



NATIONAL AYUSH MISSION KERALA

VAYOMITRA

AYUSH GERIATRIC HEALTHCARE SERVICES



**STANDARD
OPERATING PROCEDURE**

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Standard Operating Procedure of

VAYOMITRA-

AYUSH Geriatric Healthcare

Services



National AYUSH Mission Kerala



National AYUSH Mission Kerala

Doc No.: PHP/04/HOM

Version No.: 1.0

SOP No.: 4/HOM

STANDARD OPERATING PROCEDURE FOR THE VAYOMITRA – AYUSH
GERIATRIC HEALTHCARE SERVICES.

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PREFACE

Aging is an inevitable process that brings both opportunities and challenges for individuals and societies. Kerala, being at the forefront of demographic transition in India, has witnessed a significant rise in the elderly population, necessitating a structured approach to geriatric care. The Vayomitra program is designed to address the unique healthcare and social needs of senior citizens through a comprehensive and sustainable model rooted in the AYUSH system of medicine.

The National AYUSH Mission Kerala envisions a healthcare framework that ensures the well-being, dignity, and active participation of the elderly in society. The Vayomitra program integrates traditional knowledge with modern healthcare strategies, focusing on preventive, promotive, and curative interventions to enhance the quality of life for senior citizens.

This Standard Operating Procedure (SOP) has been developed to provide clear guidelines for the uniform implementation of the Vayomitra program across the state. It serves as a reference document for program implementers, ensuring consistency in service delivery and monitoring. The SOP outlines the objectives, target population, implementation strategies, and organizational structure of the program, along with detailed provisions for health services, training, capacity building, and community engagement.

We acknowledge the collective efforts of healthcare professionals, policymakers, and community stakeholders in making this initiative a success. By promoting a holistic and inclusive approach to geriatric care, the Vayomitra program aims to create a supportive environment where senior citizens can lead a healthy, dignified, and fulfilling life.

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1. Purpose

This Standard Operating Procedure (SOP) aims to establish a consistent protocol for potential program implementers to effectively execute the Vayo Mitra program and monitor its activities uniformly across the State of Kerala.

2. Introduction

Population aging is a global phenomenon. Over time, the number and proportion of elderly people in every country in the world is increasing. Kerala is at an advanced stage of demographic change and healthcare compared to other Indian states. As per the 2011 census, India's old-age dependency ratio is 142. In 1961, Kerala had an elderly population of 5.1 percent, which was below the national figure of 5.6 percent. Since 1980, Kerala has outperformed other Indian states. While their proportion rose to 10.5 percent in 2001, the all-India average was only 7.5 percent. According to the 2011 census, it was 12.6 percent and is expected to increase to 23 percent by 2036. Currently, Kerala has 48,000 people above the age of 60 and 15% are above the age of 60, according to the 2018 census. 80 years old . Among the elderly in Kerala, women outnumber men. Most of them are widows.

Adult care in India is highly dependent on family and home support. The problems around them are becoming more and more common. First, the prevalence of chronic diseases such as mental illness and physical disability; Second, the elderly are isolated without physical and mental-emotional support for social reasons such as child migration; Third, abuse of vulnerability and property disputes of the elderly. Fourth, economic insecurity and inadequate health care increase the risks. The elderly often feel insecure and isolated, even if they live with their families. This is due to lifestyle changes, generation gaps, nuclear family, lack of financial security, property disputes and independence.

Elderly people are a valuable resource for societies and should be valued. The growth in the population of senior citizens has put economic stress on the state's working-age population. Due to the continuous increase in life expectancy, there is an increase in the population of senior citizens. Ensuring senior citizens lead a secure, dignified, and productive life is one of the responsibilities of the State. The National Policy on Older Persons (NPOP), 1999 inter-alia envisages State support to ensure the healthcare needs of older persons and the availability of services to improve the quality of their lives. Healthy aging refers to the postponement of or reduction in the undesired effects of aging. The goals of healthy aging are maintaining physical and

mental health, avoiding disorders, and remaining active and independent. Geriatrics is the branch of medicine that specializes in the care of older people, which often involves managing many disorders and problems at the same time. Geriatric medicine is concerned chiefly with caring for frail elderly people, especially when they become ill. AYUSH's geriatric care plan suggests preventive geriatrics for the elderly above 60, managing aging-related ailments, and reducing and preventing chronic NCD complications.

3. Objectives

- 3.1. To create awareness within the community on different aspects of aging and measures to reduce morbidity during old age.
- 3.2. To provide specialized and comprehensive AYUSH health care to senior citizens at various levels through the AYUSH health care delivery system.
- 3.3. To promote the value of healthy elderly persons and the need to maintain the Quality of Life in the community.

4. Target Group

Older population aged above 60 years across all districts in Kerala.

5. Implementation Strategy

- This program will be implemented at the panchayat level in each district.
- The Medical Officer of NPPMOMD is responsible for the activities of Vayomitra.
- The Vayomitra program consists of outreach activities only.
- Form a District Coordination Committee chaired by the District Medical Officer, and co-chaired by the District Program Manager, with the Head of the Institution of NPPMOMD unit being a member.
- The District Coordination Committee has the flexibility to decide the functioning of the Vayomitra program.
- Formation of Local Committees: Establish local Vayomitra committees in each panchayath, including representatives from the panchayath, local healthcare providers, and community members.
- Elderly Ayalkoottam (Neighbour Groups): Form neighbourhood groups for elderly individuals to foster social interaction and support with the help of Panchayat members. These groups can meet regularly for discussions, activities, and mutual assistance. Divide the Ayalkoottam members into A, B, and C. A – includes bedridden People, B – People who

only stay in homes, and C – Who are above 60 and mentally and physically active. The C group can give assistance to the A group and also give some relaxation to the B group.

- **Volunteer Programs:** Establish volunteer programs where younger community members can visit and spend time with the elderly, providing companionship and emotional support.
- **Refreshing Activities through Day Care Centres (Pakalveedu):** Organize various activities at the panchayat level at daycare centres, such as playing caroms, chess, reading magazines, watching television, arts and crafts, music sessions, storytelling, and cultural events to keep the elderly engaged and active.
- **Exercise and Yoga Sessions:** Conduct regular physical exercise and yoga sessions tailored to the elderly, promoting physical health and well-being.
- **Screening Camps:** Conduct Screening camps for NCDs and other prevailing diseases.
- **Preventive and Promotive Health Care Services:** Give awareness and education on adopting healthy lifestyles through regular physical exercise, balanced diet, and stress management to the elderly. preventive health strategies, educating the elderly on Dinacharya (Daily Care Regimen), Ritucharya (Seasonal Care Regimen), Sadvritta (Good Conduct), Yoga, and managing Adharaneeya Vagas (Non-suppressible natural urges) with the help of already existing Medical Officer and supporting staff.
- **Ensure that the living environment of the elderly is safe, comfortable, and conducive to health,** addressing factors such as ventilation, lighting, and hygiene with the help of a Medical Officer.
- **Sleep Hygiene:** Medical officers can educate the elderly on good sleep hygiene practices to ensure adequate and restful sleep, which is crucial for overall health.
- **Educational Campaigns:** Educational campaigns can be conducted under the leadership of a medical officer by targeting both the elderly and their family members on the importance of proper elderly care and their health management, providing comprehensive care for elderly parents, maintain open communication, ensure regular medical check-ups, and create a safe, comfortable living environment while encouraging healthy lifestyles and independence. Offer emotional support, involve them in decision-making, seek professional help when necessary to address their needs and promote their well-being, and encourage them to express their needs, concerns, and preferences.

Activities:

- **Health Education:** Health education is provided regarding healthy aging, the importance of physical exercise, healthy habits, and the reduction of mental stress through yoga.

- Domiciliary visits: Domiciliary visits for attention and care to home-bound / bedridden elderly persons and provide training to the family in looking after the disabled elderly persons.
- Referral for further investigations and treatment to higher centres/health programs as per need
- Conduct awareness sessions for the public during health and village sanitation day/camps.

Information, Education & Communication (IEC)

- Conduct health education programs using mass media, folk media, and other communication channels to reach out to the target community to promote the concept of healthy aging, the importance of physical exercise, healthy habits, and mental well-being.
- Camps for regular medical check-ups are proposed to be organized at various levels, where IEC activities are also specifically promoted.
- Eligible assistance will be provided for Medicines for Geriatric interventions, Capacity building of AYUSH manpower, and IEC activities.

6. Training and Capacity Building

- State and district-level training will be imparted to the AYUSH manpower using standard training modules.

8. Administrative Setup

STATE LEVEL	<ul style="list-style-type: none">• Chairperson: State Mission Director• Vice Chairperson: Director (ISM), Director(Homoeopathy)• Convenor: State Program Managers (ISM & Homoeopathy)
DISTRICT LEVEL	<ul style="list-style-type: none">• Chairperson: District Medical Officer(ISM & Homoeopathy)• Convenor: District Program Manager• Members: Head of Institution of hub unit of NPPMOMD
INSTITUTION LEVEL	<ul style="list-style-type: none">• Convenor: Head of the Institution• Member: Medical Officer (NPPMOMD)

Project Team:

- Consultant
- State Project Coordinator
- District Project Coordinator

Consultant: The Consultant oversees the state operation of the Vayomithra program. This includes developing and implementing policies and procedures, coordinating with the State government, and supporting the State Project Coordinators. The Consultant is also responsible for coordinating with the Capacity Building Officer in developing and implementing training programs, collecting and analyzing data, and preparing reports.

State Project Coordinator: Responsible for managing the overall activities of the Vayomithra program across the State. This includes developing and implementing training programs, collecting and analyzing data, preparing and consolidating state reports, and sending them to the State officer/office.

District Project Coordinator: Oversees the operation of Vayomithra in their respective districts. This includes developing and implementing local policies and procedures, supporting the Program Medical Officers in the district, and collecting and sending reports to State Project Coordinator.

9. List of equipment

The equipment of the NPPMOMD program shall be utilised for the Vayomithra program.

10. General Instructions:

- Maintain a clean, safe, and welcoming environment.
- Ensure a patient-centric approach in healthcare delivery.
- Respect patient privacy and confidentiality.
- Adhere to ethical and professional standards.
- Adhere to all relevant central and state policies.
- Comply with all relevant healthcare regulations and standards.
- Document all activities and submit monthly reports to DMO, DPM and Project Coordinator.

11. Registers to be Maintained:

- Outreach Activities Register
- Screening Camps Register
- Referral Register
- Medical camp register
- Awareness session register

13. Annexures

13.1. Annexure I

SCREENING FORM



VAYOMITRA SCREENING FORM

Date:	Venue:	Doctor in charge:
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Patient Information:

Name:	Age/Sex:	Socioeconomic status:
Address:	Phone number:	Occupation:

Presenting Complaint:

Past History:

(Comorbidities if any)

Treatment History:

Temperature:	BP:	Pulse rate:
Respiratory rate:	Pallor:	Icterus:
Cyanosis	Clubbing:	Oedema:

Investigations:

Provisional Diagnosis:

Prescription:

Advice:

Referral (Details):

13.2. Annexure II**Screening Camp Register**

Sl No.	Patient ID	Name	Age/Sex	APL/BPL	Provisional Diagnosis	Medicine	Referral

13.2. Annexure III**Medical Camp Register**

Sl No.	Patient ID	Name	Age/Sex	APL/BPL	Provisional Diagnosis	Medicine	Referral

13.3. Annexure III**Awareness class Register****Location:****Topic:**

Sl.No.	Name of Beneficiary	Age	Sex	APL/BPL

13.3. Annexure IV

Outreach Activity Register

Sl. No.	Date	Activity	Topic	Location	Number of Beneficiaries

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