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THE HOSPITAL IN THE FOREST

An inspiring real-life story of what can happen when young people with ideals believe they can make a difference

A MYTEC-SIMOVA TRIBUTE TO THE DEDICATED MEMBERS OF SWAMI VIVEKANANDA YOUTH MOVEMENT

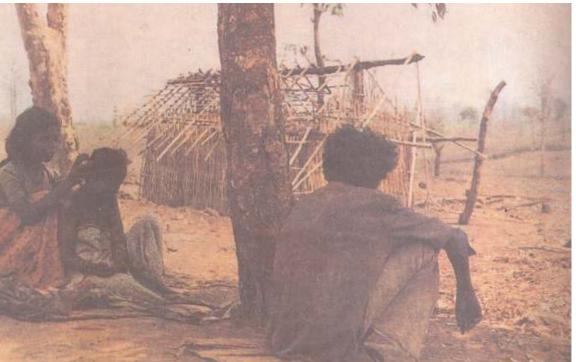
The People of the Forest...

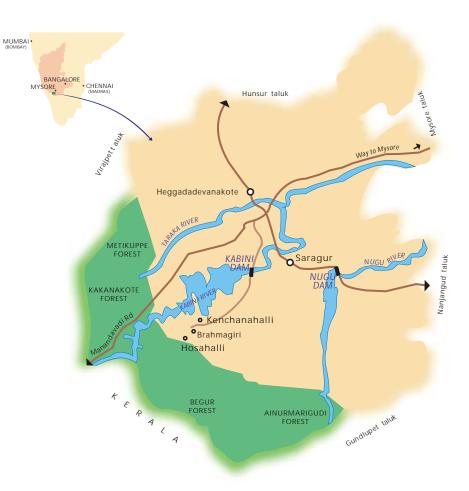
The remote forests around the Kabini river were home to several unique groups of tribals: the Jenukurubas, Kadukurubas, Paniyas, Yeravas and Soligas. From time immemorial, they had made a livelihood through hunting, shifting agriculture and the gathering of minor forest produce.

Their lifestyles were utterly simple. They lived for the day at hand, with no thought of tomorrow. Each group had its own customs, traditions and culture. They took no dowry. No widow was ostracized, no child uncared for. There was no concept of individual ownership. In its stark simplicity, it was an idyllic existence.

Their life changed dramatically in the 1960s, when their habitat was submerged under the waters of the Kabini reservoir and they were forced to move. Ten years later, their new wandering grounds were declared a protected area under 'Project Tiger', which aimed at saving this threatened species. And once again they were evicted. On neither occasion were they suitably compensated or viably relocated.

A tribal family





Living in small settlements called *haadis*, they had no access to the forests that had provided them the only living they knew. In this unfamiliar, inhospitable environment, they were not only economically stricken, but socially alienated too. Malnutrition, illiteracy and under-development threatened their very survival.

The comfort of the past was closed to them. They could not fit into mainstream society. And yet, unless they could assimilate, they were doomed.



A tribal haar

... and the doctors who came their way

It all began when a group of medical students at Mysore Medical College became increasingly aware that the career in medicine they dreamed of pursuing was very different from the practice of medicine around them.



And so the Swami Vivekananda Youth Movement (SVYM), a voluntary organization, was born. Its initial assets were high ideals and all the positive benefits of inexperience. The year was 1984.

Swami Vivekananda 1863-1902

Outstanding thinker and humanitarian of 19th century India, who gave a clarion call to the sleeping nation to, "Arise ! Awake ! Stop not till the goal is reached ". They made a modest beginning by supplying physician's samples to poor patients, arranging for blood and providing counselling. SVYM then moved on to running weekly rural clinics.

And then, in 1987, destiny brought the doctors to Heggadadevanakote (H.D. Kote) Taluk, one of the most backward taluks in Karnataka state—the home of the displaced, dispossessed tribals.

SVYM set up a primary health clinic at Brahmagiri, in the midst of the tribal colony. The local Zilla Panchayath (District Council) loaned them a building, a local family gave them a cow. The doctors spent their days clearing the building of weeds and carrying out repairs. At times they slept in empty water pipelines. Bad roads and tough living conditions made it all harder.



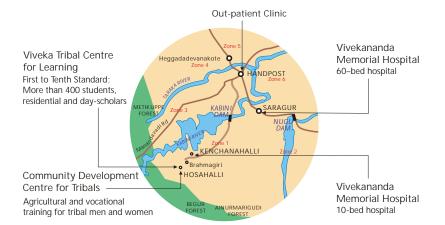
NON-RELIGIOUS

NOT-FOR-PROFIT

Appreciative of their work and perseverance, the Deputy Commissioner of Mysore granted them five acres of land at Hosahalli. Their lives, and those of the tribals, were now irreversibly linked.

As time passed, SVYM realised that healthcare was just one aspect of bettering the tribals' lives. Sustained enrichment could be achieved only through education, a steady earning and saving capacity, a broader social outlook and a realisation by the tribals that their tomorrow could be better than their today. The rural poor of H.D. Kote taluk lived in circumstances often as pathetic as that of the

tribals, and were as much in need of help. Increasingly, SVYM's



H.D. Kote taluk has been divided into six zones to make administration and operations more effective. SVYM has also opened new centres at: Mysore City (H.Q of Mysore Dist, 50 km north-east of Saragur); Gonikoppal (45 km north-west of Saragur) to serve Kodagu Dist; and Vittla (170 km north-west of Saragur) to serve Dakshina Kannada.

assistance was required by a greater number of people in more and different ways.

SVYM began by setting up a small, 10-bed hospital at Kenchanahalli. They soon realised that the greatest need the community faced was easy access to a dependable, high-quality multi-specialty hospital. At the time, people had to travel to Mysore for specialised medical care. Limited transportation and communication facilities made it a very difficult journey.

The 60-bed Vivekananda Memorial Hospital at Saragur was completed in 2002, with a tremendous amount of local support at every stage of its creation. With a full-fledged operation theatre, ICU and multi-specialty services, it can provide comprehensive healthcare to the 2,50,000 population of H.D. Kote and beyond. Mobile Health Units augment the services and reach provided by the hospital. A simultaneous focus on community health has helped raise public awareness and given true meaning to the idea of *comprehensive* healthcare.

The Viveka Tribal Centre for Learning, a semi-residential school at Hosahalli, provides modern education to over 400 tribal children. The Viveka School of Excellence has recently been started at Saragur. In addition, a consortium of over 321 government schools brings a large number of children and teachers into the ambit of SVYM's activities.

Community Development Programmes—aimed at creating self-sufficiency through pooled resources, networking and education—are constantly being developed, refined and promoted.

.... So long as the millions die in hunger and ignorance, I hold every man a traitor who, having been educated at their expense, pays not the least heed to them ! ⁹⁹

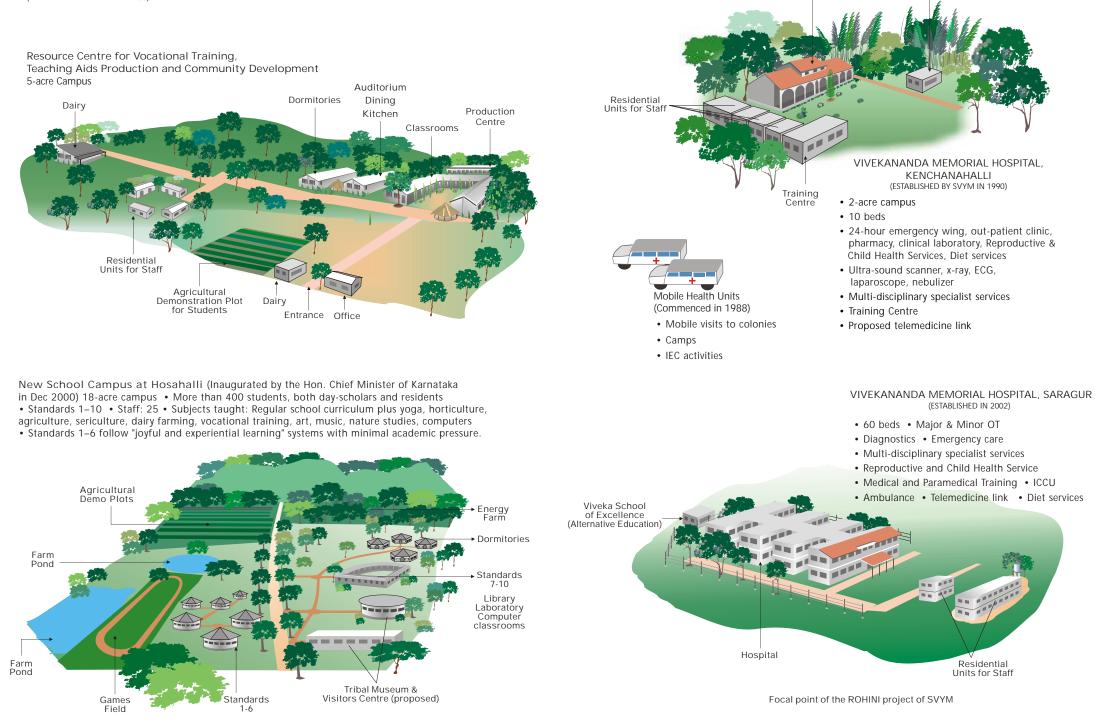
 Swami Vivekananda 1863–1902

A Bird's Eye-View of SVYM's Activities in Heggadadevanakote Taluk

Canteen

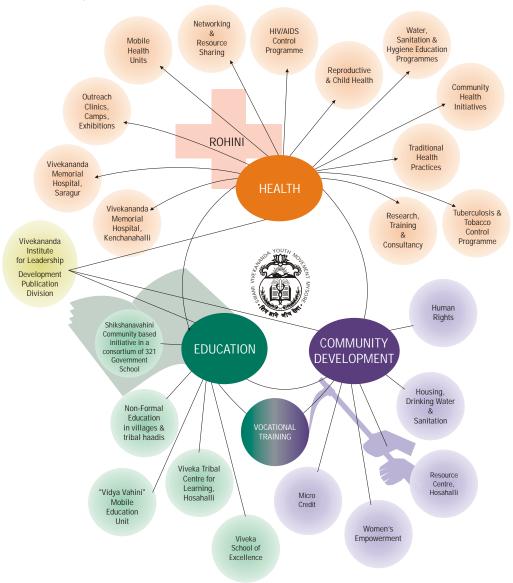
Hospital

VIVEKA TRIBAL CENTRE FOR LEARNING, HOSAHALLI (ESTABLISHED BY SVYM IN 1988)



A Schematic View of the SVYM's Activities

Today SVYM has more than 150 dedicated members and associates. The services they offer extend to 2,50,000 people—both tribals and the rural poor—and cover the entire taluk of H.D. Kote.



For its pioneering work in nation-building activities, the SVYM received the National Youth Award for 1991-92 from the Govt of India. They also received the Babasaheb B.R. Ambedkar State Award from the Govt of Karnataka in 2002 and the Sat Paul Mittal National Award 2003 from Nehru Sidhant Kender Trust.

SVYM's Projects and Initiatives at a Glance

The last eighteen years have seen SVYM's operations expand both in range of services and geographic coverage. Greater involvement with the community, in the areas of health and education, has been made possible through the increasing involvement of a network of promoters and field operators. The core values and ideals of SVYM have also spread—through 'SVYM alumni' who have opened chapters in different parts of India and abroad.



Health exhibition

Health Related Initiatives

Project ROHINI (Rural Oriented Health INItiative): ROHINI, the most ambitious of SVYM's projects, aims to create a replicable, sustainable model of comprehensive healthcare delivery. This is achieved by extending existing facilities and creating new ones, and putting into practice an effective combination of interventions and care at both grassroot and institutional levels. Project ROHINI covers the entire 2,50,000-strong population of H.D. Kote taluk.



Immunization camp

Helping People to Help Themselves: SVYM aims to achieve self-reliance in healthcare by actively involving micro-credit groups, thereby giving it the status of a credit-plus activity. Groups of local opinion makers in each village have been trained to work as voluntary healthcare promoters. These groups work



Paramedical training in progress

closely with SVYM and other agencies to ensure that their needs are met with maximum efficiency.

SVYM trains medical and paramedical personnel and health workers, orienting them towards rural healthcare. The CHART (Centre for Health, HIV-AIDS Research and Training) Programme, taken

up in close collaboration with the University of South Florida, USA, focuses on Health Education and HIV-AIDS awareness and training. SVYM also co-ordinates

and networks with different institutions in specific areas like oncology and cardiac care.

SVYM also facilitates networking of the existing health infrastructure (primary health centres, rural dispensaries and

private clinics) and creates new centres where there are none.



SVYM's hospital at Kenchanahalli



SVYM's hospital at Saragur

Vivekananda Memorial Hospital: In addition to the 10-bed hospital at Kenchanahalli, SVYM has set up the Vivekananda Memorial Hospital at Saragur. The 60-bed hospital with multi-disciplinary specialist services has been designed and developed to provide reliable, affordable institutional care of a very high order. The hospital has surgical, trauma, emergency and critical care services, with the requisite diagnostic back up. It is increasingly being recognised as a referral centre.

As the well being of women and children is vital to the well being of the community, SVYM places a special emphasis on Reproductive and Child Healthcare.

Vital Communication Links: Communication is possible from every corner of the taluk, thanks to the linking of SVYM's medical centres, ambulances and field workers through wireless sets.



Pathology lab, Saragur



Registration at Saragur Hospital



Operation theatre, Saragur



Specialist services, Saragur

A functioning telemedicine unit at both the Kenchanahalli and Saragur hospitals provides invaluable locationfree, real-time audio-video conferencing facilities. This facility allows SVYM to access medical opinion from all over the world—and to provide their consultancy

services wherever and whenever needed. Through the telemedicine facility, SVYM can also upgrade the skills of its doctors, nurses and healthcare personnel.



Viveka Tribal Centre for Learning (VTCL), Hosahalli: Initially, SVYM's most important task was to make the tribals and rural poor of H.D. Kote appreciate the value of education. SVYM then began to create a model of alternate education focusing on the middle class and rural communities. If students wish to study further, this would ensure that their transition to a mainstream educational institution is as painless as possible.







Classrooms, VTCL

The VTCL began as a thatched hut with a few students. Today, it is a government-recognised, semi-residential school imparting education to over 400 children. A primary aim is to help these children fit into the mainstream while retaining pride in, and contact with, their tribal heritage.



Inside a classroom

The VTCL trains teachers from other schools, develops teaching aids and enhances children's lives through innovative educational methods like joyful learning, experiential learning and activity-based learning.



School excursion, VTCL



Agriculture, VTCL



Dining Hall, VTCL

Library, VTCL

A consortium of over 321 government schools has been formed with the intention of improving the quality of education amongst its 43,000 students. Educational Recreation Centres have been set up at many



Experiential learning, VTCL

villages and awareness is being spread through Community Facilitators.



Prayer time, Viveka School of Excellence

Viveka School of Excellence, Saragur: Inspired by the success of VTCL, SVYM has set up another school at Saragur based on the same innovative principles of education. The Viveka School of Excellence is open to non-tribals.

Non-formal Education (NFE) Programmes: SVYM has set up six NFE centres, targeted at preschoolers (under six), in the primitive Jenukuruba

colonies. The focus is on creating awareness about education. Vidya Vahini: The purpose of Vidya Vahini is to spread education-through a bus modified to serve as a mobile 'edutainment' school. The project is run largely by former students of VTCL.

Community Development Initiatives

SVYM had observed that existing social welfare schemes, For the first time. we have forgotten though well-intentioned, spawned a sense of dependence rather our differences and than self-reliance. People hopped from the cocoon-like security of are aware of our collective strength. **99** one training programme into that of another. The skills learned along the way were not utilised to earn a livelihood. For people - Moodalimadiah, Kadukuruba Yaiamana to benefit, they would have to feel a sense of personal involve-(Chieftain) of Jaganakote ment in the programme-right from the conceptualizing stage-and realize their efforts to make it a success directly affected their future. SVYM has tailored its role accordingly. From being a provider of services, it is now a promoter-facilitator.



haadi

SVYM has networked with other government and non-government organizations with expertise in the fields of agriculture, soil and water management, sanitation, housing and community organization. The focus of community development services today is in linking the community directly to these network partners.



In an effort to promote self-reliance and sustainability, a local people's organization has been formed to gradually play a nodal role in the community's development. The Jagrutha Bharatha programme, for instance, has

Water sanitation and hygiene education

had an enormous influence in creating positive change. Under this programme, staff and volunteers enact street plays and perform skits and songs concerning health, education, social issues and ideas like banking and public distribution systems.

To promote awareness of these concepts, a newsletter, Vivekavani, has been started, which is becoming increasingly popular.

SVYM's experiences and knowledge in the development sector have been carefully documented. This information is being shared, through training programmes, with other NGOs/GOs working in similar areas. By functioning as consultants, SVYM hopes to facilitate the spread of its core competencies, for the greater good of a larger number of people.



Self-help groups



Vivekananda Institute for Leadership Development (VILD)

VILD serves as a one-stop shop for honing individual and institutional capacities in diverse fields related to the development Sector, through training, advocacy, research and consultancy. It aims at ensuring better programme planning, implementation and management of programmes leading on to 'Sustainable Process of Development' in a larger geographical area. The training methodology consists of seminars, workshops, symposiums, field exposures, interactive sessions, focused group discussions and participative mock exercises.

It is becoming increasingly apparent that salvation for the underprivileged of H.D. Kote lies in educated self-reliance. The sad fact is that there are many H.D. Kotes, in India and all over the world, each one of them in need of upliftment. SVYM hopes that more spin-off groups, greater networking and the active participation of more and more inspired people, will make a better life for the dispossessed a reality.





Jagruta Bharata

Please Help

While the commitment and spirit of SVYM's members remains undiminished by time or changing circumstances, they cannot continue as they hope to without funding.

The need for new facilities is growing, and money is desperately required to meet these needs. As roads are primitive in parts, SVYM's few vehicles break down with devastating regularity at the most essential times. Medical equipment breaks down too. Repair charges add up to worrisome amounts. Children at school need to be fed day after day after day. Accidents happen, pregnant women need care, patients of all ages cannot do without treatment or medicines. Community development projects have to begin or continue, for in their potential to expand horizons and create self-sufficiency lies the real hope for Heggadadevanakote's poor. So do medical research projects, which may ultimately hold the key to a healthier generation.

Sometimes everything, including morale and hope, is in painfully short supply.

To date, funding has come from both caring individuals as well as public and private agencies.

While their generosity and assistance have been invaluable, their continued support cannot be taken for granted. Contributions from most agencies are bound by term-limits. So much of *SVYM's funding will expire* in the near future.

Anything you can give will make a tremendous difference.

It could be a monetary contribution: You could specify where you want the money used or leave it to SVYM to disburse, based on priority and need. You could request that your contribution be used to perpetuate the memory of a loved one, such as a scholarship bearing his or her name. Or your contribution could be in memory of a milestone in your life. It could be in kind: Through a product or service you can offer. Or expertise in medicine, education, agriculture, management or any relevant area of specialization. Or organizational skills that may benefit SVYM. They would be deeply grateful for any personal involvement from you.

Donations made to SVYM are tax deductible in India under Section 35 AC (for corporates and professionals) and Section 80 (G) (for individuals) of the Indian Income Tax Act.

Cheques / DD's may be sent to: Swami Vivekananda Youth Movement Hanchipura Road, Saragur, H.D. Kote Taluk, Mysore Dist, Karnataka 571 121 INDIA Tel / Fax: 91-821-245412

Contribution to SVYM in USA can be forwarded to Swami Vivekananda Youth Movement of North America 2832, Alderberry Ct., Fullerton, CA 92835 Ph: 011-714-674-0105 e-mail: svymofna@aol.com EIN-02-0687246

(SVYM's administrative costs do not exceed 6% of the project costs. Audited financial statement and activity report available on request.)

SVYM is registered:

- under Karnataka Societies Registration Act, vide No. 122 / 84-85 dated 1-12-1984.
- with Ministry of Home Affairs, Government of India, under FRCA 1976 vide No. 094590102.
- with Ministry of Welfare under the Indo-US bilateral agreement vide No. 17-7 / 95-NI-I dated 22-12-97 to receive foreign goods.