APPENDICES
APPENDIX I - A

Confidential


Undertaken as part of research study, for the completion of PhD, from Centre of Social Medicine and Community Health, JNU (Jawaharlal Nehru University), New Delhi.

(All information collected for academic purpose only)

Key Informant Interview

Questionnaire Schedule for the community people like the PRI members- men/ women/ elderly/ tribal/ non tribal and other key persons- teachers, PHC workers.

1. Name and age

2. Designation

3. Occupation

4. How would you describe your experience with the utilization of Indigenous Medicinal Substances (IMS)?

5. Could you please describe the occasion or the circumstances on which you utilize/seek to utilize IMS?

6. What were the diseases or health problems for which you seek to utilize IMS?

7. Do you think utilization of IMS is declining? If yes, why?

(Suggestion - advent of other systems of health care and healing, physical inaccessibility, cumbersome, unpalatable etc., fierce infusion of western medicine/easily accessible western medicine, declining faith in IMS due to reducing number of practitioners)
8. Do you think the utilization of IMS is increasing? If yes, why and in what way?

(Suggestions – health sector reforms, privatization, WTO and GATT role in sanctioning use of such substances OR ask questions to know their awareness level on globalization and its impact on IMS)

9. In your opinion what are the major issues concerning IMS in the present day?

(Suggestions – procurement of IMS and the remuneration given, employment generation, whether gain or suffer from the sale of IMS to different agencies, how?)

10. Do you think that these IMS are endemic to specific regions and therefore, people should have a voice in the use of IMS by different agencies? Does it happen? How? Where? What is people’s participation in this? What is the State’s role?

11. What are your suggestion to promote and protect the use of IMS for health care needs and ensure it as a tool for development and identity?

(Suggestions - documentation of IMS, registration and innovation patent system; and development of a *sui generis* system)

Remarks
APPENDIX I - B

Confidential

Indigenous Medicinal Substances (IMS) use in Manipur: An exploratory study with special reference to 1990’s.

Undertaken as part of research study, for the completion of PhD, from Centre of Social Medicine and Community Health, JNU (Jawaharlal Nehru University), New Delhi.

(All information collected for academic purpose only)

Key Informant Interview

Questionnaire Schedule for the healers/care providers/practitioners using IMS

1. Name and age

2. Designation

3. Organization

4. Sir/Madam, since when are you practicing in the area of indigenous medicine?

5. As part of your job/profession, what are the services that you render in terms of the treatment provided or your specialization?

6. What were the diseases or health problems for which people come to you?

7. What is the process which you follow – for procuring of the medicinal substances from the field, manufacturing and sale?

8. Which pharma companies are involved within and outside the state (Manipur) in manufacturing and trade?
9. Are there any systemic issues within the state (Manipur) in regard to the networks through which practitioners like you functions for procuring the raw substances, manufacturing and sale?

(Suggestions – role of the Government and IPR)

10. Do you think practice in the area of IMS is declining? If yes, why?

(Suggestion – poor source of income, care provisioning done more as a duty towards community rather than means of livelihood)

11. Do you think the utilization of IMS by other system of medicine is increasing? If yes, why and in what way?

(Suggestions – health sector reforms, privatization, WTO and GATT role in sanctioning use of such substances OR ask questions to know his/her awareness level on globalization and its impact on IMS)

12. In your opinion what are the major issues concerning IMS in the present day?

(Suggestions – international trade, pharmaceutical research, manufacturing and sale (export/import) of the IMS)

13. Do you think that these IMS are endemic to specific regions and therefore, people should have a voice in the use of IMS by different agencies? Does it happen? How? Where? What is people’s participation in this? What is the State’s role?

14. What are your suggestion to promote and protect the use of IMS for health care needs and ensure it as a tool for development and identity?

(Suggestions - documentation of IMS, registration and innovation patent system; and development of a sui generis system)

Remarks
APPENDIX I - C

Indigenous Medicinal Substances (IMS) use in Manipur: An exploratory study with special reference to 1990's.

Undertaken as part of research study, for the completion of PhD, from Centre of Social Medicine and Community Health, JNU (Jawaharlal Nehru University), New Delhi.

(All information collected for academic purpose only)

Key Informant Interview

Questionnaire Schedule for the experts – NGO personnel; GO personnel; Policy Makers; Government Official; Academicians/Environmentalist; Media person

Name and age

Designation

Organization/Affiliation

Sir/Madam, I am here to be in conversation with you to seek your expert opinion about the used of Indigenous Medicinal Substance (IMS) in the country, specially your region (Manipur).

1. How would you describe IMS in few sentences, may be two?

2. In your opinion what are the major issues that concern the used of IMS today?

(Suggestions – international trade, pharmaceutical research, manufacturing and sale (export/import) of the IMS)

3. What do you have to say about the present day regimes in terms of international trade, pharmaceutical research, manufacturing and sale (export and import) of the IMS?

4. What are the systems which the state follows – for procuring of the medicinal substances from the field, manufacturing and sale?

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2. In your opinion what are the major issues that concern the used of IMS today? |

(Suggestions – international trade, pharmaceutical research, manufacturing and sale (export/import) of the IMS)

3. What do you have to say about the present day regimes in terms of international trade, pharmaceutical research, manufacturing and sale (export and import) of the IMS? |

4. What are the systems which the state follows – for procuring of the medicinal substances from the field, manufacturing and sale?
5. Which pharma companies are involved within and outside the state (Manipur) in manufacturing and trade?

6. Are there any systemic issues within the state (Manipur) in regard to the networks through which professionals or pharma company or other organization functions for procuring the raw substances, manufacturing and sale?

(Suggestions – role of the Government and IPR)

10. Do you think there is a decline in the utilization of IMS? If yes, why?

(Suggestion – advent of other systems of health care and healing, physical inaccessibility, cumbersome, unpalatable etc., fierce infusion of western medicine/easily accessible western medicine, declining faith in IMS due to reducing number of practitioners, poor source of income, care provisioning done more as a duty towards community rather than means of livelihood)

11. Do you think the utilization of IMS by other system of medicine make it more vulnerable for exploitation of the substances found in the region? If yes, why and in what way?

(Suggestions – health sector reforms, privatization, WTO and GATT role in sanctioning use of such substances OR ask questions to know his/her awareness level on globalization and its impact on IMS)

12. Could you please throw light on what your organization is doing/can do to promote and protect IMS?

13. Are there any special efforts or project on IMS?

14. What should be done by the government to protect IMS from exploitation/promote utilization for health care needs?
15. Any policy and programme interventions?

16. How do you see the role of GOs/NGOs/VOs? How do you think these organizations can encourage (and perhaps ensure) people to use and promote IMS for their own development

(Suggestions - documentation of IMS, registration and innovation patent system; and development of a *sui generis* system)

Remarks
ANNEXURE II – A

CHECKLIST FOR FOCUS GROUP DISCUSSION IN THE STUDY VILLAGE
The focus group discussions were conducted in ‘meitei’ language and recorded in field notes with participants’ permission and transcribed verbatim. The focus group discussion with the participants in the village was aimed at eliciting their opinions and views on IMS and its use.

The following is the checklist used in the FGDs
(i) Experience on the utilization of IMS
(ii) Occasions or circumstances on which traditional healer is utilize or seek to utilize
(iii) Disease or health problems for which IMS is utilize
(iv) Perception about the services rendered by traditional health practitioners in terms of the treatment provided or their specialization
(v) Awareness about the current policy and programme of the government in promoting and protecting IMS and the state’s role
(vi) Opinion on declining and increasing utilization of IMS.
ANNEXURE II – B

CHECKLIST FOR FOCUS GROUP DISCUSSION WITH THE TRADITIONAL HEALTH PRACTITIONERS

The focus group discussion with the traditional health practitioners was aimed at understanding and documenting their aspirations has a share from the benefits gained from their indigenous medical knowledge.

The following is the checklist used in FGD

(i) The current role and functions of traditional health practitioners in the delivery of disease prevention and treatment

(ii) Awareness of practitioners about the involvement of pharmaceutical companies within and outside the state (Manipur) in manufacturing and trade

(iii) The systems which they or the State follows for procuring of the medicinal substances from the field, manufacturing and sale

(iv) Awareness about any policy and programme interventions to promote and protect IMS

(v) Opinion on declining and increasing utilization of IMS

(vi) Perspectives on current issues in the area of conservation, trade and research in local medicinal plants and substances, which further give economic sustainability.