Collaboration, not Competition

Grounded in the philosophy of Swami Vivekananda, SVIRHC partners with local government machinery at every step to scale up and mainstream health services for the masses

In a school in the Tumkur district of Karnataka, a group of volunteers was conducting a survey on health issues when the teacher casually mentioned that Sujatha, a bright young student, had been forced to drop out of school due to a problem with her eyesight. Almost immediately, Sujatha's information was sent to a team from the Swami Vivekananda Integrated Rural Health Centre (SVIRHC) based in Pavagada, Karnataka. The team swung into action, located Sujatha and found that she was suffering from a developmental cataract that could be easily rectified through surgery. Unfortunately, her teacher had failed to recognise the importance of reporting disability cases to the local authorities, thereby ensuring an early diagnosis.

For SVIRHC, the incident was important as it corroborated their philosophy of collaboration – relying on local volunteers, working with community leaders and partnering with the government to empower local populations, especially in regions like Tumkur where there is only one doctor for 50,000 people.

The SVIRHC Strategy

In 1991, SVIRHC was established by Swami Japanandaji, a Brahmachari of the Ramakrishna Ashram of Mysore, who first went to Pavagada in

1986 for drought relief work. Although Pavagada is just 150 kilometres away from Bangalore—India's Silicon Valley—its socio-economic indices are far lower, and it is one of Karnataka's most backward talukas. Agriculture, the main source of livelihood of rural India, is severely impacted in this barren region. Large numbers of the population are illiterate and many belong to the Scheduled Caste or are tribal. Public hygiene is distressingly poor and this coupled with poverty has resulted in abysmal health conditions. Tuberculosis (TB) and leprosy are common as are blindness and other visual impairments. Seeing this, Swami Japanandaji, a follower of Swami Vivekananda, ended up settling in this neglected taluka and establishing SVIRHC to provide basic health care. He began by establishing an integrated health centre with the intent to control blindness and eradicate TB and leprosy.

From its very inception, SVIRHC realised that in a region with a severe paucity of doctors and health services, it is essential to engage with government machinery rather than fight it or work in a compartmentalised manner. The only way they could reach the millions who so urgently required medical attention was by forging public-private partnerships and by functioning as a bridge between the masses and the government health services.

This critical realisation remains the cornerstone of the SVIRHC strategy today. Thanks to its openness to partnering with the government, the organisation has widened its scope in terms of geography and services, covering five districts and some border areas of Andhra Pradesh.

Apart from providing out-reach services to those most affected, SVIRHC also provides basic health services, focusing on the key areas of child health, leprosy, TB and polio. A leprosy eradication programme is run in Pavagada taluka, a blindness control project and tuberculosis unit in the Pavagada and Madhugiri talukas, there is the Bangalore/Urban/Rural/Metro Technical Support Team for the government's Revised National TB Control Programme (RNTCP) and the Disability Prevention and Monitoring Rehabilitation (DPMR) programme.

Child Eye Care

In its early days, the organisation conducted periodic eye camps, which evolved into the Sri Sharada Deo Eye Hospital, a fifty-bed hospital fully equipped with the latest ophthalmic equipment. As part of its child eye care project, school-going children are screened at the hospital and surgeries are carried out where needed. There have already been more than 9,000 surgeries, all of which were performed free of cost. This hospital is the only eye care centre covering the population of nearly 800,000 in this remote rural zone.

Forging Local Partnerships

When SVIRHC began its health interventions, it found that the sub-centre, primary health centre (PHC) and community health centre (CHC) were in poor shape and had little coordination with the district health office. The entire programme was being run on the

basis of unverified delivery reports. Although government hospitals maintained thick tomes that purported to contain disability statistics collected over the last ten years, these figures did not in fact reflect the ground reality. They were purely seen as some generic information to be trotted out whenever someone in the upper echelons demanded facts and figures. Further, they found at least 600 cases of disability that had never been referred to any hospital. These people were entirely dependent on the community or on their families to fulfil all their needs.

Someone needed to analyse and understand the ground situation in all the PHCs and sub-centres, and the responsibility was taken on by SVIRHC. It stepped in to establish systems by conducting capacity-building programmes and motivating staff.

Initially, SVIRHC had to contend with negative attitudes and resistance from the staff. However, they persevered, adopting strategies like serving as the mediator between the PHCs and senior government officials, so the centres could get the needed support and assistance. Their efforts at addressing health issues were appreciated by the local PHCs and sub-centre staff. Today, a healthy relationship has been established between the two and several programmes are jointly managed.

Disability Prevention and Monitoring Rehabilitation

Owing to these early successes, the government has put SVIRHC in charge of the Disability Prevention and Monitoring Rehabilitation (DPMR) programme in five districts, where it monitors health conditions by involving local stakeholders like Auxiliary Nurses and Mid Wives (ANM), women's groups, teachers, community leaders, other civil society organisations

(CSO) and so on. Of the five districts allotted to them, SVIRHC has so far treated and performed reconstructive surgery on 162 patients with different disabilities. At present, this is the only centre in Karnataka providing reconstructive surgery for leprosy patients, which includes treatment for both 'cured' and Released From Treatment (RFT) patients. The five components of this programme are awareness, prevention, curative services, rehabilitation and education.

Empowering Local Resources

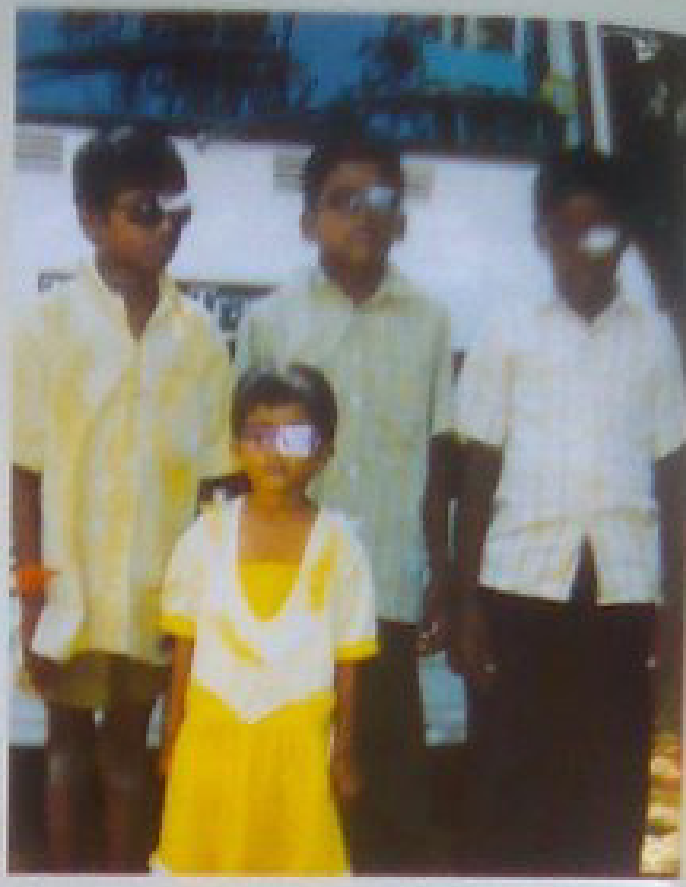
Through all such projects, SVIRHC works with local resources, empowering them to reach out to the disabled. For instance, an ANM has a reach of at least 5,000 people and therefore can be equipped with simple training techniques to identify disabilities and refer them to the appropriate authorities. All cases need not be referred to the headquarters as local doctors with necessary training are also available. Such measures optimise speedy action in a region where the nearest hospital may be fifty kilometres away. By placing a volunteer in every village, today they have 800 volunteers working on different aspects of the health programme and contributing immensely.

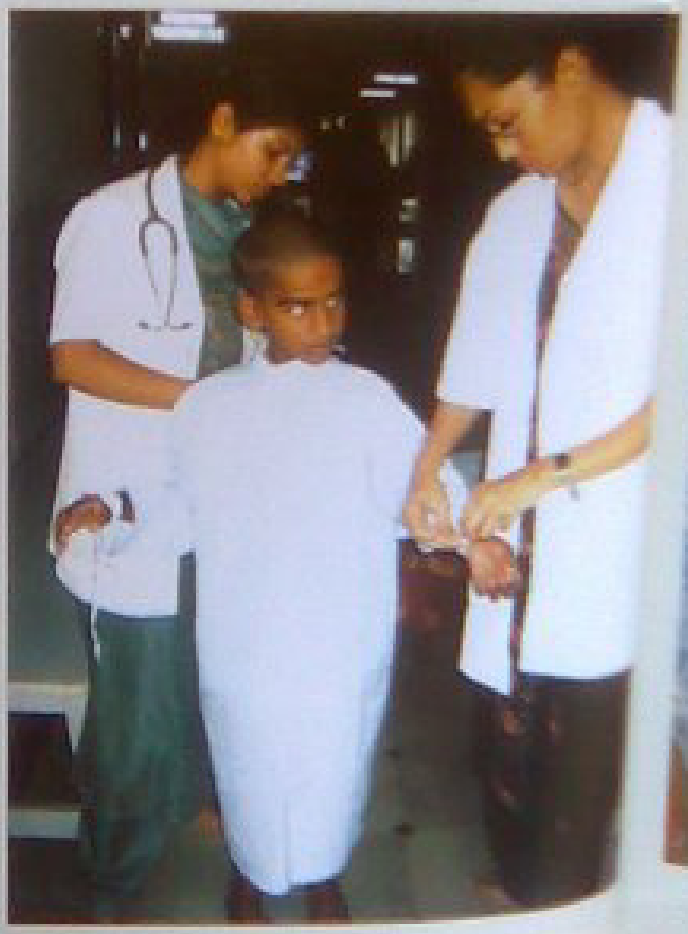
Filling Gaps

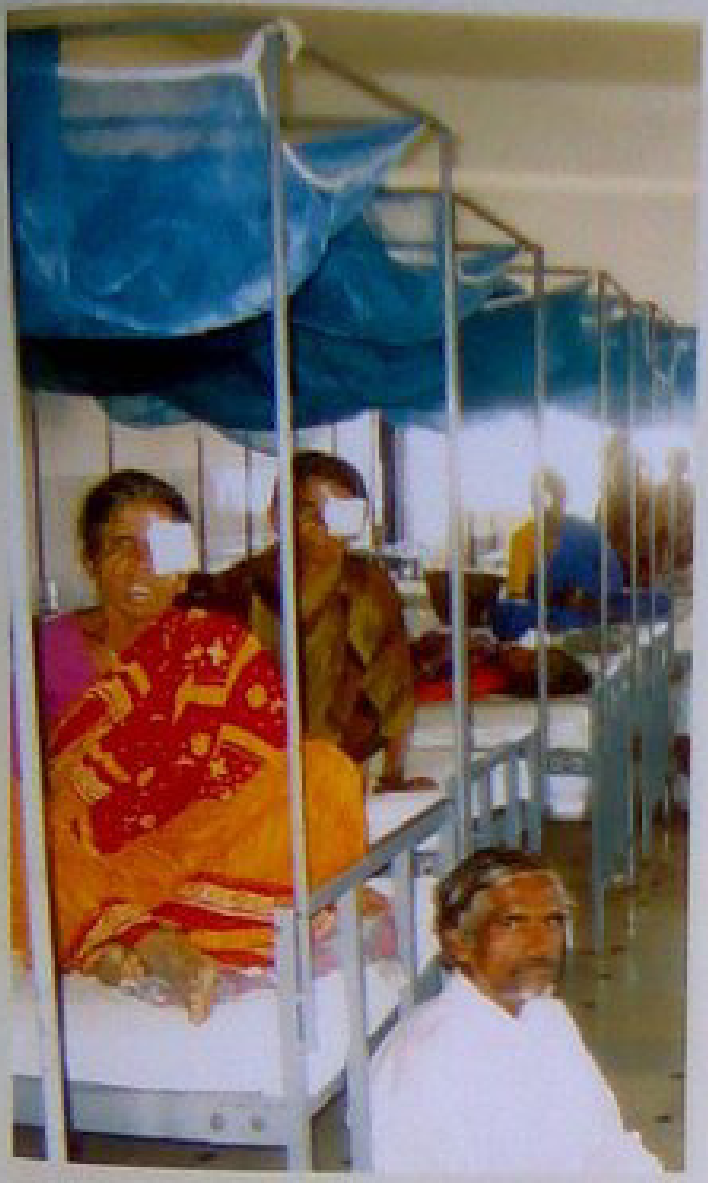
The organisation also partners with the government in various other ways, compensating for the limitations of human resources:

- It provides training to hospital staff on assessing deformities. Their intervention helps government health facilities handle such cases without unnecessary referrals to larger hospitals, which saves precious time.

- Since vertical leprosy programmes are untenable and the care of leprosy patients is becoming progressively integrated within the general health care system, there is an increased need for training doctors on surgical reconstruction and educating caregivers on preventing conditions like peripheral neuropathies. With its experienced leprosy surgeons, SVIRHC has once again partnered with the government by providing expertise. This measure has helped mitigate some of the stigma associated with leprosy when treatment is carried out in a general hospital.







- It helps many government hospitals by providing technical support, especially as part of the Revised National TB Control Programme (RNTCP) for which it has been given permission by the government to provide minor assistance and services to the PHCs. Some of these services seem small but make a critical difference. For instance, the TB programme is highly dependent on laboratory work, which necessitates the use of a microscope. Often, microscopes develop minor snags that can be resolved by something as simple as oiling a part, but this sometimes ends up taking days due to bureaucratic procedures. Intervention from SVIRHC ensures that such small problems are quickly rectified and work can continue smoothly.

- It engages with the district-and taluka-level staff to find answers for existing problems. It also helps strategise during crises, for example, when one of the PHCs was at the epicentre of the Chikungunya epidemic, SVIRHC planned and executed the entire programme of controlling the disease. This significantly helped in restoring the credibility of both the organisation and the government machinery.

Thus, with the spirit of collaboration and a philosophy of mutual support, SVIRHC everyday answers the call of Swami Vivekananda that first inspired Swami Japanandaji, "Come, do something heroic, Brother..."

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