



***“DOTs is the good quality medicine and can only prevent MDR”.***

***The view of Mr.Sonam Yougyal, Executive Secretary***

***Menlha Hospital,Chandragiri.***

*“PHUNTSOKUNG” the name is given to the settlement which means “Abode of Plenty and Happiness”, is located at Chandragiri in Gajapati District of Orissa. It was set up in 1963 by the Government of India and the State Government to resettle 2497 Tibetan refugees who had escaped in to India in the aftermath of Chinese occupation of Tibet.*

*Today, the settlement has population of more than 3800 consisting of 600 households. It has five camps, except camp No.4, which is located on the side of the main road. It has good accessibility and communication net works. One acre of*

*land was allocated to each family for cultivation. The main source of livelihood is the cultivation of maize crops and selling of winter garments during winter season. Most of the Camp has Guava community orchards.*

*In 1985 Department of Health Central Tibetan Administration took over the responsibility of running dispensary and in 1997 the health centre was formally registered as a charitable institution by the name of Phuntsokling Menlha Hospital. Present the Hospital is expanded with 12 Bedded Ward and TB isolation ward. The Hospital is not only for the Tibetans but also 15 local village living close to the settlement also visit for treatment.*

*The most common diseases are Malaria, TB, Hypertension and Arthritis. The common diseases are Typhoid fever, asthma, Pneumonia, Diarrhoea, Gastric Ulcer, Diabetic and Skin Infections. While planning for the tribal intervention programmes, the Tibetan communities were considered as a special population. The activities were planned for sensitization on TB for the population. The local NGO, SACAL contacted the Executive Secretary Mr. Sonam Yougyal, and organized five meetings in the Tibetan camps followed by sensitization meeting for Menlha Hospital Staff in the month of May.09*

*The meetings were facilitated by MO I/C Dr. Gantayat, STS Mr. G. S. Dalabehera, LT Mr. Gupta, the Union. In the meeting it was learnt that Mr. Dorjee Damodl was suffering from TB. On the onset of TB symptoms he went for treatment from private practitioners and got treatment for a year and had spend an amount of Rs. 18000. As the medicines prescribed to him were costly, he could not afford so he discontinued his treatment. His health was deteriorating. Mr. Dorjee was advised by Mr. Gouda from SACAL, for sputum examination at DMC, Chandragiri where his sputum got tested and conformed having TB. Dorjee was under Cat-11 treatment TB No-174/09. The treatment started on 23<sup>rd</sup> May'09. Sputum examination was done at end of IP and followed by after one month but still he continued to have Sputum positive .Mr. Dorjee with frustration left to Dharmasa TB Hospitl (Himanchal Pradesh) for further treatment.*

*Some patient also got their sputum examined in the Chandragiri DMC, took medicines for few days and discontinued due to their Winter cloth business out of*

*the district and some of them were also referred to Dharmasa TB Hospital soon after the TB diagnosis (Himanchal Pradesh) for further treatment.*

*The objective of the awareness meeting was to discuss on the conceptual clarity on RNTCP and facilities available in Govt. Health system. The impact of the meeting had brought a change among the Tibetan community members. Menlah Hospital took the responsibility to continue awareness on TB in the Camps. The Community Health workers identified symptomatic cases during their routine visit to camps and referred to Menlah hospital for further guidance. Ms. Peldon, Nurse is responsible for referring symptomatic cases for diagnosis through referral slips provided by DMC, Chandragiri. Since July'09, there are nine patients under treatment. Ms. Peldon is the DOT Provider for the patient. Sputum follow ups are also done in due time. While giving medicine she also provided counseling to all the patients.*

*Irene D' Silva*

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