REPORT ON CHAD ACTIVITIES IN JAWADHI HILLS, PRESENT & FUTURE
VISIT TO CMC, BAGAYAM, ON BEHALF OF FOV UK, NOV 2016

1 November 2016

I met Dr Jasmine Helen, Head of Community Medicine, and her colleague, Dr Anuradha Rose, who coordinates the departmental activities in Jawadhi Hills. They gave me an overview of how the department has been involved in the welfare of the people of Jawadhi Hills for well over 40 years, the following being some of the milestones relevant to the interests of FOVs.

Early 1980s: start of outreach program for control of Hansen's disease among the tribal communities. This led to establishment of mobile clinics but this served only a few areas accessible by road.

2007: a health survey conducted through funding from DAN Mission which revealed the community's health and other welfare indicators to be significantly below par.

2014: CK Job Tribal Health & Development Centre was established as a response to the survey to try improve the health needs of the communities. The land and the building, in fact, belong to Don Bosco Institute for Tribal Welfare and have been leased out to CMC for a period of 5 years. The building is modified to function as health clinic.

At the end of the meeting, I was introduced to a few other members of the faculty and we all walked to the canteen for tea break.

2 November 2016

Dr Rose and Dr George took me on a tour of Jawadhi Hills which lasted for about 5 hours.

Terrain: A range of verdant hills spotted with small villages on the slopes located far apart. We travelled along a single-track tarmacked road which winds among the hills and valleys. At the entry of the forest we passed through a check post manned by the forest guards who readily recognised the doctors. One of them happened to be Dr Rose's patient.

I learnt that the road is closed over night for public transport in order to prevent illegal logging and smuggling of forest produce which I believe is rife on the hills.

CK Job Centre: Situated in Veerapanoor village and it is accessible by a vehicle. It is a fairly adequate building to serve as a clinic/basic hospital. It is provided with electricity and water. Dr George showed the modifications undertaken since acquiring it from Don Bosco organisation. There are dedicated enclosures for a clinical lab, x-ray facility, etc. There is land around it for extensions to come up when needed. Sadly there were no patients at the time of my visit the reason being that they had all gone to tend to their farms and other labour work which earns them their livelihood. I was informed that most of them are on daily wages. Many families survive on single such earnings and the wage earner can't afford to ignore his job.

I met three smart and confident yet pleasant staff at the clinic who work as clinic/nursing assistants and caretakers. The nursing assistant is a tribal girl and happens to be the only educated girl from her village. She studied/trained at Sitilingi funded through Dan Mission Project. They stand as sterling examples of the effort being put in by the two organisations in not only preventing migratory labour but also empowering the natives to get involved in welfare schemes for their own community.

A few yards from the clinic is a small watchman's dwelling. Drs Rose and George pointed to the land around it where CHAD is keen to develop accommodations for doctors and paramedical staff. With the resident staff on the hills the clinic could be run early in the mornings and late afternoons thus avoiding the conflict with their routine working hours during the day. At present it runs between 9am and 5pm resulting in poor attendance. The villagers have been consulted about it and they seem to be in favour of the proposal. In addition, field staff would be able to visit villages hitherto out of reach and meet people when they are at home, i.e., after they return from work.

I noticed stone benches in the vicinity with good tree cover and was informed that it serves as a chapel. It seemed a perfect setting – serene, rustic and in the midst of nature – for contemplation and worship.

Dr Rose informed me that Don Bosco is in total agreement for transfer of ownership of the land in question over to CMC and that the necessary paper work has been submitted to the local government. She sounded very optimistic of a positive outcome soon.

I was also informed that CHAD regularly engages the villagers in open discussions on their welfare schemes and takes in their points of view. These meetings take place late in the evenings and are facilitated by the respective village-headmen. I was fortunate to meet one such village-head during the visit. I heard him consulting with the doctors to arrange for a meeting soon to evaluate the toilet scheme and rubbish collection which were implemented recently (incidentally I know the local language). This is part of CMC's initiative in establishing model villages with funding from FOVs. I was impressed to see how well the villagers were receptive to the schemes. I was also impressed with the effective communication that exists between CHAD and the villagers which is the right way to go about.

Don Bosco Institution: I was next driven to the Don Bosco establishment which has a very impressive presence in the hills since before CHAD arrived there. We were greeted by Fr Vinodh who gave a brief historical overview and about Fr Codello's pioneering work on the hills. He then described the work undertaken by them in terms of primary and secondary education and training in sustainable income generation projects. He then took us round the agricultural schemes, piggery, etc. He was kind enough to invite us for lunch with him. I learnt that collaboration between CHAD and Don Bosco goes a long way and the two institutions work with good understanding.

Dr Rose stated that the Community Health Department has come to recognise the fact that in an area like Jawadhi hills where welfare indices are very low, a medical approach alone is unlikely to yield the required results. She feels that if health provision by CK Job centre is to prove its worth, it is equally important to implement programs to alleviate poverty and improve the standard of living of the local population. She stated that the department recognises the role of local NGOs networking and collaborating with one another in contributing to this end.

Projects in need of FOV support: There are a number of projects which require external monetary support since it is understandably difficult for CMC to take all of them on board. It is heartening to note that there is a decent collaboration among the NGOs working on the hills and they are able to harness the benefits of the state government initiatives to the people.

During discussions I came to know how various FOVs are supporting the activities of CHAD on the hills. FOV Germany has funded some student sponsorships; Australia has supported the purchase of an Ambulance vehicle as well as an Ultrasound unit; USA is supporting community development works, specifically the Model Village Programs.

Dr Rose in her project proposal, which she had passed through and got approved by the development office and the administrative department at CMC, has dealt with a number of schemes that might attract the interests of FOVs in terms of funding. Instead of duplicating her document I am going to

touch upon just two projects for FOV UK keeping in mind the interests of our FOV and in line with the CMC mission statement which I quote below from Dr Rose's document.

"CMC reaffirms its commitment to the promotion of health and wholeness in individuals and communities and its special concern for the disabled, disadvantaged, marginalised and vulnerable."

This is entirely a personal view. Therefore anyone reading this proposal should not be under the illusion that FOV UK is bound by what is said in this report.

1. **Buildings to enhance the scope of CK Job centre:**

   Living quarters for medical and paramedical personnel would significantly enhance CHAD's scope of offering primary care to the population by running the clinic to altered timings as described earlier. This would significantly improve the image of CHAD and CMC on the hills. In addition it would give CHAD personnel to reach out to more interior villages either late in the evenings or early in the mornings as at present they got only limited hours of stay within the reserve forest area. I feel that if the accommodation is in the form of a number of independent units it would be flexible to interchange among different cadres of workers. This would also allow individual FOVs to choose funding depending on their finances. An alternate to it would be a hostel-like structure which would require a substantial capital input calling in for a combined effort from FOV.

   The other structural need is a large hall on top of the existing clinic (provided its foundation is good enough). This apparently could function as a training cum education facility which is also much in need and could be used by both CHAD and Don Bosco. It might also attract the college Chaplains to use it as a place for retreats.

2. **Education and Training Programs:**

   Needless to state that provision of basic education in an area like Jawadhi Hills would be one of the most important social interventions that could be undertaken in order to improve the social determinants of health of the community. CHAD and Don Bosco have already contributed to this, individually and in collaboration. CHAD supports primary education, runs night schools and summer camps. Schools and hostels run in the area by Don Bosco are well known. This basic education opens up opportunities for the local youth to train further as field workers, health aids, auxiliary nurses, laboratory technicians, etc. helping the health sector but it also requires teaching/training staff on-site and at the department level in CMC. Funding is required for running these programs, support students with scholarships and retain staff with salaries.

   In addition basic education also helps in job oriented training thus discouraging the youth from going for migratory labour. I am told that RUSHA runs a good community college in this respect and those facilities could be harnessed for this population initially and later a facility could be developed locally involving Don Bosco.

I picked the above two projects since they dovetail nicely and would go a long way in the welfare of the hill population. I find the first category to be more defined in terms of funding and is finite whereas the second category might involve a commitment in the long term. However they fit in with the provision of primary care for a very deserving population marginalised due to social and cultural stigmas in addition to being geographically isolated. All put together, I feel that it would admirably serve to keep up with the noble vision of Aunt Ida!

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