Case Study of Vivekananda Girijana Kalyana Kendra

Department of Administrative Reforms and Public Grievances
Government of India

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Executive Summary

Effort to bring curative health to the tribal people habituated in the thick forest area at the confluence of western and eastern ghats- the hitherto marginalised Soligas over the years, led to a large range of activities in health, education, livelihood and biodiversity conservation by Vivekananda Girijana Kalyana Kendra. What started as a venture to unfold bottlenecks in health care systems went to create universal access to health care for all by direct intervention at primary health care level. Covering 68 PHCs in 8 States which are managed by a committed group of professionals and volunteers, the organisation is the first of its kind which has successfully combated corruption in health services, thereby ensuring ethics in governance.

Ethics is often used as a synonym with values and values are the set of beliefs or influences which condition a person’s behaviour and conduct. The set of values are articulated through ethics of a person, a group or profession. In the case of VGKK, the set of values originated because of the leader and founder of the organisation, as such VGKK points to setting of the ethical standards which are more interpretive than objective as it does not follow a set standard

The case of VGKK brings into fore a set of key questions such as what specific measures are required to strengthen the ethical foundations of the fight against corruption, is curbing corruption a sufficient factor to usher ethics in governance or are there other factors too that need to be addressed? Is ensuring a PPP model in health care services an effective measure to curb corruption and usher ethical practices in governance? Should culture, cultural values be given importance as was done by VGKK which emphasised on the group of individuals practice viz that of Soligas – as ethics is to take into cognisance culture too?
Chapter 1- Introduction

1.1. Background:

One of the serious challenges facing mankind in organized social life is ethics - that is, the problem of choice between good and bad, do’s and do not’s. Ethics is defined as a moral philosophy or code of morals practiced by a person or a group of people. It refers to the standards/code of practice that the society places on itself which helps guide behaviour, choices and actions. The first known use of the word was in the 14th Century, from Greek ἔθικος, English ethik, Middle French ethique, Latin ethic 1

Tracing the link between ethics and good governance an article by Abdun Noor 2 points to ethics as one which determines an expected mode of behaviour in society and organizations, it is a guidance system to be used in making decisions. “The spirit of good governance lies in ethics and morality, and it demises with the erosion of values, moral deviation, aberration and corrupt behaviour and actions” 3.

Governance is a dynamic connotation and means the activities or process of managing public affairs. Governance is a qualitative expression and a normative concept. The Institute on Governance defines governance as one comprising of “traditions, institutions and processes that determine how power is exercised, how citizens are given a voice, and how decisions are made on issues of public concern”.4 Public interest or welfare of people is assumed to be the necessary condition of good governance which expresses itself through such attributes as efficiency, accountability, transparency, participation, rule of law, justice and control of corruption.

The article points to quality service, fair treatment individuals, transparency, accountability, participation—and for strong measures to reduce corruption as ethical requirements that ushers good governance. The principles of ethical code prescribed by the International Institute for Public Service also cover responsiveness, accountability, transparency, legality (that is the rule of law), and leadership (including strategic vision) which are similar to the governance principles. This ethical code, however, also encompasses the traditional ethical ideas of personal integrity, honesty and mutual respect - concepts which deserve considerations in

2. Cited under References
3. Reference same as above
4. As quoted in the reference cited above
governance framework as well. Thus ethics becomes the new priority agenda for public service and good governance.

1.2. Ethical aspects in Governance- Key Issues

Ethics is a system of accepted beliefs and values which control human behaviour, it is a system based on morals. The ethical concerns of governance have been widely discussed in Indian scriptures such as Ramayana and Mahabharata. There are Chinese texts too by Confucious and others on governance and ethics. In western philosophy there are eminent scholars like Aristotle, Plato, Disraeli and others who have contributed to discussions on ethics in administration/governance. Over time there have been changes owing to many new ideas and thoughts and at present the ethics in governance is said to include the maxim of (i) legality and rationality (ii) responsibility and accountability (iii) Work Commitment (iv) excellence (v) fusion (vi) responsiveness and resilience (vii) utilitarianism (viii) compassion (ix) national interest (x) justice (xi) transparency (xii) integrity. These are necessary to achieve good governance with a prime concern for ethical principles, practices, orientations and behaviour. 5

Integrity, transparency and accountability are the ground rules for following ethics in administration and achieve good governance. The fourth report of the Second Administrative Reforms Commission (ARC) covers Ethics in Governance, it has pointed out that administration should become responsive and accountable. Increased public consciousness and institutional reforms – both are necessary for ensuring ethics in governance. Ethics is the compendium of all the requisites and elements, it will vitalise the other measures, procedures and institutions which intend to bring about good governance.

The main branches of ethics are meta-ethics, normative ethics, and applied ethics. Meta-ethics concerns the nature of ethical thought, it is about the theoretical meaning and reference of moral propositions and how their truth values may be determined. Normative ethics are more concerned with the questions of how one ought to act, and what the right course of action is- it is about the practical means of determining a moral course of action and applied ethics go beyond theory and step into real world ethical practice.

Ethical standards are principles that are followed; they promote values such as trust, good behaviour, fairness and/or kindness. Ethical standards can be

objective or subjective. Subjective standards amount to relativism, since they merely express what the individual prefers.

The objective standard is one which is looking for hard data and has set standards for action; the interpretive/subjective one is based more on free will, depending on the individual’s action or judgement. The later has a human approach to things, but the behaviour is voluntary and difficult to predict. The subjective/interpretative standards show that reality is constructed by people themselves in their daily lives. Being subjective is giving heed to one’s views, emotions etc. the distinction between objective and subjective normally refers to judgements and claims which people make. Objective judgements and claims are assumed to be free from personal considerations, emotional perspectives, etc. Subjective judgements and claims, however, are assumed to be heavily (if not entirely) influenced by personal considerations.

The ARC report points out that ethics is needed in every profession, voluntary organisation and civil society structures as these are entities which are the social infrastructure mechanisms that are vitally involved in the governance processes. The role of civil society which can effectively engage citizen’s in governance by creating awareness, ensuring their participation in order that accountability of public authorities to the people increases and thereby corruption is restrained has been highlighted by the Commission’s Report. Civil Society’s facilitation of enabling the citizens’ a voice in governance has allowed for the spurt of a new dimension of accountability, as per the ARC report. The report has taken Civil Society to mean formal as well as informal entities and has included the private sector, the media, NGOs, professional associations and informal groups of people from different walks of life.

The ARC report (January 2007) also point to the significant contributions made by some of the CSOs in reducing corruption, in providing monitoring mechanisms to track corruption by educating the public and ensuring that they participate in anticorruption efforts. Some of the CSOs have also enabled introduction of systemic reforms. The report notes that the CSOs are involved in path breaking initiatives that have emerged out of the need to serve the common man, those which have involved emphasis on educating people and mobilizing them to fight against corruption.6 Jan Sunwai by Mazdoor Kisan Shakti Sangathan,

Rajasthan and the beginning of the Right to Information movement and a few more initiatives are cited by the Commission’s report.

This case is an attempt to trace the origin, growth and the effect of one such CSO in Karnataka which has made inroads in curing corruption in health delivery mechanisms, thereby ensuring that ethical practices are imbibed and good governance is achieved.

1.3. The Study

The study was conducted during January-February 2014. The method adopted for the study included discussions with the Founder of the organisation Dr Sudharshan, collection of secondary source of information, spot visit to the field – B R. Hills and interaction with other founder members and various stakeholders.

Chapter 2- Observations and Findings

2.1. The Setting:

The CSO located in the backward district of Chamarajanagar in the State of Karnataka- Vivekananda Girijana Kalyana Kendra (VGKK) - has made significant contribution in ushering ethics in the health service delivery mechanism. The initiative started by Dr Sudarshan has led to a change in the very mechanism of managing the health care system in the State, with the policy makers at the State opting to adopt the PPP model that has been experimented and found to be effective. The journey began in 1979 and it began because of the passion of its founder Dr Sudarshan to reach out to the tribals living in the remote forest area, to ensure their access to curative health care services.

The hill forest range where the tribals – Soligas live- called BR Hills is in south eastern Karnataka, at the confluence of the Western and Eastern Ghats. It is a protected forest and tiger reserve, covering an area of 540 sq kms where about 25,000 Soligas are habituated over hundreds of years, living ‘a life of abundance and peace, surviving by hunting and shifting cultivation, worshipping God in nature and living in harmony with it’. Soligas are called ‘children of god’, ‘children of bamboo’, and follow a culture of their own replete with songs and dance. However, due to modernisation processes setting in, their accesses to natural resources were curbed and their livelihood opportunities such as hunting and shifting cultivation were curtailed- all of which affected their health conditions.

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7 Ref., www.vgkk.org
Dr Sudarshan, a medical practitioner by profession, found the health conditions of the Soligas to be a cause for concern. Snake bites, mauling by bears, seasonal pneumonia and tuberculosis were common causes of death. The Soligas, who were hitherto excluded from accessing health services due to very many factors such as poverty, exploitation, and more importantly due to lack of awareness, were left out of any development activity and access to social infrastructure and services.

To be accepted by the tribals was by itself a great challenge for Dr Sudarshan and added to this was living in the midst of thick forest area. House to visits to the haadis (tribal hamlets), treating common diseases, building the trust of the local community – all slowly led the Soligas to reach out to him and welcome him to their fold. With curative health care as the entry point, the Doctor realised that there was need for venturing into other activities too such as education and livelihood support. To bring in sustainability into the activities, VGKK was established in 1981 mainly to address the evolving needs of the tribal community.

The entire movement of creating access to health services to the marginalised, excluded section of the society has been inspired by the teachings of Swami Vivekananda hence the name to the organisation.

“They alone live, who live for others; others are more dead than alive” - Swami Vivekananda

2.2. Approach

The approach of the organisation, from the very beginning, has been one of believing “community is our strength,” the emphasis thereby lay on building solidarity “from below”. The organisation gave due recognition to the socio-cultural background of the tribal’s given that ethics is a part of culture and strove towards empowering the tribals to assert their rights.

VGKK has been open to learning from the tribals. Respect for tribal culture and a determination to perpetuate it, even while developing the requisite skills and capabilities among the tribal people to enable them to become self-reliant is the core approach with which the organisation has worked.

“All the wealth of the world cannot help one little village if the people are not taught to help themselves” – Swami Vivekananda
Holistic, sustainable development of the tribal people has been the mantra of VGKK. Though VGKK started its activities in the health sector, it got involved in a range of activities such as education, livelihood and biodiversity conversation in response to the needs of the tribal people and to build a comprehensive sustainable development model. This, the organisation believes, has been necessary to work with the community.

The Vision Mission statement of the organisation reflects this. The organisation conducts leadership programme which are used as forums for imbibing the vision including the values imbibed in it to all those who are associated with it.

A study of four organisations by the Indian Institute of Management, Bangalore- which covered VGKK also - has shown that VGKK’s vision mission statement has been the only one which has mentioned the client (that is the tribal and marginalised population) and not just the target. The study says that the absence of specification of the client group targeted and focus on the health issue enabled it (the organisation) “to strategize for a broader population and to be flexible and innovative in their approach when they faced a diverse target population”. The study also points that VGKK, by framing of the issue on a social cause than a medical one, signalled broadness which “drove the top management to scale up the services substantially by exploring innovative and collaborative solutions to the challenges in scaling up.”

2.3. The Key Objectives:

The key objectives, which the organisation has defined for itself, are:

- To implement a comprehensive, holistic, need-based, gender and culture sensitive and community centred system of health care integrating indigenous health traditions

- To establish an education system that is specific to the tribal language, culture and environment

- To promote biodiversity conservation and sustainable harvesting of non-timber forest produce
- To ensure livelihood security through sustainable agriculture, vocational training and value addition of forest produce
- To empower tribal communities through Sanghas (people’s organisations) and women’s self help groups.

### 2.4. The Initiative- Health Programme

The health sector is said to be the second most corrupt sector in India, Karnataka State is no exception. Studies have revealed that unethical practices are being practiced in the health sector; of the total bribes paid in Karnataka, 40% was towards health care (2008 figures). What is of significance is that a substantial quantum of the bribes came from people living below the poverty line. Public spending on health is 0.94% of GDP in India which is among the lowest in the world.

The challenges in the healthcare are very many - lack of financial resourced deters people from accessing health care, ill-health and spending on treatments push people into poverty, much of the money earned is spent on purchasing drugs which the common man can ill afford. In the late nineties, the State Government thought of dwelling into the loopholes in public health service delivery and formed a Task Force on Health which was headed by Dr Sudarshan (1999-2001) to look at ways and means of improving public health services. The Task Force revealed 12 major issues of concern and corruption topped the list. One of the other issue highlighted by the Task Force has been the ethical imperative - of medical ethics not being regulated, lack of punishment for the erring medical professionals. It was for the first time that a Task Force set up by the Government made bold revelations relating to corruption and ethics and was accepted too.

This further led to Dr Sudarshan being appointed as the Vigilance Director of Lokayukta, the vigilance ombudsman on health, constituted by the Government of Karnataka. During the four year period from 2003 to 2007, he took a salary of Rs. 1/- per month. Lokayukta’s visit to various health units across the State, revealed purchase of medical equipments at exorbitant rates and corruption, mismanagement while installing equipments which are either not installed or used or used sparsely, mismanagement in drug procurement and corruption and purchase of spurious, non-essential and substandard drugs from unlicensed manufactures, trading of blood, sale of blood from unlicensed blood banks, corruption in indenting, forging of documents. This pointed out to the fact that corruption in health service delivery was multi- faceted and covered almost all the functionaries – doctors, nurses, pharmacists, technicians, specialists, ayaas and ward boys. The deteriorating ethical values in the sector were a cause for concern.
Lokayukta’s visits also showed that corruption has been spread over various processes of service delivery in hospitals such as during admission, while issuing medical certificates, at the laboratory, for getting x-ray and scanning done, for referrals, during emergency services and deliveries, blood transfusion and even at the time of postmortem. This is at the public hospitals where the doctors and para medical staff were involved in “practicing” other forms of corruption too such as being involved in private practice, help build private practices/run nursing homes of family members, gave referrals to private hospitals and diagnostic centres, owned pharmacies and blood banks.

The Epidemic of Corruption in Health Services was noted to have spread over to the health department too, the bureaucratic corruption was rampant at the District Health Offices and even at the higher levels such as the Directorate and Secretariat where it was visible while there was recruitment, postings, transfers, promotions, suspension and reinstating. It was also present while sanctioning leave, monitoring absenteeism and reimbursing medical expenses. Corruption in medical education and in private health sector was also noted.

Corruption is at various levels: In medical education, starting from joining the medical college – you can buy a seat, you can buy the examiner, the examination system, and you can buy the question papers. This is much less now with the University trying to bring in some reforms, but still, in the viva-voce and practical, many people continue to pay and pass; we are not sure if we have plugged that. Dr Sudarshan

2.5. Implementation strategies:

The main learning from noticing cases of corruption in health delivery system and deterioration in ethical values was the pointer that something must be done, one must find out ways and means of reducing fraud and corruption to a minimum and free up resources for patient care. An overall strategy that was thought of to tackle this which was to emphasise on creating an anti-fraud culture and constructing an anti-fraud policy. Detecting fraud which cannot be prevented and professionally investigating the detected fraud, finding out and imposing effective method of redressing money that was defrauded, maximising deterrence to fraud, and ensuing successful prevention of fraud which cannot be deterred are some of the strategies thought of.
It was noted that to reduce and prevent corruption the following are needed –

Adopting transparent and accountable mechanisms in administration – by adopting e-governance mechanisms for displaying recruitment, transfers, promotions and also for purchasing drugs- and also display of citizens charter.

Placing vigilance cells – this enables close monitoring because of which there has been reduction in corruption when health care equipments are purchased.

Ensuring people’s participation in planning, implementation and monitoring of health delivery services that is forming people’s forums/citizens coalition to prevent and fight corruption, this would be effective bottoms up approach

Collective action by village health and sanitation committees which produced easily understandable village report cards to monitor health-service delivery and to show change over time

of robust mechanisms to carry out hospital administration such as hike in salary, clear transfer policy and counselling related to it, placing of performance appraisal measures based on which incentives are to be given, protecting whistle blowers were some of the strategies that were advocated.

The Lokayutka experience made Dr Sudarshan to think of working first hand in imbibing good ethical practices and ushering in good governance by curbing corruption. He set out to form a Trust with the conviction that affordable health care is a fundamental right of all citizens. The Trust – Karuna Trust- was registered in 1986 also in response to the prevalence of leprosy in Yelandur Taluk, Chamarajanagar district.

**Vision and Mission of Karuna Trust**

**Vision:** A society in which we strive to provide an equitable and integrated model of Health care, Education and Livelihoods by empowering marginalized people to be self-reliant

**Mission:** To develop a dedicated service minded team that enables holistic development of marginalized people, through innovative, replicable models, with a passion for excellence
Karuna Trust has pioneered and implemented a successful Public-Private-Partnership model in health care services, this strategy of leveraging the government's efforts is of significance as NGOs bring in with them flexibility and community involvement and complements governments investment in public health care infrastructure. The uniqueness lies in its community-oriented focus that integrates preventive, promotive, curative and rehabilitative efforts through a democratic, cultural and participatory approach.

Karuna model has been devised on the basis of the following three-pronged strategy:

1. Building public-private partnership for effective primary health care
2. Building adequate capacity of service providers at various levels for providing primary health care
   - Strengthening information and communication technology for appropriate and timely consultation and skills-building

_Steps taken to achieve this includes-_ 

- capacity building of service providers at various levels,
- strengthening information and communication technology,
- enabling availability of all essential services under a single roof, and
- ensuring optimum efficiency and functioning of all PHCs as community hubs rather than mere healthcare providers,
- Involving local panchayat members and the local people in the management of the PHCs,
- 24x7 open PHCs, training staffs to handle common emergencies, efficient drug procurement system, use of technology to enhance health care delivery processes like telemedicine, and so on.
- Lobbying and advocacy at various levels by the leader/Founder.

2.6. **Implementation Highlights- Innovativeness**

The innovativeness of the Karuna Model is that it gives due cognisance to the traditional healing practices practised by the tribals which has been integrated with allopathic medicine, this has made the health care delivery acceptable by the Soligas.

Street plays, children’s theatre and road shows in the forest were used in the beginning to bring in health awareness. This is continued even to this day.
Strengthening village health and sanitation committees, preparation of village health plan by the community so that the ownership is with the community

Involvement and participation of tribals in decision making and in implementation, 50% of VGKK are tribals and the President is always form the tribal community.

Community Participation is enlisted by involving the local panchayat members, the community associations and others. They are encouraged to fill the format- kind of citizens report card- which speaks of the progress of the innovation and come up with critical feedback.

While the PHCs are run as per the guidelines set out by the government, Karuna trust has recognized that PHCs have potential beyond curative services and have included several innovations that aid preventive and promotive health and add value to the services already available. These innovations are also economically and culturally acceptable to the community. Some of the innovative interventions taken up are:

i. Enabling access to dental health to the remote villages, reaching the poor and the needy

ii. Integrating Primary Eye care into Primary Health Care, in order to evolve a model of PPP in primary ophthalmology to be shared with the top policy makers at the national level.

iii. Integrating mental health programmes into the working of the PHCs. Manasa established in Mysore to look into the mental health needs of homeless and mentally ill women is an example.

iv. Communication technologies and Tele Medicine used for sharing knowledge on health care- the VSAT connectivity supported by ISRO reaches to sites located in rural areas in Karnataka.

v. Leveraging mobile technology to enable supply and monitoring of essential medicines, vaccines etc to the PHCs run by it

vi. Mainstreaming traditional medicine and establishing demo gardens where Ayurvedic herbs are cultivated

vii. Standardising Management of emergency patients through simple and effective interventions, thereby reducing morbidity and mortality

viii. High cost generic drugs provided at low costs at the PHCs run by the Trust.
ix. Speech and hearing disorders are noted, evaluated, orientation and training of volunteers through door to door survey and rehabilitation efforts in collaboration with other organisation like AIISH – all done through PHCs.

x. Enabling Community Health Insurance

xi. Waste Management at the PHCs

2.7. Challenges Faced:

Some of the challenges that the PPP model of Karuna Trust has faced and continues to face -

- The quality of human resources involved in delivering health services was poor, the organisation had to spend time and effort in retraining the health functionaries
- Most of the PHC are understaffed, shortage of doctors to work in some of the inaccessible areas continue to pose problems. There is shortage of ANMs too but that has been overcome by the organisation opening up its own training unit
- Working in difficult areas, the naxalite area and the insurgency areas of north eastern states, poses different kinds of challenge where the lives of the workers of the organisation are threatened too.
- Since the organisation has vouched not to give bribes, it faces redtapeism and delay and suffers from deficit finance as it has to deal with corrupt government

2.8. Role of Leader:

The Founder of VGKK and Karuna Trust Dr Sudarshan is a medical doctor by profession who started his career by opting to work with the tribal communities, forgoing lucrative urban jobs way back in the eighties. His inspiration came from Swami Vivekananda, to whose teachings he was exposed at the tender age of 16, and his ideals are based on gandhian principles.

Dr Sudarshan believes that the life of the leader should itself be an example for the followers to emulate. He has been a living example of simplicity, humility and has set high standards for the employees and the volunteers to follow. One’s behaviour outside is a reflection of the values within which they radiate in their actions and deeds. Doctor has shown that the ethical principles are based on the values that one has and follows, if the values guiding a particular action is positive the outcome would be positive too.
Dr Sudharshan brings with him a sense of commitment and high ethics into the governance systems- the way he runs both VGKK and Karuna Trust and this has inspired others to follow. He has been a true leader, exhibiting value centred leadership as he has been able to influence, motivate and enable others to contribute towards achieving the goals set by the organisation/s as he believes that there are inbuilt values in each human being.

**Reaching the unreached** was his goal and this became the motto of the organisation too. Zero tolerance for corruption has been advocated by him and strictly adhered to, there is no bribe paid to get work done at the government and this has placed the organisation in a financial crisis and delay but still the functionaries are motivated to follow the motto and VGKKs philosophy.

The twining of ethics and leadership that would lead to good governance rests upon three pillars:

1. The moral character of the leader

2. The ethical values embedded in the leader’s vision, articulation, and program which followers either embrace or reject, and

3. The morality of the processes of social ethical choice and action that leaders and followers engage in and collectively pursue.8

Dr Sudarshan has become a name to reckon with for his work in public health and for fighting for the tribal rights. His value centered leadership has won him awards and accolades - the important ones being Right Livelihood Award (Alternate Nobel Prize) and Padmashree. However, believing and practicing Swami Vivekanda’s principle “If we work for the community, the community will take care of us”- in letter and spirit, he has given the site at Bangalore given by the government on receiving Padmashree award to Karuna Trust as also the amount of Rs 18 lakhs received as cash award with the Right Livelihood award to VGKK.

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8 Ref: ETHICS AND LEADERSHIP FOR GOOD GOVERNANCE - CAPAM ww.capam.org/_documents/walters.selmon.pdf)
With him, a committed and motivated team has also been contributing to the sustaining factor of the initiative. Dedicated individuals like Sri H.N.Somasundaram, Dr. Paran Gowda, Venkatnarayan serve as board members. S. Chakravarty and H. Ramachar are two dedicated teachers who were associated with the organisation since its birth, they are both in charge of the school that is run by VGKK at BR Hills.  

2.9. Key Supporters

There are very many individuals and agencies that have supported the organisation- national, state and international organisations have supported the ventures of VGKK. The State Government/s of Karnataka and other States have supported the maximum with 85% of funds for the activities of Karuna Trust, the rest the organisation raises. As the Founder recalls, the first year budget of VGKK was Rs10,000/- and was raided by collecting donations from classmates and others and this year it has touched Rs 30 crores. Such has been the support that the organisation has received and the scaling that it has reached.

Since accountability to the community and to the donor are both considered important, the audited statements of accounts are displayed on the website. Individual PHCs are audited too. This points to other ingredients of good governance that is transparency and accountability being met.

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*Awards and Recognition*


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*S. Chakravarty and H. Ramachar were met when on field visit. There have been many more leaders and contributors and they are listed in VGKKs souvenir published in 2006 brought out by to commemorate 25 years of Tribal Development.*
Chapter 3: Effectiveness of Outcomes and Deliverables

3.1. Outcomes Achieved

Ensuring good governance in health care systems has resulted in providing quantum jump in the health outcomes. The health indicators are highlighted here to emphasis on this-

- Incidence of leprosy has come down- from 17 per 1000 people to less than 0.3, hot water epilepsy has been controlled.

- Increase in Institutional deliveries- the PHCs managed by Karuna Trust show 100% institutional deliveries and visible improvements in IMR and MMR have been noted by the Institute of Health Management Research (IHMR), Bangalore which assessed PHCs managed by the Trust holding exit interviews with patients, administering patient satisfaction questionnaire, holding of focused groups discussions and by visiting the centres

- 14 PHCs have got NABH and ISO Certification as part of Quality Initiative
What is important is that all of the outcomes are achieved along with ensuring high ethical values, citizen centric values.

**Consolidated Health Outcome Indicators of Karnataka**

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<tr>
<td>% of Institutional Deliveries</td>
<td>58%</td>
<td>56%</td>
<td>62%</td>
<td>77%</td>
<td>93%</td>
<td>96%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>Maternal Deaths</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Live Births</td>
<td>4683</td>
<td>8349</td>
<td>9033</td>
<td>10004</td>
<td>10899</td>
<td>10676</td>
<td>12071</td>
<td>10002</td>
</tr>
<tr>
<td>Still Births</td>
<td>57</td>
<td>93</td>
<td>74</td>
<td>167</td>
<td>156</td>
<td>133</td>
<td>123</td>
<td>128</td>
</tr>
<tr>
<td>Infant Deaths</td>
<td>90</td>
<td>163</td>
<td>180</td>
<td>220</td>
<td>225</td>
<td>192</td>
<td>162</td>
<td>110</td>
</tr>
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<td>IMR</td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>22</td>
<td>21</td>
<td>18</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>MMR</td>
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<td>60</td>
<td>66</td>
<td>90</td>
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<td>93</td>
<td>91</td>
<td>40</td>
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</tbody>
</table>

Source: Furnished by Dr Deeepashree of Karuna Trust

**3.2. Sustainability**

There have been many efforts to make the programme and all the work/s of VGKK and Karuna Trust sustainable, some of the sustainable measures taken up are:

i. Ensuring that the governing council of VGKK has 50% of Soligas and the head/President of the council is from the tribal community. This builds an ownership of the community to the programme/s

ii. Encouraging and enlisting community responsibility and ownership in PHC management
iii. Training of tribal girls as ANMs and finding them placements at the PHCs.

iv. Continuous efforts placed on training and capacity building of different functionaries

v. Establishing Training Resource Centre which has ongoing activities supporting health (and other) activities of the organisation

vi. Ensuring financial sustainability by renting out some of the infrastructural facilities built by the organisation – e.g. TRC at Mysore, residential arrangement in Bangalore. The organisation also has established Gorukana- a sustainable ecotourism dedicated to the Tribal Welfare biodiversity conservation in BR Hills which fetches revenue

vii. Withdrawal of the main line leadership from the field in a phased manner and building second line of leadership.

3.3. Scaling Up.

• VGKK and Karuna Trust now work in other parts of Chamarajanagar district, they have moved to the neighbouring state of Tamil Nadu, to the tribals of Dibang valley of Arunachal Pradesh and Port Blair of Andaman and Nicobar Islands. A total of 68 PHCs have been strengthened to address the health needs in remote areas of eight States– Arunachal Pradesh, Meghalaya, Orissa, Andhra Pradesh, Maharashtra, Tamil Nadu, Karnataka and Andaman and Nicobar Islands. The PHCs are managed by socially committed and professionally competent health care professionals, 104 doctors, 1000 and odd health workers, 1500 Asha Workers, who in all cover a total of one million population.

• The scaling up has also been into venturing secondary health care by establishing an eye hospital, managing a first Referral Unit for emergency obstetric care and neonatal services and manning citizens help desk at two hospitals.

• Training of Junior Health Worker at the Nurse Training School set up by the organisation so that a cadre of effective community health workers are available to be employed at the government run PHCs too.

The scaling up from the initial stages of covering 30000 tribes to a million population now was done in consultation with organisational experts from the Management Institutions and now the organisation is looking at
different models for expansion. Partnering with other organisation in the other States is one model which is being tried, the other being establishing Resource Centre which would take up training and capacity building of other NGOs in Health Management and ensuring ethical commitment.

3.4. Constraints:

There are many limitations for an experiment of this kind to be scaled up and more importantly to be replicated by other organisations/CSOs/NGOs. The founder of VGKK points to certain important issues which constrain works of this kind:

- The NGOs tendency to think that the islands of excellence that they come up with are the answer to all the ills in the society. They tend to forget that partnership with the GO is an important aspect to succeed in their endeavour to reach out to large number of people.

- Many of the NGOs may not like to venture to work in remote areas which pose risks to the life of the functionaries (as was seen in the Naxalite and insurgent areas of the north eastern States where Karuna Trust works).

- There is no fixed capsule of learning that can be administered to NGOs which would want to follow Karuna model as the community which is reached would be different. One has to first to live with people, understand them, find out their strength and build on it, take cognisance of their culture.

- This also implies that it is time consuming and it should be flexible because the needs of different communities are different. There should be flexibility to learn from the processes which need to be changed depending on the felt needs of the community. Karuna Trust’s experiment in the north eastern states has shown that the health care systems should first tackle issues of malaria and de-addiction.

Non-acceptance of the PPP Model in health care delivery by all of those who are from the public sector acts as the biggest limitations. The performance evaluation report by the Institute of Health Management Research has shown this and has also pointed to the fact that the government has not expanded the PPP model propounded by Karuna Trust by entering into a MoU with other NGOs. It also points to other lacuna such as lack of judicious management of human resources involved in health care delivery by Karuna Trust and also other anomalies.
Chapter 4: KEY QUESTIONS

One of the first questions that arise in one’s mind is whether the case of VGKK answers to the concepts of ethics and the rules set by the ethical standards as discussed in the section on background. The human action that began because of the self less service of the leadership resulted in the forming and running of an ethical organisation. The ethical standards set are more interpretive than objective as it does not follow a set standard. Ethical standard transcend stipulations of law and rule book and thereby it is more subjective.

Ethics is often used as a synonym with values and values are the set of beliefs or influences which condition a person’s behaviour and conduct. The set of values are articulated through ethics of a person, a group or profession. In the case of VGKK, the set of values originated because of the leader and founder of the organisation.

The case points to key questions which need to be discussed to reinforce learning.

- What specific measures are required to strengthen the ethical foundations of the fight against corruption?
- What constitutes ethical values and practices and what constitutes ethical violations?
- Is Lokayukta a sufficient institution to curb corruption and usher in ethical practices? The institution of Lokayukta differs from state to state. Can best features of each one of these be picked up to have a uniform framework in all states?
- Is curbing corruption a sufficient factor to usher ethics in governance or are there other factors too that need to be addressed
- What mechanism is required to ensure that the recruitment in health (and other social sectors which directly address the welfare of the people) is robust in order that ethical standards and practices remain high?
- Should there be a Whistle Blowers Act?
- Is ensuring a PPP model in health care services an effective measure to curb corruption and usher ethical practices in governance? Challenges and advantages of using PPP model
• What are the mechanisms required to actively involve citizens in fight against corruption? What are the factors that can be derived from the strategy used by the Karuna model?

• How can the stakeholders be involved in monitoring corruption in service delivery?

• Ethics is a part of culture. How does one deal with established ethical values while ushering new development measures in a society which has set cultural values. Culture, cultural values that the society/group of individuals practice are given importance in the VGKK model

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