One Health Project/Unnave Marandu

Community Health in the Nilgiri Biosphere Reserve

The reason for writing this paper is primarily to lay out the reasons for Keystone Foundation to start health related programme interventions in the Nilgiri Biosphere Reserve.

Backdrop

Keystone Foundation has been working in the Nilgiri Biosphere Reserve (NBR) since more than 2 decades. Efforts over this period have been to build eco-development initiatives, balancing indigenous livelihoods and conservation objectives. Over the years, diversification has taken place into several fields, including culture, indigenous knowledge, wetland and water resources, biodiversity conservation, etc. For more details see www.keystone-foundation.org

Engaging with indigenous people has been a rewarding experience and if I (Sneh) were to map the changes, over the past 20 years, in the community and the environment in 2015, it seems that the following picture emerges:

Socio – economic

Positive growth with increased incomes through land development, NTFP collection and local value addition, non-farm based skill provision, availability of work through NREGA, and in private estates. There are more avenues to sell produce and find various types of employment in the latest boom of second homes which have come up all across Nilgiris. In other more forested areas, mobility has increased with people travelling out for work eg. Sigur people in resorts and Ooty; Multiple stakeholders are involved in addressing issues facing the community – mainly NGOs (Keystone, ACCORD, NAWA, Island Trust, RDO, CTRD, MYWA, …….pl fill up) and the various arms of the government, especially the MGNREGA.

This growth in the economic side has not necessarily meant a better social environment. There is a significant increase in alcoholism and substance abuse. The youth, having gone to school do not want to continue life the old way and seek jobs outside. Women often remain in villages and continue to go for wage labour in nearby estates. They are usually both breadwinners for the household, as well as homemakers. It is observed that, amongst the households in a village and within a community, interactions have reduced considerably as people are getting individualistic. The situation of single women, old widows and disabled needs special mention – as there are lack of social support, livelihood options, malnutrition and isolation amongst them. The other group needing counselling are adolescent girls, who are often caught without enough awareness in pre-marital relationships, which leads to complications. Awareness of their body and health need specific attention amongst these communities, where early marriages are prevalent.

Culture

Though from the development agenda, we broadly look at socio-economic aspects, it is necessary to overlay this with culture, which is crucially important in indigenous life. Given traditions, norms, beliefs and customs - most of the adivasi communities in the NBR have a rich past. Closely linked to the forest, rivers and pastures, their culture has seen many changes over time. This is related to changes in control, management and transformations of landscapes in the region over the last 200 years. Some of the key cultural aspects of Kattunaickens, Kurumbas and Irulas relate to honey collection, millet cultivation, annual prayer to ancestors and marriage alliances. Amongst the Todas, the festival related buffalo in the sacred conical temple, and amongst Kotas the Kambatrayan festival, with new clay pots made traditionally by Kota women. Besides the obvious festivals and dances, language and dress forms a distinct cultural cohesion.

The communities are going through rapid change with impacts of mainstream cultures, a fast growing economic situation but failing health and wellbeing. These communities need to find a balance in transformation – what are the aspects to keep and which to leave out, what to accept from the new world and what to keep from the old world. How to change? This cannot be a universally accepted path, so at this stage there are multiple views, multiple leaders and dispersion in the community.

Keystone & Health

Keystone has been working with health issues since inception. It was quite clear from the start in 1994 in the Nilgiris, that the health of adivasi people, especially women needed attention. Not having expertise in this field, we chose to rely on the other NGOs in this sector and the public health system. Indirect interventions however began out of which 3 are of significance:

1. Money from honey sales started supporting health needs, critical cases and accidents, snake bites, complicated pregnancies.
2. Revival of millet cultivation/traditional agriculture amongst the Kurumbas and Irulas was done with community participation.
3. Special Health & Nutrition project in Nilambur for small and dispersed populations (Hunter Gatherers) since 2013

The first intervention was a reactionary and need based intervention – soon we realised that all funds could easily be sunk into health needs and direct care. This also was coming in the way of sustainable livelihood interventions. Keystone decided to raise a corpus and address only serious cases with part financial support. This support is on-going and 30-40 crucial cases are dealt with annually.

The second large scale intervention started with growing food. It was observed that people are fully dependent on the PDS system in most areas of the NBR. The food security scheme gives rice, sugar and palm oil at subsidised rates or free. Our intervention helped revive traditional millet cultivation which had many nutritious grains and vegetables. The need to address health and nutrition was the paramount objective, besides that of securing land.

This gained momentum in some areas and failed in areas dominated by cash crops. In some areas where communities could not do large scale farming, kitchen gardens became popular. This program became almost like a campaign to grow traditional food, which brought nutrition and also families/villages together.

Thirdly, Cholanaicken and Kathnaicken communities in the Nilambur region were identified as a special category needing health related intervention. This is because they are few in number, live in isolated and remote forest villages and have access to only Public Distribution food. Depending wholly on wage labour or NTFP collection for their livelihood, these people are mostly malnourished and of ill health. Keystone works with these communities on health awareness, nutritional support to especially weak people, linking to hospitals and public health care in Kerala, kitchen gardens, food festivals and lobbying with government. There are now 4 community health workers being trained from the villages to take up this work in the future.

Besides, these several experiences over the past 24 years make us aware of the role of traditional medicine, in these communities. With few remaining healers, it has been increasingly difficult for people to rely on this type of healing. Most believe strongly in the combined force of spirits, rituals and forest medicine, but have also adopted bio-medicine. The reasons for most illnesses are related to bad spirits, which need to be identified and appeased. Most complicated mental health cases often remain untreated in villages, after several unsuccessful attempts with healers.

It is with this background – that Keystone embarks on a new initiative to address health and wellbeing.

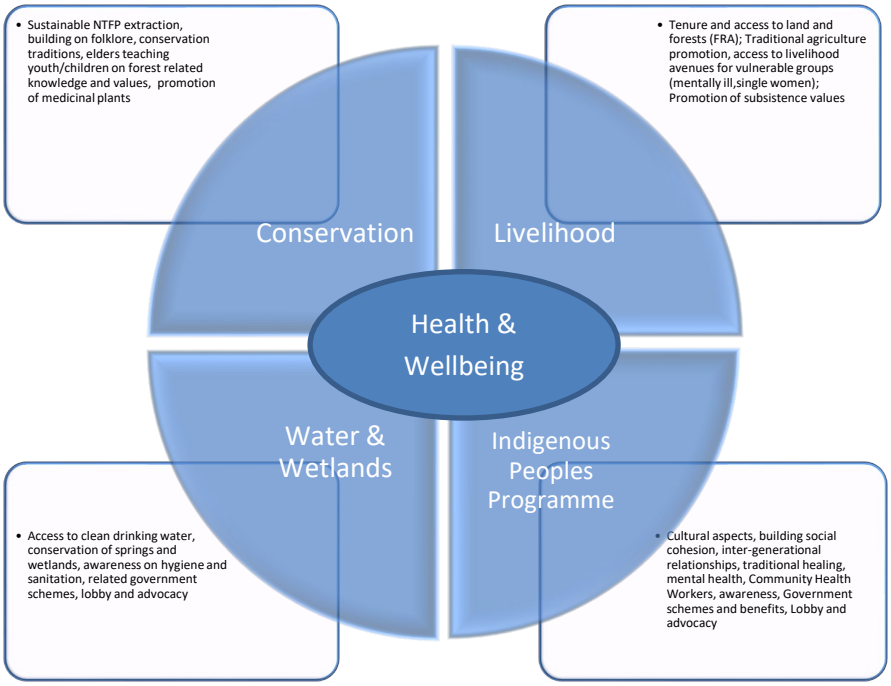
The Large Aims are:

1. Communities and Environment in the NBR are healthy: this refers to the ecology of the region and an assurance of clean water, soil and waste disposal
2. Self-sustained communities know when, where and how to get help when they want. They take action with a shared responsibility and ownership to the health agenda. Access is available for both biomedicine and traditional medicine and knowledge.
3. There is social cohesion amongst communities and a movement to grow own food; this will enable diversity and sovereignty of food, bring back the linkage to land and people will have a sense of satisfaction.
4. Women and Girls are strengthened with knowledge and have autonomy, dignity and freedom for violence.
5. Children and youth are imparted knowledge by elders and parents. Youth are specially mobilised towards good community health practices and efforts are made to transform education to strengthen health systems
6. In the midst of change, there are early warning systems, builds critical thinking and pathways for feedback and learning.

The initiative will attempt to understand and influence the social, cultural and economic determinants of health. It will study the public health delivery mechanisms and try to make

them more efficient and accessible. Health & Nutrition awareness, research and practice need to be integrated for a holistic approach. This will be approached through community health volunteers and a referral system with available hospitals and doctors. Networking and alliances with health providers and community health institutions will be made for building a stronger strategy for the region.

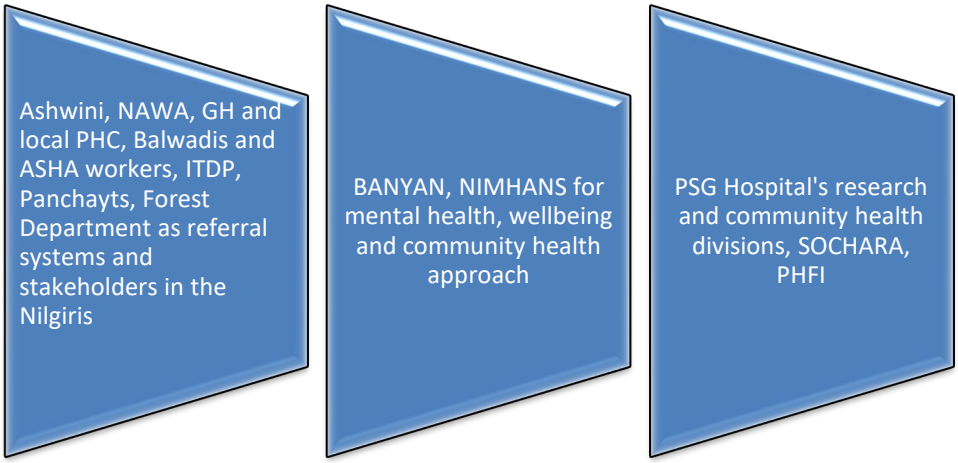
Within Keystone, the linkages are seen as follows:



The Health and Wellbeing initiative will be located within the Indigenous Peoples Programme (IPP). Linkages to other programmes will be integrated in the field and during the meetings of the Programme Working Group. All these programmes are on-going and will play a role in the `One Health' concept. The initiative will have activities on general heal, nutrition and mental wellbeing through building community health workers in the region.

The emphasis is on IPP to build the initiative from the peoples' perspective, integrate social, cultural and economic realities, select Community Health Workers (CWH) and build knowledge about health and wellbeing. The IPP will be supported by knowledge resources from Cornell University, as part of the Nilgiri Field Learning Centre (NFLC).

Some of the other possible networks and associations explored till now are:



Afterword

This paper is to clarify the role of Keystone in the sector of health in the Nilgiris. We do not plan to set up hospitals or become service providers. We will follow a community based approach with an intention to build capacities and claim rights. An action-research methodology of work, like in other programmes of Keystone, will be adopted. In the initial phase, funding for this work has come from mainly Both Ends – but this is not their area of focus and we need to immediately look for donors in this sector.

Some of the **Action Points** for now (Points from Meeting with Becky)

1. Create Communication Material, including the Position Paper [This is it] based on data from research and baseline. Share this with other roleplayers – eg. Communities, NGOs, Government
2. Deciding and Tracking key indicators. Some ideas:
    a. Diet Diversity
    b. Consumption of Fruits and vegetables – local foods
    c. WHO Complementary Feeding
    d. Community perceptions of health outcomes
    e. Prevalence of known risk factors
    f. Measuring Upper Arm Circumference (MUAC)
    g. School participation
    h. Open Defecation

3. Training Community health workers – on tracking death/verbal autopsy and also sensitising the rest of the KF team.
4. Conduct mental health camps & assess results – Banyan? [Ongoing]
5. Decide on the NFLC Research topics
6. Conduct the Baseline Survey – illness, risk factors, food/diet and sanitation [ongoing]

7. Community Health Workers – expand the base, Strengthen them with training, work out a plan with ACCORD; create a local information system
8. Promote nutritious food, talk about nutrients, make schemes or make it popular, food festivals
9. Look into health seeking behaviour
10. Emergency Health Support and referral systems need to be worked out
11. Address the Gaps in Keystone – Documentation and information; more human resources for communication and information

Sneh, 6th April, 2016