



The Forum 1.9: Faith and Healing in Nagaland, India

by

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I come from Nagaland, a state nestled in the Northeastern part of India. In the summer of 2022, I returned to my hometown of Dimapur, Nagaland, and traveled to a few villages to participate in the activities of a prominent local organization called Eleutheros Christian Society (Read more about ECS [HERE](#)). It took a day's journey by road to reach Tuensang, a major district in Nagaland. Once there, I accompanied the founder and Chief Functionary of ECS, Dr. Chingmak Chang, to travel to the remote villages, where the Primary Health Centers (PHC) are located. Our first destination was Longpang village, home to an ECS-established Primary Health Centre. There, I had the opportunity to meet sponsors from Delhi, local pastors, the dedicated medical staff, and members of the Mothers' Club of Longpang.



In picture: Meeting with ECS staff, sponsors from Delhi, doctors, nurses, PHC staff, pastors from neighboring villages, and members of Mothers' Club

During the meeting, a pastor and a mother shared testimonies of what the establishment of the Longpang PHC meant for them and their villages. Since the PHC was set up in Longpang in 2009, there have been no maternal or infant mortality deaths. This achievement, of course, did not come easy and it took years of work. It is a result of the collective efforts of ECS and the community. From what I observed during the visit, and being a part of the lived reality, let me share a few ways in which communities marked by limited resources play a crucial role in faith and healing in Nagaland, India.



In picture: Primary Health Center, Longpang Village (Tuensang district)

1. Communal Accountability

One unique aspect about the PHC is that the doctors, nurses, and staff are appointed by the village community rather than by the government or other corporations. This system discourages and prevents nepotism and bias, which are common issues in India and elsewhere in the world. They are compensated in parts by the ECS and other NGOs, and in some parts through government funded programs. Consequently, all staff members are accountable to the community rather than to government officials, politicians, or any particular individuals. During the meeting, one of the doctors remarked that this arrangement fosters a stronger sense of commitment and work ethic among them. This accountability model also enhances a sense of community health.



2. Communal Education

In my context, there exists a strong sense of shame and honor influencing all aspects of life, particularly concerning women and their health, especially in the villages. Women's health tends to be overlooked, leading to adverse effects on maternal and infant well-being. This situation not only entails shame but often instills fear as well. How can we provide care for women/mothers while simultaneously dismantling taboos in a manner that respects the context? In a conversation with Dr. Chingmak Chang, it became apparent that strategic efforts were necessary, involving women pastors, midwives, and Asha workers (who liaise between mothers and health centers. Read more [HERE](#)). Achieving community education on women's health required years of concerted effort. One approach involved performing skits during community gatherings (as witnessed during a visit to another village). Here, women acted out a performance/skit in front of hundreds of people, serving as an educational platform. At this gathering, a mother shared a testimony highlighting zero maternal deaths since the establishment of the PHC in a village called Mopong in Mon district.



In pictures: Skit performed by women, Mopong (Mon district)

3. Communal Involvement

The PHCs operate with the support and engagement of the community. During my visit at one of local PHCs located further into the area, the student leader shared with me that a few years ago after the government established the PHC at Mopong, the building was deteriorating and non-functional due to government neglect. In response, the student organization took the initiative to renovate the building, rallying community involvement. People contributed in various ways, including financial donations, building materials, food supplies, and physical labor. The local church also played a role in the restoration efforts, and eventually, ECS took over the management of the PHC. Consequently, the PHC at Mopong is operational and serving its purpose effectively.



In pictures: Primary Health Center, Mopong (Mon district)

Addressing Healthcare Challenges in Remote Areas

Health challenges in a context with limited resources are enormous. With just one PHC serving many villages spread across vast distances, issues such as poor road conditions, transportation problems, and the absence/lack of ambulances pose significant problems and hurdles. The lack of banking facilities in these remote areas add to the complexity of accessing funds for medical emergencies. Furthermore, only a handful of villagers own cars, exacerbating the difficulty of accessing medical care. Specifically, to tackle the challenge of transportation for medical emergencies, village councils in some areas have implemented mandates. They require car owners to transport any community member in need of emergency medical assistance to the nearest health center, regardless of the time or day. Remarkably, individuals comply with these mandates, not out of obligation, but out of genuine concern for their neighbors. They understand the hardships associated with accessing medical aid and willingly offer assistance.

To facilitate access to treatment, improvements in road conditions and the availability of transportation and banking facilities are essential. Considering health and healing necessitates consideration of the state's infrastructure, highlighting the crucial role of community involvement. Through shared testimonies, conversations, and involvement in their efforts, it is evident how the community and church are engaged in both wholistic healing and teaching processes that enhance health literacy in the community. There is still a lot of work that needs to be done, and individuals and organizations like ECS play a vital role in facilitating change. It is the collective effort of the community that makes healing possible. We are familiar with the well-known saying, "It takes a village to raise a child." In my context, it truly takes a village (or villages) to heal the sick. There exist a strong sense of accountability, voluntarism, and commitment to the wellbeing of the

community. This is what faith and healing is in my community in Nagaland, India. A healthy partnership between faith communities and medical and educational institutions and personnel helps to de-stigmatize health needs, enhance the mental and emotional wellbeing of patients (especially women), and provide a model of community health that is attentive to the personal and structural determinants of health.

