

List of questions which came up after site visit presentation of Project Gnanodaya at Asha Austin on April 27, 2008.

Answers provided by Mr Thangaraj, headmaster of Gnanodaya school via conference call on April 29, 2008

Question (1) : The Gnanodaya name is associated with leprosy and that might brand the kids graduating from the organization. Question is what have they seen, and how prevalent is this and what are/do they plan to do about this?

Answer (1) : The headmaster mentioned that since the school started in 2001, the perception of the people in nearby villages has changed gradually towards the school and the children from leprosy colonies. He mentioned that association of brand because of the name “Gnanodaya” is prevalent only in schools within 5 km radius. As you go further from Gnanodaya to Chingelput area, which is around 15 kms from Gnanodaya, neither teachers nor other students know about the name “Gnandaya” and there are no problems in those schools. This problem seems to be only in that 5 km vicinity. This rumor about children in Gnanodaya being affected by leprosy was started specifically by Govt school teachers in the area who were not able to maintain enrollment numbers in govt schools – lot of kids were shifting to Gnanodaya. Since the number of govt teachers in a govt school is based on enrolment, there is a vested interest for those teachers to maintain a certain enrollment. Thangaraj (headmaster) along with other teachers have gone to villagers houses (in neighboring villages of Venkatapuram, Chettipuniyam and Kolathur) and talked with them personally about his problem and tried to explain the relevant facts – none of the kids are affected and they also undergo regular health checks. The branding due to name Gnanodaya is a problem only for children in hostel from leprosy colonies and is not a problem for children from nearby villages.

Question (2) : The hostel kids eat together in the first floor room, and the local village kids eat together in the ground floor room. Are they trying to merge them etc.?

Answer (2) : They tried merging them about 3 years ago, but faced a lot of criticism from parents of children from nearby villages. The villagers came to school and protested the move. They even threatened to withdraw their children from the school. Mr Thangaraj gave a background of the parents to explain the problem – most of them are uneducated in the scheduled caste/scheduled tribe category with poor economic background – they work in nearby quarries breaking rocks, tend to gardens in the area, help in nearby farms etc and do not have a permanent job or steady income. The parents are OK with their kids playing and studying together in the school with hostel kids (kids from leprosy colonies) but are averse to eating together. The children eat from a common set of plates and the plates change hands everyday. Somehow, the villagers’ perception is that eating from same plates is harmful and it should be avoided. They feel more comfortable when their children eat from a different common set of plates together. They tried convincing the villagers, but were not successful. They didn’t want to pursue this as they were not getting any good results.

Question (3) : Do they do any medical tests regularly on the kids to find out if they have any symptoms of leprosy?

Answer (3) : The only test that the kids undergo regularly is physical inspection. During the inspection, if the doctors find white patches or discolorations in the body where senses are lost, then they perform a blood test immediately for diagnosis. The blood test is performed in Chingelput area which has a central research institute specializing in leprosy diagnosis. Once confirmed, they follow it up with MDT (multi drug therapy) treatment. Over the past 8 years, 8 kids (3 girls + 5 boys) were diagnosed and were treated successfully with no problems.

Question (4) : Can leprosy recur after they are given MDT (Multi drug therapy)?

Answer (4) : No, it cannot recur after the MDT treatment. The white patches disappear in 3 months and once the 6 month program is complete, the patients are fully cured.

Question (5) : Find out details of PPF scheme offered by Gnanodaya. Why only Mr. Thangaraj is contributing?

Answer (5) : PPF scheme is Public provident fund provided by Post office (it is not a govt scheme). It is a savings scheme, where you contribute a certain minimum amount for 15 years and you get 8.33% at the end of 15 years. Mr Thangaraj was contributing to that scheme when he was a teacher in his previous employment (St Johns school in Poonamalle). He wanted to continue it here, so he is contributing a certain amount of his salary to PPF, since he cannot withdraw before 15 years. PPF is not a scheme offered by Gnanodaya to its teachers. Other teachers do not want to contribute any money in PPF, so only he is contributing every month. DIK did not offer any pension scheme to teachers when it started the school and the same trend has continued.

Question (6) : Why diesel van? Why not a Maruti van for transportation on unpaved roads?

Answer (6) : Mr Thangaraj feels that the Maruti van will not survive long term wear and tear in the 4 km unpaved roads. That is the main reason that they did not look at a Maruti van. They already have an old Maruti van for transporting community people to hospitals and they spend a lot of money on repair. They feel that diesel van or Jeep would be sturdy and can withstand long term wear and tear, especially during the rainy season in the unpaved roads.

Question (7) : Until we decide on the van etc. we should ask them to have a temporary arrangement which we can include in our budget.

Answer (7) : They tried to find reliable temporary transportation. Autos are charging Rs 600 per day and Tata Sumo rentals are Rs 700 per day. Cost seems too high and they haven't been able to find any other alternatives to date. They prefer to wait to find a permanent solution rather than this temporary one.