

The Friends of H.O.P.E

Impact of the Coronavirus

The Lockdown is causing extreme hardships.

Current situation (July 17th)

The authorities are trying to contain the disease with local lockdowns and villages affected quickly get sealed off. In the last 3 weeks there has been a dramatic rise in reported COVID cases but until then the number of Covid 19 positive cases in the Nilgiris was still less than in the surrounding districts. But when the PRO of a private company in Ketti was infected after a visit to the plains over a hundred people in the district were tested positive, being either primary or secondary contacts. By the end of the month there were 84 additional positive cases from this single source alone. Then a large employer near Ooty, Pricol, became a further source of large infection which has subsequently spread via weddings, home coming of army personnel and 'big company hotspots. A wedding on June 24 at Thangadu Oranalli village (many more than a restricted number turned up) became a super-spreader event with many new cases adding to the growing list of patients

On July 7, a man from Thambatty village, where the GoHT has the model 'farm', died in a private company hospital. He had attended a wedding where there were over 1000 guests. Sivakumar reported the death despite opposition from the villagers. The village became a containment zone on July 8.

Daily COVID cases have doubled in the last week suggesting that the 'R' rate is at least 2

Accordingly COVID cases reported in Nilgiris are rising rapidly with 40-80 cases a day being recorded and about 50 Badegas villages sealed off. All township blocs are affected. And there are 107 containment zones as of 20th July.

I am told that two schools are likely to be adapted as 'Nightingale hospitals' to cope with COVID

The Badegas villages around Ooty seem to be suffering really badly. There is 24/7 policing of each affected village, the village roads and pavement areas are bleach powdered and disinfected. No-one can leave their home except by permission to tend to 'the cow'. These villagers have no income and live on basic rations - 10kg rice, 1kg sugar, dhal, wheat powder cooking oil, delivered to each family home or collected from a local ration shop. But government has prescribed a Siddha decoction consisting of 15 herbs in water – one assumes tests have been carried out and efficacy against COVID proven (prescription says take for 7 days every morning)?!

Ooty is also subject to a 3pm curfew of sorts – all businesses have to shut then and no-one is allowed in/out of Ooty town except with special dispensation – people can walk or cycle but that's about it. The Ooty market is open but has been relocated.

There is no public transport, and individuals can only travel if they have been issued with a travel pass – issued only on a by day basis only, and only in cases of essential need. Sundays is a complete lockdown day.

There are reported massive increases in the incidence of COVID in the cities – Coimbatore, Bangalore locked down again on 14th), Chennai before then.

There is one doctor per 25,000 head of population in India

There is one doctor per 16,500 head of population if you include traditional health practitioners

There is only 0.5beds per 1000 people in India

There are known Siddha treatments that may help in treating Coronavirus patients, treatments that have hitherto been successful in treating viruses and disease such as Dengue, one of which is now being made available by government as described above.

The hospitals in the Nilgiris region are woefully ill equipped to deal with the pandemic. All hospital beds are already occupied. People who have attempted to take their lives are packed off home after only a few days to free up the bed. It sounds as if two schools are being adapted to cope with the demand for COVID beds.

Reportedly there are only 48,000 ventilators in India, none of these are likely to be available in the Nilgiris and most are already in use. We can assume masks and respirators will also be in short supply. Engineering colleges are working with institutes in Bangalore to develop a ventilator/respirator system that will run from oxygen cylinders which would be good for rural communities IF more cylinders become available coincidentally in volume. The flip side is that patients would be asked to pay for the oxygen supply and yet they will be out of work and unable to pay.

The large private hospitals in the Cities will be over-run if the virus gets out of hand

Impact on our Organic farming programme

With supply chains disrupted and markets in lockdown, more than 84,000 small farmers in the district of which 72,000 farm under 2.5acres (65,000 under 1 acre) are having to face the new realities of the pandemic – virtually zero income, ruined crops and no money to plant for the next harvest. They are desperate now. A group of organic farmers recently threw vegetables on to the highway in disgust with government policy.

The lockdown has also been very hard on the around 300 floriculturists and the more than 3000 people employed in the industry. The demand for flowers has fallen to a record low. The Nilgiris is the largest tea growing region of South India with a large number of small tea growers as some 3-4 years ago the government provided incentives for small growers to build micro tea factories – some of those producers also grow vegetables (eg Bojan). These small tea growers too have had their livelihoods threatened by the pandemic and subsequent lockdown.

To add to the farmers' woes, it has been raining heavily over the past two-three weeks and temperatures stuck at around 17 degrees by day.

The Thambatty model farm is being maintained by Sivakumar only and sometimes his son, Sumesh, is able to go and help (Sumesh is locked down as his engineering college is closed); no staff are on site. Sivakumar has a special dispensation to 'attend the cow'. At the beginning of the lockdown

some produce was given to HIV clients, with only a fraction sold during the first two months at a central 'market', but the value earned is a distressed value, so very little. There has to be a way of restoring the supply chain logistics or the next crop will be wasted too, compounding financial problems, increasing ultimately malnutrition. This adds to the damage caused from wildlife, bison, big cats etc. and latterly, and heavy rains. This is a catastrophic situation for the farmer. We need to support farming as it affects so many livelihoods, being the predominant industry.

That brings me to assess the impact of loss of work amongst the poor. Most rural labour is paid on a daily wage (Rs150-500/day) but the continued lockdown will mean that many labourers will not be able to work. Poverty will increase, malnutrition will increase significantly and this will impact ability of immune systems to cope particularly the HIV community, illustrating that our farming programme is a critical part of helping to overcome the impacts of the COVID-19 virus. Domestic abuse is assessed to have increased by 43%, suicide attempts are reported amongst indigenous tribals.

The immediate process of farming change to organics will be postponed, but hopefully policy drafting will continue assuming ability of progressing this from home. Those farmers who have started the process can, and do, contact Sivakumar. Sivakumar is also in close contact with the JD Horticulture and The Collector. He is able to describe at first hand the problems and issues facing farmers at this difficult time advising them that all produce has had to be ploughed back in – some has been thrown on to the highway in disgust over government policy.

The shift to organics is of huge importance to the Nilgiris Biosphere, rebuilding soil structures preventing spoil erosion is a priority but we need to help the farmer create a sustainable livelihood. This has always been the *raison d'être* of the farming programme. It is increasingly critical that we are able to adapt and increase levels of support to all concerned – farmer, family, department of horticulture, The Collector.

On a wider note, other evidence of the urgent need for this farming policy change is the dangerously high chemical and pesticide residues found in Nilgiris hill vegetables, as recently reported in The Hindu, and The Times of India. Tamil Nadu agricultural university are testing these chemical residues as supporting evidence of the need to change farming practices. Twenty seven fertilizers, pesticides and weed-killers have been banned. We have been quietly promoting organics for 22 years and to have an agreed 5 year road map adopted by the Dept of Horticulture and embraced by The Collector is a tremendous achievement but the work to draft policy for submission to state government is at a critical stage, and the amount of work over the next 3 years will be enormous. Further evidence of the value of organics is that we have been approached by a Bio Pharma company based in Chennai asking for contaminate free, must be organic potato, which they use in their BCG TB vaccine.

The Garden of HOPE Trust is co leading the change to organics and a region of 2,500 sq km will surely benefit, but they urgently need to staff up. Obviously Coronavirus impacts this in the short term. PM cares – Modi's controversial COVID 19 fund. All CSR funds have to be re-directed to this fund making it impossible for local NGO's to secure such funding

Impact of the traditional health service programme (RTTMP)

The RTTMP is still 'open for business' during COVID.

We have empowered 15 women to deliver a health service to 60 remote tribal villages, a population of some 7200 people. These villages were identified as being particularly in need of health cover despite the presence of the locally facilitating NGO NAWA. The RTTMP programme looks at long term TRADITIONAL health sustainability for the people by the people using local knowledge utilising the power of the medicinal plant efficacy, and so not reliant on local health providers or NGO's. As at the end of last year the VHO's were dealing with 3000 cases, ranging from common colds, coughs, fever, snake bit, ulcerated legs, post stroke, midwifery, diabetes, anaemia, TB. FoH are the sole funder for this programme which included capacity building via FRLHT/TDU. Until now NAWA has not made any financial contribution other than making available facilities such as office support staff from time to time and of course it does provide the mobile outreach 'allopathic ambulance' but that does not cover many of the 60 participating villages.

In February 2019 the VHO's took on the challenge of treating a sample 160 severely anaemic patients using traditional local Indian health treatments (Siddha and Ayurveda) using medicinal plants for medicines and oils. In 12 months haemoglobin levels have generally improved significantly (the lowest at the beginning was 3.5) and this programme is now part of a formal research programme at TDU in Bangalore (part of FRLHT). The VHO's also have introduced a traditional diet plan and introduced a patient visit plan, patient record card etc. data capture is also gathered as required by TDU. Coronavirus will seriously hinder the progress of this particular intervention as the programme depends on regular weekly patient visits. **TDU want to extend the research data to cover 500 anaemia patients. COVID has prevented any visits by TDU personnel to activate this part of the RTTMP. Over the last two weeks or so TDU have started planning for the implementation of their research programme – I am awaiting the minutes of a teleconferencing meeting held at the end of last week in which Prakash and a colleague from TDU, Bhagya, Bala and Rajalakshmi participated.**

The RTTMP team has produced a budget which includes provision for a full time RTTMP lab technician with NAWA providing lab facilities free of charge. The Budget allows also for nutrition supplements to be given to all 500 participants.

We also need to fund a monthly newsletter informing all participating families, some 1700 or so households in the 60 villages. The distribution of this newsletter will also be interrupted.

In total I think the RTTMP should be able to manage on a budget of Rs12-14 lakhs plus the cost of certification below.

On-going training for the RTTMP will be important and if we can find funding we should provide for this capacity building by the TDU team. The integrity of the RTTMP team would be boosted by certification under quality care India – 15 VHO's and up to 60 healers @Rs12,300/per person. Our recent application to Veta Bailey Charitable Trust for a grant of £5,000 was declined.

There is still poor communication between Bala and Rajalakshmi and between Bala and Alwas. This is a problem. Bhagya is a good go-between and I hope she will act more and more as the RTTMP administrator.

As a consequence of COVID only 23/60 villages in the RTTMP are being covered. The VHOs have been focused on public health, personal hygiene and regular cleaning of the home. The impact of COVID amongst the Badegas communities serves as a reminder to the tribal communities that they have to be doubly cautious, taking extra care to prevent widespread cross infection. Hygiene in remote areas and particularly for people in poverty is always an issue. Communicating the need to pay absolute attention to hand washing and hygiene generally will be made more difficult by the isolation rules and zero public transport, zero internet and poor mobile phone connectivity in the hills. Medicinal plant substitutes will need to be used whenever possible where they are known to have antiseptic properties. We have asked all of our VHO's for their comments on how the sudden lockdown will impact their work and what it means, problems and dealing with them appropriately.

The VHO's are making people aware of the severity of the disease, the social distancing recommendations, and suggesting what the tribal village people should do to harness the efficacy of the medical plants to clean their homes, not just the preparations of traditional decoctions that will be useful immune enhancers. There is a complete lack of protective equipment but one of our VHO's is showing the village women how to make masks from clean Dhoti cloth. The decoctions being promoted by the VHO's include Kabasuram and Nilavembu Kishayam decoctions based on Siddha/Ayurvedic traditions and recommended by Indian Health. Whilst not all ingredients are available around the villages the VHO demonstrations use 6-7 including Guava leaf, Moringa leaf, Centella leaf, mint leaf and Anathoda syrup. Washing recommendations include the combination of soap and lemon water. Cleaning the home is done using a mixture of turmeric and neem.

Other immune boosters include turmeric and seasonal wild greens, Amla and Jack Fruit.

The NAWA mobile health outreach vehicle is still going to certain, accessible villages and where it is easy for them to do so, the VHO's will 'hitch a ride'.

From April 1st ration shops within walkable distance have been established by local government where the villagers can buy rice, oil, dahl and sugar.

Keystone Foundation has been distributing vegetables. But we don't know for how long and how regularly. NAWA has been helping with food distribution during lockdown

A casualty of COVID 19 is the closure of an important Auyurvedic Trans disciplinary hospital– I-AIM in Bangalore. This impacts us from a resource point of view.

I have recommended that the ancient scientific practice of Agnihotra be adopted – the purification of air/atmosphere around the home, every morning and evening. It dates back from Vedic times and is known to be a powerful tool to protect people and their homes, such as in the Bhopal chemical spillage catastrophe. But I feel sure the suggestion will be ignored!!

Impact on HIV

We currently regularly support over 100/443 people with HIV, an 8 fold increase over the previous year. Malnutrition, counselling, the need to support children affected by HIV and importantly stigma reduction, are all essential interventions. Our group support meetings are held once a month but because of COVID have had to be postponed. Stigma in health care settings is a real problem, and people with HIV are being denied healthcare where there is also a blatant disregard for patient privacy.

HIV positives are unable to access ART Centres for medicines as there is this severe travel lockdown, I am appending Sathiya's assessment of the situation, but mental health problems will surely increase and we have seen already a suicide attempt by an Irulla woman.

Problems faced by PLWHA because of Coronavirus lockdown and strategies to overcome.

"Lack of Psychological support/Counseling:

Challenges: We were doing counselling to PLWHA Clients regularly based on their needs. For example Home based counselling, family support therapy, and stigma reduction activities within the family. The activities were very support for PLWHA communities. But after Corona virus lockdown we couldn't reach our clients in person by visiting their home. Also they can't come to our office to get the services.

Our PLWHA's struggling for everyday survival needs of them and their family. They are not getting any supports from their community and also from their employers. Now Corona virus lockdown has totally collapsed their life style and basic needs.

Now they are feeling sad, helpless, worthless and worried future survival and preoccupied with hopelessness. They are very much stressed about the current uncertain condition. Since they are already weak on nutrition level, they are all occupied with illness anxiety. They are all more vulnerable for suicidal tendencies.

Strategy: I am counselling every beneficiary through voice calling and video calling based on the available resources and also based on their illness and needs.

And also I am counseling them and educating them on preventing from the Corona virus, explaining the safety precautionary measures (social distancing, self-hygiene practices, washing hands etc.)

Couldn't conduct nutrition support group meeting:

There are a specific (high) number of People living with HIV AIDS in the Nilgiris district. Usually they were being discriminated from the mainstream society and they were badly treated everywhere. Since most of the people (including children) acquired HIV without their knowledge they needed a support system. To address this need a nutritional and psychological support program for the PLWHA has been started with the help of the some philanthropic hearts.

As a part of the program, every month in Gudalur and Ooty the nutrition support meeting is being conducted for the HIV positive people. (Usually last Fridays of the month in Gudalur and last Wednesdays of the month in Ooty). The meeting is not only meant for issuing nutritional supplements but also for providing psychological supports for the people. Since we are gathering around 100 people with the same condition (PLWHA) under single roof, we are also providing them group counselling and recreational supports.

In the meetings we create them a safe space to open up their problems and sharing their struggles. After everyone shared they will be getting different perspectives from other people. This process gradually motivates them to live meaningfully with different problem solving strategies. These people rarely get a non-judgmental people to share their struggles and get counselled. We are providing them a space to share and individual as well as group counselling sessions as per the needs of the people.

This program gives nutritional as well as psycho-social support for the people living with HIV AIDS and rehabilitates those lives.

Now impact of Corona Lockdown, we cancelled the meeting due to which all the beneficiaries couldn't attend the meeting and avail nutritional supplements and organic vegetables.

Not able to access ART Treatment

In the Nilgiris district 443 PLWHA are taking treatment from Ooty Government ART Centre alone. They are all coming from different places and long distances which are, on an average, 40-50km from their village. After The coronavirus lockdown, due to the serious situation they are not able to go out and get proper treatment.

Strategy: Sathiya has discussed this practical challenge faced, with district health departments and District AIDS Control society and explained PLWHA Clients' current situation. Government health departments are doing some arrangements through health workers. But there are huge gaps.

Outcome of the meeting with government officials: They considered the situation a pressing need, and took action for making the medicines available in the 4 taluk hospitals.

Sathiya frequently talks with PLWHA clients and confirming availability of ART medicine and discussing their health condition.

Economic crisis:

Those PLWHA's that can work are daily wage labourers in the Nilgiris district. They were getting 150-400 per day and have to manage their family survival with the minimal income. Now due to the Corona virus lockdown their chance for earning totally got affected. They are struggling for their daily survival needs in this scenario. We are helping them to secure a monthly government pension of Rs1,000/month but not all qualify. Help for this is on a one to one basis, often dealing with bank staff to reduce consequences of stigma. Cases of attempted suicide and stigma are coming to us on a regular basis. COVID makes HIV hardships ever more pressing"

Sustainable Village

Water conservation at farm level is on-going and has slowed down because of COVID. Some 12,000 tree saplings have been planted and tended to by local volunteer groups such as the Green Brigade.

Water conservation at the macro level, that is RDA level has not been taken further, this is overall strategy. Through GoHT we would normally facilitate meetings between Panchayat, RDA and The local Collector but this has not happened. COVID has also impacted the implementation plan for a logistics (produce distribution chain) along the Pollachi to Coimbatore highway. This is a proposal which GoHT would manage using What's App technology or similar to bring together organic farmer, transport and buyer with planned produce pick up points along the highway. This would reduce transport costs to the farmer and allow agreed produce sale prices to be available to be published and available to all farmers included in the scheme. Work has commenced but no progress updates received at the time of our meeting due to COVID. Farmer training has also been put on hold.

Eco Clubs

Schools remain shut and so re-launching our eco clubs will have to wait until next year's school year. Angel has been planning implementation but we need to raise funds for the budget.

Education, bursary support

All schools and colleges are closed due to COVID but colleges are still requesting students pay tuition fees for next year. Money has been given to Emima to cover her Ayurvedic college fees for next year but she is studying from home, as are most students, until lockdowns in this case Bangalore, have been reversed.

Sanjay

He is at home, Ravi his father has converted a small room into a homemade GYM. There are no immediate plans for him to go to the Coimbatore Ayurvedic hospital for hot essential oil treatments and physio. When Pat and I saw the family we discussed Sanjay returning to the SMYRNA home in Ooty but this would have been postponed because of the lockdown.

PhD

This has been difficult to fund. Due to COVID progress has been interrupted, no village visits can be made. Bangalore is locked down. The annual cost of sponsoring this study is c£6,000