

TRIBAL FUTURES



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1. Summary

The Nilgiris is part of a range of hills designated as a Biosphere Reserve by UNESCO in Tamil Nadu, South India. The ISLAND Trust (I.Trust), a local-based NGO, has been working in the area since 1984 to support the most marginalised of families from indigenous tribal communities with an annual death rate that is forecast to grow to 25%. This plan is for the first of a three year programme that will respond to an urgent need to improve the health, education and welfare of those from 30 tribal (Adivasi) villages with a particular focus on women and children.

2. Background and Need

The Nilgiri Hills are famous for the number of rare species of flora and fauna that inhabit the highland forests as well as for its tea and as a tourist destination. The clearance of forest for tea and coffee plantations together with poorly regulated development, housing and tourism has had a negative impact on both the natural environment and the indigenous population. Climate change is causing increasing problems as long periods of drought followed by severe rain damages homes, crops and infrastructure. Displaced tribal groups, once surviving as hunter-gatherers, have needed to adapt to a changing lifestyle with many of them taking up farming, labouring, tea-picking or migrating in search of work. Tamwed has supported the I.Trust for 4 years on a programme to help tribal farmers adapt to the effects of climate change and to secure their long-term future. During work on this and other programmes in the 30 villages targeted for this project, I.Trust staff became concerned about the level of malnourishment among mothers and children which they found to be an indication of unacceptably poor standards of health and welfare. In particular, they were aware of young mothers and children that had died due to anemia and malnutrition. Local people described maternal and infant mortality as “due to lack of blood”.

In May 2014, the I.Trust conducted a sample survey in the 30 villages among Irula and Kurumba tribes with the help of social work students who were shocked by the results. Nearly 70% of lactating and productive age group women were suffering from severe anemia. More shockingly, 80% of the tribal children in at least 10 villages were classed as malnourished or under nourished with growth below normal health standards and suffering from problems with eyes, teeth and bones. They also found out that each tribal village had around 10 destitute widows with 2 to 3 children suffering hunger and starvation and without proper clothing.

Local research has established that the tribal population is reducing by a considerable amount each year due to the death of children and adults in middle age when Sickle Cell Anemia is prevalent.

In 2012, the Government of India introduced an act promoting free and compulsory education for all though its effect has not percolated to rural areas. While the literacy rate in Tamil Nadu is claimed to be 80%, the rate for Tribal people is 41% with the female rate being 33%¹. In these 30 villages, the rate for tribal communities is even lower. Here, initial school enrollment of tribal children is around 60% though the figure for retention drops to around 40% and then drops again for enrollment in High School. There is a sudden decline in girls' education after High School to only 20%. This is attributed to the poor health of children, the poverty of families with a need for children to be earning income as soon as possible.

¹Census of India 2011: Primary Census Abstract – Scheduled Castes and Scheduled Tribes.

The need for this project is urgent as it is forecast that the annual death rate could grow to 25% in the 30 villages. Increasing migration and the loss of traditional homelands and habitat is resulting in a real danger of indigenous tribal communities vanishing from the Nilgiris. The data for health and education demonstrate that it the most marginalised of families that are stuck in a cycle of deprivation.

The I.Trust has considerable experience of work with tribal communities which it has helped by forming groups of leaders who co-operate on their programmes and advocate for their rights. The organisation has trained health staff working on AIDS and other issues. It has a good rapport with local government medical and other departments while supporting locally elected leaders and village level structures.

3. Aims and Objectives

The Project will aim to improve the health, welfare and education of tribal communities in 30 villages in Kotagiri Block with a particular focus on 500 mothers and 300 children to:

- a. Prevent maternal and infant mortality among tribal families;
- b. Ensure normal weight and height of new-born children;
- c. Prevent malnourishment and tackle vitamin deficiencies among young mothers and children;
- d. Prevent hunger and starvation of widows and orphaned children;
- e. Achieve enrolment and continuing education of all tribal children;
- f. Promote social and economic self-sufficiency.

4. Method

The Project will:

- a. Conduct surveys to identify those with the greatest health, education and welfare needs;
- b. Provide and test the value of nutritional supplements to identified mothers and children;
- c. Set up kitchen gardens for medicinal and culinary herbs, vegetables and fruit; Colin & I did make
- d. Promote school gardens and the supplementing of school meals.
- e. Demonstrate the preparation of nutritional food from low-cost and locally available produce;
- f. Set up health camps and awareness programmes in each village;
- g. Work with families and schools to ensure continuing access to quality education;
- h. Monitor the health, education and welfare status of the target group during monthly reviews;
- i. Work with government health, education and welfare service providers to promote support for tribal villages.

5. Beneficiaries and Stakeholders

Direct beneficiaries will be 500 women and 300 children who are part of the indigenous tribal communities living in remote villages of Kotagiri Block in the hilly terrain of the Nilgiris District. Indirect beneficiaries will be other tribal and marginalised communities in the District and beyond who will be invited to take part in events and project activities to learn from the experience and initiate similar programmes. Stakeholders will include Government departments, NGOs, tribal representative groups and academic institutions which will be engaged in the programme.

6. Long Term Outcomes

The project will aim to secure the sustainable welfare, education and livelihoods of tribal communities in the Nilgiri Hills by ensuring that:

- a. Tribal women and children live healthy lives in thriving communities;
- b. Prevalent health problems are reduced;
- c. Tribal children are able to attend school and enjoy the joys and rights of childhood;
- d. Self-reliance is enhanced through the increased production of herbs, vegetables, and fruit in kitchen gardens;
- e. Tribal communities are aware of their rights and demand the necessary support for health and education services;

- f. Widows, orphaned children and those with the greatest need are linked to government welfare schemes for financial and other assistance.

7. Targets

In the 30 villages, the project will:

- a. Appoint and train 30 honorary Village Health Animators (VHAs);
- b. Ensure health services are delivered by trained health professionals in a protected environment.²
- c. Reduce malnutrition and anemia affecting women and children by at least 90%;
- d. 300 of the neediest children to receive adequate nutritional food in home;
- e. Develop kitchen gardens with at least 500 families;
- f. Distribute nutritional supplements to 300 children (120 in the first year) and 400 women (150 in the first year) over 3 years;
- g. Medically examine all pregnant and lactating mothers to be and introduce nutrition supplements where appropriate;
- h. Reduce to zero the Maternal Mortality Rate (MMR) from 10% and the Infant Mortality Rate (IMR) from 15% in the project area over 3 years.

8. Staff

The Project Manager will be responsible to the ISLAND Trust's CEO for all aspects of the administration, management and delivery of the project. In addition, the PM will liaise with government health care providers, organise camps and events, conduct reviews and submit reports using an agreed format and timescale. The Field Officer will be responsible to the PM for liaising with and supporting Village Health Workers, liaising with beneficiaries and all other aspects of delivery of the project in the field. Job descriptions will be drawn up prior to interviews.

9. Training

Induction and ongoing training by qualified health professionals with experience in implementing Community Health Programmes for all members of the project team will be a feature of this programme. The PM will draw up a training schedule that will include issues such as Mother and Child Health, Reproductive Health, Nutrition, Immunization, Adolescent Counseling, Family Planning, Prevention of Disability, HIV and Cancer. Records will be kept of all training sessions which will be evaluated by participants.

10. Exit Strategy and Sustainability

It is the intention for this programme to continue for at least 3 years. Before the end of this first year, a full evaluation will result in the completion of a detailed plan and budget for the 2nd and 3rd years.

After this, the training and appointment of VHAs will help to ensure on-going support leading to increased community self-resilience with assistance from government departments that will become active partners in the delivery of this programme. The ISLAND Trust will be experienced and have the necessary in-house skills to continue the work of the project. Village-level tribal committees will have the motivation and capacity to access government services.

² Government appointed Community Health Animators do not necessarily live in the villages where they work and usually charge for their services. The project VHA team will be made up of these Government Animators and newly appointed and trained volunteers who will be paid a small honorarium of Rs.500 (£5) per month to cover lost income.

11. Programme

Month	Action
1&2	Appoint Project Manager and set up admin procedures. Baseline survey in 30 villages.
2	Review survey to prioritise health needs. Project awareness-raising event.
2 on	Draw up detailed programme of training and support in liaison with stake-holders.
3	3 month review and report
3&4	Identification and Training of Village Health Animators (VHAs). Training for VHAs
3&9	Sensitisation of local community leaders.
4&5	Training in Kitchen Garden development for VHAs.
4&5	Identification of species of vegetables, greens and herbs.
4&5	Village level Medical Camps and establishment of health status.
4 on	Provision of Nutritional Supplements.
4 on	Health record maintenance of vulnerable mothers and children.
4 on	Referral service to Health Sub Centres and Primary Health Centres.
4&10	Sensitisation of the government medical service providers.
5 on	Promotion of kitchen gardens and ongoing monitoring.
6	Review of health and other indicators. 6 month review and report
6	Follow up medical reviews.
6 on	School visits and observation of targeted children.
11	Health Mela. Public event. Baseline review.
12	Programme evaluation. Prepare 2 nd year programme. 1st year review and report.

12. Budget – Year One Expenditure

	Item	Rs
1	Project Manager (Rs 8,000 x 12)	96,000
2	Field Officer (Rs. 4,000 x 12)	48,000
3	VHA Honorarium (30 x 500 x 12) (see note a. below)	180,000
4	Training (see note b.)	60,000
5	Travel (participants & staff incl. ambulance service) @ Rs. 3,000 x 12	36,000
6	Meetings, events (Rs12,500 x 4)	50,000
7	Administration, phone, accounts etc (Rs2,000 x 12)	24,000
8	Medical equipment (see note c.)	0
9	Govt. health staff travel @ Rs.1,000 x 12	12,000
10	Basic nutritional supplements @ Rs2,000 x 30 villages	60,000
11	Seeds and equipment for kitchen gardens @ Rs 1,000 x 30	30,000
12	TOTAL	596,000
13	Management and administration (ISLAND Trust @ 15%)	89,400
14	TOTAL (12 + 13)	685,400
15	Minus ISLAND Trust's contribution (note a.)	90,000
16	GRAND TOTAL (14 – 15)	595,400

Income

Source	£*
C&M Terry fund-raising	2,000
Nomads Clothing	2,500
Tamwed fund-raising	1,700
TOTAL	6,200

*Exchange rate @ Jan 15: Rs96 to £1

Notes on Budget:

- a. VHAs: The ISLAND Trust will subsidise half of this cost as their contribution to the project.
- b. Training: Induction - 4 days residential x 31 staff + 2 Resource persons. Follow up – one day per quarter.
- c. Medical Equipment: The ISLAND Trust owns medical and clinical lab equipment. This will be made available to the project and placed appropriately to be accessible in the project area.
- d. Health: It is essential to have the support services of one or more Govt. doctors to refer tribal people with special needs. He/she will conduct medical camps and follow up patients who need continuous care and observation. This way, tribal people will develop the habit of approaching trained doctors and utilising government services. By providing travel costs, project staff can encourage government health professionals to take part in clinics and refer cases for specialist treatment.

11. Tamwed (www.tamwed.org)

Tamwed (Tamil Nadu/West Devon) is a registered charity (1113533) that was set up soon after the tsunami at the end of 2004. The organisation's founders were familiar with communities in an area severely affected by the tidal wave and its aftermath. After supporting a local NGO to help restore the livelihoods of farming and fishing communities, Tamwed subsequently liaised with other locally-based organisations on programmes that supported the neediest of communities. The charity's voluntary committee is made up of international development workers, horticulturalists and others who can add to local expertise and experience. An experienced Programme Coordinator in India monitors the progress of the two current projects dealing with health, climate change and other issues delivered by three NGOs including the I.Trust. Tamwed's Secretary, a trainer and evaluator of overseas programmes, visits projects annually for reviews and training events. Tamwed has negligible running costs and the funds raised to contribute to this programme include a sponsored walk by two volunteers between the villages in the Nilgiris that are taking part. The most recent audited accounts show an income of £14,500; two thirds in the form of grants or donations from trusts and businesses; the remainder from local fund-raising and donations.