrant abroad, food and kit distribution
19	Riyadh Migrants' association	Education, Health, rehabilitation, social welfare, relief packages	Legal support, housing project, financial aid for health center, fund for educational project

15-19; Migrants' associations affiliated with Kerala Muslim Cultural Center

Results

Activities of Philanthropic Organizations in the Health Sector

The results of this study shed light on philanthropic endeavors in the health field, identifying nineteen organizations involved in various charitable activities. Among these, twelve organizations were solely active in the health sector, while seven were engaged in health and other philanthropic sectors. As previously noted (Table 1), all these organizations provided a wide range of services in the health sector. Consequently, we were able to pinpoint each organization's main activities, which are portrayed in diagram figures generated using Nvivo software. The main activities of organizations are illustrated in diagram figures showcasing dialysis centers in Fig. 3, medicine distribution and pharmacies in Fig. 4, laboratory facilities in Fig. 5, physiotherapy centers in Fig. 6, and clinics and home care services in Fig. 7. In addition, some of these organizations also provide health volunteer services, blood donation, ambulance service, food distribution in hospitals, and financial assistance for treatments. The findings highlight these philanthropic organizations' diverse areas of engagement within the health sector.

The study examined eight philanthropic organizations dedicated to providing free dialysis services to approximately 400 patients daily (Fig. 3). These organizations exclusively focused on serving underprivileged and economically disadvantaged patients, as there is an abundance of kidney failure patients in need and a lack of government-funded dialysis centers. Additionally, private hospitals often charge exorbitant fees for dialysis treatment; as a result, patients often struggle to find the resources to afford their medicines, leading to heavy economic debt, and financial burdens.

Among the organizations that provide dialysis services and medicine is the Vazhakkad Association of Qatar (VAQ), established by migrants working in Qatar from the village Panchayat Vazhakkad in Malappuram, Kerala. They started a dialysis Centre in 2015, providing free treatment for 33 patients per day who are from the Vazhakkad village panchayat and its surrounding areas. The organization was motivated to start a dialysis center in a Panchayat village due to the abundance of patients and the high cost of dialysis. It has now become a role model for others. This center incurs a monthly expense of ₹1,500,000 ($18,374) for treating kidney patients. The funding for running this center comes mainly from members working in Qatar from Vazhakkad village, who contribute a fixed amount from their earnings (15 Qatar Riyal, equivalent to $5) per month, as well as through a sponsorship program for dialysis treatment, where migrants and natives sponsor ₹1000 ($12) for one dialysis. Additionally, the organizers conduct a special bucket collection from natives every year in November (15–20) and receive donations from households in the village.

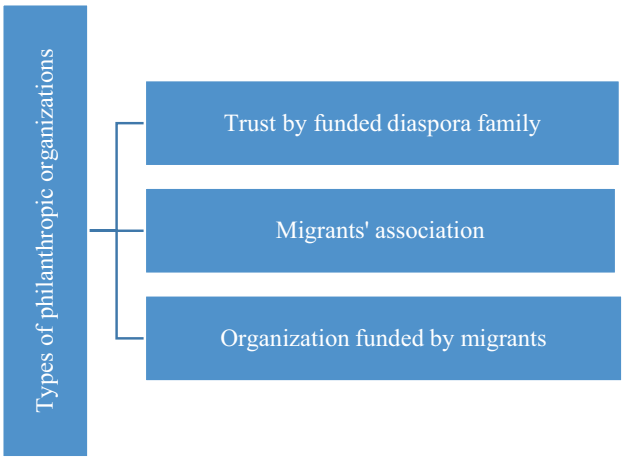

Fig. 2 Types of philanthropic organizations

Furthermore, VAQ has also introduced a medical pharmacy (Fig. 4) that provides subsidized medicine for patients struggling with chronic and prolonged diseases. Patients can purchase drugs from the VAQ pharmacy at a discounted price ranging from ₹300–500 ($4–$6) with a 10–60% discount. The primary beneficiaries of the pharmacy are poor people with chronic diseases, and approximately 30–50 people benefit from this service daily. The income generated through the pharmacy is utilized as the running cost for the pharmacy, including rent for the room and salary for the staff. Overall, the VAQ's initiatives to provide free dialysis treatment and subsidized medicines through their pharmacy have positively impacted the community. Their funding strategies involving contributions from members, sponsorship programs, and other donations have effectively sustained these services for the beneficiaries in need.

The Manjeri Dialysis and Medical Health Centre (MDHC) is an organization that provides multiple health services, including dialysis, medicine distribution, laboratory services, ambulance service, volunteer service, and food distribution. It was established in 2008 to provide volunteer services and meal distribution to patients visiting the Manjeri Government General Hospital. In 2011, the committee decided to expand its activities, resulting in the inauguration of a new medical complex in 2017. This complex, located near the Manjeri Government Hospital, comprises five floors and offers dialysis, pharmacy, laboratory, and ambulance services. The funding of ₹40,000,000 ($501,669) for the construction of the complex was fully sponsored by migrants' associations from Jeddah and Dubai, and the equipment, such as dialysis and laboratory machines, was provided by migrants' associations from Qatar and individual sponsorships from the diaspora community. Currently, MDHC has 12 dialysis machines that treat 36

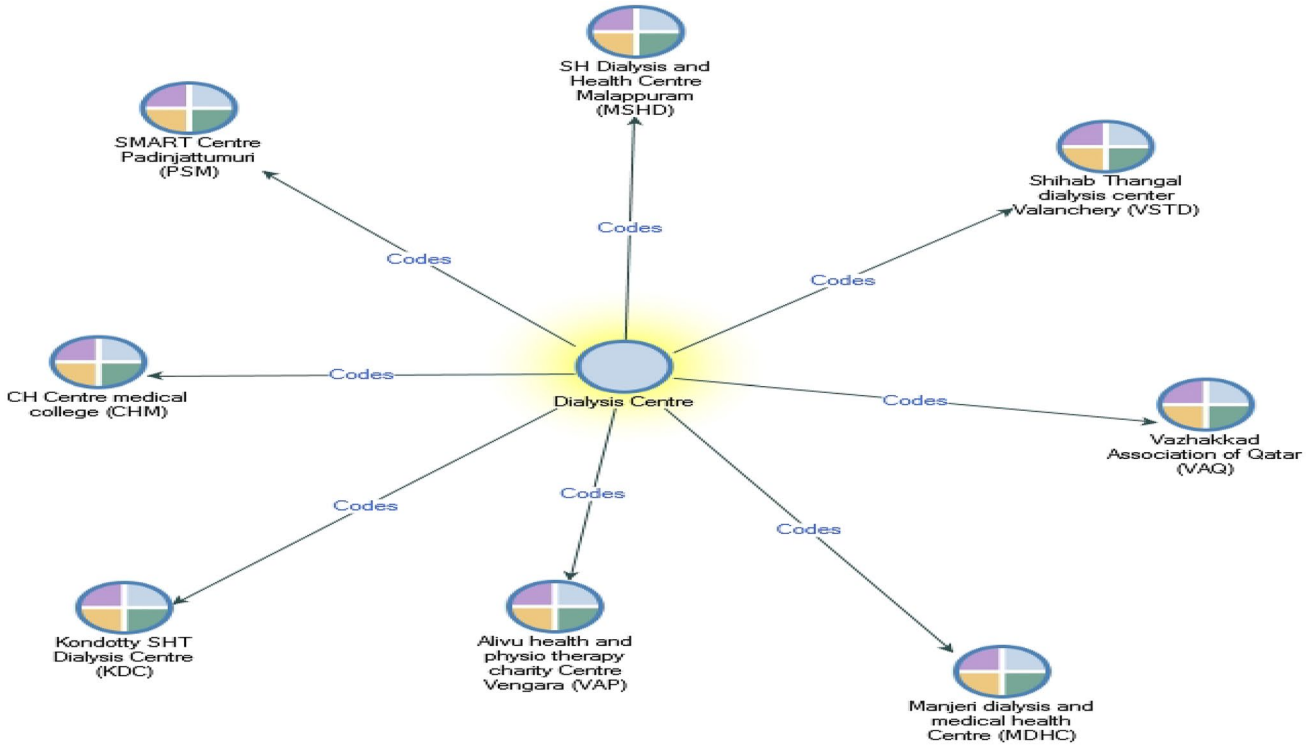

Fig. 3 Organizations running dialysis centers

patients in three daily shifts, each lasting at least four hours and requiring 125 L of purified water and additional power consumption.

Furthermore, this service is located near the government hospital, which has only four dialysis machines. However, people prefer to avail of slots for treatment from this institute due to its cost-free nature and efficient service. The institute not only offers the benefit of being free of charge but also provides reliable and effective care.

In addition to providing dialysis facilities, the center also operates a pharmacy shop offering discounted medicines, ranging from 10 to 60% lower than the retail market and private pharmacies. Around 50–60 patients could get drugs at subsidized prices daily. Moreover, many patients who receive treatment at the government hospital require various laboratory checkups, which may not be available at the government hospital. In such cases, they have to spend money and rely on private labs for their health checkups. However, the Manjeri Centre provides laboratory facilities (Fig. 5) that offer a wide range of tests at low costs.

Furthermore, the organization also provides food for 300–500 patients admitted to the Manjeri government hospital daily, along with free interstate and intrastate transportation ambulance services. According to the Centre's report, they have distributed 37 lakhs (3.7 million) food packets in the last 16 years. Additionally, they have subsidized ₹6,000,000 ($75,250) for medicine distribution and ₹3,818,695 ($47,893) for laboratory checkups. The expenses for running dialysis are estimated at around ₹1,500,000 ($18,812) per month, totalling approximately 1.5 crore rupees ($188,126) annually. All these expenses are raised through donations from generous individuals, particularly with support from migrants' committees from Qatar, Saudi Arabia, Oman, and Kuwait.

Overall, the Manjeri Dialysis and Medical Health Centre provides dialysis services and discounted medicines, affordable laboratory facilities, food distribution, and ambulance services. These services are made possible through the support of donations from compassionate individuals and migrants' committees, demonstrating the organization's commitment to serving the community and improving access to healthcare services.

Kondotty SHT Dialysis Centre (KDC) is run by the Shihab Thangal Trust, under the leadership of convener Jabbar Haji. The center primarily caters to kidney patients from Kondotty Municipality and 19 nearby village Panchayats. Currently, the center provides free dialysis for 120 patients per day, with a total of 230 patients admitted for treatment. In addition to dialysis, the center also offers medicine and lab facilities for kidney patients, including a mobile lab that provides free renal functioning tests for all. So far, the lab has tested over 6000 samples across Kerala. Since its establishment in 2016, the diaspora community has played a significant role in supporting and funding the center. For

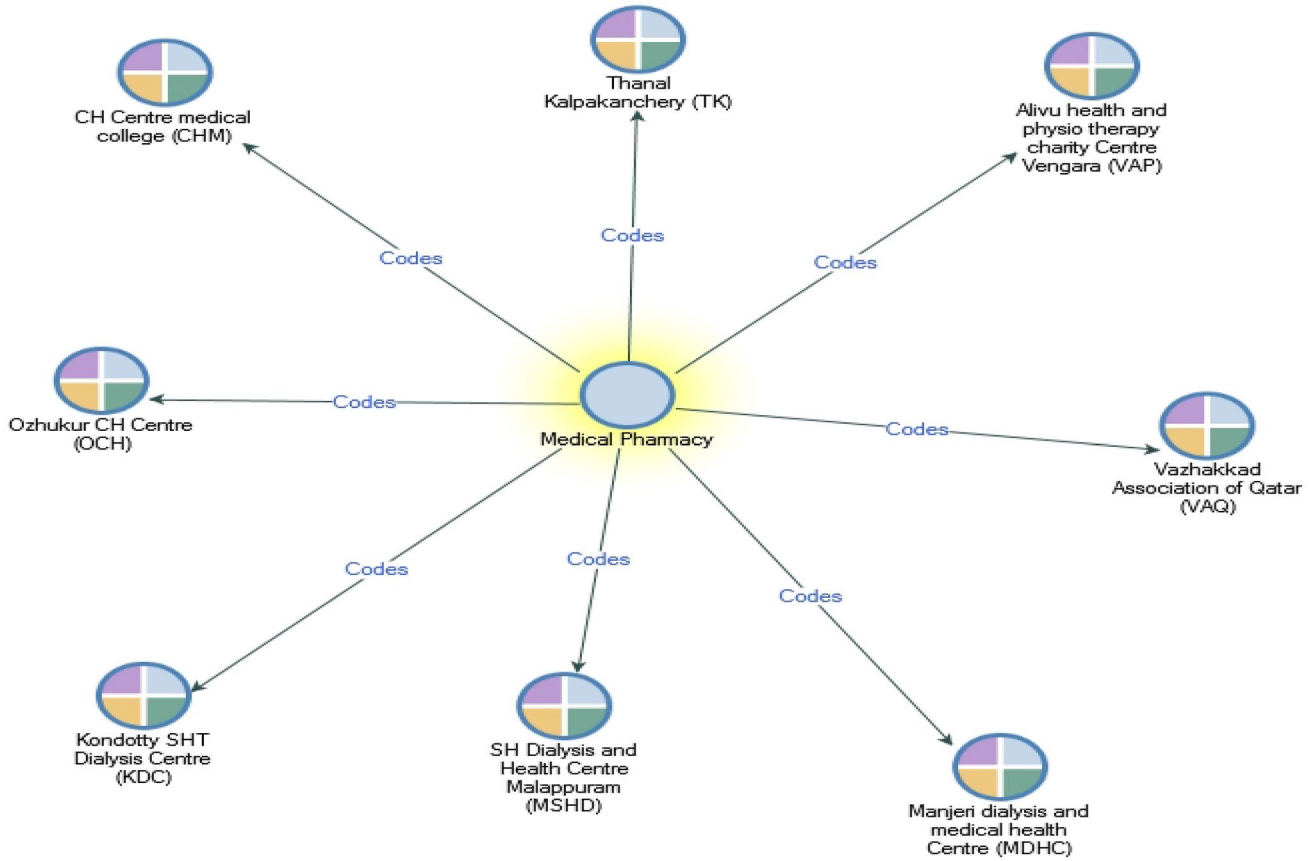

Fig. 4 Organizations with medical pharmacy

example, the building was sponsored by the Al Nahdi family group from Saudi Arabia, and the machinery for dialysis and the mobile lab were also offered by the diaspora community. The overall monthly expense for the center is 3,100,000 ($38,879), which is accumulated through fundraising during the holy month of Ramadan from the natives, particularly from the 19 village Panchayats, as well as through 15 migrants' committees from Kondotty area working in different Gulf countries. These committees are the backbone of the center, and their support and funding help to run the dialysis services smoothly. It is noteworthy that this center is the only dialysis unit in the Kondotty constituency that provides free dialysis for kidney patients. There are no government facilities that offer treatment for patients in the area. This makes the center a crucial resource for individuals in need of dialysis services.

Among the organizations interviewed, SH Dialysis and Health Centre Malappuram (MSHD) stands out as a provider of essential health services. The health center offers dialysis services to 45 patients, distributes food to patients admitted in the government Block hospital, provides low-cost laboratory and pharmacy facilities, and offers free ambulance service in Malappuram municipality and constituency. However, the center requires a minimum of ₹1,500,000 ($18,812) in monthly funding to sustain these services. The center accumulates resources from the diaspora community from Malappuram municipality working in Dubai and chapter committees formed in Qatar, Saudi Arabia, and UAE to ensure smooth functioning. The organizers of MSHD also collect and receive donations from natives during special collection days in the holy month of Ramadan; this exemplifies the community support and involvement in maintaining the health center's operations, which serves as a lifeline for patients in need of critical health services. The establishment of the dialysis center by MSHD was in response to the increasing number of kidney patients in Malappuram area and the absence of treatment facilities in their local government block hospital. By recognizing the gap in healthcare provision and taking proactive steps to fill it, MSHD has played a crucial role in catering to the healthcare needs of patients suffering from kidney ailments and other chronic diseases. This service underscores the importance of community-driven efforts to address healthcare challenges and provide essential services where they are lacking.

Another dialysis we studied was Shihab Thangal dialysis center Valanchery at Nizar Hospital in Valanchery

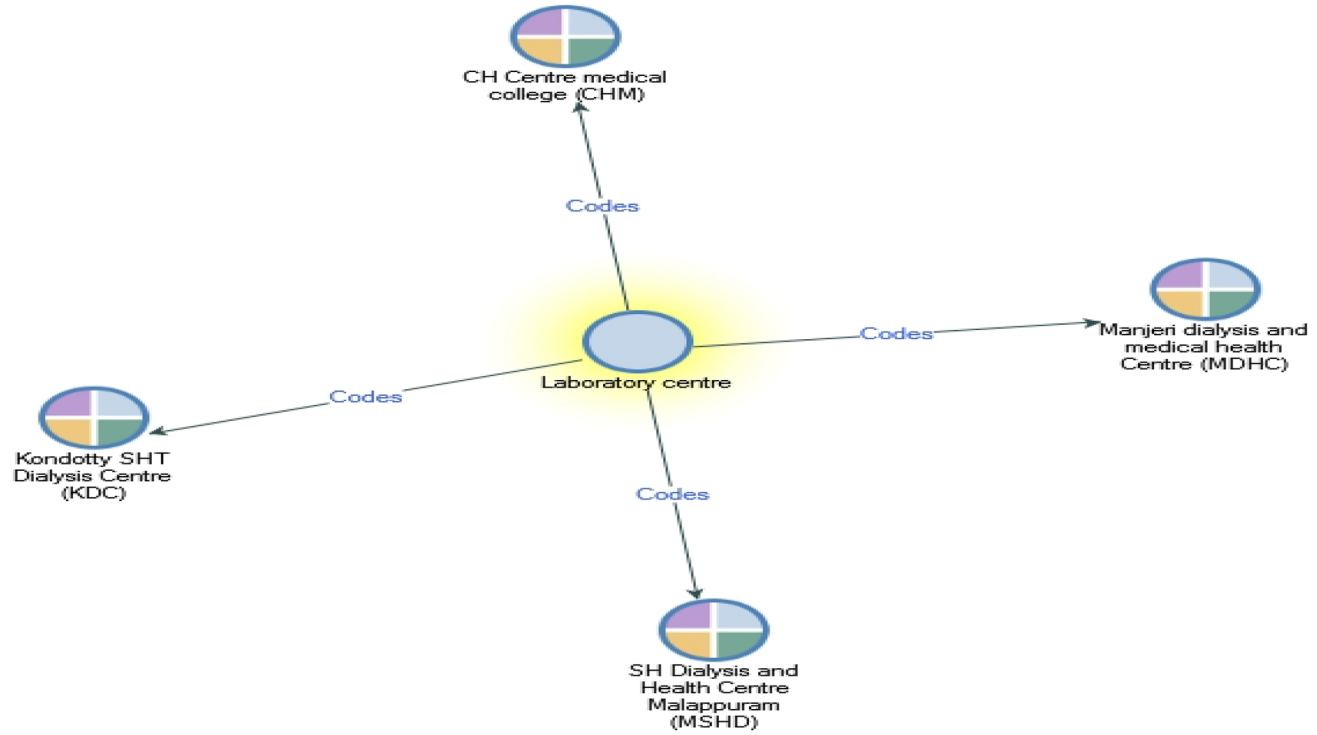

Fig. 5 Organizations with laboratory facilities

Municipality, under the Shihab Thangal Charitable Trust. This center provides dialysis treatment for 48 patients from Valanchery and surrounding areas in Malappuram district, as well as from the neighboring villages and towns of Palakkad district. Since its inception in 2018 with 11 dialysis machines, the primary beneficiaries of this center are destitute individuals suffering from kidney problems. The dialysis unit operation costs ₹4,000,000 ($50,166) per year, and the major sponsors for the treatment and infrastructure are migrant groups from Valanchery municipality and Kottakkal constituency who are working in Gulf countries, including associations from Fujairah, Dhamam, Oman, Riyadh, and Abu Dhabi. These diaspora communities contribute most of the costs associated with operating the dialysis center. Currently, plans are underway to expand the facilities and machinery at the center, with sponsorship from various expatriate organizations and individuals. The aim is to enhance the center's services further and reach the growing

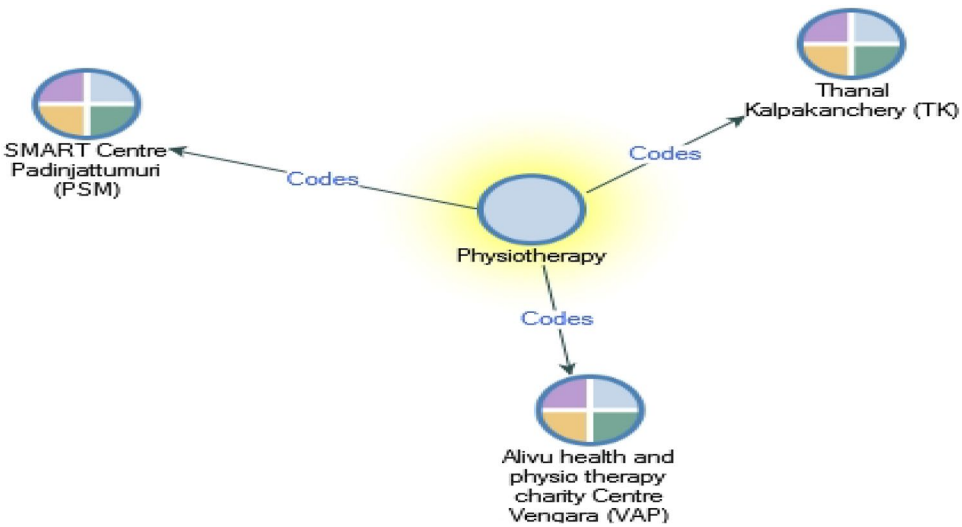

Fig. 6 Organizations with physiotherapy center

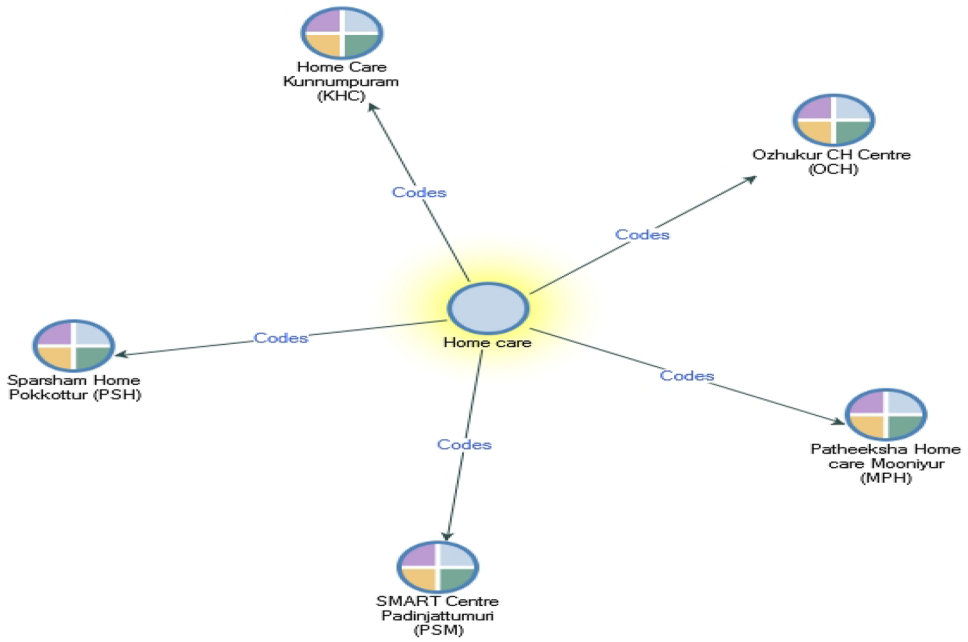

Fig. 7 Organizations provide home care service

demand for dialysis treatment in the region. Overall, the establishment of the dialysis center has been a significant development in addressing the healthcare needs of the local population, particularly the underprivileged individuals suffering from kidney problems. The support from migrant groups and diaspora communities has been instrumental in making this initiative a success.

The diaspora has funded and sponsored Alivu Health and Physiotherapy Charity Centre Vengara (VAP), providing social welfare services in Vengara for the past nine years. Alivu is engaged in various philanthropic activities, including a dialysis center in collaboration with Abeer Medical Group in Saudi Arabia, Alivu medical care for subsidized and free drug distribution, *Karunamritham* project for cancer patients, and free ambulance service in collaboration with Jeddah Migrants Chapter Committee. Alivu operates a multi-speciality physiotherapy center (Fig. 6) in full cooperation with the Riyadh Chapter Committee.

The dialysis center caters to around 50 patients, and the staff handles all patient affairs with good service. Also, a library is available for patients. Alivu Medical Care provides free medicines to about 600 impoverished patients every month. Moreover, the physiotherapy center treats more than 30 patients daily. The working capital for Alivu's relief and charity fund is generated through various means, including an annual campaign during the month of Ramadan in collaboration with the Vengara Constituency Youth League Committee, donations from diaspora chapter committees, and sponsorship from Alungal Muhammed, the chairman of Al Abeer Medical Group in Saudi Arabia. In short, Alivu Health and Physiotherapy Charity Centre Vengara (VAP) has been instrumental in addressing the critical health needs of the community in Vengara. The support provided by Alivu, in collaboration with various diaspora committees and sponsors, has helped bridge the healthcare disparities faced by impoverished patients and has made a meaningful impact on their lives. The continued dedication of Alivu to providing essential healthcare services highlights the importance of such initiatives in addressing the healthcare needs of vulnerable populations and fostering community well-being.

The pioneer of health charity in Kerala, CH Center medical college (CHM), established in connection with the government Medical College, has completed 21 years in the field of health services. CH Center, started by Syed Muhammadali Shihab Thangal on September 6, 2001, has assisted tens of thousands of patients, irrespective of caste, religion, and politics. This center has become a boon to the needy patients who come to the government Medical College seeking expert treatment from different parts of Malabar, including Malappuram, Kozhikode, Kannur, and Kasaragod districts. The services provided by the center include food distribution for patients, medical aid, volunteering, blood donation, mortuary care, ambulance service, free dialysis, medicine distribution, laboratory service, assistance to COVID-19 patients and isolation wards, and accommodation facilities for those coming from far away.

The dialysis center operates in its building, equipped with 16 machines and staffed by expert personnel. A total of 39 dialysis sessions are conducted daily in 3 shifts. The annual expenditure on dialysis alone amounts to approximately ₹5,700,000 ($70,086). In addition to the dialysis services, the Centre also houses the Shihab Thangal Diagnostic Center, which offers CT Scan, Ultra Scan, Color Doppler, and ECG services at affordable rates. Furthermore, the

Centre provides free medicines to 50,000 patients annually, with an estimated value of over ₹1,500,000 ($18,812), without needing a special application form. To further support patients, the Centre also operates a Medical Pharmacy, established with the assistance of the Dubai CH Centre committee, which offers medicines at discounted prices ranging from 10 to 40%.

Every year, CH Center provides services worth millions of rupees, with its source of income relying on donations from the public. The operating fund required for the CH Center for a year is collected through various means, including bucket collections conducted by branch workers from houses, shops, roads, and mosques on the second Friday of Ramadan as part of the CH Center Day celebrations. Revenue from the local community is primarily generated through subscription receipts, box collections, and donations. However, the primary source of income for the Centre is the monthly subscriptions and donations from overseas CH Center Committees and KMCC Committees from Dubai, Jeddah, Qatar, Dammam, Riyadh, Kuwait, Bahrain, Abu Dhabi, Sharjah, and Muscat. Overall, the center's focus on various philanthropic activities in health sector underlines its proactive approach to addressing critical health needs, bridging gaps in healthcare access, and improving the well-being of vulnerable populations. Through its various services and volunteerism, its impact on the community has been significant, making it a leading pioneer of health charity in Kerala.

SMART Centre Padinjattumuri (PSM) is a voluntary organization that was founded in July 2011 in memory of Panakkad Syed Muhammadali Shihab Thangal. Since then, it has been leading in society by providing much-needed help to patients and impoverished individuals. The main activity of SMART Centre Padinjattumuri is physiotherapy clinic (Fig. 6), one of Malappuram's most prominent physio centers. The clinic is housed in a 2500 sq. feet building and is well-equipped with a therapy system and services provided by five doctors and their assistants. The center aims to help patients overcome stroke, paralysis, and cardiac arrest and return to a healthy life. The primary beneficiaries of this service are people from Malappuram municipality, Koottilangadadi and Mankada village panchayats, and neighboring localities. Approximately 50–60 patients come to the clinic for free daily treatment, and 99% are poor.

The treatment is available to all patients for a nominal charge of ₹100. However, for those unable to afford the payments, there is no need to provide any certificate. They must self-declare that they cannot pay for the therapy and will receive free treatment. Furthermore, the center has recently established a dialysis center that treats 11 patients. This new addition to the center's services is aimed at catering to the needs of patients requiring dialysis treatment. The dialysis center has been equipped with state-of-the-art facilities and staffed with trained and experienced healthcare professionals to ensure the highest quality of care. This new venture is expected to enhance the center's ability to meet the community's healthcare needs and further contribute to its mission of providing accessible and high-quality healthcare services.

In addition to the activities mentioned above, SMART offers a wide range of other services to cater to the community's needs, including ambulance service, home care, counselling center, medical equipment and medical kits distribution, food distribution for patients' families, and study materials for needy students. These various services reflect SMART's comprehensive approach to healthcare, addressing not only the physical health of patients but also their social, emotional, and educational needs. By providing such a wide array of services, SMART aims to support the well-being of the community it serves holistically. The funds required to keep the activities of SMART Center are primarily collected from the diaspora community of *Padichattumuri* Panchayat, who are working in Gulf countries. Additionally, fundraising initiatives such as the *Biryani* challenge and the 1000 rupees' challenge are organized to raise funds for the operational expenses of the Center. These challenge programs are creative ways to engage the community and generate financial support for the center's functioning. Through these fundraising efforts, SMART Center is able to harness the collective support of the diaspora community and other donors to fulfil its mission of improving the health and well-being of the community it serves.

Under the Anapparakkal Charitable Family Trust, Thanal Kalpakanchery (TK) offers a wide range of services in the health sector and welfare programs at the community level. One of their notable initiatives is a physiotherapy center that provides free treatment and consultancy to patients. Every day, around 20–30 people visit the center for treatment. In addition, they also distribute free medicines to poor patients in the Kalpakanchery area and offer financial assistance to selected hundred families in Malappuram district. This assistance is mainly aimed at families where the breadwinner has become diseased or is a chronic patient.

Furthermore, Thanal Kalpakanchery also engages in distributing food supplies and kits costing a minimum of ₹1000 ($12) to 2500 families in various localities such as Nilambur, Palakkad, and Kozhikode districts. They also provide a unique gold loan facility without interest in Kalpakanchery Panchayat, which currently benefits 150 people. Over the years, Thanal has also constructed 65 houses for deserving and underprivileged individuals in different areas of Kerala.

Perinthalmanna CH Health Charity Centre (PCH) is another initiative that supports the patients seeking treatment at Perinthalmanna District Hospital by providing them with the necessary assistance. The center delivers medicines and food to needy patients, arranges accommodation facilities for patients and their dependents from remote areas and

takes care of cremation arrangements for unknown bodies in Perinthalmanna city. Furthermore, the health center offers additional facilities such as a help desk, ambulance service, a blood bank, and a formidable volunteer force to deliver good service. The primary beneficiaries of the help desk, food distribution, and volunteer services are patients admitted to district hospitals from remote villages in Palakkad and Malappuram. The blood bank is beneficial for pregnant women who are admitted for institutional delivery. The support from migrants' committees, such as Riyadh Kmcc Perinthalmanna, Riyadh Malappuram District Kmcc Committee, Fujairah Malappuram District Committee, Bahrain Central Committee, Raghib, and Kunfuda Central Committees, is instrumental in the success of the center.

While researching organizations that primarily run home care units and clinics (Fig. 7), Sparsham Home care Pokkottur (PSH) stood out as a notable example in the health sector. PSH is dedicated to providing home care services for bedridden patients in Pookkottur village Panchayat. Currently, they provide a total of 284 patients. The organization has a well-structured team consisting of two nurses, a vehicle with a driver, and volunteers from each ward of the village Panchayat. The group follows a scheduled visitation plan, covering various parts of the village on designated dates. PSH's approach ensures that patients receive consistent care and support in their homes. This service mainly benefits older adults bedridden due to various illnesses, disabilities, and mental and physical health conditions. Many of these patients suffer from wounds resulting from diabetes, lifestyle diseases, bruises, and other injuries due to prolonged bed rest. They may also face challenges with urination, eating, and mental health issues resulting from being confined to a closed room for extended periods, leading to loneliness and isolation. The home care service provided by PSH includes dressing wounds and injuries with appropriate ointments, assisting patients with difficulties in urination through the use of Ryles tube and urinary catheter, providing doctor consultations and free medication, as well as ensuring regular cleaning and rinsing of patients as part of their comprehensive care. To sustain and deliver these critical services, PSH incurs a monthly expense of ₹70,000 ($860). These funds are primarily collected from Gulf chapter committees operating in Saudi Arabia, UAE, and Qatar and through community collections. The financial support from these sources enables PSH to continue their home care operations and meet the needs of the bedridden patients in the Pookkottur village Panchayat area, ensuring they receive the necessary care and assistance for their medical and emotional well-being.

Home Care Kunnumpuram (KHC) is another home health service center that has been operational since 2004. It is located near to Kunnumpuram primary health center in AR Nagar Panchayat. KHC has gained popularity for providing home care services, medical assistance, and drug delivery to the local community for several years. The organization also offers family care and life support to dependent patients. KHC provides palliative care to over 300 bedridden patients in AR Nagar Panchayat. The resources required for these activities are primarily collected from diaspora members in the UAE chapter committee and through individual donations from local natives. KHC conducts annual bucket collections from natives during the holy month of Ramadan to further support their operations and services. Through these various channels of resource mobilization, KHC is able to continue its crucial work in providing home care and palliative care to those in need in the AR Nagar Panchayat area.

Patheeksha Home Care Mooniyur (MPH) is dedicated to providing health services to bedridden individuals in the Muniyoor village Panchayat. Currently, 300 patients in this village require medical care, and MPH strives to meet their needs by providing essential medicines and medical assistance. For easy home service, the patients are grouped into ABCD categories based on the severity of their condition. Patients in Category A, who often suffer from severe wounds due to diabetes and other injuries, require daily or bi-daily visits from the medical care unit as they are unable to move without assistance. Patients in other categories are visited by health workers once a week or once a month, depending on their condition. In addition to medical care, MPH also offers doctor's consultation services for bed -patients and provides free food for destitute individuals through their Pratheeksha Care Unit. This holistic approach to home care ensures that the patients in the Muniyoor village Panchayat receive comprehensive care to address their medical needs.

Ozhukur is a sizeable area encompassing six wards within the Morayur village panchayat. Ozhukur CH Centre (OCH) is a health center that has been serving the community in Ozhukur for approximately five years, providing a range of services including health clinic, home care, a medical shop, laboratory facilities, and ambulance services. Moreover, the center is also engaged in various social empowerment activities such as educational coaching and career guidance programs, women empowerment initiatives, and relief services. The medical clinic at the OCH is open to the public every day. Approximately 40–50 patients visit the clinic daily for doctor's consultations. The Centre also offers subsidized costs for medicines from its pharmacy, and provides free medicine for patients who are poor or underprivileged. The funding for the center is primarily sourced from diaspora community groups based in Gulf countries. For instance, the Qatar chapter committee has sponsored two ambulances for the Centre, the Fujairah district KMCC committee has provided financial support for their health clinic service, the Saudi CH Centre chapter committee has sponsored the medical shop, provided land for a new building, and monthly salaries for the medical staff working at the Centre. Furthermore, the Jeddah chapter committee, Yanbu chapter committee, and Qatar KMCC

also provide annual donations to support the activities of the Centre. The collaborative efforts of various chapters and committees demonstrate a strong support system for the OCH, allowing it to fulfill its mission of delivering quality healthcare services to those in need.

Five organizations included in the study were associations of migrants working in Gulf countries and affiliated with Kerala Muslim Cultural Center. These organizations dedicate their resources to various charitable activities in their native places and also serve as funding agencies for philanthropic organizations in Kerala. For example, the Jeddah Migrants' Association (MJA) engaged in multiple philanthropic activities, such as funding health centers, supporting community rehabilitation programs, providing assistance to educational institutions, and implementing social relief and welfare programs. In the health sector, MJA helps with resource mobilization for health centers. In 2021 alone, they distributed ₹5,000,000 ($62,708) to various health centers in Kerala. Additionally, they sponsored land and building for the Manjery Dialysis Centre, which amounted to around ₹1,000,000 ($125,417).

Similarly, another migrant association that has been studied is the Makkah Migrants' Association (MMA), which has sponsored a mobile lab for renal checkups at a cost of ₹2,800,000 ($34,389) to the Kondotty SHT Dialysis Centre (KDC). And they also provide an annual donation for various charitable health organizations in Kerala. In addition to contributions towards various health centers in Kerala, they also organize social welfare programs for migrants, returning immigrants, and natives. These programs include pension plans, life insurance policies, financial assistance for cancer and kidney patients, and aid packages for the general welfare, such as food and clothing.

The Riyadh Migrants' Association (MRA), another group of Kerala migrants based in the capital city of Saudi Arabia, has a relief cell dedicated to kidney and cancer patients. They also serve as the leading funder for the Alivu Vengara Physiotherapy Center. Similarly, the Yanbu Migrants' Association (MYA) financially supports the Manjeri and Ozhukur health centers. Also, it offers welfare schemes for families of deceased migrants, with aid reaching up to ₹300,000 ($3,687).

The Dubai Migrants' Association (MDA) has played a pivotal role in establishing the CH Center medical college (CHM) near the Government Medical College, serving as its main patron. Moreover, they funded 55 free open-heart surgeries and assisted 60 heart patients with medical costs. Additionally, they offer free meals and a scanning laboratory facility to cancer patients at the Regional Cancer Centre in Thiruvananthapuram. Under the Dubai Association, a welfare cell and medical protection scheme have been implemented for migrants. As part of this scheme, the family of a deceased migrant will receive ₹500,000 ($6146) and ₹50,000 ($615) for medical aid. Furthermore, the Dubai Association sponsors free medicines worth ₹1,500,000 ($18,812) for 5000 patients admitted to the government medical college. They have also established the *Neethi* Medical Pharmacy under the CH Center, which provides medicines at subsidized rates.

In conclusion, the migrant associations, including the Jeddah Migrants' Association, Makkah Migrants' Association, Riyadh Migrants' Association, Yanbu Migrants' Association, and Dubai Migrants' Association, are playing a significant role in philanthropic activities in their native places in Kerala, India. These associations are actively engaged in supporting health centers, and providing assistance to cancer and kidney patients. They also offer welfare schemes for families of deceased migrants and sponsor medical facilities and services. Their contributions, including financial support, resource mobilization, and establishment of medical centers, have positively impacted the healthcare sector in Kerala, benefiting thousands of patients and families in need. These migrant associations exemplify the generosity and philanthropic spirit of migrant communities working in Gulf countries, showcasing their commitment to giving back to their home communities and making a difference in the lives of those in need.

Discussion

The study focused on philanthropic organizations that are actively involved in the health sector. These organizations engage in a wide range of activities, including providing home care for bedridden patients, operating dialysis centers for individuals with renal failure, establishing physiotherapy centers, running medical pharmacies, and offering other forms of medical aid such as food distribution, ambulance services, blood bank and financial support for patients in need. Moreover, some organizations also serve as funding agents for various health organizations operating in Kerala.

According to the Niti Aayog report for 2019–2020, Kerala has achieved the highest rank in the health index. However, the report also highlights the toll of lifestyle diseases like diabetes, hypertension, coronary heart attack, cancer, and geriatric problems (National Health Mission Kerala, 2020). The higher prevalence of diabetes and hypertension in the population has increased chronic kidney disease and renal failure rates. Additionally, the ageing population with chronic diseases has also led to a rise in the number of bedridden patients (Mathrubhumi, 2018). Moreover, the medical treatment and medication for these diseases are often expensive (Haveri et al., 2016; Vijayakumar et al., 2009). In this context, philanthropic organizations operating in Kerala play a vital role in providing relief and assistance to the affected individuals. Given the increasing burden of lifestyle diseases and associated care needs, organizations' services have become even more important in the health sector.

For instance, a study by Bradshaw et al. (2019) evaluated the association of medical subsidies with household financial hardships related to hemodialysis in Kerala. The study found that households with hemodialysis patients in Kerala still face financial difficulties related to treatment, despite the availability of various medical subsidies. In addition, a community-based cross-sectional study conducted by Jacob et al. (2019) found that most (63.9%) patients receive hemodialysis in private hospitals. This reliance on private clinics is due to the lack of dialysis units in government-run primary and community health hospitals, the limited number of dialysis units and long waiting periods at government facilities. Furthermore, the availability of nephrologists, free medication, and kidney transplantation is limited in government settings. The median monthly expenditure for a patient with kidney disease was around ₹25,000 ($300), including dialysis, medication, and travel costs. The study also revealed that most kidney patients cannot afford these expenses and rely on the assistance of charitable organizations to sustain themselves.

The government of Kerala has made efforts to address the challenges faced by patients with renal failure and diabetes by providing free healthcare services in recent years. However, these efforts have been impeded by limited resources. According to Malappuram district government health department, in 2021, there are ten listed dialysis centers in the district. However, on the ground, it was found that two of these centers were not operational. Among the remaining centers, only two were fully funded and run by the state government health department. The cost of dialysis varies for each center, with some centers offering free services for admitted patients who have a medical insurance card like RSBY. While, patients admitted in some other dialysis units under the government pay from ₹400 to − 900 ($5–$11) for each dialysis session. Out of the listed government dialysis institutions, six of them are operated through collective efforts of health management societies and with support from the public through donations. The RSBY insurance scheme implemented by the government has been helpful for both the patients and the health societies in managing the dialysis centers. Through this scheme, the management societies receive some amount of money which is used to provide salaries for the employees, aiding in the smooth functioning of the centers and ensuring that patients receive the necessary medical care.

In contrast, dialysis units operated by charity organizations provide free dialysis services to approximately 400 patients per day, and these units are functional every day, unlike some government-run dialysis service units. So, dialysis centers funded and supported by the diaspora are more efficient and make a significant contribution to facilitating the health system in areas where the government system is struggling. Furthermore, these philanthropic institutions help to reduce the economic burden on poor and financially struggling patients.

In this scenario, it becomes evident that dialysis centers under philanthropic institutions assist poor patients and serve as a helping hand for the government health system that lacks resources, coverage and coordination. The efficiency and effectiveness of dialysis centers operated by philanthropic organizations play a vital role in addressing the gaps in the health system, ultimately benefiting both patients and the government.

Philanthropic organizations also play a significant role in the healthcare delivery system of Kerala, especially in providing medicine for chronic disease and diabetics patients. Government institutions have a minimal supply of medicine for patients with chronic diseases and often run out of medicine that patients need, which forces patients to buy medicine from private medical pharm. However, philanthropic organizations in the health sector offer subsidized or free medicine to needy patients and provide medicine for more than 5000 patients monthly.

In our study, we also covered physiotherapy centers aimed to treat patients who overcame stroke, paralyzed, and suffered from cardiac arrest, and bring them back to life. Through these centers, more than 100 injured and paralyzed patients get good treatment free of cost. While the physio therapy service provided by the government is available only in district and medical college hospitals which are not accessible for patients from long distance. So, patients prefer either to get treatment from charity centers or from private centers which are available even in small towns but the minimum expense for a patient to get treatment from private physio therapy center is ₹400 ($5).

Another crucial activity undertaken by philanthropic organizations in Kerala is the provision of home care services for bedridden patients. This service is especially critical due to the state's large population of older adults (Census, 2011) and the prevalence of non-communicable diseases (Dilip, 2007). Despite Kerala's reputation for having premier health indicators and well-functioning primary and community health centers compared to other states, these facilities often fall short in meeting the needs of bedridden patients. In response to this gap in care, home care institutions have stepped up to provide essential medical care and support to bedridden patients in Kerala. As a result, the state has made significant progress in the field of palliative and home care services, thanks to collaborative efforts with various community groups and charitable organizations working in health sector (Kumar, 2007; Paleri & Numpeli, 2005; Sallnow & Chenganakkattil, 2005). Our study revealed that five organizations primarily run home care units in Kerala, serving over 600 bedridden patients. These services include free doctor consultations, provision of medicine and treatment for mental and physical health issues, cleaning and washing of bedridden patients, food service for needy patients, and daycare for isolated individuals. The services they provide encompass a wide range of care and

support, addressing the unique needs of bedridden patients and improving their quality of life.

Apart from these services, many philanthropic organizations also provide health-related services to people in need. For example, they offer free ambulance service to transport injured or sick people to the hospital, food distribution for patients admitted, and financial assistance for the major treatment and surgery. These services can make a big difference in the lives of poor and needy patients.

Overall, the study shows how charitable agencies act and support poor and needy patients and help the state deal with public health problems. They run dialysis centers, medical pharmacy, physiotherapy centers, home care units and other services with support from the migrants and diaspora community. Notably, these health services are found to be more efficient compared to the government system, which often struggles with issues such as inefficiency, lack of coordination and resources, and coverage. As such, it can be inferred that philanthropic organizations serve as a vital gap-filler for the deficiencies in the state's health system.

Limitations of the Study

This study was conducted in Malappuram district which has the highest number of population in Kerala. Due to various historical reasons, government systems and health facilities are lacking in North Kerala, especially in Malappuram district. If this study was conducted in a district in southern Kerala where the government health centers and systems provide better services, in that case, there may be less involvement of philanthropic organizations in the health sector. Future studies should consider these regional variations in philanthropic engagements and activities and their determinants. Because the study is conducted in a particular region of the state, the findings are not generalizable and one should be cautious while interpreting them. Further, the respondents were representatives of philanthropic organizations, and the information collected from them may be subject to social desirability biases. Finally, there can be factors that influence the activities of philanthropic organizations, such as socio-cultural norms and religious beliefs of people, which are not considered in this study and future studies are recommended in this direction.

Conclusions

Philanthropic organizations play a critical role in addressing the healthcare needs of patients in Kerala, particularly in the context of the prevalence of chronic diseases such as diabetes, hypertension, and renal failure. These organizations provide a wide range of services, including home care, dialysis centers, physiotherapy centers, medicine distribution, home care service, and financial support for patients in need. These organizations are also filling the void left by limited resources, long waiting periods, and lack of coordination in the government healthcare system.

The provision of dialysis services for patients with renal failure is a key activity of philanthropic organizations, with dialysis centers funded and supported by these organizations serving as efficient and functional alternatives to government-run units. These centers provide free dialysis to poor patients who cannot afford the expenses of this life-saving treatment, reducing the economic burden on financially struggling individuals. In addition, philanthropic organizations are also addressing the issue of limited medicine supply for patients with chronic conditions by providing subsidized or free medicines to those in need, alleviating the need for patients to purchase medicines from private medical pharmacies. The efforts of philanthropic organizations in Kerala are commendable. They are making a significant impact in improving healthcare access and outcomes for NCD patients, ultimately contributing to the overall health and well-being of the community.

In addition to dialysis and medicine provision, philanthropic organizations in Kerala also address the rehabilitation needs of patients who have experienced strokes, paralysis, or cardiac arrests, through their physiotherapy centers. These centers offer free treatment to injured and paralyzed patients, helping them in their recovery process and enabling them to regain their quality of life. This is particularly important as government-provided physiotherapy services may be limited to certain hospitals, making them inaccessible to patients from remote areas. The presence of charity-based physiotherapy centers fills this gap and provides crucial support to patients in need. Furthermore, philanthropic organizations in Kerala are making a significant impact in providing home care services for bedridden patients. These services are critical, especially considering the state’s large population of older adults and the higher prevalence of non-communicable diseases. Home care institutions supported by philanthropic organizations have filled the gap in care for bedridden patients, providing essential medical care and support.

Moreover, philanthropic organizations play an essential role in addressing the healthcare needs of poor patients in Kerala, and these organizations play a multifaceted role by providing a wide range of services. Additionally, they serve as funding agents for various health organizations in Kerala. Government efforts to provide free health services have been hampered by limited resources, coverage issues, and other challenges in the

health system, resulting in gaps in care delivery. Philanthropic organizations fill these gaps, offering free or subsidized services, reducing the economic burden on poor and financially struggling patients, and providing efficient and effective healthcare services. Their contribution is particularly evident in areas where the government system is struggling, and they play a vital role in facilitating the health system.

Acknowledgements The authors are grateful to the participants in the study. The authors are also indebted to Mr. T Muhammed (IIPS, Mumbai) for his valuable input and to the anonymous reviewers for their valuable comments and suggestions.

Author Contribution The authors Afsal K and Dr. Reshmi R.S. confirm their contribution to the paper as follows: Afsal K made a substantial contribution to the concept or design of the article, or the acquisition, analysis, or interpretation of data for the article. Dr. Reshmi R.S. drafted the article, revised it critically for important intellectual content, and approved the version to be published. All authors reviewed the results and approved the final version of the manuscript.

Availability of Data and Material The data source used for the study will share by the correspondent as per the request from publisher.

Declarations

Ethics Approval and Consent to Participate The ethical issues are very important to while collecting primary data. Before carrying out the primary survey for the present study, ethical approval was taken from the Students Research Ethics Committee (SREC) of the International Institute for Population Sciences (IIPS), Mumbai. An informed consent was taken from all the respondents prior to the interview and the respondents were informed about the purpose of the study. Before conducting the interviews, the respondents were explained about the purpose of the study, confidentiality of information and informed consents were taken to carry out the data collection. The confidentiality of all the respondents was maintained throughout the study.

Consent for Publication The Author hereby consents to publication of the Work. The Publisher shall have the exclusive and unlimited right to publish the Work wholly or in part throughout the World in all languages and all media for all applicable terms of copyright.

Conflict of Interest The authors declare no competing interests.

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