

children who would otherwise have never been immunized.

The government has the resources and the mandate to create a thousand 'Ships of Hope', which could bring health to people who are at the receiving end of a volatile and moody river. What it needs is the humility and willingness to learn from those who have successfully experimented.

### **Sittilingi: Tamil Nadu**

*August 2010*

The Tribal Health Initiative (THI) Centre at Sittilingi is housed in a few single-storey, well-designed bamboo, cane and mud buildings spread across a quiet and clean campus. In 1993, Regi George, an anaesthesiologist, and Lalitha Regi, a gynaecologist, visited this area. He was a Kerala Christian, she from a Hindu family of Kochi. They wanted to work in rural India and were travelling to find the right spot. What they saw in Sittilingi shocked them.

Mostly a tribal area, Sittilingi was so remote that, during the monsoons, it was completely cut off. People had no access to health care. Their traditional practices, like keeping the woman and child out in the cold at the back of the house for a week after childbirth, resulted in high maternal and child mortality. As the child survival rate was low, family size was normally six or seven. The doctor-couple had found the place they were looking for.

"We encroached on some land and

built a mud-and-thatch hut with the help of the tribals. For three years, we ran a hospital from there. We managed to provide some care but, by and large, the problems persisted as the impact of our work did not change the retrograde practices being followed," explained 50-year-old Lalitha, clad in a simple salwar kameez. So, they started mapping the households in the village.

In 1995, they asked the villagers to select elderly women who could be trained to provide health care at the local level. Twenty-five women were selected from 21 hamlets. Every two weeks, these women would visit the centre for two days to learn the basics of health, hygiene and disease management, and to update the data about births and deaths in their villages. These women became the health-care providers and change agents in their tribal hamlets.

At the time of our visit, there were 23 health auxiliaries in the 40 to 70 age-group who received ₹700 per month as a stipend and worked for two-three hours daily. Most were not literate but after training they were able to explain the basics of health and hygiene. As they were elderly, and from the community, people listened to them. We met some of these women, wrapped in cotton saris, standing outside the health centre.

Among them was a younger woman, Rajamma. She had joined the doctor-couple when they first came to Sittilingi. "I was 16 years old and had dropped out

of class 8,' Rajamma recalled. 'I started as a daily wager when the centre was being built but went on to learn nursing and assisting in deliveries. Now, I work as a nurse. I have even assisted in minor surgeries,' she said, her voice confident despite her uncertain smile. Rajamma told us that initially there was resistance from the community but the Regis, along with their small group of trained women, gradually won the villagers over.

In 2010, when I was there, the 24-bed THI hospital at Sittilingi with its neonatal ward, operation theatre (OT) and special TB Unit, covered over 10,000 families spread across 20 km. Around 200 births took place at the institution every year. OPD was held thrice a week, with a daily attendance of 150 to 160 patients.

In the OT, lit by a single bulb and equipped with a World War II air and ether anaesthesia kit, non-blood surgeries were carried out. The user fee for tribals was ₹20 and for non-tribals, ₹30. Inpatients paid whatever they could afford. The results of the THI were, we learnt, astounding. The infant mortality rate had reduced from 150 per 1000 live births to 20. Consequently, family size had come down to four or five. There had been no maternal deaths in eight consecutive years.

"Over time, we realized that just providing health care wasn't enough. We did a *padayatra* (foot march) in our villages to ask people what they wanted. Their major worry was livelihoods. Second was the issue of younger people migrating. Farming was the main occupation so we introduced organic cultivation. A cooperative of 200 farmers was formed. They grow organic turmeric, cotton, sugarcane and millets. Women make ragi papad and biscuits, and sell them under the brand name Svad," Regi informed us.

Once, during a field visit, Lalitha discovered the Lambada embroidery done by the women. The art was dying and only two women in the community still knew how to embroider. Lalitha encouraged them and offered to sell their work. These two women trained others and, today, they create beautiful organic

and handwoven skirts, tops, bags and so on, under the brand name 'Porgai', meaning pride. These sell at exhibitions in metros. "Last year, we sold products worth ₹3,00,000," Lalitha told us.

In their efforts to transform the community in Sittilingi, the Regis were aided by a few friends. Krishna was one such person. An architect by profession, he designed the Sittilingi hospital using local materials instead of an anti-

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Regi George and Lalitha Regi, in front of the Tribal Hospital, Sittlingi

septic, impersonal building. The result was a house of health where patients feel at ease. After the building was done, Krishna did not leave. Instead, he started training 14- to 18-year-olds to become entrepreneurs. “The drop-out rate after class 8 is high as children go to work at the knitwear units in Tirupur. So, we have introduced a one-year academic and technical training course for such boys. I have taught them plumbing, electric works, etc.,” Krishna told us.

In a country where doctors are willing to pay huge amounts of money to escape rural postings, finding practitioners who are willing to stay in tribal hamlets and treat the people is difficult. The exceptions are the Regis

or the Jan Swasthya Sahyog of Ganiyari or the Bangs of Gadchiroli. The danger that hangs over such well-meaning initiatives is the challenge to ensure that they can carry on even in the absence of their founding members—a daunting task.

We left Sittilingi with the hope these professionals would be able to inspire medical graduates to fulfil their Hippocratic Oath. Today, THI has a team of over seventy highly trained people working to improve the lives of the tribal communities living in the Sittilingi valley and surrounding hills, so our wish is being fulfilled. **R**

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