

The University of TransDisciplinary Health Sciences and Technology
No. 74/2, Jarakabande Kaval, Attur P.O., Bangalore-560 106, Karnataka, India

Centre for Local Health Traditions and Policy

Information Brochure

Voluntary Certification Scheme for Traditional Community Healthcare Provider (VCSTCHP)

VCSTCHP is a National Scheme established by the Foundation for Revitalisation of Local Health Traditions (FRLHT), Bangalore and Quality Council of India (QCI), New Delhi to certify prior learning of traditional healers, following the International norms as per ISO 17024.

Traditional Community Healthcare Providers (TCHPs) play a vital role in meeting the health care needs of our populations in India especially in rural areas. They constitute a unique group of community supported paramedical health workers of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha & Homeopathy). They treat from a range of simple primary healthcare related common ailments to management of jaundice, sprains, dislocations and bone fractures, child birth, women and child health, poisonous bites, skin diseases, burns and so on. They provide treatment to their needy and poor patients solely based on their social legitimacy. National ISM Policy Statement (2002), National Rural Health Mission Statement (2005) and Five Year Plan documents of Planning Commission, Government of India (2007 and 2012) and National Health Policy 2017 officially confirm the existence and relevance of Traditional Community Healthcare Providers. National or state programmes to strengthen and build the capacity of these community supported AYUSH paramedical health workers are yet to be designed and implemented by any Government Institutions. This neglect inhibits the continuity of the great tradition of Traditional Community Healthcare Providers of our country. In order to meet the growing demand for human resource in the public health system, the public health experts and professionals have recommended to certify and build the capacity of Traditional Community Healthcare Providers through a Voluntary Certification Scheme for TCHPs.

The Centre for Local Health Traditions and Policy (CLHT&P) at the University of Trans Disciplinary Health Sciences and Technology (TDU), a Certification Body approved by the Quality Council of India (www.qcin.org) calls for applications from the eligible applicants amongst Traditional Community Healthcare Providers who are interested to seek their

certification under the Voluntary Certification Scheme launched by the QCI & FRLHT for Traditional Community Healthcare Providers, in the management of a few selected traditional community healthcare practices relating to Common Ailments, Jaundice, Rheumatoid Arthritis, Poisonous Bites, Traditional Birth Attendants and Traditional Bone Setting. Following are the salient features of the scheme.

Objective

The objective of the scheme is to provide an opportunity to the interested Traditional Community Healthcare Providers (TCHP) to seek certification through evaluation of their competence through a third party assessment of knowledge and skills.

Eligibility

The candidates who fulfil the following criteria of eligibility are invited to apply for the scheme as per the enclosed application format:

- a) Traditional Community Healthcare Providers as such endorsed by the local governments of his or her place of residence and provides health services to the local community members in the following streams of selected traditional community healthcare practices relating to Rheumatoid arthritis, Common Ailments, Jaundice, Poisonous Bites, Traditional Birth Attendants and Traditional Bone Setting.
- b) Age: 28 years and above
- c) Experience: 10 years and above in any one or more of the above streams of practice.

Medium of Evaluation

Kannada (for TCHPs from Karnataka) and all vernacular languages (according to the respective state's languages)

Fee per candidate

Rs. 10,000/- (Rs. Ten thousand only)

Geographical areas: Karnataka and all the states of Union of India

Minimum number of candidates per batch: 10

Method, Duration and Weightage of evaluation

The candidates whose applications are accepted shall be intimated to attend the assessment by a committee of evaluators consisting of at least two expert TCHPs from the relevant stream accompanied by an AYUSH physician and a community health or public health expert.

The certification process/evaluation of the candidates shall be done as per following methods, duration and weightage:

1. Knowledge Evaluation through oral multiple choice questionnaire: ~30 minutes, 10%
2. Case Presentation: ~30 minutes, 10%
3. Viva voce on case study presentation: ~ 30 minutes, 10%
4. Practical demonstration on identification of medicinal plants, preparation of formulations, storage of raw drugs and quality of preparations: ~ 30 minutes, 30%
5. Field verification at TCHP's work environment: ~ 60 minutes, 40%

The certificate shall only be issued to the candidates of Traditional Community Healthcare Providers who obtain at least 70% of marks in the assessment of their competence in their respective stream.

Evaluation Committee

Two TCHPs with a minimum of 15 years in the relevant stream, one Ayurveda or Siddha or Unani physicians and one Community Health or Public Health Expert

The names of TCHPs whose certifications granted, suspended or withdrawn shall be displayed in our Website. TCHPs desiring to submit their appeals and/or complaints may do so by writing to the centre head, Centre for Local Health Traditions and Policy at the address given below.

For more details

Dr. Prakash BN

Head of Certification Body
(VCSTCHTP)

Centre for Local Health Traditions and Policy

The University of Trans-Disciplinary Health Sciences and Technology (TDU)

A: 74/2, Jarakabande Kaval, Attur Post, Via Yelahanka, Bengaluru-560 064 |

Ph: +91-80-2856 8000; Ext.: 106| **M:** 90661 77480 | **E:** bn.prakash@tdu.edu.in

<https://www.qcin.org/Traditional-Community-Healthcare-Providers.php>

<http://tdu.edu.in/home/clhttp/>

Application No. _____

Application Form for Voluntary Certification Scheme for Traditional Community Healthcare Providers (VCSTCHPs)

- 1) Full Name: Shri/Smt/Kum
- 1.1 Sex: Male/Female (Please tick whichever is applicable) 1.2 Date of Birth:
- 1.3) Contact Address:
- 1.4) Block/ Taluka: 1.5) District: 1.6) Pincode:
- 1.7) Telephone Number: 1.8) Mobile Number:
- 2) Particulars of family elders/ Guru who trained the applicant:
- 2.1) Full Name: 2.2) Relationship:
- 2.3) Contact address:
- 2.4) Taluka 2.5) District 2.6) Pin code:
- 2.7) Telephone Number: 2.8) Mobile number:
- 3) Applicants years of experience or practice as TCHP: _____ Years
- 4) Which stream(s) would you like to be assessed for certification? (Please tick whichever is applicable)
- Common Ailments Traditional Birth Attendant
 Jaundice Traditional Bone Setting
 Poisonous Bites Rheumatoid Arthritis
- 5) List the other streams in which you practice? a) _____ b) _____ c) _____
- 6) Preferred language for assessment:
- 7) Have you registered with any PrCB before? Yes/ No. If yes, indicate the name of PrCB
- 8) Has your application been rejected before? Yes/ No. If yes, please indicate the reason.
- 9) If already certified or applied for assessment under the same scheme with TDU, state your application number?

Declaration:

I hereby declare that to the best of my knowledge and ability I provide traditional/ folk treatment for primary healthcare conditions with herbal remedies and as trained by my family elder/ guru mentioned above and that I Do Not provide any treatment to my patients with help of medicines of Allopathy or Homoeopathy. I hereby declare that all information provided by me above are truthful and to the best of my knowledge.

I have enclosed self-attested 3 passport size photographs.

Date: _____

Signature or Thumb impression of applicant: _____

Place: _____

Endorsement by Village Panchayath Gram Sabha / Grama Panchayat / Local Government

(Please confirm (a) Identity, (b) Residential Address, (c) Number of years practicing, (d) Streams of Practice and (e) Usefulness of the TCHP in your village community)

We here by state that Shri/Smt. _____, Son
/ daughter / husband / wife of Shri/ Smt _____ is practicing as a TCHP
in the _____ Village, _____ Post,
_____ District, _____ State, since _____ years.

We also state that s/he is providing traditional community healthcare for the following streams of practice as mentioned below (please tick whichever is applicable):

- | | |
|--|--|
| <input type="checkbox"/> Common Ailments | <input type="checkbox"/> Traditional Birth Attendant |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Traditional Bone Setting |
| <input type="checkbox"/> Poisonous Bites | <input type="checkbox"/> Rheumatoid Arthritis |

We endorse that the services of Shri/Smt. _____ as a Traditional
Community Healthcare Provider (TCHP) have been very beneficial to our village community.

Date: _____ **Sign:** _____

Place: _____ **Name:** _____

Seal:

*(This document is to be obtained from the Grama Sabha / Grama Panchayat / Local Government
President or Secretary of the place of residence of the TCHP.)*

CODE OF CONDUCT for TCHPs

The Scheme for Voluntary Certification of Traditional Community Healthcare Providers (TCHP) recognizes the importance of the role played by the TCHP in primary healthcare (<http://www.qcin.org/Traditional-Community-Healthcare-Providers.php>). Consequently, it is the responsibility of the TCHP to ensure a responsible, safe and protected environment towards those who seek care from him/her.

In order to uphold the highest work standards for TCHPs, I accept the following foundational principles:

1. I shall avoid discriminating against or refuse to provide care to anyone who seeks it from me, based on race, gender, sexual orientation, religious, or national origin.
2. I shall expand my knowledge and skills in the stream of practice through peer-meetings, educational activity and study.
3. I shall maintain an ethical and moral practice in the stream of practice certified for and shall not misrepresent my certification.
4. I shall follow a healthy lifestyle.
5. I shall establish and maintain safe work environment and working relationship with all care seekers.
6. I shall cultivate an attitude of humanity in my work and support community health initiatives.
7. I shall only handle cases in my stream of practice and refer any emergencies to the nearest health facility.
8. In all Traditional healthcare related matters, I shall maintain best practices and procedures and strive to continuously enhance knowledge and skills.
9. I view my knowledge, services and work associations as being transparent and for the benefit of the people in my community.
10. I shall respect the integrity and protect the welfare of all persons who seek care from me, and recognize that it is our obligation to safeguard any information about them obtained in the course of service provision.
11. I shall not carry out any advertisements, including any announcement, public statement or promotional material made by me, or for me, for informing the public about our activities.
12. I shall not make public statements, advertisements, etc. which are false, fraudulent, misleading or deceptive.
13. I shall display my certificate (both sides) visibly at my work place.

Name of TCHP :

Date:

Signature of TCHP :

Place:

SELF DECLARATION:

I, (Name of the TCHP) _____ confirm that I provide traditional healthcare to my community in the stream of ____ in accordance with knowledge and skills acquired from my family/guru. I understand that if I am found to be claiming to provide my services of any formal system of medicine or misrepresenting my certification, at a later date, my certification may be suspended and / or withdrawn.

I do not have any judicial proceedings pending w.r.t. my conduct or any pending proceedings in any regulatory body. I confirm that on no instance any discomfort or disability has been caused by me to any of my patients in the course my treatment, in the past two years.

I also confirm that I am in good health and of sound mind to be able to impart healthcare services and will bring it to your notice when there is a change in my health which will adversely affect my functioning as a Traditional Community Healthcare Provider (TCHP). I understand that if I am found not fit health-wise to discharge my duties as a TCHP at a later date, my certification can be suspended and / or withdrawn.

I will ensure a safe and responsible environment in my workplace and provide quality care to all those who seek it from me.

I confirm that I have read and/ or understood the document forming part of this declaration.

Signature of the Applicant

Application number:

Date: