

QCI set to certify Voluntary Certification Scheme for Traditional Community Health Practitioners

In a first of its kind initiative, the Quality Council of India (QCI), the apex quality facilitation body set up by the government, is set to launch a formal programme for certification of traditional health practitioners (TCHPs) who rely on local health traditions and herbs handed down for generations to treat ailments.

To this end, it has forged a partnership with the Bangalore based NGO, Foundation for the Revitalization of Local Health Traditions (FRLHT), which has expertise in local health traditions, by signing an MoU recently in Delhi to jointly administer the programme. The MoU was signed by Mr Adil Zainulbhai, Chairman, QCI and Mr Darshan Shankar, Managing Trustee, FRLHT.

This partnership is set to build on the pilot project for Accreditation and Certification of Prior Learning of the TCHPs which was undertaken by the Indira Gandhi National Open University (IGNOU) in collaboration with QCI and FRLHT and mentored by the Department of AYUSH, Ministry of Health and Family Welfare, Government of India in the years 2010 - 2012. The TCHPs were assessed for their knowledge and skill and 517 TCHPs were certified from one district each of the states of Chhattisgarh, Gujarat, Karnataka, Odisha, Rajasthan and Tamil Nadu. The certification was valid for a period of 3 years.

The successful implementation and completion of the pilot project received great attention from government bodies, various organizations working with TCHPs and individuals working in the field of traditional health practices. Since the completion of the pilot project there has been demand from various stakeholders to widen the scope of the work and have a nationwide launch.

Village based Traditional Health Practitioners (TCHP) play a vital role in meeting the health care needs, especially of the far flung, unreached rural populations. As of now, while there is a clear AYUSH Policy and other Government of India Policy documents which provides official recognition to the existence of the TCHPs, there is no national or state level programme that involves them as Community Health Workers. This neglect inhibits the continuity of the great healthcare tradition of TCHPs of our country.

Thus, QCI has taken the initiative to launch the Scheme for the Voluntary Certification of the TCHP following the third party certification process for Personnel Certification stipulated under the international standard, ISO 17024, across the nation. The Scheme aims to provide recognition and legitimacy to the TCHPs with emphasis on preservation and promotion of the age-old folk healthcare traditions; promotion of safe and efficacious traditional health services to meet the primary healthcare needs and resource augmentation of the rural communities; mainstream the various forms of traditional health practices to provide universal healthcare access and achieve the goal of 'Health for All' in the foreseeable future.

The Voluntary Certification Scheme for will not involve conventional written examination to be taken by the TCHPs. Instead, it would be done through oral interviews and practical demonstrations of their awareness, knowledge and skills. The evaluation panel would consist of reputed and experienced TCHPs from the respective streams of practice, AYUSH Physicians and Community Health Workers. The evaluation panel will assess the knowledge and skills of the TCHPs against a set of Minimum Standard of Competence for specific stream of practice, train them for skill upgradation if needed, and finally certify them. The Voluntary Certification process will provide the TCHPs enhanced ability and self confidence, they would be able to provide strong risk management strategies in case of outbreak of epidemics, there will be enhanced public awareness of the quality service of the TCHPs and the credibility of the TCHPs with various Government agencies and greater customer trust.

The certification would be backed by a system of accreditation of training providers who could enhance the capacity of traditional health practitioners to crack the QCI evaluation.