



Annual Report 2020

The Nilgiri Hills of Tamil Nadu rise to 8,000 feet above sea level and are stunningly beautiful, with abundant wildlife, dramatic waterfalls and mountainside covered with shola forest.

Geographically The Nilgiris with the neighbouring Wayanad district are situated between Karnataka to the north and Kerala to the west. The territory is extraordinarily diverse, as indeed is the climate. All over the Nilgiris swathes of forest and ancient grasslands have been destroyed and the landscape is populated by degraded and polluted watersheds and farms. Soil erosion is very noticeable, but yet there is a wealth of biological diversity corresponding to altitudes and geology. The communities living in the area are as diverse as the territory. Indigenous tribal communities survive alongside newcomers including refugees from Sri Lanka. Gudalur at the foot of the hills to the West has a large Muslim population as well as being a centre for the extensive Paniya community who until quite recently survived as bonded labourers.

This is the area, and these are the kinds of people upon which Friends of H.O.P.E focusses, we see the Earth and People as belonging together, encouraging communities to look after their land and use it well is at the very heart of our work.

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The Friends of H.O.P.E Charity directory

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(incorporated: 9 October 1998)

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Executive summary

COVID has dominated this past year. In many parts of India, but mainly in and around the major cities, COVID's second wave is out of control. It is not hard to understand why. Major factors include ignorance of the need, or refusal to socially distance, lack of respiratory equipment including ventilators and oxygen in hospitals; inadequate supplies of appropriate PPE and failure to maintain cleanliness. Vaccination targets are aspirational given availability and sources of supply. Journalists are reporting that the real situation far exceeds official figures. We would tend to agree with this view. Even during elections in early 2021 mass gatherings were allowed, exacerbating the situation. However, lockdowns did follow and at the time of writing remain in place. In the Nilgiris, the authorities began by trying to contain the disease with curfews and local lockdowns where any villages becoming affected would quickly get sealed off.

The impact of COVID last year in the Nilgiris was less severe than in the cities, at least in terms of number of reported cases. Reports we have seen suggested then that there was an average of 100 new positive cases a day and recorded deaths were comparatively low. Last year we thought that this was because patients admitted to hospital were discharged with a few days and so any later death, or death due to long COVID, went unrecorded. Further, the symptoms of COVID are broadly similar to common illnesses involving fever and coughing and so few would seek medical intervention or testing and rely on local remedies and decoctions. Given the remoteness of many villages only a small minority would be able to present themselves for testing and treatment if it were available and would risk immediate social isolation for the family and the likelihood of the village being sealed off causing economic deprivation.

Clearly the number of COVID cases and deaths are significantly under-reported. The latest COVID surge reports from Delhi, Mumbai and Calcutta describe a horrific situation in hospitals. All hospitals in the Nilgiris region are full. The crematoria in Coimbatore, (the nearest city with a population c3-4million) is now working 24/7. No-one seems to be talking yet about a third wave of infection in India, but this seems likely later on in the year. The

situation is approaching disaster level as many rural poor are still reeling from the first lockdown – lost income, no job, lack of food, inability to collect medications, increases in personal debt to pay for medical bills, mental health pressures and an increase in abuse. We face a huge challenge over the next 12 months.

The Friends of H.O.P.E (FoH) has inspired many villages and rural communities of the Nilgiris to apply traditional self-help practical and sustainable knowledge that embraces traditional local foods, traditional health, medicinal plants and their uses, organic and biodynamic methods of agriculture, animal husbandry, water conservation and environmental protection. Over the last 22 years we have led the organic movement in The Nilgiris with our support for biodynamic organic farming culminating in the development of an organic road map which has been adopted by the local department of Horticulture and The Collector. We have also supported the HIV community for 16 years.

FoH was formed in 1998 to support Vanya Orr's holistic vision for sustainable communities, our 'economics of permanence' in restoring and protecting local traditions and cultures. The charity provides financial support, strategic guidance and practical advice where needed to our implementing partner agencies. All of our Trustees have Indian connections and experience in dealing with both tribal and non-tribal communities. - Mrs Rosaleen Mulji, David Pople and Prof Sheila Hillier are also trustees of The Nilgiris Adivasi Trust (NAT). Nicholas Grey (with his wife Mary) were the founder trustees of Wells for India which works in Rajasthan, Dr Mahesh Mathpati is a well-known and highly respected Ayurvedic doctor, and Michael Moore lived and worked in India for some years. All money raised by FoH, except for a very small amount needed to cover its administrative expenses, is remitted to the partnering NGO's. **The Trustees of both FoH and NAT give their time and services entirely on a voluntary basis.**

FoH and NAT are now working ever more closely together – joint meetings are held, and joint consideration is given to funding the education and community based programmes described in the following pages.

Poverty in the region

Poverty amongst Tribal communities is commonplace. These indigenous peoples rely on agriculture and the forest for their livelihoods and farming as we know is in crisis. Statistically in rural areas such as the Nilgiris over 31% of the scheduled castes and about 20% of the backward classes come into the poverty category (source: socialjustice.nic.in). We believe these statistics are on the low side. The rural poor in the Nilgiris include an indigenous tribal population of almost 28,000 – Irullas, Kotas, Todas, Paniyas and Kurumbas being the principal groups. The agriculturalist Badagas numbering 175,000 are also often referred to as indigenous peoples. The base poverty line in India is assessed at Rs221 per day (about £2.20). If support is required for a family of 4 or more children the poverty line needs to be re-drawn. However, the poorest members of society are the socially isolated HIV community, where daily income can be less than Rs200 (£2.00)

During the COVID lockdowns day workers have been laid off, resulting in massive reductions to family income. Those not in possession of food ration cards will be a focus of our attention during 2021. People with HIV are struggling for survival, having no support from their community, nor from employers.

Below is a typical home of the rural poor in the area



Relationship between The Friends of H.O.P.E and its partners

The relationship between FoH and the partnering agencies is governed by Memoranda of Understanding (MoU's) or Project Agreement (the governing documents). These documents define the parameters as to how the charities work together, with FoH providing funding, advisory and practical help with Indian agencies being the implementing partners. The MoU's allow for FoH to be provided with regular reports, and also stipulate that each NGO will be fully accountable to FoH for the way in which funding is used. Therefore those who give money can be assured donations are used for the intended purpose and not wasted.

COVID Impact on farming

With supply chains disrupted, more than 72,000 small farmers in the district are also facing ruin, with virtually zero income, ruined crops and no money to plant the next harvest. Last April with no transport available to get the crop to market the harvest was destroyed. The second harvest fared little better being partially destroyed by the monsoon rains.

Farmers are desperate, recently throwing vegetables on to the highway in disgust with government policy.

A situation has developed whereby farmers will have no option but to sell their produce to middlemen, resulting in little or no profit. The amendment to the Agricultural Bill is thought to put power into the hands of the larger producer to the detriment of the small marginal producer.

Vanya Orr's concept of fixing a support price for six months actually worked very well as GoHT controlled this without reward on behalf of the farmer, distributing the difference between support and market price - the producer bonus. This is something that Farmer Producer Companies should do.

The Nilgiris is the largest tea growing region of South India. Some 3-4 years ago the government provided incentives for small growers to build micro tea factories and all now see their livelihoods threatened by the pandemic. For

the farmer-grower subsequent restrictions, including the closure of schools, colleges, shops and hotels, resulting in a steep decline in demand.

The Thambatty model farm is being maintained by Sivakumar only, with no staff on site. At the beginning of the lockdown some produce was given to HIV clients, with only a fraction sold at a central market at vastly reduced prices.

This, in addition to the ongoing damage caused by bison and heavy monsoon rains, is a catastrophic situation for any farmer. We need to support farming as it affects so many livelihoods, being the predominant industry.

That brings me to assess the impact of COVID with the loss of work amongst the poor. Without a daily wage of between Rs150-500 poverty will rise further and malnutrition will increase significantly. Financial concerns are partly to blame for an increase of about 43% in domestic abuse. The HIV community with their weakened immune system will be particularly vulnerable.

The immediate process of farming change to organics has continued at Collector level. Meetings have been held between Sivakumar and a few other farmers since lockdown to allow drafting of organic policy to continue. The meetings organised with the Nilgiri Organic Farmers and Growers Society have also acted as a way in which problems can be raised via a forum with the Collector. Sivakumar is in close contact with the JD Horticulture and the Collector and with their support has established on-line training in which up to 400 participants continue the transition to organic farming.

Other costs have increased, for example seed prices have also rocketed exponentially.

Sivakumar tells me that the Government of Tamil Nadu did however recently pass an order to waive crop loans obtained by farmers using the Co-operative Bank.

The shift to organics is of huge importance to the Nilgiris Biosphere. GoHT follows the Biodynamic calendar which guides growers when to sow seeds

according to the position of the moon. By restoring goodness to the land moisture is retained for much longer, vital in drought situations.

Progress

The Collector (Ms Innocent Divya) is very keen to see Nilgiris being declared an organic district.

Last year organic producers received a subsidy cheque which translates to about Rs4,000 or £40 per farmer. This is a result of direct interaction between Sivakumar and the Collector and is seen as an important gesture of goodwill and support for organics.

On a wider note, other evidence of the urgent need for farming policy change is the dangerously high chemical and pesticide residues found in Nilgiri Hill vegetables, as reported last year in The Hindu, and The Times of India. The Collector has agreed with Tamil Nadu University to conduct rigorous soil analysis and testing over the coming months and into next year. This will provide supporting evidence of the need to change farming practices. Partly as a consequence of GoHT activity and Sivakumar's lobbying with selected organic farmers, **a total of 27 fertilizers, pesticides and weedkillers were banned during the year.**

We have been actively 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. A 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, organic potatoes, which they use in their BCG TB vaccine.

The Garden of HOPE Trust urgently needs more staff. Coronavirus impacts this in the short term, with CSR funding within India proving problematic.

In summary over the past 12 months

- We have helped secure small grants for each small registered organic farmer and grower.
- Provided awareness on COVID and encouraged farmers to follow COVID protocols.
- Commenced discussions through the Nilgiris Organic Farmers and Growers Society re the formation of Farmer Producer Companies
- Provided vegetables to members of the HIV support group.
- Suggested that the Horticulture Department supports farmers with cold storage at minimum cost.
- Onsite training has been seriously curtailed. However monthly on-line training and technical support workshops have been offered and up to 400 farmers have benefitted on a regular basis.
- Continued to progress the Organic Road Map by attending regular meetings with the Collector.
- Maintained the model nursery.

Covid Impact on the traditional health service programme (RTTMP)

The RTTMP remains 'open for business' during COVID.

We have empowered 15 women to deliver a health service to 60 remote tribal villages, a population of some 7300 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. Local knowledge utilises the power of medicinal plants efficacy so not reliant on local health providers or NGOs. As at the end of last year the VHOs were dealing with 3000 cases, ranging from common colds, coughs and colds, fever, snake bite, ulcerated legs, post stroke, midwifery, diabetes, anaemia and TB.



Kalliammal preparing knee pain oil at Garikyur village. Kalliammal represents Tamil Nadu at the Tribal Healers All India Council, a tribute to her knowledge and skill as a healer.



Vijaya, applying massage oil having diagnosed the cause of this child's stomach pain

FoH with help from NAT are the sole funder for this programme which includes capacity building via FRLHT/TDU. NAWA continues to provide a mobile outreach 'allopathic ambulance' which covers a few of the 60 participating villages.

In February 2019 the VHOs took on the challenge of treating a sample 160 severely anaemic patients with traditional local Indian health treatments (Siddha and Ayurveda) using medicinal plants. Over the last 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 VHOs have introduced a patient visit plan, detailing traditional diet and gathered data on individual record cards as required by TDU. **TDU has agreed 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 but on-line awareness has been instigated by the University and attended by the VHOs and selected healers.**

Subject to funding FoH will pay the continued stipend and salaries and basic costs such as the newsletter, lab technician time for processing bloods, and health awareness village meetings. The monthly newsletter will be distributed to every household in the project area.

On-going training for the RTTMP will be important and if we can secure funding we should provide for this capacity building by the TDU team. The integrity of the RTTMP team will be boosted by certification under Quality Care India (QCI) – 15 VHOs and up to 60 healers @Rs12,300/per person for testing and certification..

We have provided a grant to TDU of Rs246,000 to cover the cost of certifying the first 20 people - our VHOs and a few selected healers - who have been actively involved in the RTTMP and who have allowed their knowledge to be documented.

As a consequence of COVID only 23/60 villages in the RTTMP are regularly being covered. The VHOs have been focused on public health, personal hygiene and regular cleaning of the home. NAWA have suggested we increase the number of VHOs by 5 so that the original complement is restored and all villages covered regularly. Hygiene in remote areas and particularly for people in poverty is always an issue. Plants and roots having antiseptic and cleansing properties are found in the project area and their uses are being promoted.

There is a complete lack of protective equipment but one of our VHOs is showing the village women how to make masks from clean Dhoti cloth. Various decoctions based on Siddha/Ayurvedic traditions are recommended by Indian Health and these are made using locally sourced ingredients. Cleaning the home is done using a mixture of turmeric and neem. Immune boosters promoted include turmeric and seasonal wild greens, amla and jack fruit.

People trust the decoctions given and feel they work.



Products from the self-help group, Mullai:

One of our VHOs is Vijaya and she is responsible for looking after 7 villages. Now a well-known traditional healing practitioner she is locally accepted as "our village doctor". Vijaya is supported by other respected healers. Her

typical week includes the preparation of traditional medicines, treating patients, midwifery, providing massage therapies, prescribing food habits, and guiding village women in growing traditional herbal plants.



Vijaya picking herbs

An early short-term casualty of COVID 19 was the closure of an important Ayyurvedic Trans disciplinary hospital— I-AIM in Bangalore. This impacted us from a resource point of view for about six months or so. During autumn last year the ASHWINI tribal hospital in Gudalor was forced to operate a reduced service with only 3 staff due to COVID; since then the staff have magnanimously taken a 25% reduction in salary following a huge reduction in the hospital's income. The ASHWINI hospital in an excellent facility with good maternity and surgical care and is now approved to treat COVID patients.

COVID Impact on HIV

We currently regularly support over 110 of the 481 people registered in the Nilgiris with HIV.

Malnutrition, counselling, the need to assist children affected by HIV and stigma reduction are all essential interventions.

Our group support meetings are normally held monthly but because of COVID were postponed between April and the end of the year, resuming in December. They re-started first in Gudalor, where up to 27 'clients' meet under social distancing rules. In Ooty, the YMCA host the monthly therapy meetings for 80 clients and although they re-started here at the beginning of this year (2021) they have since been suspended (from April 2021) because of the second wave. 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. With funding from Mercury Phoenix granted in October last year we commenced our stigma reduction programme. We have taken on Chithra as an intern for a year. She is HIV positive, has mental health issues and a member of the Irulla tribe. Sumithra was widowed last year and we have appointed her to arrange meetings and follow ups with social care, hospital staff and employers such as the tea estates owners. Sumithra is employed on a twelve-month fixed term contract but is becoming an indispensable team member.

Initially as a result of the lockdown last year, HIV positives were unable to access ART Centres for their medication but the situation improved from July. Our interventions have helped clients to restore continuity of supply. Only front-line health workers had travel permits, Sathiya, our project leader being one such person. We know the desperation felt by many has given rise to an increase in mental health issues.

Evidence suggests that accessing medical care during the second wave is equally difficult. Hospital beds are full. This, along with stigma in hospital settings was again illustrated by the deeply sad case of Uma. Aged 23, she had been orphaned following the death of both parents which was attributable to HIV. For many years she was not aware of her status – indeed her uncle was the only person who did know and thankfully he has been very supportive. On a home-counselling visit we encouraged her to attend our group therapy meetings where she received nutrition supplements and participated in group therapy. However, a few months later she found she was unusually tired and unable to eat. She went to the ART centre for treatment and was diagnosed as being severely jaundiced. The doctors there suggested that because of COVID Uma attend a private multidisciplinary

facility in Coimbatore where she was admitted for one day only and where 'her liver was found to be fully damaged'. The following day she died.

The story echoes that of Shiveraj who was passed from pillar to post in the search for treatment. Stigma was prevalent in hospital settings so no help was given, sadly resulting in his death.



Uma introducing herself to the Ooty therapy group January 2021

Sathiya, our programme leader, is again distributing ART and other medical supplies although travelling is subject to restrictions despite him having the required permissions.



Three of our 'clients' have tested positive for COVID in recent months and all, thankfully, have recovered. We feel sure the nutritional supplements, along with organic vegetables have helped their immune systems cope and their CD04 readings support this. Fortunately most people living with HIV have

kept free from COVID but they are struggling for everyday survival, totally lacking support from their village community or their employers. Their nutrition levels have declined and they are preoccupied with "illness anxiety". This deterioration in mental health makes them even more vulnerable to suicidal tendencies.

Every day Sathiya is on the phone to counsel his clients and educate them on preventative COVID measures. He is approachable and available.



People with HIV face discrimination by mainstream society and are badly treated everywhere. There is a huge reluctance to talk about HIV, making our counselling forums essential. Most people affected including children, acquired HIV without any knowledge and it is only when they are tested that they find out, often with calamitous consequences to family and community life. It was to address this need that our nutritional and psychological support programme was started. COVID makes this ever more necessary.

Economic crisis:

HIV sufferers who can work are daily wage labourers in the Nilgiris district, earning between Rs150-500 per day (£1.50-£5). We are helping them to secure a payment of Rs1,000 a month per family given by the government. Help for this is on a one-to-one basis. Again, stigma and lack of privacy has to be resolved with bank staff before an automatic payment can be set up.

From May 2021 the State Government has announced a one-off payment of Rs4000 payable in 2 instalments and a COVID 'relief kit' to help during lockdown, consisting of 13 grocery items to family card-holders.

A typical basket of goods including cleaning materials, sanitiser, fruit and vegetables to give a better diet would cost Rs1000-1200 per week/family (£10-12).



One of our HIV clients summed up his desperation:

"I am staying with my son in a rented house. I have no work and no money to pay the owner who is asking for rent. I have no savings and no-one to support me. I have a lot of tension and I feel lonely".

Sustainable Village Project – implementing partner The Garden of HOPE Trust The sustainable village project we fund seeks to help 3 villages (7300 people) about an hour's drive from Coimbatore, where there have been severe drought conditions for the last 4-5 years. Despite the monsoons of last year which gave some respite, water tables remain far below acceptable levels with many farmers losing their coconut and banana crops. Agriculture is the primary industry in the area and all related businesses and home incomes have been severely affected due to the continuous monsoon failure.

The District Rural Development Agency (DRDA) is the government body that implements water conservation schemes through village administration offices.

We find ourselves in the position of bringing together all stakeholders, including the Sub-Collector (Rural) and the Director of Horticulture, Panchayat officials and village elders. An update on the agreed strategy to prevent future droughts is awaited but at farm level the work done during the year saw the planting of over 7200 trees, including 1200 neem which have valuable medicinal properties. Helping farmers to construct 'earthen bunding' to retain and save water for their crops has also been a hugely beneficial contribution.



Farming is so important to the economic sustainability of the villages and in the coming year it has been agreed that we will help put in place a logistics system, bringing transport, farmer and market-place together. The objective is to save on transport costs and ensure fresh organic produce gets to market on a regular basis. Farmers will agree prices with the 'shop' and with the

transport group. COVID has disrupted planning and implementation of this particular pilot scheme.

Sanjay

It is with great sadness that we report the passing of Sanjay in April 2021. He was just 14 yrs old. Sanjay had Duchene Muscular Dystrophy and developed respiratory issues from which he did not recover. Our thoughts are with his family.



Eco-Clubs

This programme has been put on hold from March 2020 as a consequence of COVID but planning for its restart is in our minds as it is seen as an important way to nurture future generations. These pictures were taken two years ago.



Above students at Pudur school



Above: students at Garikyur village school telling us about the medicinal plants to be found around their village.

PhD

The situation is unchanged. The PhD fellowship is continuing. We have heard that the Indian Medical Research Council have agreed to provide financial support for the PhD, so this will be a good anchor allowing for the work to be completed.

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Our Education Fund

FoH together with The Nilgiris Adivasi Trust (NAT) are supporting young people from tribal community and/or backward class family backgrounds. Students currently attending the Victoria Armstrong School in Kothagiri, the Tribal school (VBVT) and drop-out school in Gudalor, and the NWTWS school hostel all receive grants from NAT. Based on information provided by NAWA's director of education bursaries are provided to students from tribal communities progressing to higher secondary and college education.

The FoH fund provided support to Emima during 2020, and this continues. Now in her fourth year at the Atreya Ayurveda College in Bangalore, Emima is studying for her Bachelor of Ayurvedic Medical Sciences degree (BAMS) over 5 years.

Fundraising

Fundraising events were suspended from March last year following introduction of the lockdown. At the time of preparing this report (June 2021) we are hoping to restart in October.

Income and finance report

The FoH accounts are published separately and available upon request. They are also found via our web site or on the Charity Commission's web site. Grants and donations over £700 were received from the following organizations and individuals:- The Paget Trust; The Onaway Trust; Nilgiris Adivasi Trust; The Bryan Guinness Charitable Trust; Audrey's fund; The Souter Charitable Trust; The St Clare and St Francis Charitable Trust; Just Trust; DAF; The W. F. Southall Trust, Ahmad Tea; Tony Mortlock; Lady Dufferin.

We are also grateful to other charities and individuals who have contributed to our income by way of grants, donations, responses to appeals and gift aid. Your support is so very much appreciated. We are also grateful to British Airways for baggage waiver and their past support.

Financial review

Income in the year received and committed, including grants processed on behalf of NAT, amounted to £74,822 (*previous year £63,556*). *The Trustees' policy is that all funds (except for nominal administrative costs) should be sent to India, and particularly at times when we can take advantage of preferential exchange rates.* In this way we can optimize our funding to the project. Total funds expended on projects during the year amounted to £64,868 (*previous year £65,642*). Local UK administrative costs amounted to just £2,660 (2,080) as detailed in the annual accounts.

Bhutan

An account from Vanya's diary

It was December 2005 when the Secretary of Agriculture for Bhutan first visited our project. After meeting farmers and women's groups and having discussions with our staff, he said, "I have not experienced anything like this

before and I want all my agriculture officers to come and see what is possible and have training with you."

In 2006, 20 men and women from Bhutan arrived and were involved in a 10-day training programme on biodynamic inputs and rotational systems; on the life in the earth and its value for our health. The group also learnt how the effects of star and moon positions and organic management strengthened plants so that their natural immunity helped resist disease. They attended classes given by our women who showed the group what they were doing with their kitchen and herb gardens and from our eco-club children who showed how they created abundance in their school eco-club gardens and educated their peers in biodynamic farming principles. Our founder and Life President Vanya Orr explains the invitation to visit Bhutan.

"'Would you be interested in working as a volunteer with the Queen Mother's NGO, The Tarayana Foundation for a couple of months?' To say I nearly fell off the chair would be an under-statement....."

"The Friends of H.O.P.E provided the support for me to go and thanks to British Airways, I arrived in Delhi for a connecting flight to Paro, Bhutan, where I would set up a herbal garden resource in the capital city of Thimphu. The aim of this was to use our model for propagating and strengthening traditional herbal knowledge among the women in remote villages, locations where doctors and hospitals could be even two or three days walk to the nearest road. It might mean crossing rivers many times; sometimes bridges may be washed away. Basic knowledge of local herbs used for Primary Health Care could mean the difference between life and death. To have the privilege of being with Her Majesty the Queen Mother and Chimee, with their deep concern for the people and the ways ahead for the Royal Kingdom of Bhutan was an amazing experience. It was a time of deep learning and gaining inspiration".

Roll forward to 2021 and Bhutan have decided that the whole country shall be organic.... <https://www.bbc.co.uk/news/world-asia-23618588>

We can feel really proud to be associated with this decision. The seeds we planted have fully germinated!

Photo Gallery



Irulla mother and child



Before lockdown: The Collector visiting the GoHT stand at an Organic conference in Ooty

Below, The Collector speaking at the end of the Organic rally in Ooty during the year.



Kesalada school medicinal plant garden