TRADITIONAL HEALER ASSOCIATION, CHHATTISGARH
India

Equator Initiative Case Studies
Local sustainable development solutions for people, nature, and resilient communities
Local and indigenous communities across the world are advancing innovative sustainable development solutions that work for people and for nature. Few publications or case studies tell the full story of how such initiatives evolve, the breadth of their impacts, or how they change over time. Fewer still have undertaken to tell these stories with community practitioners themselves guiding the narrative. The Equator Initiative aims to fill that gap.

The Equator Prize 2014 was awarded to 35 outstanding local community and indigenous peoples initiatives working to meet climate and development challenges through the conservation and sustainable use of nature. Selected from 1,234 nominations from across 121 countries, the winners were recognized for their achievements at a prize ceremony held in conjunction with the UN Secretary General's Climate Summit and the World Conference on Indigenous Peoples in New York City. Special emphasis was placed on forest and ecosystem restoration, food security and agriculture, and water and ocean management. The following case study is one in a growing series that describes vetted and peer-reviewed best practices intended to inspire the policy dialogue needed to take local success to scale, to improve the global knowledge base on local environment and development solutions, and to serve as models for replication. Case studies are best viewed and understood with reference to *The Power of Local Action: Lessons from 10 Years of the Equator Prize*, a compendium of lessons learned and policy guidance that draws from the case material.
PROJECT SUMMARY

In a region plagued by hunger and malnutrition, poor water and hygiene, and high communicable disease rates, the Traditional Healer Association, Chhattisgarh at Bilaspur (THAC) is taking an inventive approach to reducing infant mortality, improving maternal health, and facilitating local access to medical care. The association empowers ‘village botanists’ to serve as agents of positive community-level change by showing them how to use traditional medicinal plants to meet modern medical needs. Work also focuses on attaining formal scientific certification for traditional medicines that are proving effective to treat fever, colds, arthritis, malaria, gastrointestinal diseases and a range of public health concerns. Health services are provided to more than 50,000 families across 500 villages in 12 districts, and the average medical costs in the communities served has been reduced by 70 percent. More than one million trees and half a million medicinal seedlings have been planted in 100 villages, restoring rare and threatened flora and fauna, and improving local health and livelihoods in the process.

KEY FACTS

EQUATOR PRIZE WINNER: 2014

FOUNDED: 2002

LOCATION: Chhattisgarh State, India

BENEFICIARIES: 200,000 patients across 12 districts in Chhattisgarh State

AREA OF FOCUS: Conservation, traditional medicinal plant use, and public health

TABLE OF CONTENTS

Background and Context  4

Key Activities and Innovations  7

Environmental Impacts  9

Socioeconomic Impacts  9

Gender Impacts  10

Policy Impacts  10

Sustainability  11

Replication  11

Partners  11
Chhattisgarh: The evolution of a state

The Chhattisgarh region dates back to about the 4th century, when it was known as Southern Kosala. It was formerly part of the Haibaya dynasty of Ratanpur, founded in 750, and then later, under British rule, consisted of 14 feudal states under the aegis of the Eastern States Agency. Following independence, Chhattisgarh – which means '36 forts' – was incorporated into the state of Madhya Pradesh.

A campaign for Chhattisgarh statehood began in earnest in the 1970s, though its roots can be traced back to the early 20th century when local leaders started to claim distinct cultural identity for the region. In the early 1990s, the push for statehood began to appear as part of the election platforms of various political parties, a trend that continued through elections in 1996 and 1998. In August 2000, the Indian legislature passed the Madhya Pradesh Reorganization Bill to create Chhattisgarh, and the state was formally recognized in November 2000. The formation of Chhattisgarh is particularly noteworthy for its peaceful nature; it was not associated with any of the agitation and violence that marred the establishment of two other new states – Uttaranchal (now Uttarakhand) and Jharkhand – which were formed around the same time.

Despite Chhattisgarh’s peaceful origins, the region has been subject to increasing violence instigated by Left Wing Extremists (LWEs) over the past 15 years. Chhattisgarh is one of nine states that comprise the ‘Red Corridor’, an area of eastern India that is characterized by considerable Naxalite-Maoist insurgency at the hands of LWE groups. Over the past ten years, this conflict has taken over 2,300 lives and has placed a significant damper on development across the Red Corridor. Violence is particularly prominent in rural areas, further isolating communities in remote areas and complicating attempts to raise quality of life and conserve biodiversity across the state of Chhattisgarh.

Socioeconomic conditions

Chhattisgarh supports a population with diverse ethnic, social, religious and linguistic backgrounds. More than one-third of the state’s residents officially belong to the Scheduled Castes, groups formerly called ‘untouchables’ within the Indian caste system, or to the Scheduled Tribes, indigenous minority peoples who fall outside the caste hierarchy. Of the resident tribal communities, the Gond peoples are most prominent.

The economy of Chhattisgarh is primarily based on mining, agriculture, energy production and manufacturing. The state has major deposits of coal, iron ore, dolomite and its manufacturing activities largely focus on metals production. Chhattisgarh is also a significant regional supplier of electricity, from both thermal and hydroelectric generators.

Roughly half of Chhattisgarh’s land is farmland, while most of the remainder is either under forest cover or is otherwise unsuitable for cultivation. Of the available farmland, an estimated three-quarters is under cultivation. The central lowland of Chhattisgarh is known as the ‘rice bowl of India’, with over 20,000 rice varieties have been recorded in the region that supply grain to hundreds of rice mills. The region’s rice varieties are the result of centuries of rice farming by indigenous communities who selected varieties based on their ability to adapt to specific soil and water conditions of the region, as well as microclimates and wide-ranging weather conditions. More than 80 percent of the population in the state lives in rural areas and earns their livelihoods from agriculture and agriculture-based small businesses. Although rice is the main crop in lowlands, maize,
millet varieties such as kodo-kuki, and pulses including tuar and kulthi dominate in the highlands. Other common cash crops include cotton and oilseeds such as groundnuts, soybeans and sunflowers. The state also provides the bulk of the country’s tendu, the leaves of which are used to wrap tobacco to form the Indian beedi (Indian cigarette). Agriculture continues to be characterized in many areas by the use of manual methods of cultivation; farmers in the basin have been particularly slow to adopt mechanized agricultural techniques. Livestock and poultry farming also is prominent, including cows, buffalo, goats, sheep and pigs.

In the mid-1990s, most of Chhattisgarh was dominated by monoculture, with only one-fifth of land under cultivation double-cropped. With a substantial portion of the population dependent on agriculture for both their livelihoods and food security, this rate of monoculture was problematic. Local farmers understood that there was a need to increase agrobiodiversity and agroforestry to improve soil health, address subsistence needs, and provide a diversity of products for commercial sale, including non-timber forest products.

**Non-timber forest products**

Many tribal communities have historically lacked land titles or tenure security, so have had to work as seasonal laborers and survive on the collection and sale of so-called ‘non-timber forest products’, which are defined as useful substances, materials or commodities obtained from forests without logging trees. Non-timber forest products (NTFPs) can include game animals, fur animals, nuts, seeds, berries, mushrooms, oils, foliage, peat, fuel wood and medicinal plants. In the tribal communities of Chhattisgarh, and many like them around the world, the identification and collection of NTFPs is often an expression of traditional knowledge, a livelihood option for rural households, and a key component of sustainable forest management and conservation strategies.

India is the world’s second largest exporter of medicinal plants after China. The World Health Organisation estimates that nearly 65 percent of India’s population depends upon traditional medicine for sustenance and health care needs. The vast majority of medicinal plants are from the natural forest habitats. A bulk of medicinal plant harvest is traded, generating US$2.5 billion annually, and representing a substantial contribution to rural livelihoods. Thus rising demand and destructive harvesting practices are not only threatening the survival of many species, but also the livelihood of the people who depend upon the collection of medicinal plants as a source of income. An estimated 316 species in India are under threat of extinction.

**Catalysts of the initiative**

Many villages in the state lack access to formal health care centers and services. This issue is compounded by the fact that infrastructure is lacking in many areas, making travel challenging. Roads are often flooded or in a state of disrepair, and rivers must be crossed by boat as there are few bridges that link isolated villages to health centers. For many of the forest-based villages, there are few options to access health services and visits from government-appointed physicians are rare at best. As such, much of the rural population in Chhattisgarh relies on medicinal plants and the services provided by traditional healers as their primary source of healthcare.

Until recently, traditional healers had practiced their highly-specialized, esoteric traditional medicine in isolation, passing down knowledge only through word-of-mouth. Without any written record or a comprehensive inventory of India’s numerous medicinal plants, their uses, and the most appropriate harvesting techniques, this ethnobotanical knowledge is vulnerable to being lost. India’s wealth of medicinal plant species have been used in traditional Indian health systems including Ayurveda, Siddha, Unani and Sowariwopa for millennia. It is therefore imperative to recognize the economic importance of medicinal plants and to commit to utilizing this resource wisely for a better future.

Traditional healers have had an uphill battle to gain formal recognition from government authorities as legitimate providers of healthcare. This has limited the ability of traditional healers to advertise their services, to expand their outreach, or publicize their practices, meaning that patients have for the most part been referred by word of mouth. A complementary challenge has been the loss of native forests in the state due to commercial logging. Biodiversity has been further diminished by the replanting of a restricted number of species exclusively for lumber and paper-pulp uses, resulting in the loss of medicinal plants.

The Traditional Healer Association, Chhattisgarh at Bilaspur (THAC) was initiated to address these challenges and to create an organized body for traditional healers to legitimize their practice and to reach remote populations in the greatest need of medical services. The initiative began modestly in 2002 with a snakebite cure produced using medicinal plants that proved to be highly effective. This treatment was derived from the traditional practices of the Baiga tribal community by Mr. Nirmal Kumar Awasthi, a certified Ayurvedic physician. Mr. Awasthi began mobilizing traditional healers, known as vaidyas or Ayurvedic physicians, from tribal communities in the region to come together to develop a formal association. Together with a number of colleagues, he documented the main diseases in the region to come together to develop a formal association. Together with a number of colleagues, he documented the main diseases in the region to come together to develop a formal association. Together with a number of colleagues, he documented the main diseases in the region to come together to develop a formal association.

“Traditional medicinal plants are locally available, low-cost, and safe. It is crucial to promote medicinal plant use so that rural communities can be self-reliant and resilient in the face of public health challenges.”

*Mr. Nirmal Kumar Awasthi, Traditional Healer Association, Chhattisgarh*
the state that could be treated using traditional healing techniques as well as the detailed local remedies and modes of treatment. Over a five-year period, between 2004 and 2009, the small group worked to recruit traditional healers throughout the Bilaspur District. In 2009, the collective was formally registered as the Traditional Medicinal Plants Trained Healer Association at Bilaspur. This work spread to eight additional districts by 2012 and to 16 additional districts, representing half of the state of Chhattisgarh, by 2014.

The Traditional Healer Association, Chhattisgarh

The Traditional Healer Association, Chhattisgarh has emerged as an organization devoted to the revitalization of local health traditions in the region. The association actively works with the Chhattisgarh State Medicinal Plant Board, Raipur, which is one of the leading medicinal plant-based health institutes in the state. More than 1100 traditional healers are working with and through THAC to serve the marginalized rural populations in the forested tribal belt of Chhattisgarh. All traditional healers working with THAC are trained and accredited at the Indira Gandhi National Open University (IGNOU). Health services are provided to more than 50,000 families across 500 villages in 12 districts, and the average medical costs in communities served have been reduced by 70 percent. More than one million trees and half a million medicinal seedlings have been planted in 100 villages, restoring rare and threatened flora and fauna and improving local health and livelihoods in the process.

In a region plagued by inequality and high rates of communicable disease, The Chhattisgarh Traditional Healer Association utilizes local environmental knowledge to improve public health. The association empowers ‘village botanists’ to serve as agents of community-level change by demonstrating uses of traditional medicinal plants that can meet modern medical needs. Work focuses on providing scientific validation of traditional medicines that prove effective in treating fever, colds, arthritis, malaria, gastrointestinal diseases and a range of public health concerns. Members of THAC also address the conservation of medicinal plants, advocating for protection of biodiversity and sustainable harvesting patterns.

The association’s primary objectives are improving traditional healing practices through knowledge sharing, raising the acceptance of traditional healers in society, providing health care services and treatment options for groups living in some of the most remote areas of the state, and enhancing the conservation, restoration and sustainable use of medicinal plants. The association is governed by district-level councils, each including 10-12 healers and a representative who serves on a state-level assembly. The groups meet on a quarterly basis to review progress, assess challenges and prioritize ways forward.
Key Activities and Innovations

Mobilizing traditional healers to meet local health needs

The Traditional Healer Association has worked with the Chhattisgarh State Medicinal Plant Board Raipur, to develop a directory of more than 1,200 traditional healers working in Chhattisgarh. The association’s main activities are to work with this group of healers to provide health care services to the rural population of the state. The association trains new traditional healers in efficacious plant-based medicinal techniques and works to spread the reach of its service providers to remote rural areas by building the capacity of existing members to provide in-demand services. It has also undertaken significant research and development work on using medicinal plants to treat prevalent diseases like malaria, diarrhea, anemia, diabetes, and hypertension.

The average healer treats about 150 patients on average per season, for both serious ailments and incidental health needs such as cuts, snakebites, broken bones, and childbirth. This means that through its 1,200 healers the association then treats approximately 200,000 rural patients every season. The majority of these patients are men. This number is growing rapidly as the association develops innovative partnerships to facilitate the use of tools such as mobile communications technology to spreads its reach. As one example, the association is leading on an initiative called ‘voice health,’ where patients can call a centralized number to receive medical advice from a traditional healer. Through this service, community members are not only able to obtain information regarding incidental health needs, but also to document their experiences receiving health services in public health institutions. This documentation enables THAC to better understand the challenges and strengths of the existing health system and to assess the role that the association can play in increasing quality of life and health care access for rural populations. In the future, THAC hopes to develop projects focusing on improving nutrition by promoting traditional foods for better health, as malnutrition is one of the chief culprits behind disease in the region. Given their central role in preparing food in the area, women would be at the centre of this project, providing a means to engage women in health and healing, a realm traditionally dominated by men in India.

The association additionally works to promote sustainable livelihoods in the communities that work with. With support from the Chhattisgarh State Medicinal Plant Board, Raipur, THAC is sharing information on processing techniques and value-added marketing of medicinal plants. The objective of this program is to create alternative income streams for the local population using sustainable natural resource management that does not require the felling of trees.

Promoting medicinal plant gardens and village botanists

THAC undertook a comprehensive study of all medicinal plants available – both those in popular use and those documented as medicinal – in Chhattisgarh. What they created was a functional catalogue of medicinal plants that could not only be used by traditional healers from the wild, but also those that could be
cultivated at the household and village level. The association distributes medicinal plant seeds and carries out trainings on how to grow gardens that will thrive, as well as how to use the plants to treat prevalent local illnesses. Over 60,000 seedlings were distributed to 12,000 households in 2012 alone, with the number increasing dramatically over subsequent years. Among the most promoted species are Adusha (*Adhatoda vasica*), Mandukparni (*Centella asiatica*), Giloy (*Tinospora cordifolia*), Indian bael (*Aegle marmelos*), Kumari (*Aloe vera*), Munga/Drumstick (*Moringa oleifera*), and Satavar (*Asparagus racemosus*). Training has targeted rural youth, giving them the tools and knowledge they need to become village botanists and lead efforts to improve public health in remote areas.

**Public education on medicinal plants and traditional healing**

THAC participates actively in exhibitions on medicinal plants with the aim of improving public understanding of traditional healing and building awareness that rural villages can meet many of their basic health care needs by ensuring that forests and the plants within them are properly maintained and protected. The association uses a mobile van to take the exhibition from village to village, holding quiz competitions, sharing content specifically for children and youth, and sharing samples and seedlings that allow people to experience various products.

This work is also done through ‘health camps,’ which are also organized to create awareness about the health-promoting and curative properties of medicinal plants. Villagers turn out in large numbers for these free health camps. Herbal medicines are provided to the patients at discounted prices and free medicines are provided to people living below the poverty line. These camps have effectively bolstered trust between the local population and traditional healers, facilitating a resurgence in traditional healing practices.

**Creating awareness on conservation of medicinal plants**

Forests in the region are being lost at alarming rates, and with them the medicinal plants that provide the basis of traditional healing practices. Together with the Chhattisgarh State Medicinal Plant Board, Raipur, THAC has successfully promoted the concept of medicinal plant conservation areas/medicinal plant development areas (MPCA/MPDA). These are protected forest areas where medicinal plants can thrive medicinal plants without threats of overexploitation, land conversion, or extractive activities that would threaten their growth and survival. The MPCA/MPDA concept has been effectively spread across the entire state by the THAC network of healers. As a complement to this work, THAC promotes the *ex situ* farming of medicinal plants to improve local livelihoods. This work has been advanced through a group of 100 healers and farmers that are working to cultivate species that have high market demand such as giloy, brahma manduki, tulsi, and satavar. Through *ex situ* farming and medicinal plant conservation areas, THAC works to encourage local communities to manage local forests and medicinal plants in a sustainable way.
ENVIRONMENTAL IMPACTS

The eastern and southeastern borderlands of Chhattisgarh are characterized by moist deciduous plant life. Toward the interior of the state, this flora is replaced by dry deciduous vegetation, often degenerating locally into scrub. The most valuable hardwoods are teak and śāl (Shorea robusta). A type of tree called salai (Boswellia serrata) yields a resin used for incense and medicine, while leaves from tendu trees are used for rolling Indian beedi. Bamboo (Phyllostachys spp.) is abundant and is harvested for a variety of purposes. Forests cover 45 percent of the state and contain a number of IUCN red-listed species, including blackbucks (Antilope cervicapra), elephant (Elephas maximus), four-horned antelope (Tetracerus quadricornis), sambar deer (Rusa unicolor), sloth bear (Melursus ursinus), striped hyena (Hyaena hyaena), and tiger (Panthera tigris). Other species include the chital (Axis axis), gaur (Bos frontalis), leopard (Panthera pardus), and wild boar (Sus scrofa). The woodlands are also inhabited by many species of birds. Chhattisgarh has a number of national parks and wildlife sanctuaries, including a wildlife sanctuary for tigers in the Indrāvati National Park.

Forests in Chhattisgarh are being lost at a rapid pace. With forest loss comes the loss of plant and animal biodiversity, including medicinal plants. The Traditional Healer Association, Chhattisgarh is working to protect the standing forests and natural resources that traditional healers depend on for their trade. The association has replanted tens of thousands of herbs in medicinal plant conservation/development areas, which are under the jurisdiction of Joint Forest Management Committees. THAC has planted 125,000 Imli trees (Tamarindus indica) in these areas and worked to conserve threatened herb species including Baoberang (Embeia ribes), Gorbach (Acorus calamus), Kivanch (Macuna puriens), and Sarpagandha (Rauvolfia serpentine). THAC also works collaboratively with the state government both to run a number of forest clinics that showcase techniques in sustainable forest management and to share the techniques from these clinics with other rural communities.

The association has advanced creative solutions to environmental health issues while also addressing human health issues. Through home herbal gardens, ex situ medicinal plant farming, medicinal plant conservation/development areas, and the training of village botanists, THAC works directly to raise local awareness of the importance of healthy, biodiverse ecosystems to local health, culture, and economy.

SOCIOECONOMIC IMPACTS

Poverty in the state of Chhattisgarh is severe. A lack of industry and job opportunities has meant high rates of poverty, hunger, malnutrition, and disease. With few options, much of the working age population seeks employment in urban centers, which has led to severe out-migration from villages. The Traditional Healer Association, Chhattisgarh is working to provide sustainable livelihood options, to fill a large gap in health services provision, and to improve the quality of life for people living in the state.

The primary way the organization does this is through the training and accreditation of traditional healers. The association has worked to expand its membership to 1,200 healers across 15 districts: Ambikapur, Balod, Bilaspur, Dhamtari, Jagdalpur, Jashpur, Kawardha, Kanker, Kondagaon, Korba, Korea, Mahasamund, Narayanpur, Raigarh, Raipur, and Rajnandgaon. These healers are improving access to healthcare and, in the process, promoting the protection of local forests. Over 150 village botanists have been trained to cultivate and sustainably harvest medicinal plants in home gardens and ex situ farms. Through the work of these healers, the association has treated more than 200,000 patients, and has a goal of reaching 1,000,000 by 2020. Collaborating with a diverse range of partners, the association has helped to accredit healers and to improve their legitimacy, credibility and reach as public health providers.

More than 10,000 kitchen medicinal plant gardens have been planted with herbs, plants, and trees that are used as health tonics and to treat a range of medical conditions including cough, cold, and fever. THAC has also promoted the practice of inter-cropping medicinal plants on hedges and degraded lands. The model from...
Chhattisgarh has been shared with other community-based groups and traditional healer organizations in order to share best practice in other states, including Madhya Pradesh, Jharkhan, and Odisha.

By working with private sector businesses, medical research groups, and a range of different partner organizations – including the State Medicinal Plants Board and the Foundation for the Revitalization of Local Health Traditions, among others – THAC has been able to create a supply chain for medicinal plants that benefits traditional healers and local farmers by providing them with a steady source of income. THAC reports a 50 percent increase in the annual income of healers over the last five years.

**GENDER IMPACTS**

The overwhelming majority of THAC members are men (90 percent), as are the patients that receive treatment. The association is working to ensure that women are both on the receiving end of treatment and of training to become certified traditional healers. In attempt to address this discrepancy, a women’s council has been set up in Korba district to train women as village botanists. The most common treatments women receive through the healer network are to address low lactation and gynecological disorders. THAC has two female staff members of its twelve staff at Bilaspur. The low representation of women in governance of the association is consistent with that of state government officials, where women occupy fewer than 10 percent of political posts. Gender inequality is an endemic problem across the region and across the country that THAC will need to continue to address as it evolves its work and reach.

**POLICY IMPACTS**

The association has worked closely with a number of government and policymaking bodies to ensure that medicinal plants conservation and the livelihood of traditional healing is supported by sufficient policy. The association has worked through the State Medicinal Plants Board, the Chhattisgarh Council Science and Technology, the Department of Forests, and the Indira Gandhi National Open University to deliver clinics on medicinal plant cultivation and the official accreditation of healers. THAC has also worked with the UNDP-implemented GEF Small Grants Programme (GEF-SGP) on biocultural protocols and UNICEF on reducing rates of infant and maternal mortality rates in the state.

Among the main policy challenges going forward for THAC is lobbying for the creation of facilities that are up to the task of housing all of the patients that need care and treatment. Currently, the vast majority of patients treated by traditional healers are outpatients. For long-term health benefits, many of these patients need a place where they can stay to receive long-term care, where they have access to sufficient food, and where the process of recovery can be monitored over time. Another challenge is the ongoing threat that forest loss and environmental degradation pose to the abundance and availability of medicinal plants. Loss of genetic diversity is a continual threat to the livelihoods of traditional healers and to the health of the population they serve. A combined approach to support environmental conservation and to formally recognize the benefits of traditional healing and the demand for traditional healing services will support local communities to thrive.

“Wise natural resource management generates livelihoods for local communities. Land resources provide for food, water, clothing, health, shelter, tourism, and cultural traditions that can be used to meet daily subsistence needs and that can be sold as goods and services.”

*Mr. Nirmal Kumar Awasthi, Traditional Healer Association, Chhattisgarh*
SUSTAINABILITY

THAC faces a number of challenges to attaining institutional sustainability, including a lack of finances, a small permanent staff, limited communications systems, and stigma around traditional healing practices. The association, however, is working to gradually overcome these hurdles. Its continued partnership with government, universities, and private sector partners will determine its long-term sustainability and growth. The association would like to garner support for the construction and operation of a medicinal plants processing center, where botanical medicine could be manufactured, stored and distributed. To reach remote populations in Chhattisgarh and other states, medicinal plants need to be encapsulated into tablets or distilled into syrups for shipping to patients in a stable form. The establishment of a manufacturing center will be the next logical step in developing a viable green business.

REPLICATION

What started out as a small-scale initiative has blossomed into a movement of more than 1,200 traditional healers. This movement has reached beyond Chhattisgarh, sharing the network model and practices with groups in the neighboring states of Madhya Pradesh, Odisha, and Jharkhand. This growth has taken place over a few short years, showing the depth of demand for health services in rural populations. Representatives from groups as far away as Rajasthan and Uttarakhand – a mountainous, biodiverse state in the Himalaya Mountains – have visited THAC to both learn from their experiences and to replicate their approaches to conservation and promotion of traditional medicinal treatments. THAC members have been active ambassadors for the association, traveling to other regions to exchange knowledge and share documentation on their uses of medicinal plants and their techniques for reaching underserviced rural populations. The association operates under the outreach principle of ‘document, standardize, and go digital,’ reflecting their commitment to cataloguing useful plants, accreditation and certification standards, and the power of new media and telecommunications technology.

PARTNERS

- **Convenant Centre for Development, Chattisgarh (CCD):** Provides long-term support for securing funding and project implementation.
- **UNDP-Implemented GEF Small Grants Programme (GEF-SGP):** Supports work on biocultural protocols and on documenting medicinal plants and traditional healing practices.
- **Rahi Gramin Vikas Avam Shodh Sansthan (Rahi Village Development and Research Agency):** Engages THAC members in microenterprise development that supports the manufacture of medicinal plants into marketable health care products.
- **State Medicinal Plants Board, Chhattisgarh:** Provides support for village botanist training and other GEF-SGP alternative livelihoods projects.
- **Department of Forests:** Runs forest restoration and medicinal plant clinics in 13 districts.
- **Chhattisgarh Council of Science and Technology:** Provides support for skills development and policy through NGOs such as CCD.
- **Indira Gandhi National Open University:** Collaborates through the pharmacy department with THAC on the bioactivity of medicinal plants and drug development research.
- **Department of Pharmacy, Guru Ghasidas University, Bilaspur:** Collaborates with THAC on the validation and promotion of medicinal plant use.
FURTHER REFERENCE

- Awasthi, Nirmal, ‘Role of Traditional Healers Association in Strengthening Traditional Health Practices in Chhattisgarh, India’, 2012. Available online [here](#).