

**Prem Jyoti Community Health & Development Project**  
**Emmanuel Hospital Association**  
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The Prem Jyoti CHDP was started in December, 1996 as a result of a partnership between 3 indigenous organizations namely FMPB (Friends Missionary Prayer Band), EFICOR (Evangelical Fellowship of India Commission on Relief) and EHA (Emmanuel Hospital Association). The main purpose of the project was to address the health needs of a primitive tribal group known as the Maltos.

FMPB had started evangelizing this tribal group in the eighties. There was a mass movement in the nineties and thousands came to the knowledge and acceptance of Jesus Christ as their Lord and Savior. Now the Malto church is more than 40,000 strong. FMPB is still continuing with the uphill task of nurturing and discipling these young believers.

EFICOR entered the scene in 1992 to deal with the social and developmental issues. They have been working to strengthen this community providing capacity building, literacy, technical input and intervening in specific areas such as natural resource development.

As the mortality and morbidity among the Maltos was very high, EHA was called in to deal with health related issues. Started with a small team of five including a Doctor couple, a nurse, a pharmacist and a Lab technician, the Prem Jyoti CHDP has grown in size to its present strength of 12 staff, 14 volunteers & 116 CHVs.

The Malto tribals number about 100,000 and live in the Rajmahal range of hills in the districts of Sahibganj, Pakur, Godda and Dumka of Bihar State, India. Often called "Paharias" or hill people by non-tribals, the Maltos have faced many years of marginalization. The very fact that most of the Malto land is on the slopes of the Rajmahal hills is no accident, as the British took away much of their valley lands and gave it to Santhal tribals and others in order to subjugate the Maltos who were considered to be 'a fierce and wild' tribe by the Imperial authorities. Even today, the legacy of these acts is found in the hostility and fear that most Maltos have of any one not from their tribe (for example calling Santhals 'bitter' people) and likewise the contempt that non-tribals have for the Maltos (calling them 'stupid hill people').

The Maltos speak a Dravidian-based language called Mal-saba which shares over 300 words with Tamil, which was a major area of connection between the Maltos and the missionaries from FMPB. FMPB has been concentrating on two of the three groups who speak Mal-saba – the Sauriyas, the Kumars and the Mal-paharia. Since almost all the Maltos who live in the area served by the Prem Jyoti CHDP are Sauriyas, the term 'Malto' will mean those from the 'Sauriya' group in this proposal.

Since the large scale 'people's movement' of the mid 1980s and early 1990s, the social structure of the Maltos has been dramatically changed through a network of village churches, local church leaders and indigenous missionaries. This network largely set up through the work of the FMPB missionaries offers great scope for seeing grass-roots development take place in a wholistic way among the Maltos.

The Maltos live in small village hamlets ranging from a pair of houses to villages of over 50, scattered over the most inaccessible parts of the Rajmahal hills. They are mainly agriculturists, and live off a meager income from their field and forest products. For those unable to cultivate their hill-slopes through 'jhum' (slash and burn) agriculture, the main alternative is share-cropping on the rice fields of their Santhal neighbors. Household cash traditionally disappeared in paying for alcohol or for ruinous interest charged by non-tribal money lenders. While some of this has become less after the villages accepted Christ, much money is still wasted on expensive 'cures' by village quacks. Very few Maltos are literate. In 1996 only 4% were reported to be able to read and write.

The Maltos have traditionally been animists, living in great fear of evil spirits. Spirits continue to be a very real and important part of many people's lives. Many are convinced that certain illnesses are caused by witchcraft, and those who are accused of being witches ('dains') are being ostracized and forced to leave the village community. Alcoholism has traditionally been a scourge of Malto society. Though much alcoholism has ceased in communities who accepted Christ, there are still pockets of trouble to be found. Further sources of tension arise from past practices of having fairly fluid sexual relations, which continues to lead to poor family relationships in many areas. It is noteworthy; however, that even other observers agree that villages where Maltos have accepted Christ have far less alcoholism and other social vices.

The Malto community is known as a diminishing tribe. Government data from 1991 showed that there were roughly 100,000 less Maltos than there had been 10 years before! ( 225,000 in 1981 to 125,000 in 1991). It is still not clear how so many people could have disappeared, but it seems that as recently as a decade ago whole villages disappeared in cholera epidemics and from high levels and periodic outbreaks of deadly diseases such as Kala-Azar (visceral leishmaniasis), malaria and tuberculosis. The Maltos themselves are aware of this, and some speak of times in the past when they were 10 times their current population.

Though recent surveys done by the Prem Jyoti CHDP do not seem to show trends which will lead to such a drastic decline in population as in the 1981-1991 decade, the health status of the Malto communities remains grim. The infant mortality rate (IMR) from a baseline survey of 33 villages was a staggering 249/1000 live births. As the area was not noticeably different from others, this means that one in every four Malto children die before they reach their first birthday. The high death rate is mainly due to prenatal deaths and infectious diseases such as diarrheas, malaria, and acute respiratory infections (ARIs), with all these conditions compounded by malnutrition. The adults are further affected greatly by tuberculosis and Kala-azar. Recent field data showed that 60% of the TB cases treated by the team were openly infectious, which means that they were leading to further spread in the villages before being detected. Earlier work showed that Kala-Azar rates are also at epidemic proportions, with possibly up to 10% of the population suffering from this disease. Sanitary conditions remain appalling, with children suffering most from various forms of skin infections and lesions.

The Maltos are clearly under-served by the government. Since they live on top of hills, far away from the main roads (and other parts of society that they consider oppressive and hostile to them) few Maltos receive any government health and educational services. The whole district does not have a single well-run hospital, and the government health infrastructure is either non-existent or non-functional. In this vacuum, a new breed of 'quack' doctors has emerged, plying their trade deep into the hills and charging exorbitant amounts of money from already impoverished Malto tribals for their basically bogus cures.

All these grim statistics mean that many Malto people continue to die from lack of even the most basic preventative and curative medical care. This data clearly points to a clear and continued need for comprehensive basic primary health care among the Malto people.

#### Purpose of the Project

- a. To set up an effective primary health care network system in 251 target villages.
- b. To facilitate an increased health awareness & changes in specific health practices in 5 Malto fields.
- c. To decrease the morbidity and mortality associated with pregnancy and childbirth and increase the number of safe births in 4 target fields.
- d. To reduce the under five mortality from 289/1000 live births to 150/1000 in 6 target fields.
- e. To reduce the morbidity and mortality due to malaria and kala azar in 251 villages.
- f. To reduce the deaths due to TB by 50% and to ensure that 80% of registered Tuberculosis patients complete their treatment on time.

Our vision is to see the Malto community empowered and transformed into one that is healthy, learning, prospering, caring for their natural resources, living in harmonious relationships, worshipping the true and living God and reaching out to others in need.

FIELD	Villages	Population	CHVs	No. of mobile clinics
Barhait	60	6500	25	2
Tinpahar	36	2500	15	2
Mukri	40	5000	30	3
Barharwa	20	2000	15	1
Borio	60	6000	31	3
<b>TOTAL</b>	<b>216</b>	<b>22000</b>	<b>116</b>	<b>11</b>

Village - level Community Health Volunteers (CHVs): They are the grass-root level workers who form the back-bone of the present healthcare net-work. They are the vital link between the medical team and the community that is widely scattered in a difficult terrain. There are 116 functioning CHVs covering 216 villages. Their main role is in  
 Early diagnosis & treatment of minor illnesses e.g. malaria, diarrheas  
 Health Education  
 Referral of seriously-ill patients and subsequent follow-up  
 Conducting safe deliveries in the case of lady CHVs

Peripheral Centers: Monthly Mobile clinics are conducted in about 10 villages each serving about 15 - 20 villages (Population ~ 1500-2000). Total Population covered ~ 22,000. Integrated health services are provided including Antenatal & Family Planning services, Immunization, Follow-up of chronic cases especially Tuberculosis and general morbidity clinic.

Base Health Centre: A 6-bedded Health centre with facilities for basic lab & X-ray investigations, emergency medical, obstetric and surgical services are available at the base at Chandragodda.

Spiritual Ministry: Prem Jyoti CHDP is involved in the following ways:

- Witness to patients (both in-patients and out-patients) through word and loving care
- Bible studies to team members so that each one is involved in whole-patient care
- Biblical teaching to the CHVs during their training so that they act as "salt" in their villages.

Many Maltos have opened up to the gospel message through the loving witness and effective prayers of the CHVs.

Weekly Sunday school for neighboring children (>100)

Devotions during mobile clinics.

Prem Jyoti – achievements in the last six years

Primary Health Care System: consisting of a network of 86 CHVs in 109 villages have been trained & are functioning (Including 25-30 new CHVs currently in training)

Mobile clinics at 10 peripheral villages

Base health centre with diagnostic facilities (lab/X-ray) & operation theatre facilities & beds for 6 patients –14 multipurpose health workers were selected & trained by the project to assist in the base unit

Increased Health awareness: Done by CHVs, mobile clinics using health songs, flashcards (designed by the project) & skits. Reinforced by “Healthy Village Competitions” which looked at 5 basic health behaviors

Innovations:

Health messages in local Malto dialect composed as songs & set to traditional tunes to communicate the messages effectively (CHVs use them to remember dosages of drugs during treatment!)

Health messages communicated effectively through local stories using locally designed flashcards

FMPB is a missionary organization with a vision to reach the unreached, working among 40 people groups in India. Ministering through their ‘great cloud’ of 625 missionaries, FMPB has seen about 80,000 people accepting Christ. FMPB started working among the Malto tribes of Bihar in 1978. In spite of initial opposition, after the death of a missionary and his son (from cerebral malaria) in 1983, there was a mass movement towards Christ. At present there are about 40,000 Malto believers living in about 430 villages. FMPB is actively involved in further outreach to the Malto people, and is nurturing a network of church and village leaders through its dedicated field missionaries and local elders.

Physical Results

Impact:

Immunization coverage: increased from nil to 40% among children under five in target villages

Avg. Annual Antenatal coverage in target villages increased to approximately 30% from nil

Avg. annual no. of tuberculosis cases treated was 75 with 85% compliance

Reduction in reported deaths due to malaria & tuberculosis

Reduction in reported deaths due to diarrhea.

Social Impact, Effect on the Community

Even observers of other faiths, agree that villages where Maltos have accepted Christ have far less alcoholism and other social vices.

It was thought that as the clinics could be conducted only at monthly intervals and the people had difficulty in getting proper treatment in between visits (for problems beyond the scope of the CHV), it would be ideal to have a Sub centre for every 15 - 20 villages. Initially, it was thought

that ANMs (Auxiliary Nurse Midwives) could be posted at the Sub centers. However due to the practical difficulty in recruiting and placing ANMs it was thought that it would be more feasible to train local people with basic secondary level education to function as Middle Level Volunteers. Out of 6 such candidates that were selected for such training 3 dropped out and 2 were ultimately posted in such sub-centers. After 3 months, of their presence in the villages, we found a very poor utilization of their services & hence their services were discontinued. We think it was due to a lack of personnel available to supervise & encourage them in the field. We also feel the need for field level supervisors to encourage the CHVs who are living in scattered villages, most of which are inaccessible by vehicle.

It was at this stage that the Prem Jyoti team decided to take stock of matters and rethink the whole issue of community participation in the health programs. No matter how many services are provided, it is of little use if the community fails to utilize it. It was strongly felt that the answer is in community organization. If the community is first challenged to join together to think through issues that affect their lives they are more likely to see health as a priority and to utilize available services. Therefore, the existing system of self-governance in the villages needs to be activated in order to uplift the health, social and economic status of the community.

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Being a very backward area with poor roads & communication, no electricity and schooling facilities, it is difficult to get committed and qualified staff. A high staff turnover is one of the drawbacks of the project.

Tackling malaria which is a hyperendemic problem is quite frustrating. In spite of medicated mosquito nets, health education & availability of chloroquin, many staff of the project continue to fall prey to the parasite 2-3 times a year.

It has been difficult for 3 agencies to work together. A turnover of staff among the FMPB & changes in policies has affected relationships on & off, but now a more stable partnership has been established.

