

Central Council for Research in Homoeopathy

HOMOEOPATHY FOR HEALTHY CHILD

Central Council for Research in Homoeopathy under directions from Ministry of AYUSH has developed a pilot program on “Homoeopathy for Healthy Child” with a targeted approach to enhance the availability and accessibility of homoeopathic treatment per se to the identified population group and to sensitize audience about the benefits of homoeopathy medicines. In particular, specific medical conditions like teething in children and associated ailments like diarrhoea, fever/URTI etc. and other identified conditions where homoeopathic medicines can give relief without any side effects. This program is designed as an additional component to the existing health care programs including that of Rashtriya Bal Swasthaya Karyakaram(RBSK) with provision of complementary homoeopathic medicines for identified conditions. Inclusion of homoeopathy treatment is also expected to provide a value addition to the RBSK program, with increase in overall efficacy & efficiency of proposed interventions in conditions amenable to homoeopathy. The response to treatment is assessed and the overall impact of the program on morbidity profile is evaluated.

Operational Guidelines : [Click Here](#)

Coverage : [Click Here](#)

Activities undertaken : [Click Here](#)

- *Health Promotion during teething*
- *Integration of homoeopathy under RBSK*

Homoeopathy for Healthy Child

(A Pilot Project)

Operational Guidelines



**CENTRAL COUNCIL FOR RESEARCH IN
HOMOEOPATHY
MINISTRY OF AYUSH
GOVERNMENT OF INDIA**

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1. INTRODUCTION

1.1 Background

Homoeopathic medicines are known to be useful for a number of conditions related to children & adolescents and the treatment is without any side effects. The medicines are palatable and acceptability and compliance to treatment is good. The homoeopathic treatment is available in both the government and private sector in the country. However, there is no specific program with a targeted approach to enhance the availability and accessibility of homoeopathic treatment per se to the identified population group.

From 2007-2012, the Central Council for Research in Homoeopathy (CCRH) and National Institute of Homoeopathy, under the overall leadership of Department of AYUSH, Government of India had undertaken a National Campaign on Homoeopathy for Mother and Child Care in 2007. The Campaign sensitized the stake holders viz. policy makers, practitioners of Allopathy & general public through national, state and district level workshops and sensitization programs, about the advantages of using homoeopathy in care of women and children. The Campaign also involved state and district level workshops and training programs for capacity building of homoeopathy practitioners. 34 State Level Orientation Workshops, 41 State Level Training programmes, 93 District level Orientation programmes, 55 District level Training programmes, 1650 Community Awareness programmes on MCH by CCRH were undertaken. Targeted awareness and IEC activities were conducted and resource material & IEC material for the stakeholders were created. Medical camps and special clinics were initiated for provision of access to treatment in the research centres of the Council and in homeopathic medical colleges.

Hon'ble Prime Minister of India, inter-alia suggested that Homeopathy needs to be given adequate attention. In particular, specific medical conditions like teething in children and associated ailments like diarrhoea, etc. need to be identified where homoeopathic medicines can give relief without any side effects. The target audience has to be adequately sensitized about the benefits of homoeopathy medicines.

There is a need to translate the achievements of the National Campaign into specific strategies which ensures health promotion and disease treatment in children. The strategies need to be such so as to ensure that the benefit of homeopathic treatment reaches to this target audience through the existing framework of health care in the country.

1.2 National Health Programs In India for children

A number of programs under the National Health Mission (including Reproductive, Maternal, Newborn, Child Health and Adolescent (RMNCH+A) Services, *Rashtriya Bal Swasthya Karyakram* (RBSK) focus on providing health care facilities to the infants and children. These programs focus on early identification and provision of appropriate intervention for conditions such as diarrhoea, respiratory infections, mal-nutrition, anemia, etc. and are aimed at mortality and morbidity reduction in infants & children. The programs are implemented through active participation of the field level workers such as the Auxiliary Nurse Midwife (ANM) and

Accredited Social Health Activist (ASHA). The *Anganwadi* workers (AWW) under the Integrated Child Development Services also cater to the nutrition and developmental needs to the children.

The Government of India has launched *the Rashtriya Bal Swasthya Karyakram* (RBSK) in 2014, to provide comprehensive care to all the children in the community. The objective of this initiative is to improve the overall quality of life of children through early detection of birth Defects, Diseases, Deficiencies, Development Delays and Disability. The Child Health Screening and Early Intervention Services under the RBSK envisage to cover 30 identified health conditions for early detection, free treatment and management through dedicated mobile health teams placed in every block in the country. The teams will carry out screening of all children in the pre-school age enrolled at Anganwadi centres at least twice a year. Each mobile health team will comprise of two physicians who are either Ayurveda or Homoeopathy or Unani or Yoga physicians. The program, therefore, has utilization of services of homoeopathic physicians under its spectrum of operations.

1.3 Homoeopathy for children & adolescents

There are a number of complaints for which homoeopathy can be the first line of choice. The medicines are without side effects and can be initiated at the prodromal stage, before the complaints aggravate and become a cause of concern. Homoeopathic medicines are used to promote healthy teething in infants & young children. Medicines are also used for treatment of common ailments such as respiratory infections, diarrhoea, etc. associated with teething. In early childhood, children frequently suffer from recurrent respiratory, gastro-intestinal or skin infections. Apart from treatment during acute phase, medicines promote health and can reduce the frequency of infections. During the school years, learning disability and other behavioural problems like Autism, Attention deficit disorders, etc. can be managed with homoeopathy medicines. The physicians can identify deviant behaviours and sub-clinical conditions, and remedial measures can be undertaken early, especially during the adolescent years. Homoeopathy, therefore, is useful for a number of conditions in children from teething times to teenage years. The medicines are also acceptable to children & adolescents.

Considering these aspects, CCRH intends to undertake a program on management of common complaints in children & adolescents. This program is designed as an additional component to the existing health care programs including that of RBSK with provision of complementary homoeopathic medicines for identified conditions.

It is envisaged that homoeopathy physicians can provide timely first line treatment for the identified conditions under RBSK and for other common conditions of children. Medicines will also be provided to promote health e.g. promotion of healthy teething, reduction in recurrence of infections, etc. Inclusion of homoeopathy treatment is also expected to provide a value addition to the RBSK program, with increase in overall efficacy & efficiency of proposed interventions in conditions amenable to homoeopathy. The response to treatment will be assessed and the overall impact of the program on morbidity profile will be evaluated.

2. AIMS

- To sensitize target audience including health workers, patients and care givers about benefits of homoeopathy for common diseases.
- To promote health through homoeopathy for identified conditions
- To reduce morbidity and promote faster recovery due to conditions such as diarrhea, respiratory infections, dental conditions, skin conditions, developmental delays, etc. in children
- To reduce morbidity due to conditions such as behavioral problems, acute infections, substance abuse, etc. in adolescent children

3. STAGES

The program is proposed to be undertaken in 2 stages:

1. Health promotion during teething
2. Integration of Homoeopathy under RBSK

4. COVERAGE

The programs are proposed to be undertaken in pilot mode in the following regions:

Sl. no.	State	CCRH centre	Districts/Region identified	Blocks identified
1	Delhi	CCRH Headquarters	New Delhi District	Nangal Raya, Delhi Cantonment (including Mayapuri slum)
2	Uttar Pradesh	CRI Noida	Gautam Budh Nagar	Bisrakh, Dadri
3	Uttar Pradesh	HDRI Lucknow	Gorakhpur	Bhatahat, Chargawan
4	Odisha	RRI Puri	Cuttack	Niali, Kantapada
5	Assam	RRI Guwahati	Kamrup	Dhirenpara, Central Zone block
6	Maharashtra	RRI Mumbai	Palghar	Vikramgarh

Nine blocks and one urban region would be initially covered under the program in phase wise manner. Brief profile for these blocks is placed as **Annexure 1**.

5. Stage – 1 HEALTH PROMOTION DURING TEETHING

5.1 OBJECTIVES:

CCRH intends to undertake this program to:

1. Promote healthy teething through biochemic medicines
2. Provide early homoeopathic management for teething related complaints
3. Create sensitization on oral hygiene for infants and young children

5.2 TARGET GROUP

Children in the age group of 6 months to 3 years

5.3 SYMPTOMS DURING TEETHING

Irritability, increased salivation, drooling, decreased appetite, runny nose, rash on face, sleep disturbance and hyperemia of gums and fever are seen during teething.

With children putting foreign objects in mouth due to gum irritation, diarrhea is a common occurrence.

5.4 IMPLEMENTATION MECHANISM

5.4.1 Training & sensitization of ANM, ASHA & AWW

Objective	The training of ANM & ASHA will focus on their capacity building and skill development for identification of teething related complaints, provision of first line of medicines and conditions for referral The AWW will be sensitized about the availability of homoeopathic treatment for common illnesses of children.
Components	<ul style="list-style-type: none">➤ Training of ANM & ASHA<ul style="list-style-type: none">• Preparation of training manual on homoeopathic treatment for teething related complaints• Identification of trainers to undertake trainings• Training of ANM & ASHA to provide care for promotion of healthy teething for children and first line management of minor symptoms• The trainings will be for 2 days initially followed by one day refresher meets held every month.➤ Sensitization of AWW<ul style="list-style-type: none">• Preparation of sensitization material (IEC) in local languages• Sensitization meet of one day duration will be held and appropriate handouts will be provided to AWW to make them aware of the teething conditions for which homoeopathy treatment can be provided. They would be expected to create awareness in the community about the availability of treatment for teething children.• IEC material will be made available at the Primary Health Centres (PHC) & sub- centres (SC)➤ Preparation of bio-chemic/homoeopathic kit

- A medicine kit of identified medicines will be provided to the ANM
- This would comprise of bio-chemic medicines to be dispensed to all teething children for prevention of complaints and for promotion of healthy teething. Some first line medicines will also be made available for management of diarrhea, low grade fever and irritability associated with teething complementary to standard care treatment.
- Identified centres/PHCs will stock the requisite medicines for the medicine kits.
- The children requiring treatment other than those provided in the kit will be referred to the nearest homoeopathy CCRH centre/medical college/PHC
- The homoeopathic practitioners in the homoeopathy CCRH centre/medical college/PHC will be able to provide individualized homoeopathic medicines for treatment of children

Outcome	It is expected that the health care providers will be able to do: <ul style="list-style-type: none"> • early recognition of teething complaints • facilitate home based care for teething complaints through homoeopathy • identify and provide immediate management/ referral for complaints incorrectly implicated to teething • promote and encourage parents to ensure oral hygiene in infants and children • lessen the morbidity associated with dentition
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Bio-chemicals/Medicines proposed in the kit

- Calcarea Phosphorica 6X – for promotion of healthy dentition
- Ferrum Phosphorica 3X – for anemia and fever
- Magnesia phosphorica 6X – for abdominal colic
- Belladonna 30 – for fever and coryza
- Chamomilla 30 – for irritability & green diarrhea
- Podophyllum 30 – for yellow diarrhea

5.5 Data recording and feedback

Objective	To identify the overall usefulness of the program
Components	<ul style="list-style-type: none"> • Development of formats for feedback and data collection • AN M and ASHA would be trained to maintain a record of children taking homoeopathy treatment for occurrence of teething related complaints, quality of dentition, occurrence of infections, etc. • Compilation of data & data analysis will be done at the CCRH centres
Outcome	<ul style="list-style-type: none"> • Assessment of usefulness of the program so as to replicate it in other areas

5.6 Role Delineation

ANM in PHC/Sub centre	<ul style="list-style-type: none">• Increase access to treatment from homeopathic physician• First line treatment for teething related complaints in consultation with PHC physician• Promotion of healthy teething through provision of bio-chemics• Data collection of children approaching for treatment• Referral of children to PHC as required• Coordination and data acquisition from ASHAs
ASHA	<ul style="list-style-type: none">• Increase access to treatment form homoeopathy physician• Promotion of healthy teething through provision of bio-chemics• Enable treatment compliance and follow up of children taking treatment from Sub centre & PHC• Referral of children to PHC as required• Compilation of data of children
AWW	<ul style="list-style-type: none">• Coordination with ASHA and ANM• Enable treatment compliance and follow up of children taking treatment from SC & PHC• Referral of children to PHC as required

5.7 ROLL OUT STEPS

- Identification of nodal officers from CCRH research centres
- Identification of blocks & nodal officers for each block
- Dissemination of 'Operational Guidelines' to all nodal officers
- Development of training manuals
- Development of other required resource materials – medicine kits, IEC material, reporting formats, etc.
- Training of ANM & ASHA
- Sensitization programs of AWW
- Mass media campaign
- Treatment availability at PHC and SC

6. STAGE – 2 INTEGRATION OF HOMOEOPATHY UNDER RBSK

6.1 OBJECTIVE

CCRH intends to undertake this program to promote homoeopathy for treatment of common complaints of children & adolescents

6.2 TARGET GROUP

The program aims to cover all children & adolescents upto the age of 18 years in identified areas

6.3 HEALTH CONDITIONS IDENTIFIED

6.3.1 Identified conditions for child health screening

<p>Defects at Birth</p> <ol style="list-style-type: none"> 1. Neural Tube Defect 2. Down's Syndrome 3. Cleft Lip & Palate / Cleft Palate alone 4. Talipes (club foot) 5. Developmental Dysplasia of the Hip 6. Congenital Cataract 7. Congenital Deafness 8. Congenital Heart Diseases 9. Retinopathy of Prematurity 	<p>Deficiencies</p> <ol style="list-style-type: none"> 10. Anaemia especially Severe Anaemia 11. Vitamin A Deficiency (Bitot spot) 12. Vitamin D Deficiency (Rickets) 13. Severe Acute Malnutrition 14. Goiter
<p>Childhood Diseases</p> <ol style="list-style-type: none"> 15. Skin conditions (Scabies, Fungal Infection and Eczema) 16. Otitis Media 17. Rheumatic Heart Disease 18. Reactive Airway Disease 19. Dental Caries 20. Convulsive Disorders 	<p>Developmental Delays and Disabilities</p> <ol style="list-style-type: none"> 21. Vision Impairment 22. Hearing Impairment 23. Neuro-Motor Impairment 24. Motor Delay 25. Cognitive Delay 26. Language Delay 27. Behaviour Disorder (Autism) 28. Learning Disorder 29. Attention Deficit Hyperactivity Disorder
<p>30. Congenital Hypothyroidism, Sickle Cell Anaemia, Beta Thalassemia (Optional)</p>	

6.3.2 Identified conditions for early initiation of homoeopathic treatment

Out of these, a number of conditions are amenable to homoeopathic treatment. The birth defects necessarily require surgical correction but homoeopathic medicines can be given as and when required for acute infections in these children. Further medicines can be given for treatment of

skin conditions (such as Scabies, Fungal Infection, Eczema, etc.), otitis media and earache, reactive airway conditions and respiratory infections & allergies, for prevention of dental caries and promotion of healthy dentition. The medicines are also useful for developmental delays and behavior disorders including autism & ADHD. In case of goiter, anemia, malnutrition and other deficiency conditions, medicines can have a supportive role along with standard care.

<p>Defects at Birth Homoeopathic treatment for acute infections, if required along with standard care</p>	<p>Deficiencies Add on homoeopathic treatment along with standard care</p>
<p>Childhood Diseases Homoeopathic treatment for skin conditions (Scabies, Fungal Infection and Eczema), ear infections & Otitis Media, respiratory infections & Reactive Airway Disease, Dental Caries and dentition related problems Add on homoeopathic treatment in Convulsive Disorders</p>	<p>Developmental Delays and Disabilities Homoeopathic treatment for Attention Deficit Hyperactivity Disorder , Behaviour Disorder (Autism), Learning Disorder, Motor Delay, Cognitive Delay, Language Delay along with identified interventions at DEIC.</p>

6.4. IMPLEMENTATION MECHANISMS

6.4.1 Training of Homoeopathic Physicians

<p>Objective</p>	<p>Skill development for screening of the complaints of children & adolescents Capacity building for provision of homoeopathic treatment and prompt referral for conditions identified conditions</p>
<p>Components</p>	<ul style="list-style-type: none"> • Preparation of resource material <ul style="list-style-type: none"> ○ Training manuals & job cards have been prepared by RBSK resource group ○ Additional training manual(s) on homoeopathy component will be prepared by the CCRH for the specified conditions (amenable to homoeopathy). The parameters of conventional care will be maintained as it is and additional component of homoeopathic treatment will be added. • Training of practitioners in RBSK mobile health teams & PHC <ul style="list-style-type: none"> ○ The initial central trainings would be conducted by the RBSK resource persons for training on screening of children on identified conditions as per the training manuals prepared by the RBSK resource group. ○ The training will also have a component of homoeopathic management of identified conditions

	<ul style="list-style-type: none"> ○ The trainees would comprise of homoeopathy physicians from research centres of CCRH, PHCs, homoeopathic medical colleges, mobile health vans ○ Subsequent trainings will be held in 4 regional centres
Resource material	<ul style="list-style-type: none"> ● RBSK training manual (s) ● Homoeopathy training manual
Outcome	<ul style="list-style-type: none"> ● Homoeopathy physicians in the screening teams will be able to <ul style="list-style-type: none"> ○ screening of children for identified conditions ○ make an early diagnosis of the complaints ○ make referral for early interventions ○ identify conditions which can be given homoeopathic treatment ○ inform & encourage parents to provide appropriate treatment for the conditions ● Homoeopathy physicians in the intervention team will be able to: <ul style="list-style-type: none"> ○ make an early diagnosis of the complaints ○ facilitate home based care through homoeopathy ○ identify and provide immediate management/ referral in needy cases ○ promote and encourage parents to ensure hygiene & nutrition in infants and children ○ lessen the associated morbidity, and requirement of institutional care

6.4.2 Sensitization of homoeopathic medical colleges

Objective	To sensitize homoeopathic medical colleges about the RBSK program
Components	<ul style="list-style-type: none"> ● Sensitization of medical colleges on RBSK <ul style="list-style-type: none"> ○ The training manuals will be sent to all homoeopathic medical colleges & state AYUSH/ISM&H/Homoeopathy directorates requesting for inclusion of manuals in the teaching/clinical classes of students/interns ○ Identified / shortlisted faculty members from colleges will be invited for training

	<ul style="list-style-type: none"> ○ Medical colleges will be encouraged to develop child welfare clinics on the lines of DEIC centres (As per RBSK) for providing integrated child care & development services
Resource material	<ul style="list-style-type: none"> ● RBSK training manual (s) ● Training manual for homeopathic physicians ● Operational Guidelines on setting up district early intervention centres
Outcome	Wider dissemination of the program

6.4.3 Sensitization of ANM, ASHA, AWW, parents and care givers

Objective	<ul style="list-style-type: none"> ● To build awareness in ANM, ASHA & AWW and in parents/care givers about the potential use of homoeopathy for common complaints of children and infants ● To create awareness among the people about the availability of homoeopathy treatment
Components	<ul style="list-style-type: none"> ● Sensitization & training of ANM, ASHA & AWW <ul style="list-style-type: none"> ○ Development of IEC material, handouts, teaching aids, etc. by CCRH in coordination with RBSK/ICDS program officers at the central & state levels ○ Translations of the IEC material, , handouts, teaching aids, etc. by the CCRH centres & district level officers in local languages ○ Organization of training programs/sensitization programs for ANM, ASHA & AWW at district/block level in coordination with district level training centres ○ Appropriate IEC material/handouts, etc. in local languages will be provided to ANM, ASHA, AWW to make them aware of the conditions for which homoeopathy treatment can be provided by the physicians in the PHCs and the physicians in the mobile vans, etc. ○ Appropriate teaching aids in local languages will be provided to ANM, ASHA, AWW to educate parents and care givers on early recognition of conditions which can be treated with homoeopathy. The awareness and sensitization program for the parents and care givers can be conducted along with the village health and nutrition days

	<ul style="list-style-type: none"> • Sensitization of parents/care givers <ul style="list-style-type: none"> ○ Appropriate teaching aids in local languages will be provided to ANM, ASHA, AWW to educate parents and care givers on early recognition of conditions which can be treated with homoeopathy. ○ The awareness and sensitization program for the parents and care givers of children can be conducted along with the village health and nutrition days
Resource material	<ul style="list-style-type: none"> • IEC Material, handouts & teaching aids
Outcome	<ul style="list-style-type: none"> • Will make the field level community health care workers aware of the conditions requiring homoeopathic treatment • Ensure treatment compliance in children who are provided treatment, which needs to be continued for specific days • Will create awareness among parents and community about the provision of homeopathic treatment for various conditions • Will promote healthy childhood and reduce morbidity • This is specifically important because earlier initiation of treatment will reduce the possibility of developing complications and needs for institutionalized treatment.

6.4.4 Provision of treatment

Methodology	<ul style="list-style-type: none"> • Special clinics for children in centres of CCRH & homoeopathic medical colleges
Objective	<ul style="list-style-type: none"> • Provision of early initiation of treatment amenable to homoeopathy
Components	<ul style="list-style-type: none"> • Child Welfare Clinics, similar to District Early Intervention Centres as identified under RBSK, will be established at CCRH centres • Homoeopathic medical colleges will also be requested to initiate Child Welfare Clinics within their premises. • The ANM, ASHA, AWW will be encouraged to refer the children to the Child Welfare Clinics • They will also keep a track of children, whom they have accompanied/referred to the treatment centres

	<ul style="list-style-type: none"> The ANM, ASHA, AWW will also coordinate with mobile van physicians to provide information related to children who have taken homoeopathy treatment
Outcome	<ul style="list-style-type: none"> The trained physicians will be able to conduct screening for Defects, Diseases, Deficiencies, Development Delays and Disabilities The physicians will be able to provide first line treatment for the conditions amenable to homeopathy & provide referral for other conditions. The physicians will be able to promote health by providing appropriate medicines for prevention and health promotion The AWW/ANM/ASHA will be able to ensure treatment follow ups and treatment compliance in children by ensuring continuum of care

6.4.5 Sensitization of practitioners of Allopathy/ Ayurveda

Objective	To sensitize practitioners of other systems about the RBSK program & homoeopathy for complaints of children
Components	<ul style="list-style-type: none"> Training manuals for allopathic/ ayurvedic practitioners will be prepared Sensitization meet/ training program will be held for allopathic and ayurvedic physicians working in the PHCs on RBSK and on conditions of children & adolescents where homoeopathy treatment can be given.
Resource material	<ul style="list-style-type: none"> RBSK training manual (s) Training manual for physicians
Outcome	<p>Better coordination and development of channels for referral among the physicians of different streams working in the PHCs</p> <p>Wider dissemination of the program</p>

6.4.6 Social awareness

Methodology	Mass media campaign
Objective	To bring in sensitization and awareness about the common childhood problems and availability of safe and effective treatment through homoeopathy among the masses.
Components	Advertising campaign, slogan, posters and media stories to influence attitudes and encourage social change
Deliverables	<ul style="list-style-type: none"> ○ Print advertisements ○ Audio spots ○ Audio-video advertisement spots
Outcome	<p>Mass sensitization about the program within and outside the identified districts</p> <p>Promotion of Homoeopathy as an effective & safe mode of treatment of infant</p>

6.4.7 Data collection & Feedback

Methodology	Manual data collection & compilation
Objective	<ul style="list-style-type: none"> • To identify the outcome of homeopathic treatment • To identify the impact of the overall program intervention
Components	<ul style="list-style-type: none"> • Data collection & compilation <ul style="list-style-type: none"> ○ Development of formats for physicians, (RBSK mobile van physician, homoeopathic physicians in Child Welfare Clinics, ANM and ASHA) ○ Identification of specific treatment outcomes for individual diseases & development of disease based outcome assessment formats ○ Development of data collection and reporting timelines ○ Maintaining a record of children treated with homoeopathy ○ Keeping a follow up of the children so treated for change in overall health status, response to treatment & occurrences of infections, etc. for 6 months to longer period as per information gathered ○ Compilation of data at block level, district level and at central

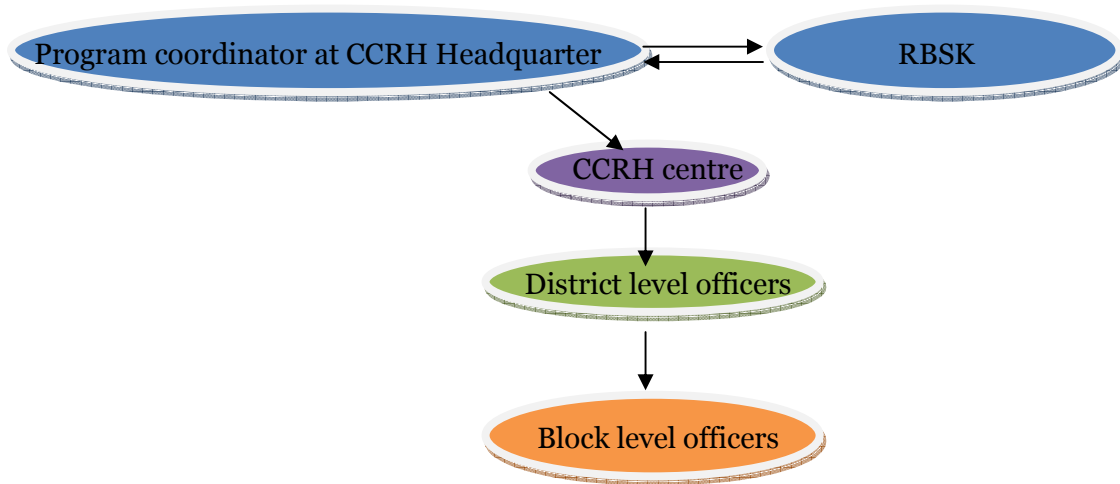
	<p>level</p> <ul style="list-style-type: none"> • Data will be collected at the following levels: <ul style="list-style-type: none"> • At Child Welfare Clinics at CCRH research centre/ identified medical colleges <ul style="list-style-type: none"> ○ Morbidity profile ○ Children undertaking homoeopathic treatment ○ Children requiring referrals to other interventions ○ Disease based baseline assessment & Follow up assessments • At PHC/Subcentre <ul style="list-style-type: none"> ○ Morbidity profile ○ Children undertaking homoeopathic treatment ○ Children requiring referrals to other interventions ○ Parent feedback and satisfaction assessments • At screening team <ul style="list-style-type: none"> ○ Morbidity profile ○ Treatments undertaken & change in children identified with specific conditions ○ Parent feedback and satisfaction assessments
Deliverables	Report formats and electronic data sheets
Outcome	<ul style="list-style-type: none"> • To assess the usefulness of the treatment • To identify overall usefulness of strategies so as to replicate the program in other districts

6.5. ROLL OUT STEPS

- Identification of nodal officers from CCRH research centres
- Identification of blocks & nodal officers for each block
- Dissemination of ‘Operational Guidelines’ to all nodal officers
- Development of training manuals
- Development of other required resource materials – medicine kits, IEC material, teaching aids, reporting formats, data collection forms, etc.
- Recruitment of manpower for mobile vans & child welfare clinics
- Training of physicians
- Procurement of required equipment, medicines, etc.
- Development of Child Welfare Clinics
- Sensitization programs of ANM, ASHA, AWW & practitioners of other systems
- Mass media campaign
- Screening & Treatment availability at the identified blocks

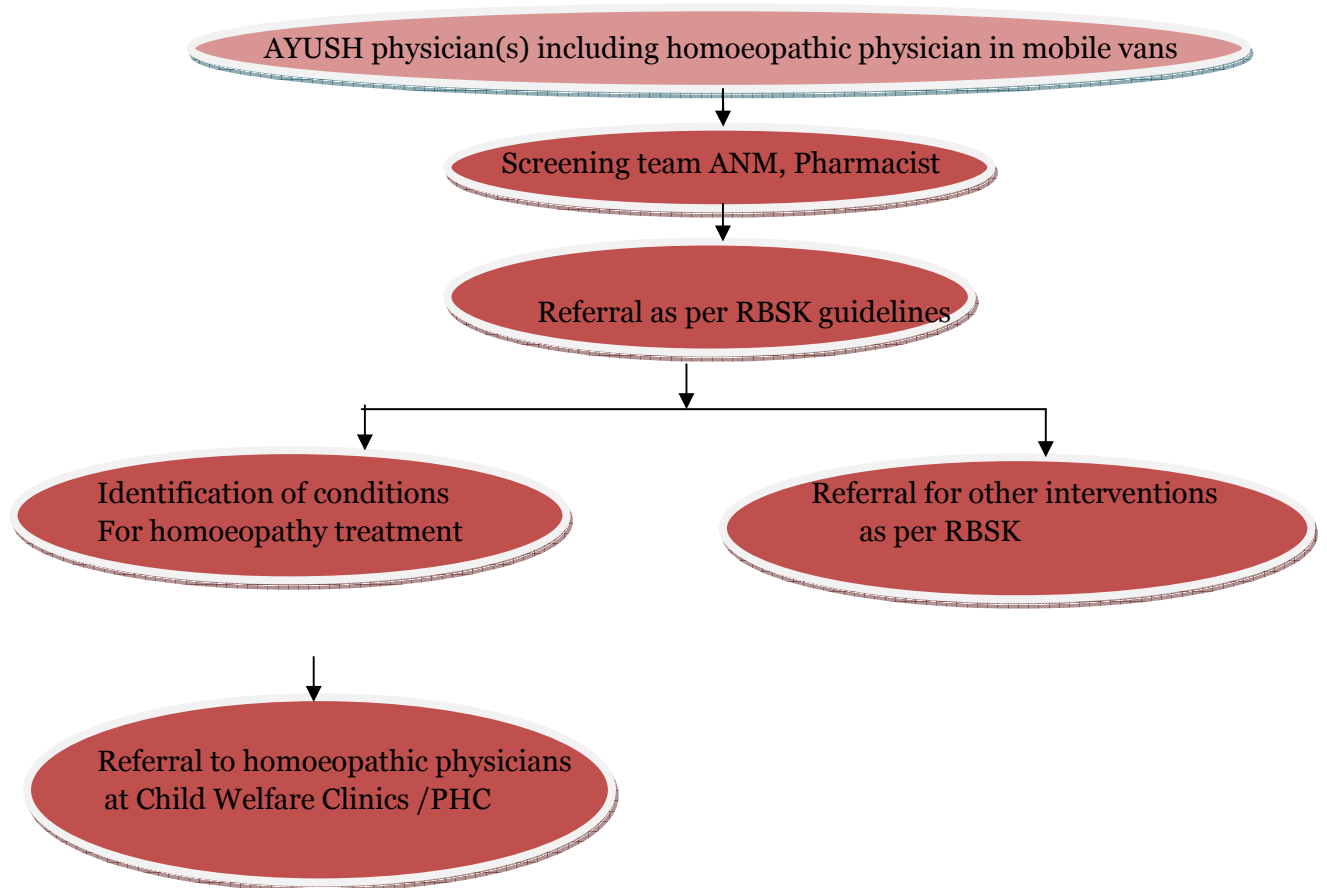
7. INSTITUTIONAL FRAMEWORK

7.1 Coordination & Supervision



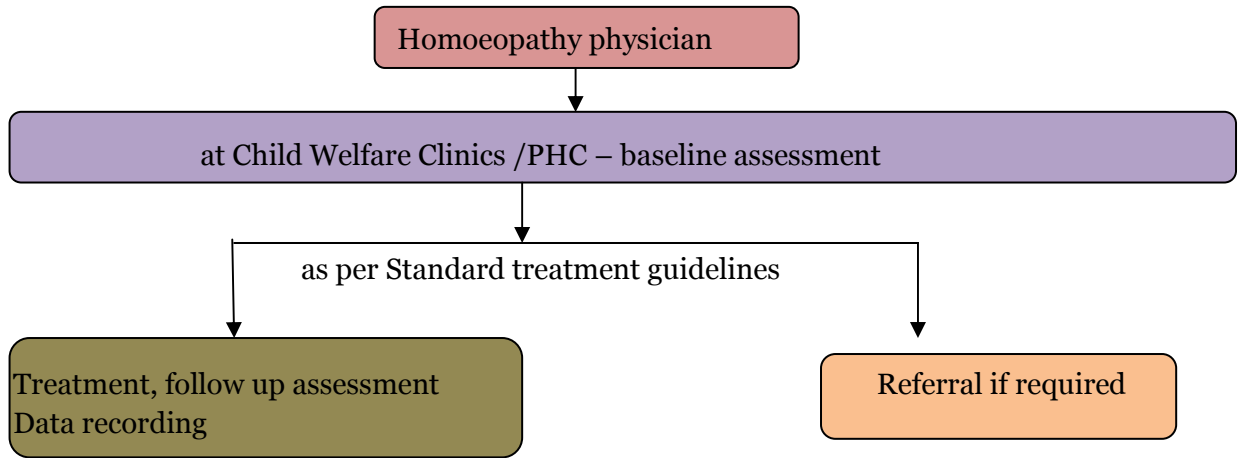
<p>Program coordinator at CCRH Headquarter ↔ RBSK coordinator →</p> <p>↓</p>	<ul style="list-style-type: none"> • Administrative & regulatory support • Preparation of resource material • Capacity building of health care team (screening & treatment team) • Coordination and monitoring of work at CCRH centre • Development of data collection forms, questionnaires, database • Data analysis
<p>Coordinator at CCRH centre →</p> <p>↓</p>	<ul style="list-style-type: none"> • Connecting link between district/block authorities, medical colleges & CCRH Hqrs • Coordination with sub-centres • Capacity building of health care team • Monitoring and data compilation
<p>District level officers →</p> <p>↓</p>	<ul style="list-style-type: none"> • Connecting link between state health departments & CCRH centres
<p>Block level officers →</p>	<ul style="list-style-type: none"> • Coordination with PHC, sub-centres and CCRH centres • Capacity building of field workers • Monitoring of field workers

7.2 Screening team (as per RBSK)



Homoeopathy physician in mobile van →	<ul style="list-style-type: none">• Screening of children as per RBSK• Referral of children as RBSK• Identification of children who could be given homoeopathic treatment• Referral of children to child welfare clinics• Re-assessment of children referred for homoeopathy treatment
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7.3 Homoeopathic treatment team (Children referred for homoeopathy treatment) at CCRH centre, homoeopathic medical college, PHC



<p>Homoeopathy physician in Child Welfare Clinics at CCRH Centre, PHC, Medical colleges</p>	<ul style="list-style-type: none"> • Homoeopathy treatment for children for identified conditions • Data collection of children approaching for treatment • Stockist for medicine kits for ANM & ASHA
<p>ANM in PHC/Sub centre</p>	<ul style="list-style-type: none"> • First line treatment for minor complaints such as teething related complaints, in consultation with PHC physician • Data collection of children approaching for treatment • Referral of children to PHC/ homoeopathy treatment centres as required • Coordination Data acquisition from ASHAs
<p>ASHA</p>	<ul style="list-style-type: none"> • Health Promotion of healthy teething through provision of bio-chemics • Enable treatment compliance and follow up of children taking treatment from SC & PHC • Referral of children to PHC/ homoeopathy treatment centres as required • Compilation of data of children

7.4 Support services

AWW	→	<ul style="list-style-type: none">• Coordination with ASHA and ANM• Enable treatment compliance and follow up of children taking treatment from SC & PHC• Referral of children to PHC/ homoeopathy treatment centres as required
Medical Social Workers (MSW)	→	<ul style="list-style-type: none">• Coordination with CCRH centre, ANM ASHA and ANM• Communication with families, village panchayats on availability of treatment at sub centres, PHC, medical colleges, CCRH centres• Data Compilation

8. Coordination

The programs would be conducted in coordination with the existing framework of

1. National Health Mission, Ministry of Health & Family Welfare
2. Integrated Child Development Services (ICDS), Ministry of Women & Child Development AND

Coordination will also be sought from

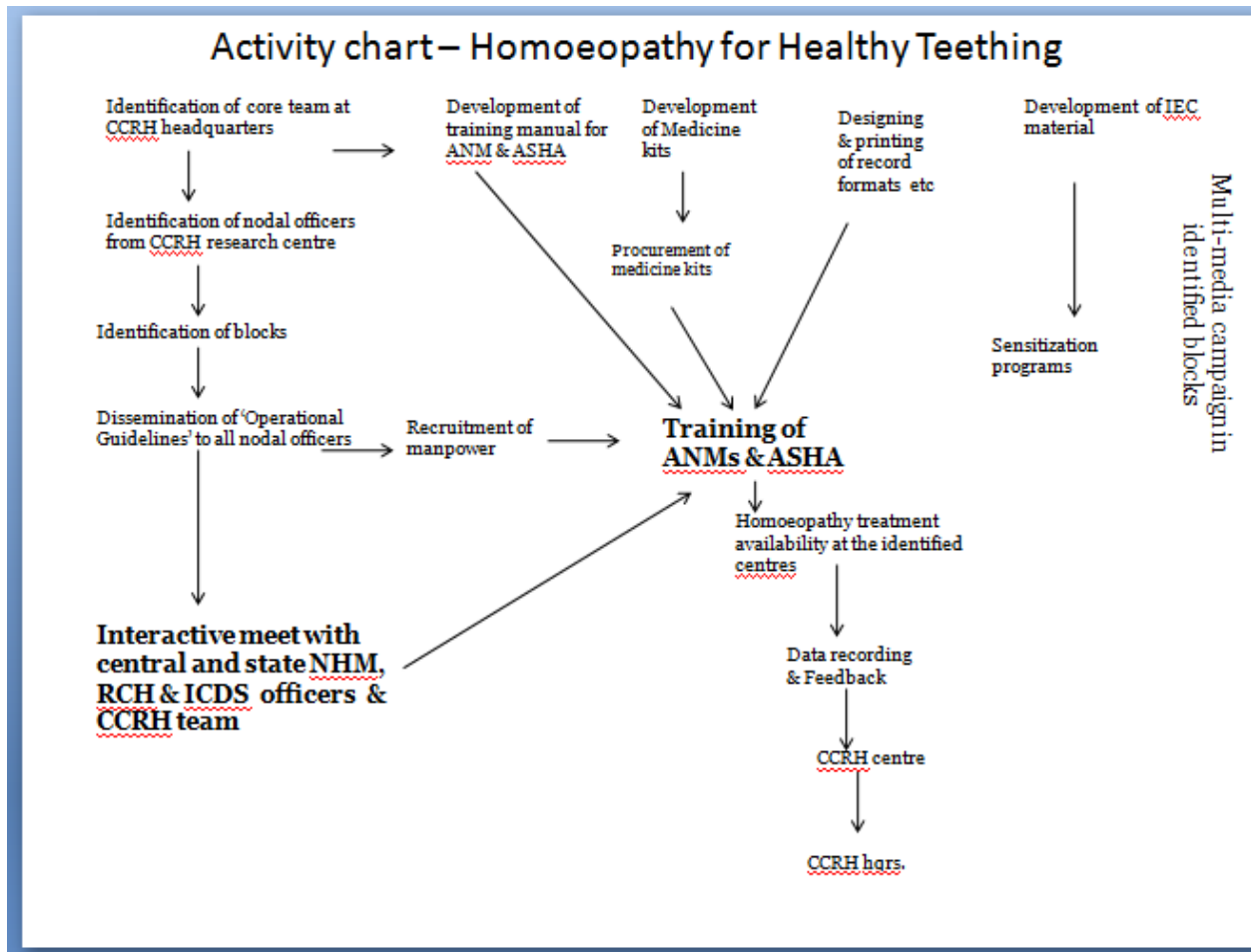
1. *Rashtriya Bal Swasthya Karyakram (RBSK)* in State
2. AYUSH/ISM&H/Homoeopathy directorates & Homoeopathy physicians posted in the PHCs
3. Reproductive, Maternal, Newborn, Child Health and Adolescent (RMNCH+A) Services, under the National Health Mission, Ministry of Health & Family Welfare
4. Homoeopathic medical colleges and primary health centres with homoeopathic physicians

9. ANTICIPATED OUTCOMES

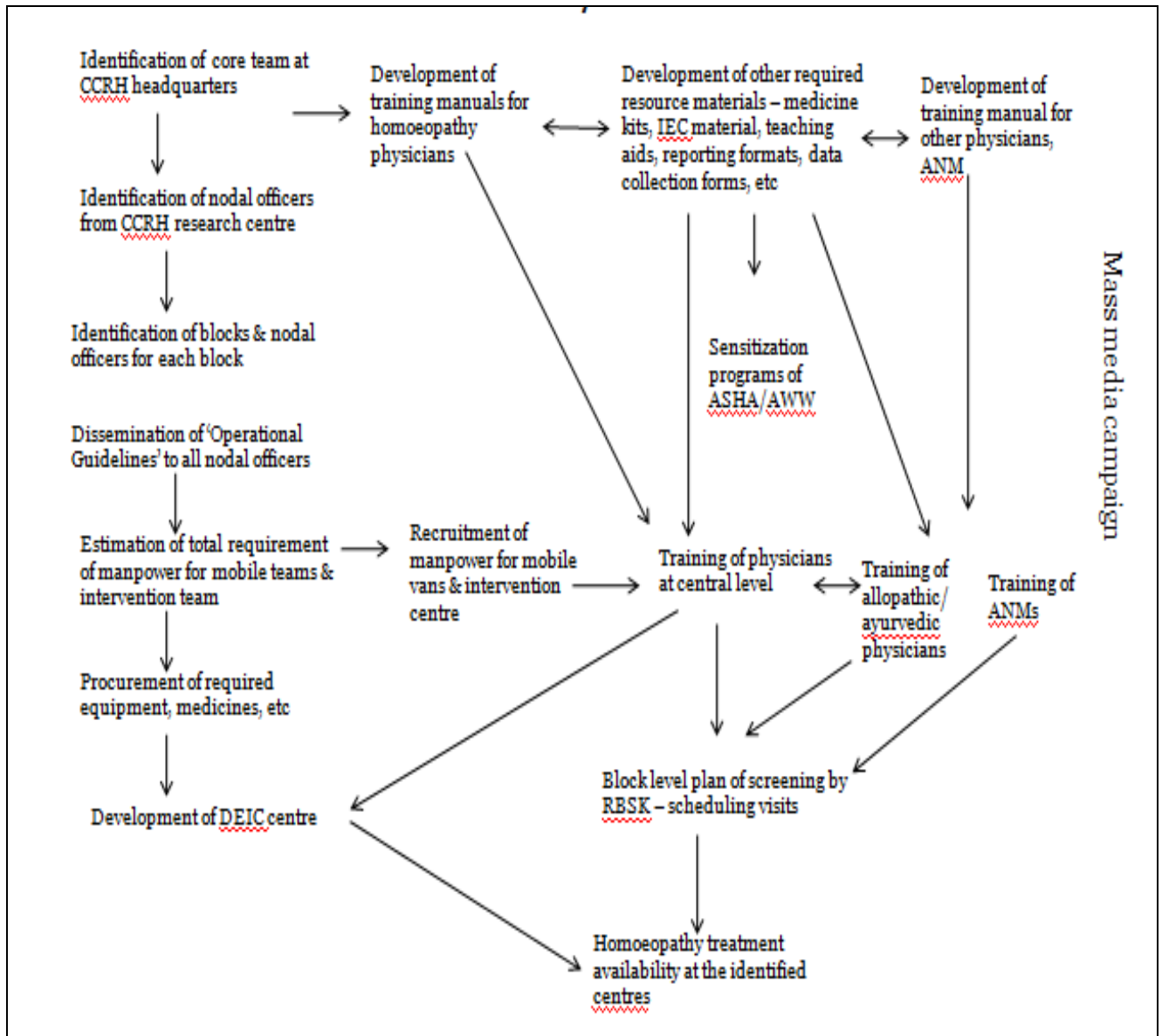
The proposed intervention apart from achieving the objectives of the RBSK will additionally result in:

1. Early identification & access to treatment for common childhood complaints where homoeopathy can be used safely
2. Sensitization among parents on care of children through homoeopathic treatment
3. Awareness in population about use of homoeopathy for complaints of children & adolescents
4. Overall reduction in morbidity in children

10 Activity Chart for Stage I



11 Activity Chart for Stage 2



I. Health Services

Institute/Units	Nodal Officer CCRH	Districts	Name of Block	Total population	No. of Households	Number of Children	Number of PHCs	Number of PHCs with Hom doctor	Number of ASHA	No. of ANM	Medical colleges in the block /nearest to the block (Homoeopathy)	Name & address of district hospital and distance approx. from block	
RRI(H), Mumbai	Dr. Ramesh Bawaskar	Palghar	Vikramgarh	135000		18120	3		207		Dr. Dhawale institute		
CRU(T), Gorakhpur	Dr. A.K. Gupta	Gorakhpur	Bhathat	194336	33283	33787	3	3(AP) + 1(PHC) under NRHM	115	22(P) + 2(C) = 24	NO		
			Chargawan	249015	42324	42816	4	1 at block (PHC) under NRHM	88	23(P) + 3(C) = 28	NO		
RRI(H) Guwahati	Dr. U.K. Prusty	Kamrup	Dhirenpara	135794		13579		CHC=1, MPHC=1, UHC=3, SC=1	1	76	26	01 in Kamrup Guwahati Medical College & hospital at Bhangagarh	
			Capital zone	231705		23170		PHC=1, SD=4, SC=6	2	202	NA		
RRI(H), Puri	Dr. AR Sahoo & Dr. Sadanand Sahoo	Cuttack	Nilai	132280	26383	12623			2	151	29	45 Km	City Hospital, Naya Sadak, Cuttack, 47 km
			Kantapada	80351	16566	6969			3	88	22	30 Km	City Hospital, Naya Sadak, Cuttack, 32 km
CRI(H) Noida	Dr. AK Vichitra	Goutam Budh Nagar	Bisrakh	511042	128000	87000	6		2	152	32	Bakson Hom. Medical College, Greater Noida	
			Dadri	251417	64557	50717	4		2	125	27	No	
CCRH Hqrs	Dr. Renu Mittal	Mayapuri Slum	Slum	50000	10000		1	1	6	2	BR Sur, Moti Bagh	Deen Dayal Upadhyay	
Total				1970940	321113	288781	33	18	1440	138			

II. ICDS

Institute /Units	Districts	Name of Block	No. of Aanganwadi centres	No. of Aanganwadi workers	No. of link Aanganwadi workers
RRI(H), Mumbai	Palghar	Vikramgarh	245	245	
CRU(T), Gorakhpur	Gorakhpur	Bhathat	161	161	
		Chargawan	187	187	
RRI(H) Guwahati	Kamrup	Dhirenpara	149	149	01 in each centre
		Capital zone	147	147	01 in each centre
RRI(H), Puri	Cuttack	Nilai	230	228	
		Kantapada	151	146	
CRI(H) Noida	Goutam Budh Nagar	Bisrakh	419	419	300
		Dadri	228	223	194
CCRH Hqrs	Mayapuri Slum	Slum	9	9	
Total			2008	1996	496

Homoeopathy for Healthy Child**COVERAGE**

Initially, this program is being undertaken on pilot basis in 10 blocks of 05 states as detailed below:

S. No.	State	Districts/Region identified	Blocks identified
1	Assam	Kamrup	Dhirenpara, Central Zone block
2	Delhi	New Delhi	Delhi Cantonment&Nangal Raya zone
3	Maharashtra	Palghar	Vikramgad
4	Odisha	Cuttack	Niali, Kantapada
5	Uttar Pradesh	GautamBudh Nagar	Bisrakh, Dadri
		Gorakhpur	Bhatahat, Chargwan

Implementation of the program in other areas

The program was initiated in November in Jadigenahalli Primary health centre covering 1 gram panchayat under Dr. Mathai's Rural Holistic Health Centre, Bangalore, which is a centre of excellence of Homoeopathy recommended by Ministry of AYUSH.

Homoeopathy for Healthy Child**ACTIVITIES UNDERTAKEN****STAGE 1: HEALTH PROMOTION DURING TEETHING****i. Training of ASHAs, ANMs, AWW and Doctors**

- ANM/ASHAs have been trained to promote healthy teething in children
- They are provided with a kit containing a biochemic and other homoeopathic medicines to manage dentition related complaints. The kit has 6 medicines namely, Calcarea phosphoricum 6X, Ferrum phosphoricum 3X, Magnesium phosphoricum 6X, Belladonna 30, Chamomilla 30 and Podophyllum 30. ANM and ASHA of the identified blocks have been trained to use this kit in consultation with homoeopathic doctors.
- Angadwadi Workers (AWW) have been sensitized to coordinate with the ASHAs for early identification of teething related complaints in children.
- Homoeopathic doctors in the blocks have also been sensitized to coordinate with the ASHAs/ANM for treatment of children.
- Number of training programs with ASHAs/ANMs, AWWs and the number of doctors sensitized are given below.

	Since inception of Program till August. 2016
Training programs	29
No. of ASHA/ANM trained	1303
No. of review programs	214
Sensitization meets with AWW	11
No of AWW sensitized	1324
Sensitization meets with doctors	04
No. of doctors sensitized	36

ii. Data of Enrolled children and reporting with episodes of diarrhoea, fever/URTI

- 50394 children have been enrolled
- Homoeopathic remedies are provided for healthy teething and for treatment of diarrhoea, fever, and upper respiratory tract infection. Data of the children enrolled till date with number of children suffering from Fever/URTI and Diarrhoea and responding to homoeopathic treatment is given in the table below.

	No. of Beneficiaries since inception of Program till August.2016
Children Enrolled	50,394
No. of children reporting with Diarrhea	4761
No. of children of Diarrhea responding to homoeopathic treatment	4393
No. of children reporting with Fever/URTI	6213
No. of children of Fever/URTI responding to homoeopathic treatment	5729

- Review meetings are held monthly at all the centres to collect the data of the children enrolled, followed up, children suffering from URTI/Fever, Diarrhoea, other complaints like colic, irritability etc. and the number of children responding to homoeopathic treatment amongst them.
- Monitoring visits are also conducted to get a feedback from the guardians of the children about the dentition complaints of their children and the difficulties being faced by the health workers, if any.

STAGE 2: INTEGRATION OF HOMOEOPATHY UNDER RBSK

- A training program of the doctors at 6 centers of CCRH has been held on Rashtriya Bal Swasthya Karyakram (RBSK) to undertake coordination activities for treatment of common ailments identified in children up to the age of 18 years. Linkages with local RBSK teams in the blocks are being established.
- A training manual for homoeopathic practitioners has been developed in managing and treating these 30 identified disease conditions under RBSK with homoeopathy.
- Child friendly Clinics are being established in centres where the program on “Homoeopathy for Healthy Child” is carried out. The clinics will provide homoeopathic treatment to children and the data of children approaching for treatment will be collected. Clinic has started functioning at DDPRCRI (H) Noida and is in pipeline at other centers.
