

**MINUTES OF THE REGIONAL LEVEL WORKSHOP AND REVIEW  
MEETING OF NATIONAL AYUSH MISSION (NAM) HELD AT SHILLONG,  
MEGHALAYA ON 16.11.2017 & 17.11.2017**

A Regional level Workshop and Review Meeting of National AYUSH Mission (NAM) was held at Shillong, Meghalaya on 16.11.2017 & 17.11.2017 under the Chairmanship of Shri. Roshan Jaggi, Joint Secretary, Ministry of AYUSH.

All the States of the North East participated except the State of Tripura. The list of participants is at **Annexure-I**.

At the outset Dr. A. Raghu, Dy.Adv.(Ayur.) delivered the welcome address. He briefed about the Centrally Sponsored Scheme of National AYUSH Mission (NAM) along with its progress since its inception and also emphasized that the main motive of the workshop is to review the progress made by the NE states in the implementation of NAM and hurdles experienced by the States during its implementation so as to streamline the implementation of the Mission to achieve the desired outcome.

While delivering the inaugural address Joint Secretary, Shri Roshan Jaggi, mentioned that the main focus of National AYUSH Mission is to promote the AYUSH system of medicine in the States with the objective is to integrate the AYUSH System with existing health system and improve the accessibility of the AYUSH healthcare to the public. JS (RJ) highlighted that while implementation of the scheme the State Governments must focus more on outputs and outcome of the Mission. JS also mentioned that such type of workshops as well as interactions between the Ministry and the implementing institutions is providing an opportunity to know the bottlenecks and difficulties experienced during the implementation of the scheme. It is also important to identify the good practices of the States, which can be replicated in other States also. It is also suggested by JS that States have to prepare their State Annual Action Plan (SAAP) as per their felt need and forward to Ministry of AYUSH by February for the subsequent year so as to enable the Ministry for early approval of the Plan. He also mentioned about the need of strengthening of the institutions/Departments in the States as administrative setup with sufficient staffs in the States is very important for effective implementation of the scheme.

Shri Deep Narayan Pandey, APCCF, Rajasthan and member of the Committee during his address mentioned the strength of Ayurveda in prevention of non-communicable disease which is one of most burning health problem in India and the importance of quality medicinal plants for promotion of AYUSH healthcare. He highlighted that 70% of medicinal plants are wild in nature which are mostly organic and good quality. It is very important to ensure that clean and pure cultivation of medicinal plants as the remaining 30% of medicinal plants are sourced from cultivation. He mentioned that NE states are having the largest living pharmacopeia and that the region has a huge potential for generating revenue through export of the various medicinal plant. He

reiterated that States have to make their own innovations for achieving good results while implementing the Mission.

Dr. D. C. Katoch, Advisor (Ayurveda), Ministry of AYUSH in his presentation highlighted the issues and concerns of Quality Control of ASU & H Drugs in the North East States. He also emphasized the need of having qualified ASU Licensing authorities in all NE States. He suggested that composite AYUSH facilities may be created for NE States involving NE Council to facilitate effective program implementation and enforcement in respect of Drugs Manufacturing Unit and Common Drugs Testing Laboratory. Ms. Kavita Tyagi, Consultant, National Medicinal Plant Board (NMPB) made a brief presentation on Medicinal Plant component under NAM and the progress made by NE States in this regard.

Shri. Franklin L.Khobung, Director, Ministry of AYUSH in his presentation highlighted the rich biodiversity of the NE States and emphasized the importance of AYUSH sector in the region. He mentioned in detail the National AYUSH Mission (NAM) and its activities and the progress made by NE states under the Mission. The Director discussed the concern of the Ministry on the institutional capacity of the NE States for the effective implementation of the Mission. He highlighted the importance of achieving more Co-location of PHC, CHC & DH in convergence with NHM, setting up of 50 bedded AYUSH Hospital at all major Districts, creation of model AYUSH Educational Institutions and to create/strengthen Drug Enforcement Mechanism for ensuring availability of quality drugs. He also emphasised the importance of developing backward and forward linkages while promoting medicinal plants.

Officials of each NE States made their presentation highlighting the progress made by the State under National AYUSH Mission for their respective States giving a detail account on the administrative structure for implementation of NAM, progress of fund flow & utilization of grant, progress of 50 bedded integrated AYUSH Hospital, Vision of the State with respect to 2022 etc. A detail review meeting between the Ministry and the State Officials on the implementation of the Mission was an important part of the discussion that also include steps to be taken for improving the performance of the States.

### **Assam**

**Director (AYUSH), Assam** in her presentation discussed the progress made by the State under National AYUSH Mission highlighting the different activities of NAM. The Director also highlighted the best practices of Yoga Wellness Centre in Jail and also the implementation of AYUSH Gram in their State. She informed that the funds disbursed under the Mission are received from the treasury to the State AYUSH society within 3-4 months. Under co-located facilities there is shortage of AYUSH para-medics which is not supported under NHM and salary disparity of AYUSH

doctors deployed under NHM with that of their allopathic counterparts are the issues that need to be addressed. The State is yet to start the work regarding the 2 upto 50 bedded Hospital approved for Assam. The State is committed to expedite the implementation of the Mission and submit UCs in time. With regard to pending UCs under erstwhile Centrally Sponsored Scheme amounting to Rs.17.00 crore, the state representative informed that around Rs.10.00 Crore has been utilized and UC for same amount will be submitted shortly. In this regard, Dir (FLK) suggested that the State is required to pursue with Directorate, NHM for early submission of UC. The State was also requested to refund the grant in aid of erstwhile CSS to the Ministry which are still lying unused with the State.

#### **Arunachal Pradesh:**

**Dy. Director (AYUSH)** made the presentation and reflected the status of implementation of the Mission and informed that State Govt. has taken important steps for the promotion of AYUSH in the State and one such initiative has been the allocation of 150 Hect. of Land for establishment of Ayurvedic Pharmacy, College, DTL & for Cultivation of Medicinal plant. He also mentioned the need for enhancement of financial provisions for capital works owing to the geographical and connectivity problems in the NE states. State representative informed that resource pool allocation is very less for the State and there are difficulties in the implementation of scheme within the limited financial resource. He also mentioned that specific amount of NHM flexi pool is required to be fixed for mainstreaming of AYUSH activities. The State is willing to co-locate more AYUSH units in public health facilities subject to the condition that support of manpower has to be provided from NHM or NAM. The State representative informed that State Govt. has deployed regular manpower in majority of co-located AYUSH facilities at PHCs, CHCs and DHs. The State representative also informed that the file is under process for setting up a separate AYUSH Directorate and requested for assistance for this purpose. The State is committed to expedite the implementation of the Mission and submit UCs in time.

#### **Meghalaya:**

The State AYUSH Officer made presentation on the status of implementation of the Mission for Meghalaya. The State is yet to have a dedicated Directorate of AYUSH and presently a junior doctor has been given the responsibility to handle AYUSH. This has resulted in poor or no progress in the implementation of the Mission as well as other related works of AYUSH. The State representative could not satisfactorily explain the progress as well as utilization of grant under NAM Scheme. It was observed that Civil Work of 10 Bedded Integrated AYUSH Hospital, Bhoi Rymbong which was approved under the erstwhile CSS has been completed but the hospital is yet to be made functional. State representative informed that the State Government has initiated formation of District AYUSH Society for implementing the AYUSH

works. In this regard, it was suggested that at present, for the purpose of speedy implementation, the scheme may be implemented centrally at State level as seen in the other NE States till such time the State machinery is equipped for District level society. The State is committed to expedite the implementation of the Mission and submit UCs in time.

### **Manipur**

**Director (AYUSH), Minipur** made the presentation of the status of implementation of the Mission in the State. He informed that the PMU Staffs have been regularized and the post of Medical Superintendent has been created for 50 bedded integrated AYUSH Hospital. He also mentioned that 41 skeletal posts has been created to the proposed Homoeopathic medical college for the State of Manipur. Co-location facilities are well established in the State and the State is promoting AYUSH healthcare for addressing important public health issues. One such instance is being utilization of Homeopathy medicines for fighting with epidemic diseases. For all the major capital works such as 4 upto 50 bedded integrated AYUSH Hospital and one New Homoeopathy College, works have been started and is expected to be completed within 2 years. The State is taking necessary steps to fully complete the 50 bedded Hospital under the erstwhile CSS scheme. The State has sought support for mobile ambulance, separate special AYUSH OPD Clinic on special day basis and AYUSH OPD Services at Govt. Secretariat Office. The State representative expressed its desire to replace Chief Secretary as Chairman of the Governing Body with Hon'ble Health Minister of the State. Also enhancement in the no. of central nominated seats in the colleges from present 2 for Ayurveda and 2 for Homoeopathy was desired by the State. A Herbal Garden in Kangla Fort at Imphal was also requested. It was informed by the State representative that they are under process of launching of dedicated website for medicinal plants by the name of [www.smpb.manipur.gov.in](http://www.smpb.manipur.gov.in). The State is committed to expedite the implementation of the Mission and submit UCs in time.

### **Mizoram**

**Programme Manager(AYUSH)** made the presentation and informed that notification has been issued regarding formation of separate AYUSH Directorate. However, no dedicated director has been appointed in the absence of senior officers for the post. A Dy. Director level (AYUSH) has been given the responsibility of looking after AYUSH. The State Official also discussed that Standardization of different single and compound drug samples (Identity, Purity and Strength) as per API, HPI and AFI are being done in the State DTL. In this regard, Advisor (Ayurveda), Dr. D. C. Katoch informed that standardization of drug comes under the domain of Central Govt. not in the State Govt. Therefore, State Govt. is required to clarify this issue. The State has completed the 50 bedded AYUSH Hospital as assisted under the erstwhile CSS which has been made functional. The State is committed to speedy implementation and submission of UCs at the earliest.

## **Nagaland**

**State Programme Officer (AYUSH)** made the presentation and highlighted that separate Directorate is yet to be set up in the State. There are presently 5 regular AYUSH manpower available in the State (2 in Directorate and 3 in Hospital). It is important that a dedicated AYUSH Directorate has to be set up for the State. The State aims at setting up of one Homoeopathic or Ayurvedic College in the State with respect to vision 2022. UCs of the erstwhile CSS of Hospital & Dispensary has been liquidated. The State has completed 10 bedded Hospital under erstwhile CSS and 2 upto 50 bedded hospitals and one new Sowa Rigpa College have made significant progress and is expected to be completed within a year. The State is committed to expedite the implementation of the Mission and submit UCs in time.

## **Sikkim**

**State Programme Officer and Mission Director (NHM)** made the presentation and informed that the State is yet to set up a separate AYUSH Directorate. They are having 11 Homeopathy and 3 Ayurveda Doctors in the State. It is informed by the State representative that the file has been moved for dedicated AYUSH Cadre. The 10 bedded integrated AYUSH hospital as assisted under the erstwhile CSS has been completed and is functional also. The State is committed to expedite the implementation of the Mission and submit UCs in time.

## **Medicinal Plants Component of NAM**

The State Officials from Nagaland, Meghalaya and Mizoram made separate presentations on various activities undertaken under medicinal plants components. During the discussions of NMPB Officials and State Agencies on medicinal plants following points were emanated for consideration:-

- Joint Forest Management Committees (JFMCs) may also be involved for cultivation of Medicinal Plants.
- To develop region wise markets for medicinal plants and also to ensure buy-back intervention for farmers.
- To develop post-harvest techniques for sustainable harvesting.
- To develop the quality planting material through establishment of nurseries and maintain their quality.
- To develop the local Mandi/District Collection Centres (DCC)/Rural Collection Centres (RCC) for collection, sale and purchase of medicinal plants.
- To organise a national level workshop / seminar along with a buyer seller meet for the farmers, stakeholders, researcher / scientist, industry people (manufacturers) etc. at NE region
- To prepare a road map for medicinal plants component for future activities and to allocate adequate financial resources for this component.
- To establish processing units for value addition along with safe herbal chain.

- Awareness (BSM, training on GAP, seminars etc.) should be required among the farmers of North-East for cultivation of medicinal plants and post-harvest management.
- Certification is required for raw material of medicinal plants and products.
- To focus the availability of planting material, germplasm.

### **Best Practices(Himachal Pradesh)**

A presentation on best practices in the State of Himachal Pradesh was made by Director (Ayurveda), Himachal Pradesh. He highlighted following initiatives taken by the State of Himachal Pradesh for the development of AYUSH and promotion of AYUSH Healthcare;

- Himachal Pradesh has a separate Department for AYUSH with a separate Minister as well as Secretary and Director in charge of AYUSH.
- The State has a Separate Nodal Officers of AYUSH for 3 administrative region of the State.
- The State has Regional/State level stand-alone AYUSH facilities as well as District and lower level AYUSH Hospitals and Dispensaries.
- The State has successfully implemented innovative activities such as School Adoption Program for propagating AYUSH in school children.
- Setting up of AYUSH Park made with medicinal plants according to diseases prevalent in locality, Insect/Mosquito Repellant Plants and other Aromatic Plants.
- Ayurveda Spa therapist training.
- My Kitchen is my doctor – home remedy through Ayurveda.
- Regular capacity building of AYUSH doctors.
- Bal AYUSH Mela for promotion of healthy life style in children
- MINI HERBAL GARDEN to enhance the awareness about traditional usage of medicinal plants among the public for primary health care, at their door step.

### **Panel Discussion:**

Panel discussion chaired by JS(RJ) was held where deliberation on the vision for the NE States for the promotion of AYUSH and the step that are required to be taken to achieve the desired outcome. The panellists discussed the importance of strengthening of the administrative set up for the NE States and highlighted that States have to focus on dedicated administrative/ organizational structure for better implementation of the scheme. The panellist also raised concern that released funds are not properly utilized by the States in scheduled time period and funds are lying pending in various channels which is harmful for the progress of scheme. In the light of instructions given by the Department of Expenditure, GoI, NE States are required to furnish the report to Ministry of AYUSH on quartely basis in terms of physical and financial progress. The Panel also discussed on important issues such as the importance of proper planning

and mentioned that, States have to prioritise their requirements and make plan accordingly and ensure timely submission of SAAP so that Govt. of India can release the grant in aid on time. The Panel discussed on the importance of Solid infrastructure and Administrative set up at the State Level, commitment of leadership, Quality AYUSH education, and drug regulation, IEC etc. Also it is very important that AYUSH Doctors have to utilized the strength of medicine specially of Ayurveda for non-communicable diseases as AYUSH have huge strength in preventive and promotive aspect of healthcare. The Panel highlighted that NE states has rich biodiversity and medicinal plants and discussed the importance of emphasizing the promotion of cultivation, identification of dedicated area for cultivation of specific plants, marketing issue of medicinal plant etc. The Panel also discussed on the importance of shifting the focus towards research and development and the inter sector coordination to achieve better outcome.

Concluding the session J.S.(RJ) advised the NE states to focus on dedicated administrative structure for AYUSH and timely utilization of funds for the development of AYUSH sector. It was also re-iterated upon the importance of medicinal plants cultivation and adequate marketing linkages in NE states and thus states were advised to take advantage of the Central grant-in-aid under NAM to promote the said sector.

The regional workshop and review meeting ended with vote of thanks to the Chair.

## **Outcome of the Workshop & Review meeting**

Based on the deliberation and feedback received from State representatives, following points have been shortlisted for further follow up. During discussions various inadequacies and shortcomings have been observed in implementation of National AYUSH Mission (NAM) programme in NE States. Following recommendations are made for adoption by the respective States to optimize the performance level of the programme.

### **I) Administrative Setup:**

- The administrative setup in different States is heterogeneous and inadequate. Some states have separate AYUSH Department whereas in others it is part of Health Department. The administrative hierarchy is inadequate and chain of command is not clear in many cases. The State wise details are given in **Annexure-II**. The improper & incoherent administrative setup leads to lack of coordination between Central Ministry and the States. This is manifested in the form of poor absorptive capacity & lesser utilization of funds and inadequate monitoring & evaluation of the schemes by respective States thus reflecting on the quality of implementation of the programme. Strengthening of Administrative set up at State level and District level is of paramount importance. For the States of Sikkim, Tripura, Arunachal Pradesh, Meghalaya and Nagaland, the State Governments may take immediate steps for creation of a separate Directorate for AYUSH. Assam, Manipur and Mizoram have created a separate Directorate for AYUSH which need further strengthening.

### **II) Functioning of State AYUSH Mission Societies:**

For overseeing the functioning of NAM in each State, State AYUSH Societies have been constituted. The governing body of society is headed by **Chief Secretary** and its functions include the review of NAM implementation and sectoral coordination for promoting visibility of AYUSH for the benefit of public at large. The executive body of State AYUSH Society is headed by **Secretary Health, Family Welfare & AYUSH** Department and its functions include release of funds to implementing agency, Monitoring & Evaluation of scheme components sanctioned under State Annual Action Plan (SAAP), review of expenditure and implementation progress & coordination with Government of India.

In some of the States both Governing and Executive bodies have not been meeting regularly and thus functions delegated to these bodies are not being performed at the desired level. In almost all States, the release of budget to implementing agencies is not done timely & undue delay in releasing budget is resulting in various components/ activities of approved SAAP, remaining unimplemented / partially implemented and budget remains unspent.

**For example: in case of Assam Rs.2691.895 Lakhs, Manipur Rs.1271.50 Lakhs, Meghalaya Rs.1312.509 Lakhs, Mizoram Rs.132.236 Lakhs & in case of Sikkim Rs.1274.102 Lakhs are lying unspent in State AYUSH Society.**

The review of implementation of the approved activities of SAAP is not being held regularly and thus time bound implementation could not be ensured leading to delay in completion of the approved activities & parking of unutilized funds at different levels in the States. The reporting in the form of monthly, quarterly and annual physical and financial progress vis-a-vis the approved action plan to the Ministry is irregular. The State wise status of physical progress reports is enclosed at **Annexure-III**.

Submission of Utilization Certificate (including audited reports) by States to Ministry of AYUSH has been irregular despite regular reminder by Ministry of AYUSH. State wise position of pending UCs as on November, 2017 is as follows:

<b>State</b>	<b>UC Pending (Rs. In Lakhs)</b>
Assam	2079.487
Manipur	1055.614
Meghalaya	509.766
Mizoram	521.963
Sikkim	674.579
Nagaland	796.98
Arunachal Pradesh	628.689
Tripura	710.47

The Monitoring & Evaluation mechanism of works/ activities under NAM is poor and the monitoring and evaluation reports have not been received from State Governments. **Third party evaluation of works during the last 3 years is also required** to be taken up so as to have the feedback on output – outcome analysis and impact generated on ground vis-à-vis the objectives laid down under the Mission. It is pertinent to mention here that funds are provided to States for Monitoring & Evaluation activities and consultancy in SAAP. **The State AYUSH Societies are requested to make available the copy of minutes of meetings of Governing Body & Executive Body for record and reference of the Ministry of AYUSH.**

### **III) Medicinal Plant Component:**

The implementation status of medicinal plant component under NAM is poor and main reason behind is the lack of coordination between State AYUSH Society and implementing agency. In some States Medicinal Plant Board

(SMPB) and in other Horticulture Department are entrusted with the job of implementation of this component. Due to lack of coordination, annual plans from States are either not being received or received late thus affecting the implementation of the scheme. Such procedural difficulties have severe impact on the outcome since plantation is a seasonal activity. This needs to be streamlined so that there is a better synergy & coordination between the AYUSH Society and implementing agency.

Implementing agency needs to have good implementing framework at ground level to ensure coordination & synergy with growers / farmers. SMPBs / State Horticulture Departments lack the field level staff and thus visibility on ground is lacking. This aspect needs to be attended to with due priority so that Status of implementation of medicinal plant component could be improved. NE States have a huge potential of promoting of medicinal plant component and NAM has sufficient provisions in this regard.

#### **IV) State Programme Management Units (SPMUs):**

Under NAM, funds are provided to the States to set up SPMUs at the headquarter equipped with Management & Technical Professionals who can be employed on contract basis or through service providers so that the working of AYUSH headquarter is strengthened for better implementation of the Scheme.

Budgetary provision is also provided for computer linked software & hardware, training & capacity Building of staff as well as other administrative exigencies. It is a matter of concern that the State PMUs are not working effectively due to inadequate & unskilled manpower deployed at the SPMUs. This aspect needs to be addressed.

#### **V) Response to meetings convened by Ministry of AYUSH:**

The response to the meetings convened by the Ministry from time to time to deliberate upon different issues pertaining to the implementation and reviewing of the progress made including submission of utilization certificates has been poor for some States. No representative from Tripura State attended the review meeting despite repeated intimation and telephonic/ email contacts were made from the Ministry well before the scheduled date of meeting at Shillong. Representative from Meghalaya State who happened to be a junior level official could not explain the issues satisfactorily in the meeting including the justification on unspent balance of Rs.1312.509 Lakhs lying unutilized since last three years.

**State Principal Secretaries dealing with Health, FW & AYUSH Departments are advised to look into the matter so that senior officers who are at the helm of affairs and well versed with the matter attend the review meetings of the Ministry.**

## **VI) Allocation of State Share:**

For NE States 90% grant-in-aid is provided by Govt. of India and 10% State share is allocated by respective States under NAM. Some of States have not been allocating the adequate matching State share timely and this affects the implementation of the sanctioned component adversely (Details may be referred in **Annexure-IV** giving State wise position). This aspect needs to be addressed.

## **VII) Quality Control of ASU & H Drugs:**

To have assured supply of quality drugs, NAM has a component to establish AYUSH pharmacies & Drug- Laboratories and based on the proposals from the States, funds have been released. During review meeting it was found that some States constructed buildings and procured equipment to establish drug testing labs (DTL) but could not made the facility functional due to non-availability of qualified / trained manpower in these labs. Since, some states like Assam have their own labs. and are being supported under the Mission for strengthening the existing infrastructure(since opening of new labs / pharmacies requires new infrastructure and skilled manpower), it is desirable to have labs. / Pharmacies at regional level which would lead to better outcome.

During the detailed review of the grant in aid provided under NAM and corresponding progress made by NE states, the status as reported during the meeting is enclosed at **Annexure-IV**. Further, the pending UCs of erstwhile Centrally Sponsored Schemes were also discussed and that the States should work for early settlement of such unspent grant at the earliest. Also, it was discussed that the States shall expedite the process of submission of UCs at the earliest as there are explicit guidelines of Ministry of Finance to get UCs and audited reports duly certified by State Govt. with respect to the grant-in-aid released in previous year submitted to the Ministry before budget for next year is released.

## **VIII) Timely submission of State Annual Action Plan (SAAP)**

As per NAM guideline financial ceilings shall be conveyed by Ministry to respective States by end of December & States have to prepare and submit the Annual Action Plans to the Ministry by February. The discussion on SAAP shall be conducted by Mission Directorate in the month of March so the budget can be released by April. Earlier, due to delay in submission of SAAP by States, approval by Mission Directorate & subsequent release of funds gets delayed. **Thus it was decided that for 2018-19 State Annual Action Plans (SAAP) shall be submitted duly vetted by State Government with assurance of matching State share as per prescribed format of NAM guideline by end of February 2018, so that discussion on SAAP could be held during month of March 2018.**

### **IX) Submission of Annual physical & financial report:**

In order to enable the Ministry to effectively monitor the progress of the Mission activities, States shall submit physical and financial progress report with respect to approved activities of SAAP and released grant-in-aid on quarterly basis to the Ministry.

### **X) Miscellaneous Issues:**

- The NE States shall target achieving Co-location of AYUSH in all Public Health facilities(PHC, CHC, DH) to ensure access to AYUSH Healthcare for all as the NE States do not have sand-alone facilities and also creation of up to 50 bedded integrated AYUSH hospital in all major districts as a model AYUSH facilities.
- New AYUSH medical colleges in Sikkim, Manipur and Arunachal Pradesh shall be completed at the earliest which shall be strengthened to cater the demand of the North East Region as well as Establishment of Drug Testing Laboratory (DTL) and Pharmacies in Guwahati, Shillong and Manipur for the NE Region shall also be taken up.
- Owing to the need of streamlining the implementation procedure of Medicinal plants components of the Mission, it is recommended that the medicinal plants component of NAM may be implemented by the AYUSH Directorate. Also the States shall ensure setting up of Rural and Urban Mandies in every State for Medicinal Plants.
- Each State shall prepare a roadmap for the timely completion of the already approved activities especially capital works such as new Hospitals, Colleges, Pharmacies etc. and communicate it to the Ministry.

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