Programme Report

NILGIRIS-WYNAAD TRIBAL WELFARE SOCIETY

A report of the Society, its activities and its contribution to the people of the region over the decades

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Executive Summary

Development of a nation, or a community, is usually understood and explained with reference to some indicators which act as signposts of progress, or its absence. Some commonly used indicators of development are health and education, which we will refer to here to further explore how the deprivations are experienced by *adivasis*.

The main activities of NWTWS include:

(a) Primary Health Care

(b) Community Health Care

(c) Education

(d) Social development and capacity

Building

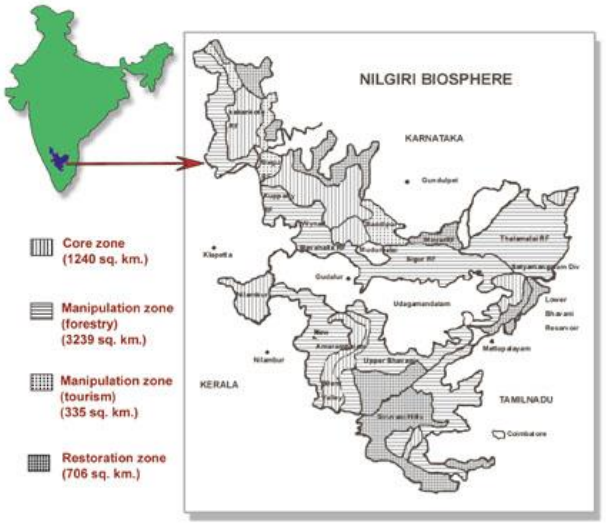
(e) Agriculture.

And in addition the organization focuses on special target groups which are (a)Elderly people of the age 60 and above,(b)Widows (c)Working women especially mothers.(d)Children below the age group of 5 and school drop outs.

The Place & the People

In 1971, UNESCO launched the *Man and Biosphere Programme* which identified certain regions which were rich in natural and cultural heritage which required socially-informed conservation measures involving communities of the area. The broader aim of the Programme was to conserve for posterity bioregions across the world which were characteristic of various ecosystems[1]. The **Nilgiri Biosphere Reserve** (NBR) was the first site to be notified in India under this Programme, in 1986[2]. The NBR was designated as such with the intent to conserve and restore degraded ecosystems and engender an alternative model of development[3] suited to the terrain and the context.

The NBR comprises an area of 5, 520 sq.km located amidst the Western Ghats in southern India, straddling 8 districts of the States of Tamil Nadu, Karnataka, and Kerala[4]. The Western Ghats is one of the oldest mountain chains in the world, and supports tropical rainforests which modulate the climate of peninsular India and contribute to global ecological balance[5]. The NBR, with an elevation range from 400 to 2500 metres, supports high-altitude grasslands and evergreen montane forests, along with a wide variety of vegetation types, micro-climates, and diversity of species[6].



Source: CPR Centre, MoEF

The **Nilgiris District** of Tamil Nadu ("Nilgiris") which lends its name to the Reserve, falls within the NBR and lies along the border of the state with Kerala and Karnataka. It contains an area of 2545 sq.km., comprising 40% of the NBR, and is broadly divided into two distinct plateaus[7]. The upper plateau at an average altitude of 1900 metres occupies the larger eastern portion of the district[8]. The **Nilgiri-**

Source: District Handbook 2015-16

Wayanad Plateau on the western slopes comprises the Gudalur and Pandalur Taluks (combined into the larger Gudalur Revenue Block), and bears an average elevation of 900 metres[9].

The Nilgiris is home to tribal groups who are referred to as *adivasi*, which translates to 'original dwellers' or 'first peoples'. These original inhabitants of the region were organized loosely by tribal affiliations, and were occasionally ruled by distant principalities that only tenuously held administrative control[10]. The Nilgiris tribes were, for the most part, left to themselves and legend had it that even pointing to the densely forested foothills of the Nilgiris could cause a malarial affliction[11].

The Nilgiris came under the rule of the British in 1792 when they acquired it under the terms of a treaty with Tipu Sultan of Mysore[12]. While there had been some gradual migration into the region previously[13], the colonial regime introduced the concept of state property and encouraged the setting of plantations which brought in hitherto unprecedented numbers of settlers from the plains, as labour and entrepreneurs[14]. In the 1860s legislations were introduced which outlawed shifting cultivation and converted large swathes of forests into protected areas, to the long-standing detriment of tribal society, who lost hunting, cultivation, and grazing grounds, and access to forest produce[15].

Following Indian independence in 1947, the larger NBR area was bifurcated into 3 States on the basis of the language spoken by the settlers, with no heed paid to the break-up of traditional tribal areas into different administrative entities[16]. Further large-scale migration was to follow in independent India, when thousands of acres of evergreen forests were converted into state-owned tea plantations to rehabilitate Srilankan refugees in the 1980s[17]. The alienation of their traditional lands and restrictions on their livelihood modes created bonded and landless labour of many *adivasis* who continued to lose their land to moneylenders and newer settlers[18]. Addiction to the alcohol introduced by settlers soon became rampant among *adivasi* society[19].

In view of the precarious conditions faced by certain communities and tribes across the country, many of them were afforded Constitutional protection and access to measures of affirmative action. The tribes of the Nilgiris are classed as **Scheduled Tribes** under Article 342(1) of the *Constitution of India*. Yet despite the provisions put in place for their aid, the *adivasis* of the Nilgiris have continued to significantly lag behind other communities of the State and the country, across a wide range of

social and economic indicators, and have remained a socially excluded, marginalized section of society[20]. The creation of the Nilgiri Biosphere Reserve has had little impact on the lives of the people of the region, and the development model applied to the area[21]. The communities of the Nilgiris are rarely involved in the conservation strategies adopted[22]. The development strategies of a fast-paced Indian State have been at the cost of vulnerable peoples[23] like the *adivasi* communities of the Nilgiris.

The People

Scheduled Tribes comprise 8.6% of the population of India[24], and include diverse and heterogeneous communities across the length and breadth of a vast country like India. Government sources peg the number of *adivasi* groups in India at 705[25]. Scheduled Tribes comprise 1% of the population of State of Tamil Nadu[26]. The *adivasis* who are original inhabitants of the Nilgiris District now make up 4.5% of the population of the District[27]. Within the Nilgiris, Pandalur Taluk located on the Nilgiri-Wayanad Plateau has the highest concentration of Scheduled Tribes[28].

Unlike the tribal communities of the upper Nilgiris who are considered some of the most ethnographically studied groups over the centuries[29], the tribes of the Nilgiri-Wayanad region did not receive much scholarly attention[30]. While the Todas, Kotas, and other upper Nilgiri tribes occupied distinct territorial areas, the Kattunaicka, Paniya, Mullu Kurumba, and Betta Kurumba of the Nilgiri-Wayand Plateau lived predominantly in interspersed habitations with routine channels and occasions of interaction between tribal groupings[31].

The tribes of the Nilgiri-Wayand region are further categorized as **Particularly Vulnerable Tribal Groups** ("PVTGs") on the basis of greater vulnerability than faced by other Scheduled Tribes[32]. Some of the reasons for this classification include forest-dependent livelihoods, pre-agricultural level of existence, stagnant or declining population, low literacy rates, and a subsistence-based economy[33]. However, this region is not afforded protection under Schedule V of the *Constitution of India* or the *Panchayats (Extension to Scheduled Areas) Act, 1996* which provide for community-involved local administration and peoples' representation keeping with the particular vulnerabilities faced by Scheduled Tribes of the area[34].

Kattunaicka

The Kattunaicka (also referred to as Jenu Kurumba), lived in small groups across the Nilgiri-Wayanad region, and procured rice, metal knives, and clothes from other tribes in exchange for honey, firewood, bamboo and spices[35]. They were employed by other tribes as guards against predators[36]. They followed egalitarian systems of political organization, with few important leadership positions that were open to men, women, old and young[37]. They were predominantly hunter-gatherers and honey hunters[38], who occasionally planted fruits and vegetables to supplement their nutrition[39]. Other tribes relied on the Kattunaicka to prepare medicinal potions from forest produce, and their shamans were deemed to have powers to mediate with the supernatural[40]. In the Nilgiris, the Kattunaicka live only in Gudalur and Pandalur Taluks[41]. They number 2480, and there are 621 households[42].

Mullu Kurumba

Mullu Kurumbas were settled cultivators who used the plough, and classified land according to the type of cultivation suitable[43]. They undertook communal hunting on certain ceremonial occasions, with great ritual significance[44]. They were skilled with crafting bamboo, wall-painting, and fashioning hunting tools[45]. Mullu Kurumba also collected forest produce for food and medicinal purposes, relying on indigenous classification of flora and fauna[46]. The Mullu Kurumba live only in the Pandalur Taluk in the Nilgiris, in addition to large groups who live in Wayanad District of Kerala. Unlike the other three tribes of the region whose languages bear similarity to the Kannada language, the Mullu Kurumba language has strong associations with Malayalam which is spoken in Kerala[47]. They number 1425 and there are 348 households[48].

Betta Kurumba

Betta Kurumba (also referred to as Urali Kurumba), were skilled carpenters and blacksmiths, who craft handmade bamboo and terracotta products[49]. Following their settler neighbours, many of them began cultivating cash crops which furthered their indebtedness due to the high cost of agricultural inputs. In the Nilgiris, the Betta Kurumba live only in Pandalur and Gudalur Taluks. Small groups also live in Wayanad District of Kerala, and near the Bandipur National Park in Karnataka[50]. They number 3362 and there are 866 households[51].

Paniya

The Paniyas are one of the early hunter-gatherer tribes of the Wayanad region[52]. The Paniyas were expert hunters, cultivators, and performers[53]. They were held in bonded labour or as slaves by many settler groups in the Nilgiris, who used to send raiding parties to forcibly capture them from their homes[54]. Paniyas tend to be the most impoverished among the adivasi groups, and the restriction on access to forests and forest produce hit them the hardest[55]. They are considered low in status by other adivasi communities of the region[56]. They are the most susceptible to destitution, and some are constrained to resort to begging[57]. Paniya populations are spread over Kerala, Karnataka, and Tamil Nadu[58]. In the Nilgiris, they number 7882, and there are 1784 households[59].

Crisis of the Adivasi

A recent study has revealed at a quarter of the forest cover of the Nilgiris has been lost between 1973 and 1995[60]. Introduction of modern forest management has wiped out some plant species which adivasis were dependent on, and the almost complete restriction on access to forest produce have had significantly adverse effects on traditional knowledge, nutrition, and cultural goods[61]. They face higher than average rates of infant and maternal mortality, anaemia and undernourishment, as a result of the dramatic changes to their traditional protein-rich diet, which was supplemented by wild foods[62].

A high-level national committee of the Ministry of Tribal Affairs pointed out that the *Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006* ("Forest Rights Act") which was enacted for the protection of adivasis, their traditional habitats, and community rights, has not been implemented in the State of Tamil Nadu to the enduring detriment of the *adivasi* communities of the State[63]. It also noted with dismay that state agencies have denied the rights of *adivasi*s to collect honey from forests, and resorted to harass them instead, in complete contravention of the provisions of the Act[64].

The *adivasis* of the Nilgiri-Wayanad region have limited access to the cash economy which envelops them, and suffer from high levels of indebtedness, landlessness, and marginalization[65]. They have extremely low literacy and education levels[66]. Modern medical facilities are rarely available to them, and they face high poverty levels, significant malnutrition, and deaths from starvation[67]. Many *adivasis* resort to chewing betel nuts as a way to ward of hunger[68], and alcoholism is a wide-spread scourge[69]. They have no access to centres of power or justice dispensation[70],

although some sections have manged to procure jobs in government departments as forest watchers or low-level cadre[71].

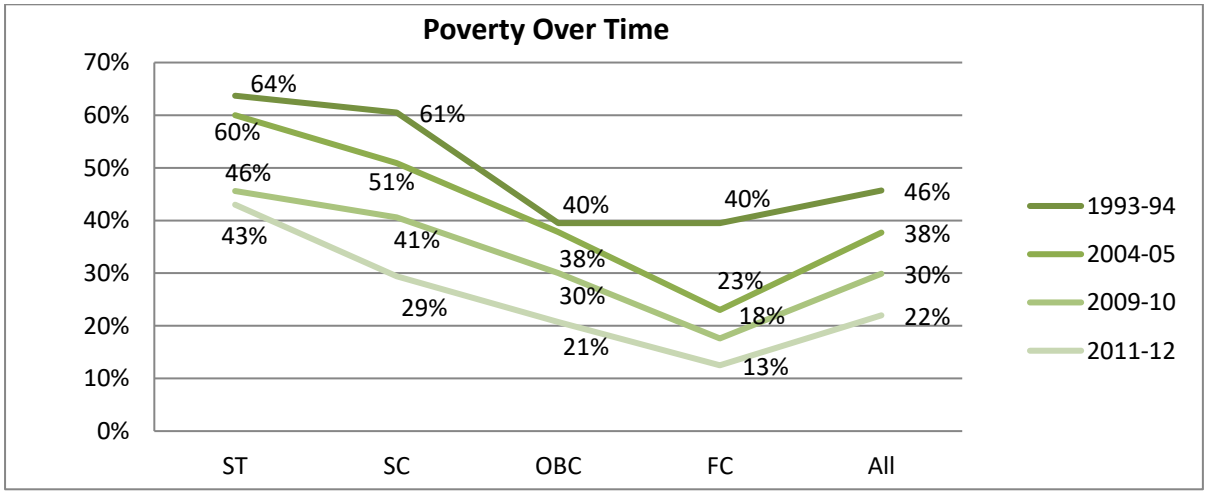
As in the case of other PVTGs, the *adivasis* of the Nilgiri-Wayanad region suffer extreme levels of deprivation on account of the "loss of their traditional livelihoods, habitats and customary resource rights through the gradual exploitative intrusion of the market and State into their areas in the form of industrial projects, conservation efforts, tourism, and the forest bureaucracy… These conditions have led to the loss of their land and resources resulting in chronic malnutrition, starvation and ill health among these groups"[72].

Elements of Deprivation

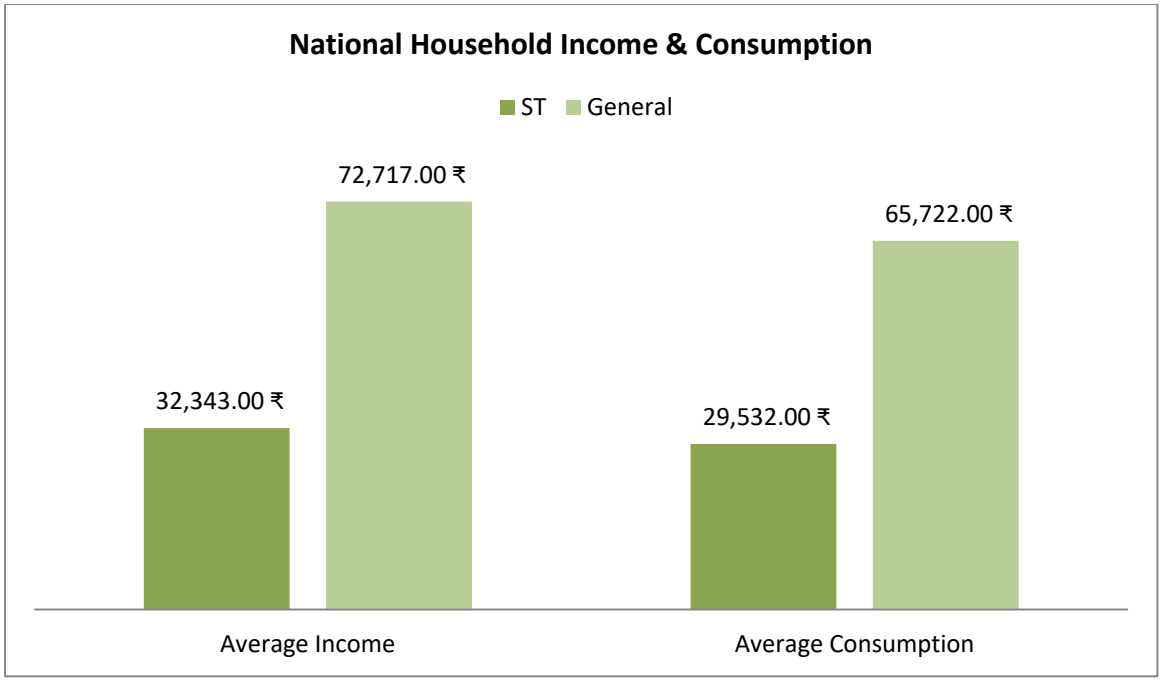
With the extent of diversity among the *adivasi* community in India, there are significantly disparate outcomes to the programmes and policies instituted for their benefit across states, regions, and between different *adivasi* communities of a region[73]. Nevertheless, many *adivasi* communities in India continue to live in remote, underdeveloped regions, with limited opportunities and little access to basic amenities including education, and healthcare[74]. Scheduled Tribes rank the lowest in India's Human Development Index[75], lack "adequate political representation, and face high levels of economic deprivation and cultural discrimination"[76].

The poverty rate of 2004-05 for the general population was 37.7%, while for Scheduled Tribes it was at 60%[77]. The literacy rate for Scheduled Tribes was at 47% in 2001, as compared to 65% for the rest of the country[78]. As per the National Family Health Survey (1998-99), 93% the general population's births were institutional deliveries, which in the case of Scheduled Tribes is only 50%. Landlessness is a critical issues facing Schedules Tribes, and the 2001 Census indicated that the number of tribal agricultural labourers (i.e. those working on farmland owned by others) increased from 20 to 37%[79].

Poverty reduction is much more sluggish among the *adivasi* population, than for the rest of the country. A contrast between the income and consumption figures of these two sections of the population reveals vast variations.



Source: Panagariya and More (2012); High-level Committee, Ministry of Tribal Affairs



Source: IHDS 2004-05, High-level Committee Report, Ministry of Tribal Affairs

Adivasis of the Nilgiris face "serious problems of landlessness, land alienation, malnutrition, bonded labour, eviction from national parks and sanctuaries, as well as displacement due to mines and hydroelectric projects"[80]. The poverty levels in the Nilgiris are much higher among the *adivasi* population. While 34% of the non-adivasi population in the Nilgiris is classified as poor, the number rises to 40% in the case of *adivasis*. In the Gudalur Block, 41.78% of *adivasis* are poor, as compared to 35.39% of the total population of the Block[81].

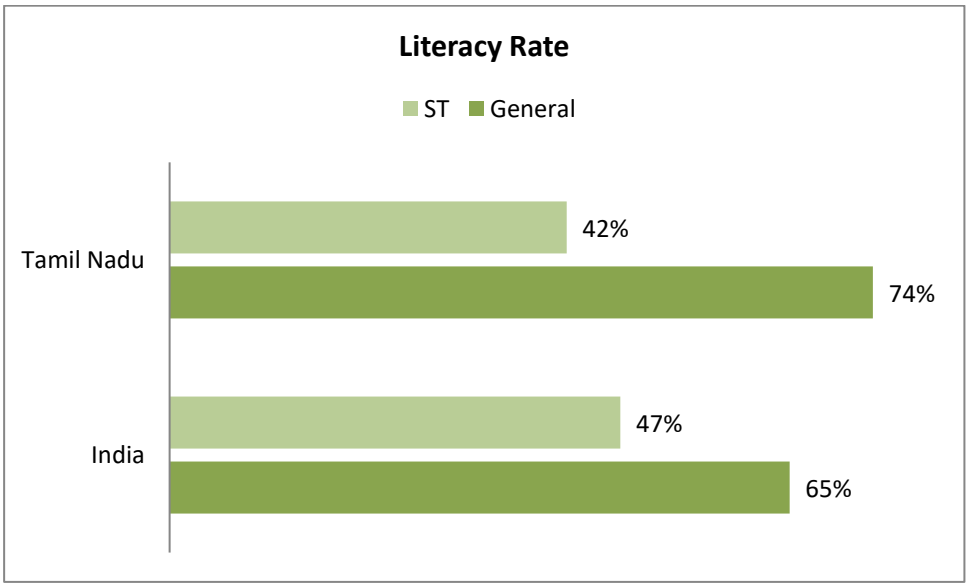
Two spheres where the contrast between the progress made by Scheduled Tribes and the rest of the country is starkly revealed are education and healthcare. These are interlinked, particularly as education influences the use of healthcare facilities in some cases[82], while poor health tends to be a barrier to school attendance.

Education

Article 21A of the *Constitution of India* mandates the state to provide free and compulsory education to children between the age of 6 and 14. This has been codified as a right as per the *Right of Children to Free and Compulsory Education Act, 2009* which calls for the provision of appropriate infrastructure to ensure this right[83]. Article 46 of the Constitution emphasises that particular care has to be taken to ensure the education of marginalized sections of society, especially the Scheduled Tribes. Between 1951 and 2011, the literacy rate in India increased from

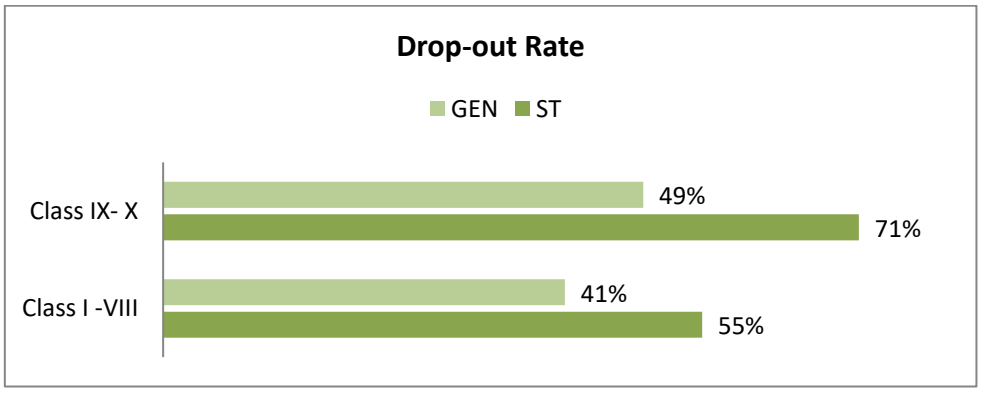
18% to 74%.[84] As encouraging as these numbers are, they mask the vast disparity in education levels, particularly in the case of disadvantaged communities such as adivasis.

As far back as in 1961, the *Dhebar Commission*[85] had noted that absenteeism and drop-outs were alarmingly higher among the Scheduled Tribes as compared with the general population. The Commission noted that a combination of abject poverty, non-availability of school facilities, poor teaching, and unrelated curricula contributed to vast differences between the education levels of adivasis and the rest of the country[86]. The trend continues today with the literacy rate of Scheduled Tribes across India at 59%, revealing a 15% difference between the literacy rate of the general population and that of *adivasis* across India[87].



Source: Census of India (2001)

Nationally, a whopping 71% of all children belonging to Scheduled Tribe communities drop out in the final year of high school, and 55% do not make it even that far in the school system[88].



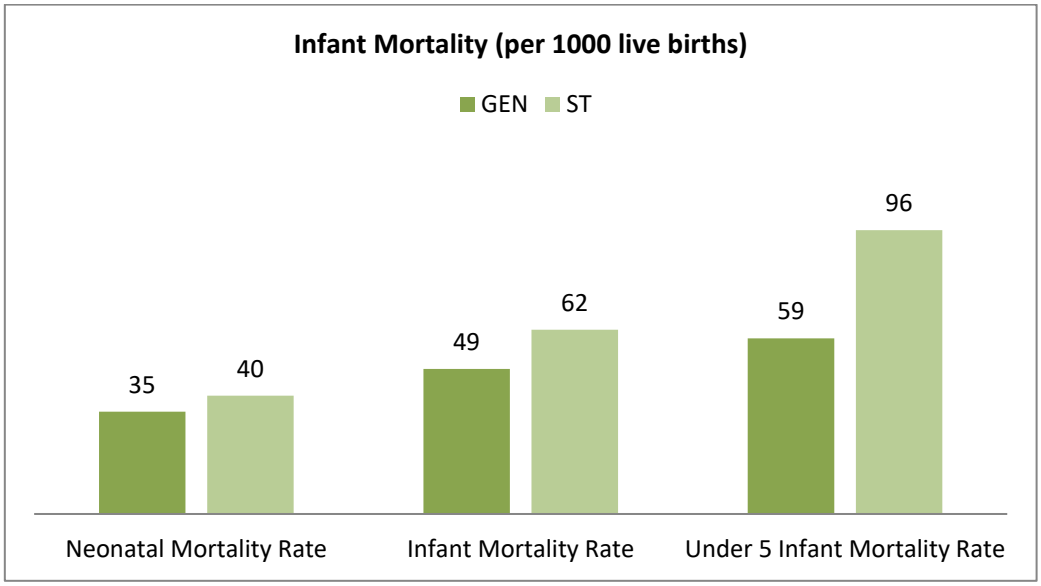
Source: Educational Statistics at a Glance 2012, Ministry of Human Resource Development

In the Nilgiris District, 71% of the tribal population are non-literate, while 29% are literate[89]. A study found that among the adivasi population in the Nilgiris, the dropout rate is higher at undergraduate level (15%) and at the higher secondary level (13.91%), and that the dropout rates among the Paniya are much higher than of other *adivasi* communities[90]. Educational infrastructure in many adivasi areas is abysmal, with long episodes of teacher absenteeism, and curricula and pedagogy that is completely unsuited to the *adivasi* way of life[91].

Due to administrative processes which lead to the bifurcation of adivasi regions into different State entities, the language of instruction in government schools is often completely alien to the *adivasi* community it serves[92]. Some of reasons reported for non-attendance of school by *adivasis* in the Nilgiris include unavailability of school facilities, long distances, inability to understand the language of instruction, and illness in the family[93]. The diverse and rich traditional knowledge and skills that the *adivasi* groups possess is rarely tapped into, encouraged, or promoted[94].

Health

Despite the range of protective arrangements and affirmative action measures instituted for their benefit, Scheduled Tribes in India face higher rates of mortality, morbidity, and risk of illnesses, in addition to greater likelihood of addiction to alcohol and other intoxicants[95]. Studies reveal that only 1 to 2% of *adivasis* across India access healthcare facilities[96], and that there are vast disparities in health between tribal and non-tribal populations[97].

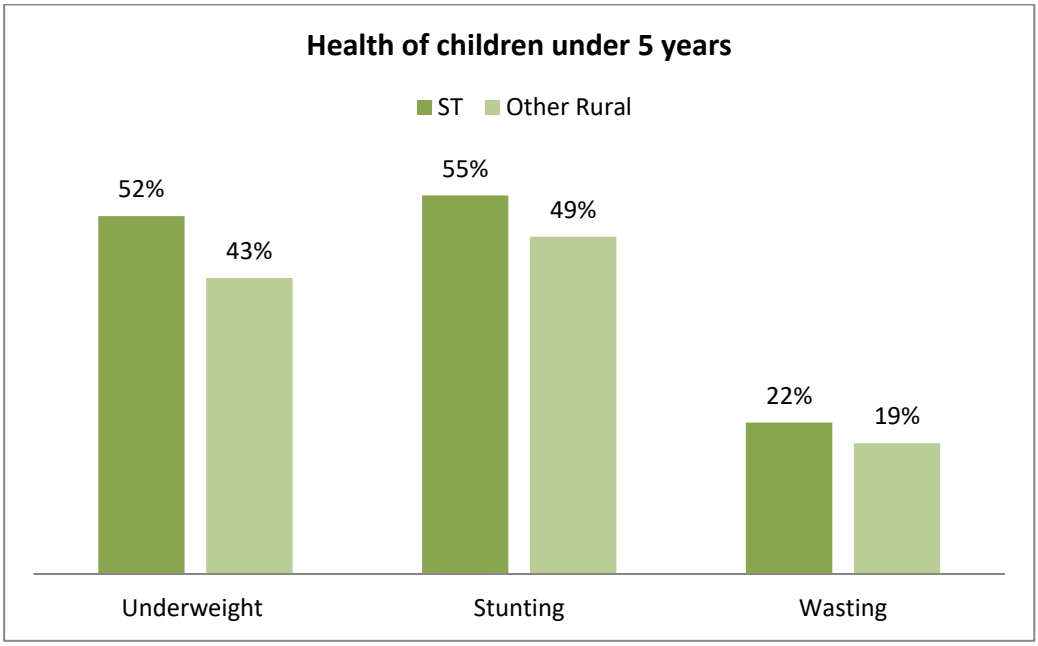


Source: National Family Health Survey, (NFHS-3) 20

A high-level committee of the Ministry of Tribal Affairs noted that members of Scheduled Tribe communities in India are prone to the following[98]:

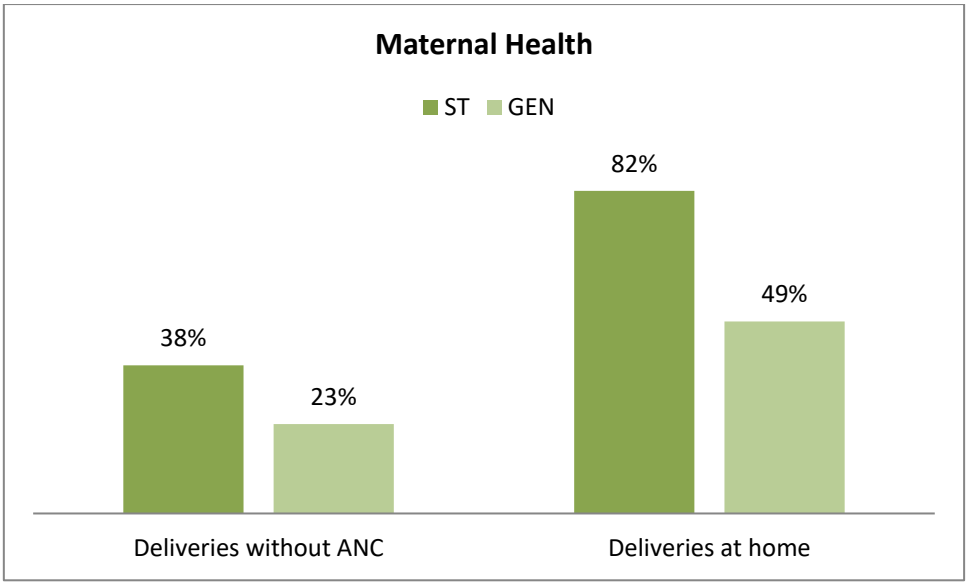
- The diseases of underdevelopment (malnutrition, communicable diseases, maternal and child health problems),
- Diseases of modernity (hypertension, high consumption of alcohol and tobacco, stress), and
- Diseases, particularly common in Scheduled Tribe population (Sickle cell disease, animal bites, accidents).

A study conducted by the *National Nutrition Monitoring Bureau* found that the average nutrient intake of *adivasis* is significantly lower than the Recommended Daily Allowance, further declining between 1997-98 and 2007-08 in some States including Tamil Nadu[99]. Under-nutrition is a severe problem among *adivasi* children[100].



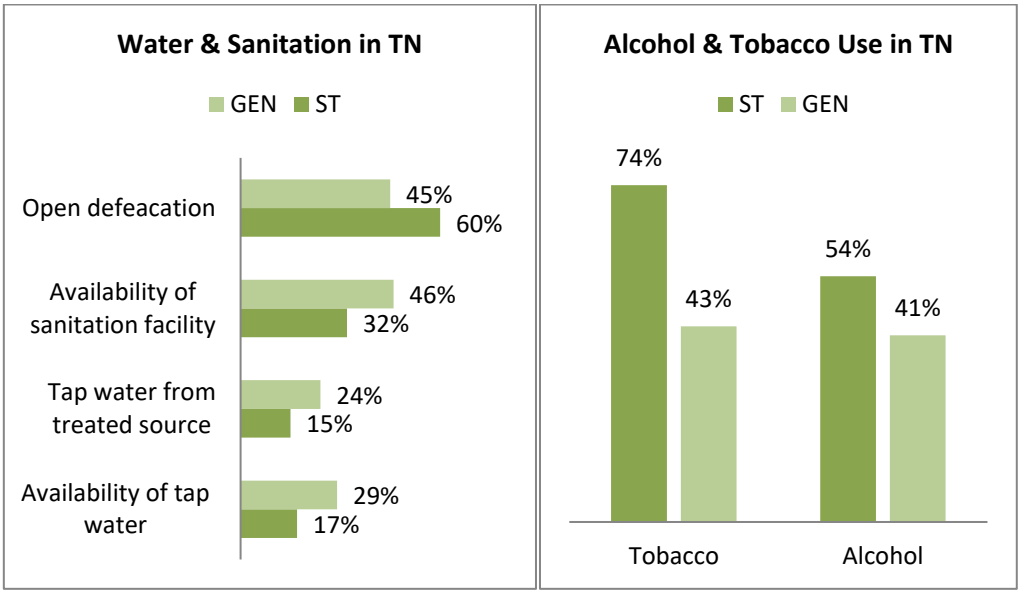
Source: National Nutrition Monitoring Bureau (2007-08)

A fundamental constraint to providing healthcare to adivasi communities is the absence of adequate healthcare professionals willing to serve in remote areas[101]. Where public healthcare facilities do exist, the unapproachability of the staff, language barriers, long distances, poor transport facilities, and low literacy lead to low utilization[102]. The proportion of women who give birth without access to any ante-natal care (ANC) is significantly higher among tribal populations[103].



Source: National Family Health Survey NFHS-3 (2005-06)

Tamil Nadu, a state which is ranks fairly high among other states of the country on various development indicators, shows marked differences in terms of health and sanitation metrics between tribal and general populations.



Source: National Family Health Survey NFHS-3 (2005-06)

Adivasi populations in the Nilgiris are prone to tuberculosis, malaria, gastroenteritis, and diseases caused by nutritional deficiencies[104]. They also face high incidences of hereditary genetic diseases including sickle cell anaemia and alpha-and-alpha thalassemia[105]. Prohibition of hunting and the collection of wild edibles and medicinal herbs from forests have significantly impacted their health and nutrition, which is not compensated by market-bought low-quality foods[106].

Indigenous beliefs, taboos, and the use of alternative herbal medicines also influence reliance on modern healthcare[107]. Some adivasi groups, particularly the Paniya, are known to under-report their health issues, which is considered an indication of extreme levels of deprivation and marginalization[108].

A Tribal Welfare Society

Amidst the Nilgiri-Wayanad Plateau along the middle-ranges of the Western Ghats, on the eastern edge of the Nilgiris District within the Nilgiri Biosphere Reserve, is located Ambalamoola. This is a village located within the Nellakota Panchayat of Pandulur Taluk, and lies close to the border between Kerala and Tamil Nadu. The Kattunaicka, Paniya, Betta Kurumba and Mullu Kurumba who reside here are classified as 'Particularly Vulnerable Tribal Groups'. In the late 1970s an English nurse who chanced upon the area during his work in a region nearby, was appalled by the abject poverty, and extreme deprivation faced by the *adivasi* communities here, often due to the absence of basic healthcare facilities to treat simple ailments such as scabies, anaemia, chest infection, and dysentery.

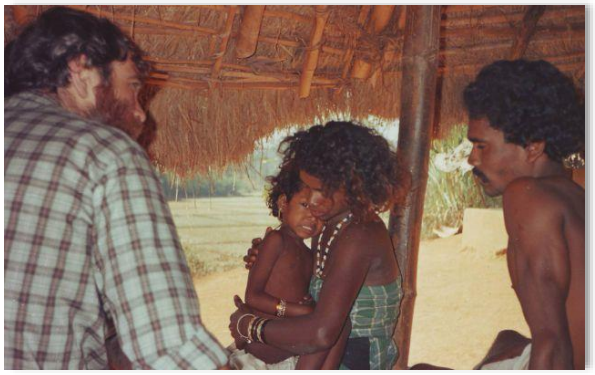
Determined that it was possible to provide a better standard of healthcare in a manner suited to the needs and priorities of *adivasis*, John Wilson, along with a local committee, formed the **Nilgiris-Wynaad Tribal Welfare Society** ("NWTWS" or "the Society") in 1979. NWTWS envisioned working with *adivasis* in the Gudalur and Pandalur Taluks of the Nilgiris, as well as the adjoining Wayanad District of Kerala.

Healthcare

NWTWS began its work by providing portable, basic medical care dispensed by a traveling medical professional carrying a kit-bag of simple medicines. This was a pioneering effort at the time when *adivasis* lived in near isolation, and were known to run away in fear on being approached by a stranger. By providing basic, effective treatment and by treating *adivasis* with respect, a trusting relationship was built and soon there were many who began to seek out treatment.

Impressed by the work of NWTWS, the then Collector of Nilgiris District provided a building in Ambalamoola for their use. A small 2-bedded clinic was established here, which housed a consulting area, pharmacy, small but functional clinical laboratory, injection room, and pre- and ante-natal areas under the same roof. People brought their ill on ingeniously designed stretchers to the clinic, which

treated 200 patients a day, served by 3 staff members. The space constraint was much so that some of the patients who were not too ill had to lie on the floor to receive treatment. Advanced cases were referred to better-equipped facilities farther away.



Seriously ill patients were treated at home, which provided insights into their home conditions as well as opportunities to interact with and treat others in the hamlet who had not come to the dispensary due to fear, lack of time, or simply putting a visit off. Medical awareness camps were regularly held in the evenings in remote villages with the support of Canara Bank, Sultan Bathery and the *Wynaad Sarva Seva Mandalam*. NWTWS purchased a bicycle and two mopeds to get to far away settlements using barely motorable roads.

Observing first-hand the extent of poverty exacerbated by landlessness in the area, NWTWS in 1984 provided support in filing the necessary documents to claim restoration and re-acquisition of their lands. Those who possessed land were encouraged to plant it with tea and coffee plants which were given, partly to raise an income, but also to encourage them to retain their land. Despite this, the majority of *adivasi* land has got into the hands of others. Focus was placed on improving health through sanitation, and the provisioning of clean drinking water in adivasi settlements. This resulted in the digging of about 12 wells in and around the Ambalamoola area. NWTWS began adding to its ranks trained staff members belonging to the *adivasi* community.

In 1986 the first case of leprosy was detected. After confirmation, specialist help was sought, and a small contact was survey conducted that identified many more cases. An experienced leprosy professional was appointed and *adivasi* staff members were sent for training at the Schieffelin Institute of Health – Research & Leprosy Centre, Karigiri, India's premier leprosy institution. They formed a team which systematically surveyed every nook and corner of Gudalur and Pandalur Taluks, as well as some adjoining areas in Kerala with high *adivasi* populations. Funded by the Damien Foundation of Belgium, over the years, this team treated

about 600 cases of leprosy. It is due to their hard work that the disease has virtually been eradicated in the area, although occasional cases still turn up.

NWTWS received a major boost Dr Nevin Wilson, a trained doctor with a specialization in leprosy, took over in 1990. In 1999, tuberculosis emerged as major challenge with many cases being detected. More staff members were taken on, and 4 sub-centres were set up to cater exclusively to tuberculosis patients. Systematic surveys were carried out and health education camps conducted. In 2000, a 12-bedded hospital was built with support from the Damien Foundation, Belgium. This provided a much needed expansion in facility, and catered for up to 400 in-patients per year. Lab facilities were improved. This was later funded by the Government of Tamil Nadu, and provided a significant boost to the medical facilities of the area for *adivasis*, as well as the general population.

In 2007 the Government of Tamil Nadu provided a vehicle, funding, and medicines under the **Tamil Nadu Health Services Project** (TNHSP) to undertake daily medical camps in remote villages. This was given the status of a Primary Health Centre which could reach distant hamlets, and had a team which included a doctor, nurse, lab technician, and driver. A Bed Grant was provided by the Government covering some of the costs towards in-patients, and this has made a very big contribution to the medical needs of *adivasi* patients in the area.

The Livelihood Enhancement Program was initiated by the Society to enable *adivasis* whose lives were ravaged by their illnesses to find a fresh start, and the means to enhance their livelihoods. The focus was on individuals who had recovered from leprosy and tuberculosis, who were provided with a capital resource. The Livelihood Enhancement Program started with the distribution of tea and coffee saplings to adivasis and the sharing of know-how on the cultivation of these crops.

Education

Right from the early days, alongside interventions in healthcare for *adivasis*, some focus was placed on encouraging education in the case of the very few *adivasi* children who were attending school. School uniforms were distributed, and attendance was monitored. Due to the absence of adequate educational facilities across the country, particularly in remote adivasi areas, the education policy at the time mandated the establishment of Tribal Residential Schools where *adivasi* children would reside for the duration of the school term. These residential schools had poor reputations and attendance, and as noted by a high-level Committee of the Ministry of Tribal Affairs, they were "often in the news for corruption, bad maintenance of facilities, and sexual exploitation of resident girls".

The 1961 *Debhar Commission* appealed for educational facilities for *adivasis* that were familiar with tribal life, culture and language. Given the rapport that NWTWS had by then built with the adivasi community of the area, the principal of the local school requested the Society's help in tackling the alarming rate of non-attendance of school and high drop-out rate of *adivasi* children. In 2000, a nursery school and centre for young drop-outs was started with around 35 children. In 2006, the School Enrolment and Enhancement Drive ("SEED") was begun, an initiative to identify the drop-outs in 50 *adivasi* hamlets, and bring them back to the educational system.

Under this programme, a team of street theatre performers not only provided educational awareness but also identified school drop-outs and potential students, and enrolled them in the nearest schools. They also ensured a continuous monitoring of the children enrolled by regular interactions with the school administration, parents, and the community. Field work was combined with school visits, distribution of school materials such as uniforms, bags, and umbrellas for 300 children each year. This project also focused on the provision of additional support to the students by various external means.

Farm

Starting with a donation of 12 acres of land on the Tamil Nadu - Kerala state border received from the Quaker Peace and Social Witness, United Kingdom the NWTWS farm not only provides as a means to sustain the livelihood of the workers

employed there but generates income that partially supports the activities of NWTWS. An additional 8 acres of land was later procured.

The farm grows 10 acres of tea, 5 acres of pepper, 3 acres of coffee, and 2 acres of inter-cultivated vanilla beans, clove, and nutmeg. The farm focuses on contributing a profit which is spent towards the Society's needs after removing the costs incurred towards labour, maintenance, and management.

Vision

***A** just society for the most marginalized and vulnerable tribal groups of the Nilgiri-Wayanad Region*

Mission

***T**o secure health, education, development and benefits for marginalised tribal peoples, particularly women and children*

Objective

***T**he welfare of the downtrodden, the socially and economically backward scheduled tribe community of the Nilgiri-Wayanad Region*

New Challenges

NWTWS has made great strides in its efforts to provide healthcare and improve the educational performance of *adivasi* children in the Nilgiri-Wayanad area. While internal and external funding sources have supported the Society amply, many of the problems that once faced the communities have now compounded and mutated. Many *adivasis* have lost their land and traditional rights, despite constitutional and legislative protections, and are struggling to adapt and come to terms with these relatively sudden changes.

In common with oppressed and indigenous peoples world-wide, many *adivasis* have taken to alcohol, and suicide is common phenomenon. Reduction of family income, increase of domestic and other violence, and reduced self-esteem are among the problems engendered by alcohol abuse. Very few tribal children complete secondary education, and *adivasi* traditions and structures have broken down. Positive role models amongst the old or young are few. Illnesses like hypertension and diabetes are now prevalent.

These are the new challenges. To help *adivasis* adapt, take their place in the larger Indian society, and make use of all the benefits and protections provided for them while maintaining and being proud of their traditions and heritage, require concerted, more extensive interventions. It is for these that NWTWS requires the support of government agencies, and charitable institutions that can help expand the reach of its work to areas and people who are in critical need of it.

Healthcare

Today, among *adivasis*, there is greater willingness and the understanding of the need to seek early treatment. There are healthcare facilities available in the area, including government Primary Health Centres that have come up on both sides of the state border which can fulfil a lot of the healthcare requirements of the area, depending on the doctor posted. However, there are still a good number of patients who fall through the net for various reasons, or simply prefer to come to NWTWS.

Studies have revealed that government hospital facilities are under-utilized by *adivasis*, particularly *adivasi* women, who find the staff rude and unsympathetic[109]. Although treatments at governmental facilities are free, considerable expenses are

incurred on account of transportation, and the food and other expenses of the person accompanying the ill person.

Nearly 80% of the staff at NWTWS belong to the *adivasi* community, and all of them speak the local language, in addition to being familiar with *adivasi* ways and customs. Treatment is free, whether the patient consults or is admitted. Food is provided free of cost both to the patient, and the person accompanying them. When patients are referred elsewhere, the cost of transportation is borne by NWTWS. The *adivasi* community feel a sense of belonging at NWTWS, and they treat it as their own which is a reassuring testament to the hard work of the Society.

The Society's in-patient facility is funded by the Government of Tamil Nadu, which sees about 1500 patients a year. The TNHSP-funded a mobile outreach van with a doctor and his medical team covers an additional 15,000 patients in a year, in over 40 remote hamlets located on forest fringes. The NWTWS Hospital is the only in-patient facility in Pandalur Taluk. The Society assists the government in running immunisation programmes and eye check-up camps. Regular visits to villages are conducted by the health education (Tb) worker and a children's health education troupe, who work on health and sanitation awareness, and issues of alcohol abuse, through street theatre performances in *adivasi* languages.

The Society's Outpatient Clinic presently sees about 8000 patients per year. Current staff includes a part-time doctor, lab technician, health coordinator, and 2 nurses, in addition to the mobile clinic staff and health educators. NWTWS is a government-recognised laboratory for tuberculosis, HIV and leprosy. All those who seek treatment at NWTWS are treated for free, including the general population.

While the in-patient and mobile facility is funded by the government, state funding is becoming increasingly inconsistent and erratic. The out-patient clinic has been thus far supported by contributions from well-wishers and funds from other sources. However increased salaries, drug costs, and disease patterns mean that consultations, tests, and treatments now cost much more than earlier. The needs of the community are growing, and NWTWS is in need of long-term institutional support to keep the healthcare facility functional and effective.

Education

Many of the issues faced by the *adivasi* community stem from very low levels of education. There is a vast gap between educational levels of *adivasi* and non-*adivasi* children. Around 90% of non-*adivasi* children, including the relatively newly arrived Tamil repatriates from Sri Lanka, complete the required 10 years of basic schooling. This contrasts sharply with *adivasi* children, where barely 10% pass Class 10, with many dropping out much earlier during primary school

Poor health caused by poverty is exacerbated by lack of awareness about symptoms requiring early treatment. Lack of education restricts the *adivasi* community from taking advantage of welfare schemes or employment which demand even basic education and literacy. They also miss out on government schemes meant for their benefit due to lack of awareness or inability to apply. Low levels of education tend to lead to alcohol abuse and young age of marriage for girls. Importantly, lack of education distances *adivasis* from mainstream society, leading to low self-esteem and isolation, and fortifies a cycle of poverty, marginalisation and exploitation carried through over the generations.

Lack of education among *adivasis* has led to limited advocacy for improved educational facilities set up specifically for them, such as residential schools. Despite the provision of more schools and special schemes for *adivasi* children, educational levels have been slow to improve. A survey conducted by NWTWS, for five years, identified the following reasons for the high number of drop-outs among adivasi children of the area:

- Many children who drop-out are under weight, anaemic or otherwise in poor health
- Many children are admitted to school late, at a stage when it is harder to pick up basic education
- Some are unfamiliar with the language of instruction since they speak only their own *adivasi* languages
- First generation learners are expected to fit into the mould of an education system designed for mainstream children who often have literacy skills before they join school
- Parents do not receive support from the school system. Having never or barely been to school themselves, they do not know how to oversee their

children's school work. Some parents are not convinced about the benefits of education.

- Children are taken out of school to earn income as labour during the agriculture season. *Adivasi* children are required to take part in lengthy cultural events, which leads to further absenteeism. This starts the cycle of low school attendance, falling further behind in studies and ultimately dropping out
- *Adivasi* children tend to be shy and timid, in comparison to their counterparts among the general population. This leads to some measure of alienation, and which leads to discrimination
- Teachers are not trained to deal with different learning speeds and capabilities, and lack motivation to persevere with weaker students due to a heavy workload
- Many children come from dysfunctional or abusive families where alcohol abuse and extreme poverty are common. Even though girls tend to remain in school longer than boys, they are often forced into very early marriage, and child-rearing responsibilities
- Lack of role models and poor job opportunities locally

These factors are further magnified in the case of *adivasi* families living in isolated areas without road or transport connectivity, or in forested areas with wild animals, streams and rivers to ford. Monsoon rain is a big deterrent to reaching school for poorly clad *adivasi* children. In isolated areas the schools tend to have multiple teaching posts which are left vacant for long periods, and absenteeism of teachers were they are recruited.

In Pandalur Taluk, while government sources estimate that there are 186 children who have discontinued school , the NWTWS survey identified over 400 . The survey also found that many of the children who have discontinued school are below normal weight and suffer from poor health .

NWTWS was invited to apply for a project under Government of India's education-for-all programme, the *Sarva Shiksha Abhiyan* ("SSA"), to establish a **Residential Special Training Centre** ("RSTC"). Under the RSTC scheme the Government of India part-funds NGO partners to address the problem of high drop-out rates among *adivasi* children. The purpose of the scheme is to identify children who have

dropped out of school, admit them into the RSTC for one or two years and coach them so that they can re-join regular school in a class which matches their age.

The *National Curriculum Framework, 2005* noted that familiarity with *adivasi* culture and language within a learning environment can greatly enhance the educational outcomes of *adivasi* children. The Society's long association with the communities of the area meant that parents supported our residential bridging-school programme, which began in 2013.

Until 2014, 312 children (184 boys and 128 girls) were re-admitted to regular schools which they had earlier dropped out of, after having completed the NWTWS bridging course. Between 2013 and 2015, 98 children (47 girls and 51 boys) were admitted long-term at the NWTWS RSTC in three batches (July 2013, May 2014 and June 2015). Of these, 53 remain at the RSTC, 22 are resident at the NWTS hostel facility, while 21 have returned to attend their local school.

In addition tuition centres were started in three isolated hamlets in order to encourage children to continue in school. A weekend club was also established and 150 children were trained, who then volunteered as role models for other children. In this innovative programme, the volunteers encouraged school attendance and return to school for recent drop-outs.

They also encourage drop-outs to attend the residential bridging school at NWTWS. The Society continues also conducts education awareness programmes, camps, teacher training workshops, and holds football competitions in 8 schools in the area.

In addition to formal education and coaching, the children receive inputs on health, hygiene, *adivasi* culture and rights. Singing, dancing, sports, and drama are encouraged, and children also take part in village festivals and sporting events. Good and nutritious food, in

addition to exercise and sports, contributes to the overall health and wellbeing of children, who are able to reach the height and weight parameters of their age group.

The NWTWS residential centre was adjudged the best of all the centres operating in the region in terms of the results it achieved. The Chief Education Officer of the Nilgiris District expressed his appreciation of our work through his documented feedback . The NWTWS centre was the only one which was upgraded with another unit under the RSTC programme.

The NWTWS residential bridging school has thus far operated using basic infrastructure that it shares with the NWTWS hospital facility. The girls' dormitory is located close to the out-patients department and the ward. Although we have taken precautions to ensure safety and security, this is by no means an ideal situation.

The boys' accommodation is in an old but serviceable building. However, owing to the space crunch, this has to double up as class rooms during the day. The roofs on all buildings are secure, but are constructed from cement sheets which are temporary structures. There is no compound wall for security since the buildings used are scattered and interspersed among farm land.

In 2014, the Government of Tamil introduced a new Bill that mandates all hostels and accommodations housing women and children to comply with stipulated guidelines relating to construction quality, security, and other norms. These include concrete roof, compound wall, minimum floor area per child, separate areas for class rooms, and separate buildings for girls and boys. Once this comes into effect, the NWTWS bridging school will no longer be allowed to operate, unless it upgrades its accommodation facilities in keeping with the guidelines.

In order to continue its good work, NWTWS will need to construct a hostel building that can accommodate at least 70 children. The land required for the construction is available, although it will necessitate the clearing of some farm land. The lack of funds for construction has held NWTWS back till date. This is a critical issue, given that the absence of a hostel which meets the state guidelines, our residential

bridging school, with its committed and qualified teaching staff, wardens, and supplementary staff, will have to be closed down.

In addition to those attending the bridging school, the hostel will also serve those children who have been re-admitted to regular schools, but whose unstable home environments do not permit them to attend school from home. The secure environment and support of NWTWS will enable them to complete their crucial final years of schooling. The hostel building will also free up the rooms adjacent to the hospital, currently occupied by children, and will allow for expansion of the ward and out-patients department.

NWTWS also runs a skill enrichment facility for children called **Vanambadi**. Named *vanambadi* (cuckoo) bird that never survives in captivity, this **Children's Resource Centre** focusses on ensuring that the children's carefree life is preserved, while their development is simultaneously nurtured. This is a knowledge facility, well stocked with high quality sports equipment, and has a packed calendar of events and activities that boosts the children's creativity and confidence. This centre encourages team spirit and broad-based growth by holding "The Children's Parliament" which focuses on discussions and decision-making by children. The highlight of the centre is the daily tutorials scheduled with the NWTWS Project Manager aimed at developing the children's knowledge, with a special focus on the English language, general knowledge, and savings skills.

Testimonials

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11-12-2009

It gives me an immense joy and pleasure to note that Nilgiris-Wynaad Tribal Welfare Society is celebrating its 30 years of service to the tribal society. The Tamil Nadu Health Systems Project has been a part of NWTWS since 2007.

The records and my personal observation have shown that NWTWS is truly driven with only one goal in mind "To uplift the life and livelihood of the tribal community by focusing on aspects ranging from Health & Sanitation to Education".

The kind of work the staff at NWTWS has been doing towards the eradication of all illnesses in the tribal community is commendable. I hope this celebration will encourage and enthuse the staff of NWTWS and its management to set and achieve loftier goal to help the tribal community in Nilgiris.

(Dr. S. VIJAYAKUMAR)
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MESSAGE

Thirty years of unpunctuated service; thirty years of unmitigated association; thirty years of joyous fulfillment. The project has been able to make a definite difference to the lives of thousands of under privileged people living in Nilgiris district. DFIT sees the resonance of its ideals in the smiles of people touched by the project. DFIT is really proved to be associated with NWTWS and wishes it success in its endeavor.

I can only say this, "well done"!

P. Krishnamurthy,
Secretary-DFIT

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Sahib (John Wilson) came to live among us and help us as a God-send. That was the time when we tribals use to run and hide whenever we saw an outsider. Sahib came and stayed in Kaiunni and visited each house and treated the sick people. Because of this, even though some were healed, many the sicknesses were not fully changed it but the medicines helped us feel better. Sahib then stayed in a rented home in Ambalamoola and started to treat the sick people. He bought a land and built a small house in Theynambaadi. This Society under the Sahib helped us in our sicknesses not only from the hospital but also in every household and colony. He gave us coffee and tea saplings for our livelihood.

When the Sahib left Ambalamoola, Dr. Nevin Wilson took over and carried out all the duties. After Dr. Nevin Wilson came the facilities grew to have residential treatment, cooking facility and all testing facilities. The staffs were also helpful in every way.

When I talk about the society now after 30 years, it is not only a saviour to many lives but also a provider and guided us to be independent in our livelihood. I wish that this organization will continue to be a shelter and support to our tribal people in the days to come.

- Kovi, Chevadankolli
(Translated from Malayalam)

Glossary

FC	Forward Caste
GEN	General Population
OBC	Other Backward Caste
SC	Scheduled Caste
ST	Scheduled Tribe
TN	Tamil Nadu

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