Title of the project: REVITALIZATION OF LOCAL HEALTH TRADITIONS IN ORDER TO ENHANCE HEALTH SECURITY OF RURAL COMMUNITY IN MALKANAGIRI DISTRICTS, ORISSA BY TAPOBHOOMI TRUST.

Objectives of the project
1) Systematic participatory documentation of Local Health Traditions (LHT) related to local health practices
2) Design and implementation of participatory clinical trials for high priority Local Health Practices (LHP)
3) Promotion via a participatory process, of sound LHPs, in the community, in order to enhance health security
4) Preparation of Inventory of Medicinal plants (M.P.) and build capacity of local Health Practitioners (LHPs)
5) Transform essential ‘health care’ from ‘market’ to ‘service’ and later to ‘praxis’ in order to enhance the self sufficient “health Capital” of the community and save from being exploited by quacks and spurious medicines

Deliverable wise outcomes
1. Knowledge documentation on 54 LHPs with their simple & compound formulas and treatment records
2. 12 such original formulas were presented to NRIADD (CCRAS), Bhubaneswar for clinical trial and certification
3. Selected 81 LHPs were trained by District Medical Office, Malkangiri and were inducted in NRHM activities
4. Total 364 LHPs were trained on rational approach to treatment and give up irrelevant and harmful practices
5. Divisional Forest Office permitted LHPs to conserve and use medicinal plants in forest adjacent to their village
6. Community awakened through treatment & training camps on herbal therapy to common & metabolic ailments
7. 270 health education campaigns were organised to sensitize public on efficacy of herbs and healthy living
8. 134 campaigns conducted for collective action for fusion of biodiversity conservation and forest livelihood
9. Organized “Health Assembly” to bring consensus among all stake holders and focus on prevention of diseases
10. Inventory of M.P. with mother nursery and training centre at Champakhari, Malkangiri followed by community M.P. gardens in 4 G.P.s, 30 schools, 11 institutions and 278 home herbal gardens in 37 villages are visible
**Action processes initiated and sustained successfully are:**

LHPs in Mathili, Khairput and Malkangiri blocks of Malkangiri dist. started organising themselves inspired by facilitators of Tapobhoomi. The events mentioned below are sparks of enchaining process of continuous interaction, action and reflection. 2 co-operative societies of LHPs formed in 2 blocks, took lead in decision-making, organising the programs and follow up actions. Gradually this impetus turned into “Tribal Health Movement”. Tapobhoomi initiated conflict resolution mechanism and community disease surveillance/ reporting system at village level. The strategies called for more of processes than events or activities. In cases, processes turned into major activities. This is just because every process demanded intensive and elaborate activities. Therefore, process and activities went hand in hand and should be read accordingly. It may be noted that objective of these processes was to initiate a sense of ownership of initiatives and programs by the community as well as to make the best use of available services.

**Documentation of knowledge of LHPs:**

After confidence building measures and exercises Tapobhoomi worked on knowledge documentation of the LHPs. It was a time intensive and cumbersome process to motivate the LHPs to open up their knowledge, disclose their treatment method and identify the plants they use through a critical dialogue and analysis process. Tapobhoomi mobilized 364 LHPs, formed Mathili Vaidya Sangha and Malkangiri Vaidya Sangha. Trainings were organised to rationalise their knowledge, build their capacities and motivate them to give up harmful practices, black magic and sorcery. 54 LHPs were selected having simple and compound formulas. Their treatment methods & practices were checked by experts and documented with audio-visuals. District Health Officers oriented them under NRHM. Now they are providing services of NRHM in the remote tribal villages.

**Medicine preparation and Clinical trial:**

LHPs claimed that they can cure Asthma, Joint pain, general fever, diarrhoea, gastric, & gynic problems. They apply herbs directly or through a pill or liquid form. We applied 17 numbers of those formulations on selected patients each under close monitoring of experts and the impact of those medicines were recorded. We found that 12 formulas have good curing effect like Chyavanprasad, Gangahara Bati, Basak Churna, Sitopaladi Churna, Bata Bati, Byaghra Haritaki, Talisyadi Churna, Swasahara Churna, Karna bindu Taila, Nimbadi Taila, Bhrungaraj Taila etc. 15 Vaidyas are engaged in medicine preparation and applying those on patients through health camps. The formulas were referred to NRIADD, Govt. of India, Bhubaneswar for validation.

**Nursery and Medicinal Plant Garden:**

Impressed with the efforts of Tapobhoomi, Govt. of Orissa provided 7.5 acres in Malkangiri to develop garden with nursery cum training centre for LHPs. Here in 2 acres 4008 plants of 68 varieties have been planted. At present this nursery is supplying quality seedlings to schools, households and raw material support to LHPs for their medicine preparation. This garden is now a model of biodiversity conservation.
**Intersectoral coordination to ensure sustainability:**

In Tapobhoomi process various other institutions like PRIs, VSS, SHGs, Schools, District Medical Office cooperated to educate and motivate common folk on traditional health care. Govt. doctors participated in health check-up treatment & training camps and trained LHPs to rationalise their knowledge. The joint efforts helped to change the health seeking behaviour of the community and improve existing primary health care engaging LHPs effectively under National Rural Health Mission(NRHM). Forest, Horticulture & Education Deptt. supported and cooperated LHPs effort for conservation and propagation of M.Ps

**Ripple effect of the project:**

As an integrated part of holistic development, health issues can only be addressed when livelihood, education and social harmony is maintained. Tapobhoomi could mobilise local administration for effective implementation of development programmes of Govt. at the grass root level and ensure presence of implementing authorities in the villages. Now local volunteers are coming forward to take up these activities. As an effect of that District Collector, DRDA, DFO and CDMO are providing active support to the drive. Due to fear of Naxals, officials had stopped going to the villages. But, being motivated by Tapobhoomi processes, village heads, LHPs and PRIs are now providing back support for effective implementation of development programmes.