

No.Z-33014/38/2013-RCH(DC)
Government of India
Ministry of Health & Family Welfare
(RCH Division)

Nirman Bhawan, New Delhi.
Dated: 10th March, 2014.

Office Memorandum

Sub: RMNCH+A interventions approved to be undertaken by the
AYUSH Practitioners.

In continuation of the letter No.N.11027/11/2012-FP dated 10.10.2013, letter No.Z.28020/245/2012-CH (Pt) dated 18.02.2013 and OM No.M.12015/42/2005-MCH dated 10.02.2014 regarding engagement of AYUSH doctors for various activities relating to Reproductive, Maternal, Neonatal and Child Health + Adolescent Health (RMNCH+A) programme under NHM, it has now been decided, in consultation with Department of AYUSH, that the services of AYUSH practitioners may be utilized for the RMNCH+A activities as detailed below:

(a) Maternal Health

- (i) AYUSH doctors as Skilled Birth Attendants (SBA).
- (ii) Syndromic Drugs Management of RTI/STIs (Ayurveda, Unani and Siddha practitioners only).
- (iii) Supportive supervision of the programme – ensuring labour room protocols, infection prevention protocols, comprehensive AMC of essential equipments, baseline assessment of the peripheral health workers, HB estimation, BP measurement and Quality ANC check-up.
- (iv) Maternal death reporting: helping in regular reporting and Maternal Death review.

(b) Child Health

- (v) Essential Newborn Care Services (at the time of birth and in the first 48 hours of mandatory hospital stay).
- (vi) Management of common childhood illness: diarrhea, pneumonia and malaria as per the IMNCI protocols; alternatively the Physician's package of IMNCI can also be provided by the AYUSH practitioners in order to ensure primary level of child and newborn care.
- (vii) AYUSH practitioners trained in SBA module can also provide NSSK services.

(viii) IYCF counseling and growth monitoring of young children.

(c) Immunization

(ix)) Field monitoring of the Immunization programme including random check of the community on immunization coverage; promoting immunization through inter personal communication.

(d) Family Planning

(x) Counseling on family planning methods.

(xi) Insertion of IUCD.

(e) Adolescent Health

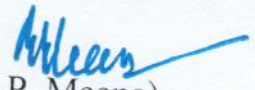
(xii) Adolescent health components at PHCs, CHCs, AFHCs and District Hospitals (after the 3 days Counselors training).

(xiii) Weekly Iron Folic Acid Supplementation Services.

2. The State Governments are encouraged to utilise the services of AYUSH practitioners accordingly after necessary need based training. .

3. As approved earlier, the AYUSH practitioners will continue to be a part of the mobile medical teams under RBSK.

4. The State Governments are also advised to entrust the supervisory responsibilities under these approved interventions to AYUSH practitioners, particularly in areas where MBBS doctors/other supervisors are not available.


(Dr. R.P. Meena)

Director to the Government of India

Copy to:

1. Principal Health Secretaries of all the States/UTs
2. Secretary, Department of AYUSH, AYUSH Bhawan, B Block, CGO Complex, INA, New Delhi - 110023.
3. PS for HFM.
4. PPS to Secretary, Department of Health and Family Welfare.
5. PPS to AS & MD (NHM).
6. PS to JS (RCH)/JS (P).
7. The Mission Directors (NHM) of all States & UTs.
8. DCs of all the Programmes of RCH Division, Deptt. Of Health & FW.



Anuradha Gupta, IAS

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Mission Director, NRHM

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By Speed Post
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निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

DO. No. N. 11027/11/2012-FP

Dated: 10th October, 2013

Dear

It has been a constant endeavour on the part of Govt. of India to make family planning services readily accessible and available to the clients as it lies at the core of RMNCH interventions to reduce maternal and child morbidity as well as mortality.

In the recent years, the ministry has been focusing on spacing methods of family planning to cater to the huge unmet need. In order to increase the number of trained providers who offer quality IUCD insertion services, alternative training methodology for IUCD insertion was introduced in 2007. However there is still a huge shortage of trained providers, especially at lower level public health facilities viz. CHCs, PHCs and SCs.

It has been recognized that in order to meet the unmet need of spacing there is an urgent need for increasing the provider base for IUCD services in India. As a result, MOHFW, Government of India has taken a policy decision to permit AYUSH providers (with the exception of Yoga & Naturopathy providers) to perform IUCD insertions after training as per the curriculum being developed by the Government of India. This curriculum will be shared with your state soon whereafter the states may utilize the AYUSH doctors for insertion of IUCDs at peripheral centres.



With regards,

Yours sincerely,

(Anuradha Gupta)

To

Mission Directors of all States.



Anuradha Gupta, IAS

Additional Secretary &
Mission Director, NRHM

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भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110108
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110108

D.O. No. Z-28020/145/2012-CH(Pt. file)

Dated: 18th February, 2013

Dear

As you are aware that Ministry of Health and Family Welfare is committed to reduction of under-five mortality in the country. Further gains are possible by initiating early detection and management of common health conditions in children. As per available estimates, six percent of children are born with birth defects and ten percent children are affected with developmental delays leading to disabilities. Further four percent of under-five mortality is attributed to birth defects only.

In this regard, a new initiative '**Rashtriya Bal Swasthya Karyakram**' has been started with the aim to screen all the children from 0 to 18 years for four Ds - Defects at birth, diseases, deficiencies and developmental delays including disabilities. Children diagnosed with illness shall receive follow-up including surgeries at tertiary level, free of cost under NRHM. This initiative has been built on the existing school health programme where children from 0 to 6 years of age attending anganwadi centres will also be screened besides school children. **The initiative involves engagement of mobile health teams at block level consisting of AYUSH doctors, ANM and pharmacist.**

The detailed operational guidelines on **Rashtriya Bal Swasthya Karyakram** - A child health screening and early intervention services under NRHM are enclosed for your reference and accordingly you are requested to send the detailed plan while submitting the PIP for the financial year 2013-14.

With regards,

Encl : As above

All State Principal Secretary (Health & FW)

Copy to : All Mission Director (NRHM) of States

Yours sincerely,

(Anuradha Gupta)

M.12015/42/2005 -MCH
Ministry of Health & Family Welfare
Government of India
MH-Division

Office Memorandum

Nirman Bhawan, New Delhi
Dated the 19th Feb, 2014

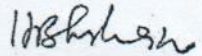
Subject: Engagement OF AYUSH doctors (Ayurveda and Homeopathy) in the public Health system to provide SBA services -reg.

One of the strategies of National Health Mission (NHM) is the mainstreaming of AYUSH doctors into the existing health care services delivery system. As you are aware that there is a vast workforce of AYUSH doctors working in rural and semi-urban sectors, some of them are conducting deliveries after undergoing SBA training and are providing RCH services particularly in the states where there are shortage of allopathic doctors in the rural areas.

Based on the recommendations from an ICMR study on competencies of AYUSH doctors after SBA Training, it has been decided by the MOHFW that AYUSH doctors (Ayurveda and Homeopathy) posted at government health facilities may be permitted to conduct deliveries and provide basic treatment for complications before referral. Only those doctors who are posted at Delivery Points or at sub-centers where ANC and PNC are conducted may be trained as SBAs after addition of 7 days hands on practice in the existing 21 days curriculum of the SBA Training.

They may be permitted for prescribing allopathic drugs for conducting normal deliveries including initial and basic management of complications before referral and can prescribe all those drugs permitted to ANMs and SNs after SBA training. States need to ensure good quality training and follow-up along-with monitoring and supportive supervision during the training and post-training.

Department of AYUSH is requested to take simultaneous steps for strengthening AYUSH pre-service curriculum for including SBA components particularly for skill building.


(Dr Himanshu Bhushan)
Deputy Commissioner (I/c MH)

To

- i. The Director General, ICMR
- ii. The Secretaries (H&FW) of all the States / UTs
- iii. The Mission Directors (NHM) of all the States / UTs
- iv. DCG (I)
- v. The Joint Secretary, Ayush, Govt. of India
- vi. Dr. N. Chandiok, ICMR
- vii. Dr. D.C. Katoch, Joint Adviser (Ay.)
- viii. Dr. A. Raghu, Deputy Adviser (Ay.)
- ix. State Nodal Officers of MH

Copy to:

- i. PPS to Secretary (H&FW)
- ii. PPS to AS&MD (NHM)
- iii. PPS to JS (RCH)
- iv. PPS to JS (Policy)
- v. All Program Divisions of RCH & NRHM