

Empowering Soliga Tribes

‘Sudarshan Model’ of Karnataka

The work in the B R Hills of Karnataka by H Sudarshan, a medical doctor, on the primary healthcare of the Soliga tribes is a rare example of the role of equity, social justice, maximum community participation and empowerment of the people, in addition to the encouragement of indigenous and traditional systems of medicine, in a successful community health programme.

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In the deep forests of Biligiri Rangan (popularly known as B R Hills) where the western and eastern Ghat forests meet in southern Karnataka, the Soligas, a semi-nomadic tribe, have lived for ages amidst deep woods, elephants, tigers, leopards and other wild animals. When a young, dedicated doctor H Sudarshan arrived in the hills 25 years back, with a vision of doing curative health work for the tribals who had practically no access to modern medical care, the tribals initially ran away. They were not interested in strange medicines and a city doctor. They had more

faith in traditional healing. Sudarshan soon realised that his model of healthcare based on curative work had severe limitations. The entry point had to be literacy and education. He spent his savings and got small donations from friends to start a school with only five students. Today, after 25 years, his work in the field of health and education is a shining example of self-empowerment of the tribals. It is not a provider approach imposed on them by the government or for that matter, any NGO flushed with foreign funds. In fact, in the first few years of work in the B R Hills, Sudarshan had a tough time mobilising funds for his work.

His first encounter with authorities was when he tried to help the tribals who were victims of exploitation by rich contractors and non-tribals who were constantly trying to deprive the tribals of their land through downright cheating. Sudarshan mobilised the tribals and marched to the nearest government office to fight for the rights of the tribals. When he spoke up for the tribals, an arrogant police officer booked him for inciting violence, arson, etc. He got arrested along with several Soligas. The magistrate wanted to release him on bail, but Sudarshan refused the bail unless all the tribals were also released with him. This was not acceptable to the court and Sudarshan was sent to jail where he went on a hunger strike. The next day, some 2,000 Soligas assembled to show their solidarity with Sudarshan. The newspaper reports had rattled the authorities. The district magistrate went to the scene and released Sudarshan along with the tribals. This was many years back. Today, the Karnataka government has honoured him by making him the director of vigilance (health, education and social welfare) under the Lokayukta headed by a former Supreme Court judge. Sudarshan takes a monthly salary of one rupee only.

The glow of Swami Vivekananda is reflected in the eyes of Sudarshan who has dedicated his life to the welfare of the Soligas and has also extended this work to non-tribals in several other districts of Karnataka through his integrated model of development focusing on health and education. In 1994, he received the Right Livelihood Award (Alternate Nobel Prize of Rs 25 lakh) in Sweden. He donated the entire amount to Vivekananda Girijana Kalyana Kendra (VGKK) and Karuna Trust, the two NGOs founded by him.

During my short spell of fieldwork, I could see for myself the team work all over the place, thanks to the self-effacing nature of Sudarshan. This was very unlike the work of many NGOs which are almost under the complete domination of the founder. I met a young doctor, N S Prashanth who had joined Sudarshan after graduating from Mysore Medical College. Making the rounds with him, visiting PHCs, sub-centres, the rural hospital complex and tribal areas brought so much cheer to me. The scene was totally different from the indifferent attitude of doctors and para-medical staff in PHCs and sub-centres (most non-functional) which I frequently visit all over India during my fieldwork. The secret was that the government of Karnataka had handed over 27 government-run primary health centres

to Sudarshan's NGO. In our posh institutes of management, they seem to think that a course in hospital management is enough to deal with healthcare of over one billion people. Such management experts should be sent to B R Hills to learn the grassroot management issues of primary healthcare. It would be a good learning process.

Education

There was hardly any awareness among the Soligas about the modern systems of education and health when Sudarshan initially came to them, inspired by the ideals of Swami Vivekananda. Much more than the lack of awareness was their abject poverty. There was widespread hunger and lack of basic necessities of life. The limited facility of schooling in government schools was not sensitive to the socio-cultural context of the Soliga people. For example, most students ran away from government schools when they realised that they had to be confined to the class rooms for long hours. This was not the way of the forest. School attendance, therefore, was very low. Besides, the children had to walk for many kilometres to school and back to their forest homes. Sudarshan decided to start a school and a hostel for boys and girls right inside the forest. And this worked. I could see for myself how happy the boys and girls were in the school and hostel run by VGKK and Karuna Trust started by Sudarshan. The children were made to feel free in their own cultural milieu. When the school was started 25 years back, there were only five students. Today there are more than 500 students. It is a remarkable achievement. The success of the spread of education among the Soligas was evident when I met a tribal student (Jadeya) from the first batch in the tribal school. He is about to complete his PhD from the University of Agricultural Sciences at Bangalore. I found him exceptionally bright, apart from being fluent in English. He proudly announced to me that he was the chairman of the managing committee of VGKK. I was happy to know that he was planning to go back to the Hills after he got his PhD degree to work with Soligas and did not plan to migrate to a city or go abroad.

Community Health

Even more than the impressive work of Sudarshan in promoting education in the remote tribal areas was his outstanding contribution to primary healthcare and community health. His philosophy of

health work clearly recognised the limitations of modern curative medicine alone in improving the health status of the people. It was necessary to integrate health programmes with the work in other sectors like agriculture, food, water, sanitation, housing and education. Above all, one must consider equity and social justice in healthcare programme, as in any other field. Sudarshan encouraged indigenous and traditional systems of medicine. He clearly recognised that primary healthcare must be based on maximum community participation, active involvement and empowerment of the people.

In short, Sudarshan followed the guidelines of the Alma Ata Declaration of Health for All (1978), namely (i) equitable distribution, (ii) community participation, (iii) appropriate health technology, and (iv) multi-sectoral approach. In fact, the government of Karnataka was so impressed by Karuna Trust's management of primary health centres in B R Hills and surrounding areas that under the scheme of public private partnership (PPP), 27 PHCs were handed over to Karuna Trust. I was amazed to learn from Sudarshan that the grant to the trust for running the PHCs was 75 per cent of the government budget for each PHC. Here was Karuna Trust running successfully the PHCs under the guidance of Sudarshan in remote tribal areas and in dangerous forests being given not total financial support but only 75 per cent of the standard government budget. This was ridiculous to my mind. The government first makes a mess in running the PHCs and then hands over the PHCs to an NGO after making a cut of 25 per cent! In fact, Karuna Trust should be given double the budget for such work. I was told that the reluctance on the part of the government was because of the possibility of mushrooming of all manner of NGOs proposing to do health work and run government PHCs only to grab the money. I consider this a poor argument. The government must govern and should have the competence to weed out dishonest NGOs and not penalise NGOs doing outstanding work. Recently, Sudarshan has been asked to run nine PHCs in Arunachal Pradesh (I cannot imagine a tougher job) and mercifully, instead of 75 per cent, 90 per cent of the standard budget will be sanctioned. This is a totally unacceptable position. It is a sad reflection on the politicians, planners, policy-makers and bureaucrats and only exposes their insensitivity and hollowness. I have

attended far too many conferences and seminars on healthcare in Delhi where hollow sounding speeches are made on the need for giving priority to vulnerable and unreached sections of the population.

One would have thought that in the remote tribal areas, the doctors would be satisfied if minimum healthcare was given to the maximum number of tribals but Sudarshan dreamt of bringing to the tribals the fruits of most modern medical care based on telemedicine. B R Hills which are located in Charamrajnagar district of Karnataka did not have access to any worthwhile emergency care. Even a heart patient had to travel a minimum of 60 kms to get emergency treatment.

Sudarshan succeeded in collaborating with Devishetty, an outstanding cardiac surgeon and chairman of Narayana Hrudayalaya at Bangalore. The space scientist, Kasturirangan, chairman of ISRO was the brain behind the Integrated Telecardiology and Telehealth Project (ITTP) which was launched in B R Hills in April 2002. The telemedicine project is envisaged by ISRO to use space technology for the benefit of rural poor. This consists of a telemedicine facility linked via satellite to interested base hospitals in metropolis and in this case to Narayana Hrudayalaya, Bangalore. **EPW**

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