

Kindling hope at the frontier

Chingmak Chang

Eleutheros Christian Society (ECS)

“When there were violent clashes between three neighbouring villages in the last two years, over land boundaries, Hope Centre became a sort of a peace camp. Fighting tribes came here because of our reputation and credibility,” said Chingmak Chang, who has been effecting a change in the Tuensang district of Nagaland.

The chronicle of 50-year-old Chingmak Chang, a preacher-turned-reformer and his wife Phutoli, is a story of grit and determination. It offers hope not only for the communities of the remote parts of Nagaland, but for anyone who has the desire to work for the lost, the last and the least. Their story is the story of a couple living the mission of their organisation and is indeed an inspiration for the youth of the country.

Tuensang district

Tuensang is the eastern-most district of Nagaland. Over the decades, the district has gradually diminished in size with the carving out of Mon, Longleng, and Kiphire districts from it. The district did not have an administration in the pre-independence days. The British had declared it an Excluded Area to ensure that the tribes had minimal contact with the outside world except their own administrative machinery for revenue collection. Non-tribal people visiting Nagaland and other northeastern states had to get an Inner Line Permit, a rule that continues till date. Because of the excluded area status, the people had almost no contact with the outside world. Headhunting practices were common as late as the 1960s. Various political divisions were formed before and after independence. Though parts of the district were under Assam administration for a while, Nagaland as a separate state, 16th in India, was formed on 1 December, 1963.

The government made special provisions for the then Tuensang district in view of its relative backwardness. Under the special provision, a regional council was formed for the district. The council nominated tribal representatives for the Nagaland Legislative Assembly. A separate ministry was formed for Tuensang affairs. It was only in 1973, at the end of the ten-year period that the regional council was abolished and the people of Tuensang district began to participate in the elections to the Nagaland Legislative Assembly along with the rest of the state.

Changs, Yimchungars, Khamniungans and Sangtams are the major tribes that inhabit Tuensang district. They have a rich cultural heritage. Handicrafts and handlooms find a special place in their culture. On the eastern side, the district shares the international boundary with Myanmar; in fact there are many villages across the border that have a large number of Naga population. The district receives an average annual rainfall of 2,000mm.

Agriculture is the main occupation for most of the villagers in the border district. The most common practice of agriculture is *jhum* or shifting cultivation. The main crops are rice, maize, millet and kholar bean.

From pastoral work to social work

Chingmak hails from Tuensang and belongs to the Chang tribe. His father, active in politics and a sitting member of the Nagaland Legislative Assembly for the fourth successive term, is a respected person. Chingmak studied in a residential school in Shillong and attended college in Tuensang. Chingmak said that his mother has been his biggest motivating factor. She wanted him to join the medical profession or the public services. However, his interests differed. He left for Pune to pursue his bachelor's as well as master's education in theology.

In Pune, he met Phutoli, whom he married later. Phutoli, also a Naga, grew up in Kohima and Dimapur. After college, Chingmak joined a church in Tuensang as pastor, while Phutoli chose to work for an organisation that was in rescue and rehabilitation of children forced into commercial sex. Her job was in Hong Kong and she worked there for two years. She kept cajoling Chingmak to quit his pastoral work and do something constructive for his own community. Chingmak recalled, "Phutoli kept nudging my conscience to do something more meaningful for the community."

An incident that happened around this time reinforced Phutoli's suggestions. Chingmak recalled the incident vividly even after so many years, "A woman had nothing at home to feed her baby. She left the baby at home to get rice. She had no money. So she had to catch some fish and sell it to buy rice. However, by the time she bought the rice and came back home, her baby had taken her last breath. She couldn't digest the fact that her baby was no more. 'How could you die when your mother had gone to get food for you?', she kept crying."

"This incident shook me. I started questioning everything. 'Why should someone have to go so far for a kilo of rice? We were a society that believed in sharing and caring. Still, nobody cared for her. Why couldn't the church arrange rice for her? Why not the neighbours?' I felt that people had become immune to death."

It was one funeral Chingmak found extremely difficult to perform as a pastor. He was overwhelmed with guilt. He started questioning social dynamics and systems. Finally he

decided that there was a dire need to respond to what was happening around him. Circumstances conjured up a path for the Changs.

Personal tragedy and a fight against stigma

Around 1987, AIDS scare began to appear all over the world, and India was no exception. With the crackdown on international drug trafficking in east Asian countries, traffickers found Nagaland and Manipur very convenient to transport drugs into mainland India and thereafter into western countries.

Tuensang being used as a regular transit route proved a deadly grave for youth. The prevalence of drug use in Tuensang district was so high in the 90s that every third home had a drug addict. Chingmak's elder brother too fell into the addiction trap and died of HIV in a few years. Similar tragedy struck Phutoli's family too. For both Chingmak and Phutoli, it was a wake-up call. The HIV/AIDS disaster was at their own doorstep and was no longer a distant threat for someone somewhere. The main reason for HIV prevalence in Tuensang region was the practice of sharing needles among intravenous drug addicts.

"Those days, prevalence of HIV in antenatal mothers was very high, about 8.1% in Tuensang, almost the same as Namakkal. Namakkal, the worst-affected district in south India, was a hub for truck drivers where HIV prevalence in antenatal mothers was 8.6%. This was an alarming signal for us," Chingmak recalled.

In 1992, in response to the situation, Chingmak and Phutoli started Hope Centre, a rehabilitation home in Longpang village near Hakchang where Chingmak was serving as a pastor. Right after it was started, 33 youth from Tuensang district joined Hope Centre for rehabilitation.

After the youth were rehabilitated, a new batch of youth came to the centre. One of the rehabilitated now works with Chingmak. "My association with them began in 1997. There were no buildings or hospital beds. We stayed in thatched sheds. It was a residential camp where all of us worked. We went to the jungle to cut firewood, cooked food together, sang songs and so on. It was work therapy, to keep us engaged in a positive atmosphere, away from drugs. The therapy did work for me. It was tough, I must say, without medicines, the withdrawal symptoms for a drug user can be painful; but I came out of it."

While his work gathered momentum, Chingmak was advised to register an NGO. Recalling the process, with amusement he said, "I did not know anything about NGOs. I felt that if I registered, I would get plenty of money for my work!" He formally registered Eleutheros Christian Society (ECS) in 1993. Eleutheros in Greek means, to free someone from poverty.

Between 1993 and 1997, ECS' major activities were focused on the problem of drug abuse and rehabilitation of the affected youth. Chingmak and Phutoli worked with more than 200 youth. When the couple rehabilitated the first batch, they had sent blood samples of the 33

boys to Delhi for testing. In 1997, after almost a gap of five years, they received information from the government that of the 33 blood samples, 25 were HIV positive.

Till then they were unaware that there could be such high prevalence of HIV in the region. Investigations revealed that the virus was rapidly spreading among the intravenous drug using population and spilling out into the general community via their sexual partners.

ECS tried to track the 33 individuals of the first batch. They learnt that 18 of them had already died. ECS tracked the surviving members and found that they had 299 more connections through shared needles or unprotected sexual contact before they were rehabilitated. The 299 could also have further connections. This posed enormous challenges for ECS. In spite of the difficulties, they did track all the 299 members and informed them about HIV, its spread, testing and about treatment for the illness.

In addition to rehabilitation of existing drug users, ECS intensified their fight against the disease. With increasing awareness among people, it became more challenging as drug abuse and HIV had become stigmatised. Hence intravenous drug abusers became surreptitious, making intervention more difficult. ECS adopted strategies such as peer outreach, behaviour change communication, needle exchange programme, condom promotion, abscess management, sexual tract infection management, motivation for drug treatment and voluntary promotion of HIV testing. Over the years they have reached out to 2,000 drug users and about 800 of their sexual partners through these interventions. In addition, they have provided employment to many recovered addicts.

Church as an ally

Chingmak saw the need to take the church leadership into confidence to tackle the stigma associated with HIV/AIDS. It was only after about six years of discussions did the church finally open up. The churches' acceptance to the appeal from ECS led to the formation of Churches Alliance for Community Support in 2000. The alliance, comprising of the five churches in Tuensang, began delivering awareness through their platforms and offered palliative care and support to the infected and the affected. Involvement of the church helped ECS' fight against the problem and the stigma. The impact of the work is so high that the prevalence of HIV has gone down by a considerable extent. Last year more than 700 individuals were screened and not a single positive case was reported in the district.

Public private partnership for healthcare

While fighting the AIDS battle, Chingmak realised that the battle would most likely be a temporary relief for a chronic disease, if primary healthcare status was not improved. It was also necessary to mobilise the community on health matters. So ECS converted the rehabilitation facility at Longpang into a treatment facility for HIV patients.

People's understanding on healthcare was almost non-existent. There were misconceptions about healthcare, and people preferred traditional practices over modern medicine. The government healthcare system was almost dysfunctional. In the hilly terrain, roads are extremely poor and become non-motorable during monsoons.

Given such circumstances, ECS converted the Longpang centre to a primary healthcare facility for the community. It is a fine example for the public private partnership (PPP) model. ECS received support from Tata Trusts for construction of the primary healthcare facility and rooms for the inpatients. The community donated funds to purchase some key equipment like the sonography machine that cost Rs 2 lakh. The canteen was started with church's support and food is offered for inpatients and their relatives at subsidised rates. The state government health department supports the operational expenses and staff salary, contributing around 70% of the expenses to run the facility. Basic healthcare was a dire need and hence the community and the government responded to Chingmak's efforts.

Availability, accessibility and acceptability are the three critical parameters with which the centre is run. The facility is open 24 x 7 with a qualified doctor and a team of trained nurses. Dr Toba, born and brought up in Tuensang, is the resident doctor. Though he got an offer to work in a reputed hospital after his studies in Delhi, he chose to work in his village. Having a trained team has helped ECS design outreach programmes to increase primary healthcare benefit to maximum number of villages, through healthcare workers.

Chingmak has built three roads so that the healthcare facility can be accessed easily. Recently, the organisation built a bridge over a river in the valley, entirely with community contribution. The public engineering department has taken up road works that would reduce a 55km traverse to just 9km.

To change behaviour in community regarding healthcare, ECS launched an innovative scheme called *Onou*. Under this scheme, pregnant women were paid Rs 150 for every antenatal check at the facility. This had such a positive impact that even after the *Onou* scheme ended, 90% of women register for antenatal services at the facility. Pregnant women can call the ambulance provided by the government through a toll-free number. Today ECS has been able to achieve 100% institutional delivery in spite of the hilly terrain. The facility benefits 20 villages.

Perceiving this huge unmet need for primary healthcare, ECS has scaled this model by adopting five primary health centres (PHC) in nearby districts to extend healthcare service in partnership with North East Centre for Technology Application and Research (NECTAR). Dr Kika Longkumar, a well-wisher of ECS who facilitated the government-ECS collaboration to manage the five PHCs, is full of praise for ECS. "They are playing an important management role in bringing people together. This area has seen the worst communal clashes, but people are trying to forget and come together at the Hope Centre," he said.

Use of telemedicine is proposed to extend basic health services through these PHCs. Doctor's quarters and maternity ward are being constructed in these PHCs, where the community would provide construction materials and labour.

Surgery camps

ECS caters to unmet secondary and tertiary care needs of the community through surgery camps conducted once or twice a year. While on a visit to villages near the Burmese border, Chingmak found a 10-year-old girl, bedridden because a bone injury had been left unattended. Chingmak was taken aback and arranged for the girl to be air-lifted to the Longpang facility. The girl was operated during the annual surgery camp and now walks with the help of a stick. The surgeon said that she would be completely alright in a few years. There would be at least 300 such touching positive transformational stories.

For the week-long surgery camps, eminent surgeons visit the centre and perform about 80 general as well as specialised surgeries. Besides eminent multispecialty surgeons like Dr Laji Varghese, local doctors and nurses provide support during the camps. For additional support, ECS mobilises nurses from civil hospitals of Tuensang and Dimapur. Because of the surgery camps, there has been a tremendous impact on the quality of life of patients, most of whom would otherwise have chosen to live with their disability.

Nutrition for children

Owing to the credibility that ECS enjoys for extending quality healthcare services, government has handed over ten anganwadi centres to ECS to extend nutrition services. Similarly, as directed by the education department, ECS provides mid-day meals to all the schools in Tuensang district. Chingmak admits that this is a remarkable service, but a very tough task. For Tuensang town, Chingmak is in the process of establishing a community kitchen, while in rural places he proposes to seek the help of self-help groups (SHG) to provide hot meals to school children.

Improving farm economy

Chingmak narrated an interesting analogy on how ECS conceptualised the livelihood interventions. "Imagine a situation when you try to rescue a baby drowning in the river. That's what we were doing. We asked ourselves how long we would rescue babies. We decided to find out why the babies were in the water!" This led ECS to explore new livelihood options for the community, besides a slew of related interventions.

It was evident that the traditional slash and burn or jhum cultivation on hill slopes would not be sustainable anymore. The jhum cycle – the number of years a particular plot of land on

the hill slope would be left fallow for vegetation to grow after the harvest – had already been reduced from nine years to seven years. “The farmers needed additional and diversified livelihood options. We were trapped in the jhum mindset. Jhum was more work and less output. It needed an alternative,” said Chingmak.

This led ECS to introduce orange cultivation on hill slopes. The seed varieties, suitable to the agro-climatic region of the northeast, were brought from Meghalaya. Presently 1,200 farmers grow oranges, with each farmer planting about 100 orange trees in an acre. Tata Trusts supported this work through North East Initiative Development Agency (NEIDA). Today over 500 acres of land are under orange cultivation.

In addition to the orange plantation, ECS introduced System of Rice Intensification (SRI) in villages where terrace cultivation is practised. The purpose was to augment paddy productivity that would lead to increased food security.

Through support from NEIDA, ECS decided to focus on backyard piggery as an additional livelihood activity. Piggery is not new to Naga households. However the emphasis was on access to piglets of quality breed and to bring down their mortality by providing veterinary advice, vaccination, de-worming and appropriate medicines. In 2015-16, ECS brought over 1,800 households in 17 villages under this scheme. It plans to expand the initiative to 3,000 households.

Chingmak sees clear evidence of enhanced livelihood opportunities leading to increased income. The villagers have started spending more on health. Contributions to church have seen a steady rise. Each family contributes 10% of its annual income to the church, as per Biblical tenets. The local Baptist church has reported that the contribution which was Rs 5 lakh five years ago increased to Rs 25 lakh last year. It is a proxy indicator of overall rise in income in the households.

Community banks

The beginning of the microfinance and credit programme came about, partly because of the community’s need and partly because of the reluctance of mainstream banks to grant loans to women. ECS was one of the first few NGOs in the northeast to mobilise women into SHGs. The SHGs federated into a cooperative known as Edou Bank. Edou in Chang Naga dialect means farming together and refers to the practice of villagers working together in each other’s fields.

Over the years ECS formed 18 such cooperatives covering Tuensang district and its neighbour. The cumulative inter-loaning of SHGs and the cooperatives has crossed Rs 20 crore. The obvious advantage of Edou is that the financial needs of the women are met, and the interest collected on loans is retained within the community. The bank has declared dividends to its members from retained surplus interest.

Water and sanitation

In the villages of Noksen block, ECS has initiated construction of sanitation units, supply of safe drinking water through gravity, rooftop rainwater harvesting and treatment of catchment area to increase water discharge from existing sources. With Tata Water Mission providing Rs 7,000 per household, Chingmak mobilised community for the remaining Rs 10,000 which constituted 60% of the total cost of making a sanitation unit. Thus 700 toilets have been built so far.

ECS talked with women about safe enclosed bathing spaces. The women decided to build a separate bath unit close to the toilet. Rainwater harvesting is also done, to ensure water availability for the sanitation units. The community came together to dig more than 1,000 trenches and percolation pits in designated areas to store rainwater. This has come to be known as the Noksen model for water and sanitation.

Education and life skills

Chingmak believes that Tuensang being the most backward region in the state as well as in the country, education if modeled for providing knowledge fused with life skills, besides education on peace and culture can bring tangible change. Chingmak introduced the concept of civil society to the less engaged members of society to promote democratisation, civil participation, and governmental accountability. Between 2000 and 2010 ECS' intervention on education catered to 46 villages and in most of them the schools have become functional.

Chingmak observed that only 400 of the 1,500 students appearing for the school-leaving exam opted for higher education. Earlier, the Naga society had the *morung* or *sochum* system that trained young boys and girls in life skills. ECS decided to revive the traditional dormitories or sochums that improved education system in the state. To ensure effective coordination, Village Education Committees (VEC) and Parent Teacher Associations (PTA), which were statutory forums but did not exist, were formed. SHGs and the community were roped in for pooling resources to pay salary for the teachers. This educational reform in the villages of Tuensang district facilitated implementation of Communitisation Bill for Elementary Education, passed by the Government of Nagaland in 2002.

Collaborate with the government to make it accountable

Chingmak mentioned that in remote regions of Nagaland, the unmet needs are vast and the development deficit is colossal. "We can't work everywhere. The requirements are huge." Chingmak sees ECS' role as one influencing through good practices in the discussion about

setting up the first medical college in Nagaland near Kohima. “It is government’s duty to run a hospital. We can provide internship opportunities for our youth. For that to happen, we will collaborate with the government like we did in taking over the five PHCs close to the Burma border,” he said.

With the system being corrupt, ECS tries to strengthen both the hands – that of the government and the community. “If we mobilise the community and if it asks government to deliver, there are possibilities that both the hands will start performing. We work with well-meaning people in the government. There are many such individuals. Even for this annual surgery camp, we have relied on help from the nearby Assam Rifles Hospital.”

Financial sustainability through community ownership

Chingmak acknowledges the valuable role that donors such as Action Aid, Tata Trusts and NABARD have played in their growth. ECS has been working with donors committed to long-term support. Not keen on foreign funds and political support, ECS works towards financial sustainability.

Over the years, Chingmak has ensured that any new intervention by ECS is built around community ownership to ensure sustainability. Initially all facilities in the PHC were free of cost for everybody. Successful implementation of livelihood interventions started to reflect as increased household income. Hence a user fee structure was introduced. Medicines are charged, but consultation and inpatient services are free. Community accepted this, as they recognised that the rise in their income was through ECS’ interventions and also as worth the hospital services.

Sustainability is inbuilt in the overall working of ECS to ensure that the organisation continues to work without interruption due to delay in funding from external sources. The Edou is designed such that the corpus is for the organisation. Revenue generated in the hospital gets invested in the federations, and earns interest. Corpus built in this fashion helps ECS function without a hitch even if there is a delay in release of funds from government to run the PHC.

“Last year Tata Trusts supported the annual surgical camp; this year we did it through ECS’ own funds. The HIV programme’s funding got over five years back, but the work is carried out with the help of church association. We find that community-driven strategies work well. You get to see the beauty of community mobilisation and the strength of their contribution. Many NGOs fail to recognise this. Because people are wise and they are better in communicating what they really need,” said Chingmak.

Lessons on the job

In this journey of ECS, there was no blue print to follow. ECS responded to emerging situations and the work evolved. In the process, they learnt many lessons. Chingmak, in his witty style, narrated some of the mistakes. “We had our lessons in failure. We said, ‘yes’ to many things and burnt our fingers or rather ended up with swollen faces! A particular bank wanted us to promote bee keeping among our youth. We went into it without any background because the banker pushed this idea through some scheme. Bee keeping failed to take off, except a few bees finding it convenient to sting our faces!”

In an earlier work on HIV, ECS had collected prevalence data, specific to each tribe. The information, though accurate, generated a lot of controversy. “Our strategy to be informative did not work out. We realised that there are too many layers while working on issues related to HIV. When you want your work to be accepted by everyone, you need to be more sensitive to the community’s perceptions.”

Hope amidst hostility

Chingmak and Phutoli have come a long way. “We used to have tough financial constraints at home. One day, I was drafting a proposal for a donor agency when Phutoli reminded me ‘Your proposal is for Rs 7 lakh, but we don’t have rice at home!’ This was in the early years of ECS,” recalled Chingmak.

For the Baptist church and its hierarchy, though Chingmak was part of it first as a pastor and later as the secretary of the association, someone working on HIV issues in the early 1990s was almost rebellious. However Chingmak did not give up. In a region where the church is so central to the lives of its members, the only argument that Chingmak had was that the church needed to be on the side of the poor, the vulnerable and the sick. He argued steadfastly that the church should not remain silent or turn a blind eye. Slowly but surely, some decision makers in the church started appreciating what he advocated.

It would be an understatement to say that Chingmak and Phutoli have persisted in spite of hostility. Like those who are ahead of times, the couple has faced flak from the church administration and another parallel administration. Though never acknowledged by the government and citizens in public conversations, the Naga underground factions who want to secede from India cast a shadow in the remote parts of Nagaland. It has been a tough and tightrope walk for ECS.

“The situation was very bad between 1993 and 1996. There were armed conflicts between the Indian army and the Naga underground army. We heard gunshots in the afternoon, when a representative from a donor agency was visiting. Though I told him they were

fireworks in a wedding, his response revealed that he had figured out the truth," recalled Chingmak.

More than 25 years of dedicated work has earned Chingmak quite a few laurels. Lal Bahadur Shastri Academy in Mussoorie invites him to speak to IAS probationers and to officers during their mid-career training. He is an advisor to the high court of Nagaland in the right to food implementation programme. When former president Dr Abdul Kalam visited, Chingmak was invited to the Raj Bhavan in Kohima to share his experiences. Phutoli has a number of international publications to her credit. She is recognised as an expert in the area of human rights and has worked with many international organisations such as UNDP and UN Women.

On the concluding day of our visit to ECS, we asked Chingmak about his future plans. He jokingly said, "I am tired of social work. I want to be a pumpkin farmer, growing vegetables in my own field!" For pastor-turned-social worker, the 'ambition' to grow pumpkins is rather perplexing, given the fact that the roots of ECS' work are deep into the community of 100-odd villages in these remote frontiers. Only time will tell whether he will have the luxury of growing pumpkins. What is certain is that the seeds of hope and happiness that he and Phutoli planted in one of the most difficult terrains have been bearing handsome fruits.

About Chingmak Chang

- A child's funeral that Chingmak Chang had to conduct as a pastor, led him to take up pioneering social work in healthcare, education and livelihoods in the eastern districts of Nagaland, despite a hostile environment
- Successfully involved church in overcoming stigma attached to HIV / AIDS infections and in rehabilitating those affected
- Implements a successful public-private healthcare model with active community participation
- Surgery camps conducted twice a year improve the quality of life of hundreds of patients
- Revived the traditional *morung* schools that taught youth life skills, paving way to more students opting for higher education, besides a new education bill that was passed by the government in 2002

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