

Centre for Pesticide Suicide Prevention

PROJECT UPDATES

Plans for the future: In **Nepal**, we are in the process of going back to the hospitals where retrospective data collection has already taken space. We will see if the project has contributed to the improved recording of data related to pesticide poisoning. Improved prospective data recording will provide more complete results than retrospective data collection. Retrospective data collection is ongoing in the remaining seven hospitals.

In **India**, we continue to collect and analyse information about central and state pesticide regulation and policy. We study state powers in regulating pesticides and ways to improve hospital records-keeping and administrative suicide reporting.

September, 2018:

India: The EHA project coordinator Chingsubam Bangkim had visited sites in northern India to talk with medical staff and other stakeholders about our project and the process of data collection, while other members of the team had worked on awareness raising about the link between highly hazardous pesticides and suicides.

For the World Suicide Prevention Day on September 10, all eight hospital study sites affiliated with the EHA had organised community events to educate public regarding pesticide suicide prevention. Events included community dialogues, rallies, and conversations with suicide survivors.

The big news coming from India this month is the ban of 12 highly hazardous pesticides and the phasing out of a further six by January 2020. Among the ones to be banned immediately are the highly hazardous pesticides such as methyl parathion, fenthion, carbaryl, and diazinon. Among the further six are dichlorvos, phorate, phosphamidon, and triazophos. Several of these pesticides have been responsible for many thousands of pesticide suicides in India and worldwide. Poisonings with these pesticides often require intensive care and mechanical ventilator support which is expensive and may financially cripple the family. This decision by the central government followed more than two-years of deliberations after the publication of the Anupam Verma report.

Nepal: Our researchers have collected retrospective data from 5 hospitals in Nepal.

Implementing our awareness raising strategy, we have held activities for the World Suicide Prevention Day in Nepal. Our colleagues, led by Janak Thapa, Director of the Nepal Public Health Foundation, participated in the rally for suicide prevention.

August, 2018:

India: Our EHA project coordinator Bangkim continued site visits to all EHA hospital sites. He spoke to stakeholders (such as village heads, police officers, hospital staff and pesticide shop owners) explaining the goals of the project and interviewed some about pesticide management and local suicide. These interviews are providing the Centre with rich material about the situation on the ground.

In June, our Indian colleagues had developed forms for data collection, and procedures for quality control, assurance and monitoring.

Nepal: in August, our EHA colleagues Dr. Pratibha Singh and Anjali George had visited Nepal to discuss data quality assurance, monitoring, and collaboration issues between the Nepali and Indian research teams.

July, 2018:

In **Nepal**, retrospective data collection had gone ahead in July. Sometimes CPSP researchers encountered difficulties that at first sight look insurmountable. For example, in Bir hospital in Kathmandu, they were shown into a room with more than 100,000 files to review to locate records of pesticide poisonings. Fortunately, after discussing the matter with hospital staff they were able to find a better way of collecting this information – emergency room and medico-legal records.

India: In June-July, we connected with Kavitha Kuraganti, an activist who submitted a public interest litigation to the Supreme Court of India to adjudicate on the repeated delays by the government to make decision on banning highly hazardous pesticides. To support Kavitha's case, the Centre submitted an expert opinion to the central government's Malhotra Committee formed at the request of the Supreme Court to review pesticides suggested for the ban. Our submission () has received a good coverage in Indian press.

June, 2018

Nepal: We have started retrospective data collection in Nepal. Our two researchers Ms. Manisha Pokhrel and Ms. Ayusha Pokharel started data collection at the Teaching hospital in Kathmandu. Dr. Rakesh Ghimire, Principal Investigator in Nepal provides the researchers with guidance and contact with the hospital staff. The expected challenge in the anonymized data collection from hospital records is that every hospital has its own record-keeping system. In each case, the researchers and Dr. Rakesh need to investigate the best way to access information.

In June, Leah visited Kathmandu to work with partners on the standard operating procedures (SOP) and other issues.

India: Leah had visited partner organisations at Emmanuel Hospital Association and Christian Medical College, Vellore. With her EHA colleagues, she had visited a hospital site at Herbertpur, Uttarakhand, where she met the staff and saw by herself how records are kept. At Vellore, she had introduced the project and its pedigree to staff and students at CMC.