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*In memory of Jim Meyers*

## **Traditional Healers Training (follow-up/Refresher) Course**

Green Tara Trust and Green Tara Nepal held a traditional healer refresher and training course held in the Kathmandu Valley at the end of 2009 with in the name of Jim Meyers with memorial funding from BODHI. Another one is planned for March, 2011. People still have faith in Traditional Healers (THs) and their methods of treating diseases in Chhaimale and Daxinkali VDCs, districts in the Kathmandu Valley, Nepal. According to GTN past studies, most of people went to THs even they were going to hospitals. In villages there is no health workers at all times. However THs are easily available all the time. Most don't know about modern health services.

It is revealed that from discussion with THs, THs themselves have their own arrogance, i.e. they say 'I can treat all the diseases and I know everything'. It is necessary to provide proper training to THs to let them know about the reality and for proper practices. It helps entire villagers who believe THs. The training is also helpful to establish a proper referral system.



Traditional healers at course, 2009

Trainers are experienced as a THs Trainer in the public health field. They have the qualification of a Masters' degree in public health, health education or sociology. The trainer in 2009 is experienced in course development and organizing traditional healer training in the Tamang community in different parts of countryside. He works in an international organisation. However, we (GTN staff) also took some sessions.

Traditional practitioners in this project come from Bhandarkharka, Hile, Ramche, Kopu, Fulchok and Gopaleswor villages. The role of traditional practitioners is to advise mothers to go modern health facilities because they can't solve maternal health problems.



Hari PD Bidari

When Green Tara Nepal staff visit a village, they see a practitioner monthly or bimonthly to revise the activity. They discuss the role the practitioner performed in that month regarding maternal health.

### Objectives of the Project

- To develop coordination and cooperation between traditional medicine practitioners (Traditional Healers) and modern medicine system such as Sub health post (SHP), Hospital as well as Health workers
- To enhance the Traditional Healers (THs) as a health promoter and communicator
- To improve referral system through THs
- To promote maternal, neonatal and child health through THs

The project will help Traditional Healers and their clients; currently, on average 8-10 people visit a traditional healer each month. Out of them, 2-3 are pregnant, postnatal mother and child. We had 11 traditional practitioners; according to this, about 30 people would be benefitted each month.

The project will be evaluated by refresher and follow-up training each year and by meeting with THs by health promoters from Green Tara Trust. The project began at the end of 2009-2012. The 2009 report follows below. The next refresher course is organised for March, 2011.

Budget of funds requested from BODHI			
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Particulars	Funds requested from BODHI	Other contributions, if applicable	Total
Tea/Snacks/Launch	£ 33.00		£ 33.00
Stationery	£25.00		£25.00
Resource Person	£27.00		£27.00
Travel cost for participants	£13.50		£13.50
Incentives to participants	£20.00		£20.00
Others	£10.00		£10.00
<b>Total</b>			<b>£128.5</b>

£1 = NRs.112

# Green Tara Nepal Report: Traditional Healers' (THs) Training 2009

## 1. Introduction/Background

People still have faith in Traditional Healers (THs) and that their methods of treating diseases in Chhaimale and Daxinkali VDCs. According to our past studies, most people went to THs even if they also went to hospitals. In village there is no health workers at all time. However THs are easily available all time. THs are curing or solving some kinds of psychological problems of patients; specifically, THs can remove the fear/anxiety of patient but cannot solve the psychological problems.

The relationship between modern health workers and traditional healers is still not developing. So patients don't know about the treatment other than with THs. Similarly there are not practices of referral by THs due to improper coordination. And most of THs don't know about modern health services. With the aim of developing a relationship with modern health workers and sensitizing the participants regarding maternal neonatal and child health (MNCH), a 4-day training was organized in the project area for the THs. The aim of the training was to teach THs to deliver messages properly on MNCH.

## 2. Objectives of Training

- To develop coordination and cooperation between traditional medicine practitioners (Traditional Healers) and modern medicine system such as Sub health post (SHP), Hospital as well as Health workers
- To enhance the Traditional Healers (THs) as a health promoter and communicator
- To improve referral system through THs
- To promote maternal, neonatal and child health through THs

## 3. Duration of training : 4 days

Venue: Manmohan Memorial community hospital Pharping,

Materials provided to participants

Certificate and Identity Card to each participants

Health promotional materials (poster, toothpaste, toothbrush, soap, nail clipper) to a set everyone



Traditional healers with Green Tara Nepal staff, 2009 refresher course

## Daily training activities

### Day 1

#### Inauguration

With the participatory approach, the training was begun with lighting candle by each participant. The message of this process was if everyone has role to support the pregnant and child, then our community would become healthy in respective aspect. Moreover a candle gives brightness for limited area, however many candles give brightness in big area. It means any programme in community would not get success without everyone's participation.

After that each participant presented own introduction by saying their name inhabitants and desired worked in own life. Most of participants mention that they would enjoy in agricultural work. Some said they would be happy when they cure their patient. After that the expectations of the participated were labeled. Most of participant mentioned that they want to learn regarding new thing. Some expected that they the training would be organized to enhance THs knowledge to treat the disease. Most of them didn't say more than learning new thing.



Before the session we tested participants' knowledge and information regarding the training content. It was not question and answer, only discussion.

1. What the processes of communicable disease transmission?

Out of 11 participants only 4 answered correctly

2. How many times does the pregnant woman need to visit health centre during her pregnancy?

Only single answer came correctly

3. What kinds of work are allowed/not allowed to do during pregnancy?

About half percent of THs answered properly

4. Pregnant woman can have green vegetable?

Almost all THs didn't know about it. Normally they don't prefer green Vegetable during pregnancy rather than meat.

5. Pregnant woman needs to take vaccine?

Most of all participants were unaware about it. They don't know the procedure of health check-up.

6. Pregnant women don't need additional food, the usual food is sufficient for her?

Six out of 11 participants were against it and rests of all were unaware.

7. Pregnant woman needs to go hospital if she has vaginal bleeding during pregnancy?

Half percent of THs agreed it and remaining were seemed to be unknown.

8. After child birth the cord might cut by sickle or used blade!

Most of participants explained their practice about cord cutting process. Still who has home delivery, the mention practice was existed. Some of them heard the clean blade was needed to cut cord.

9. We should wash the baby after birth as soon as possible!

All participants accepted that this practice is existed in their society.

10. Do you know about immunization of child?

Almost participants heard about it however they don't know when and how many times the immunization take place?

Then the participants moved onto norm setting. The set norms was as follows:

- Session begins at 9.30AM and ends at 3.30 PM
- Tea time 10.30 to 10.45 AM Lunch time 1.00 to 1.30 PM
- Tobacco (smoking and non-smoking) are not allowed in class room
- No side talks during session and speak turn by turn etc.

After that objective and need of training were presented to participants as determined in the proposal. After that the regular session of the training was begun. The first session was related to germs and spirit. In this session participants were actively discussion with the topic. The trainer illustrated the topic with a story. This topic helped the THs.

Communicable diseases transmission was the last session of first day of the training. In this session the discussion was performed with pictorial material.

## Day 2

On second day the training was continued with revision of last day. All participants remained the day with a sentence which they learnt well or impressed them. Then the situation of Maternal, Neonatal and Child Health (MNCH) of Daxinkali and Chhimale was illustrated with a pictorial story of Kanchhi Maya. The Kanchhi Maya was died due to various socio-economic problems and excessive vaginal bleeding during delivery. All THs were actively participated in discussion to analyze the cause of death.

After the tea break, the session entered into the Green Tara Nepal (GTN)'s programme and role in Chhaimale and Daxinkali VDCs. After that, the trainee explained about antennal care in detail. In this session, participants discussed the caring practice based on their own situations. Some of them recalled their history 30-40 years ago. Some said nowadays that health check up practices are common during pregnancy. However, all of them accepted that still all of pregnant women are not getting proper care. We played a "Good Husband" tele-film to illustrate care during pregnancy. In the meantime, participants discussed the right and wrong behavior of the artist. It helped participants to learn about the care in a funny atmosphere.



Bil Bdr Syantan

Five points to remember for the period of pregnancy

1. Nutritional as well as addition food
2. Enough rest and No heavy work
3. Care from family members with affection
4. Complete health check-up (at least 4 times)
5. Prepare for delivery (money, blood, ambulance phone no.....)

### Day 3

This day began with reviewing yesterday. Participants were asked to recall whole activities of the day. They recalled every event one at a time. Most were impressed with the film, "Good Husband". Then training moved on to delivery and postnatal care. THs stated that when the labour pain would be long time, the placenta retained, some people come to get their help. They chanted some mantras. Likewise, this session covered cord-cutting methods and safe delivery kits (SDK). Most of the THs said they don't care about cord-cutting materials and SDK. Some said they have a special knife which is using for cord cut only. Trainees were taught with a flip chart about the care. The primary messages were: hospital delivery or delivery with assistance of trained health worker; use of SDK if home delivery; use of clean and sterile blade to cut cord; and the importance of attending the health centre if there are any complications.

The postnatal care session continued with flip charts. Contemporary practice and important care were discussed. The neonatal care session was initiated along with this sitting. Here, washing baby after birth, keeping baby warm and feeding colostrums within an hour were discussed. All participants said they washed they baby after birth immediately and put the baby into napkin what is available in home.

The trainer explained the about Kangaroo care (now adopted by government of Nepal). The messages were washing child after at least 24 hrs, keeping the baby on mother's nude chest, wrapping with a warm cloth and breastfeeding within an hour.

Sub-health post (SHP) in charge explained about their services. He requested THs to visit SHP to collect ORS and basic medicine (like paracetamol). He also explained about their focus on MNCH. Then a trustee of hospital committee addressed the training, said they want to work with those people who are healing disease traditionally. He committed to giving discounts to them in certain services in the hospital. He insisted that the THs should make public the hospital's services.



L to rt: Jai Bdr Waiba, Jaya Bdr Thokar, Krishna Bdr Ghole

## Day 4

The fourth day began with revision of last three days; turn by turn the trainees remained the preceding days and its activities. We found most of them remember the disease transmission, Good Husband, some points of Antenatal, delivery and neonatal care.

The session entered into essential care of child. Here participants explained about their experiences of curing ill child. Many mother go to visit them when the child has complication diarrhea, fever, and so-called illness by ghost. Most of them said when they find the complicated situation, they say I can't treat it. However, majority of them don't have habit of referring them to hospital. They committed that after this training they will start the referring practice.



L to rt: Krishna Bdr Thing, Krishna Moktan

Trainees were taught about immunization and their importance. Most said the vaccination is common in their village. However, they were unaware about the number of different vaccine and their importance. Therefore, all the vaccines need to give the child as their age and importance were described to the participants.

The doctor in charge of the hospital, Dr. Ashok, had taken a class about the services available in the hospitals. He also explained about the MNCH with possible complication. With the doctor, THs asked about different diseases and its possible management such as jaundice, fever, diarrhea, headache, etc.

Hospital management coordinator Mr. Baburaja also clarified rumors about the hospital and told of future plans such as telemedicine and mobile health camps. He requested the THs to cooperate the hospital as a member of community.

GTN secretary Mr. Ram Chandra Silwal concluded the training with the story of Sita. It was related to maternal care. He explained the role of the trainees to enhance the MNCH in the community. He requested the participants to refer the completed cases with their treatment. GTN trustee Laxmi and Anju expressed their thanks to participants in joining the training. They expected to utilize the learning thing in their community.

The post-test session was conducted with the story of Thuli Kanchhi; the question was asked as what do you do in this situation, how do you advice to her? We got an almost right answer to the question mentioned in pre-test section.



Krishna Pd Ghmire  
their followers might help us to promote MNCH in the community.

The participants gave us feedback of the training. All thanked us for organizing the training. They said the training was fruitful to teach them new things. No one complained about the training and its process; however they committed to utilize the new knowledge in their communities. Some said the training opened their eyes in MNCH.

Finally we distributed their certificates, travel allowance and health promotional materials.

In general, the training was able to sensitize the THs in MNCH issues. We found interest in the participants even when they are old. We hope men will support our programme in future. The training opened the way to get help from those THs who are respected in community. So the trained THs and

Nevertheless, we could not involve all parts of the project area. We had estimated 18 participants in the training but there were only 11 participants. Secondly, we could not keep the participants in whole day; they stayed about 10AM to 3.30 PM only.

After seeing the both side of coin, the training was successful in the broad-spectrum.



L to rt: Pahalman Balami, Sakte Maila Waiba, Suchindra Waiba

## Annex 1

### Outlines for Traditional Healers Training

Day	Contents	Time	Remarks
1	Registration, Opening Introduction and Expectation Labeling Norm Setting Pre-test Objectives and Need of THs training Germ and Soul Disease Transmission Review the day	10.30-11.00 11.00-11.45 12.00-12.15 12.15-12.45 12.45-13.00 13.00-15.30 15.30-16.30	15 min Tea Break     An hour Tea/ snacks
2	Recapitulation of yesterday Situation of Maternal, Neonatal and Child Health (MNCH) in Chhailmale and Daxinkali and Nepal Programme and Role of Green Tara Nepal in Chhailmale and Daxinkali VDCs 1. Maternal Neonatal and Child Health (MNCH) Care Antenatal Care Revision of the day	10.30-11.00 11.00-12.00 12.00-13.00 13.00-16.00 16.00-16.30	15 min Tea Break   An hour Tea/ snacks
3	Recapitulation of yesterday Delivery Care Post Natal Care Services Available in Health Post (from SHP) Essential Neonatal care Revision of the day	10.30-11.00 11.00-12.00 12.00-13.00 13.00-14.00 15.00-16.00 16.00-16.30	15 min Tea Break    An hour Tea/ snacks
4	Recapitulation of yesterday Management of sick child (WHO guidelines) Essential Programme on Immunization (EPI) 1. Services Available in the Manmohan Memorial Hospital 2. Post test 3. Revision of training 4. Feedback for training 5. Closing ceremony 6. Certificate and materials distribution	10.30-11.00 11.00-11.30 11.30-12.00 12.00-12.30 12.30-13.00 13.00-13.30 13.30-14.15 15.00-15.30 15.30-16.00	

## Annex 2

### Materials provided to participants

1. Certificate- 11
2. Identity Card - 11
3. Health promotional materials (poster, toothpaste, toothbrush, soap, nail clipper) – 11 Set

## Annex 3

### List of Participants

SN	Name	Age (yrs.)	Address
1	Sakte Maila Waiba	57	Chhaimale-5
2	Krishna Prasad Ghimire	63	Daxinkali-5
3	Bil Bahadur Syantang	49	Chhaimale-4
4	Suchindra Waiba	46	Chhaimale- 5
5	Krishana Bahadur Thing	48	Chhaimale-6
6	Jaya Bahadur Waiba	65	Chhaimale-5
7	Jaya Bahadur Thokar	75	Chhaimale-6
8	Krishna Bahadur Moktan	64	Daxinkali-6
9	Krishna Bahadur Ghole	64	Daxinkali-6
10	Pahalman Balami	66	Daxinkali-8
11	Hari Prasad Bidari	65	Chhaimale-3

Note: Sr. No. 1, 3, 4, 5, 6, 7, 8, 9 and 10 are called “Jahrphuke” or “Dhami” in their locality. They are taught by their seniors. They use ash powder and chant “Mantra” to treat the illness. They see ill person’s pulse and sometime they use incense too. These people are illiterate or only literate. Sr. no. 2 and 11 are priest. They studied Hindus’ Holy book. People call to them for different ceremony from birth to death. These priests also treat the illness by chanting “Mantra” and checking ill person’s wrist (for pulse).

## Annex 4

### Training cost for 4 days training

SN	Participants	Total Cost (NRs.)	Total cost (GBP)
1	Tea/Snacks	13,200.00	£118.00
2	Stationery for training	3,500.00	£31.25
3	Resource Person	10,000.00	£89.30
4	Travel cost for participants	4,400.00	£39.30
5	Certificate/Id card	1,800.00	£16.10
6	Health Promotional Materials	2,200.00	£19.60
7	Others	1,200.00	£10.70
	Total	36,300.00	£324.25

£ 1 = NRs. 112