



REPORT

Mid-Term Evaluation of National AYUSH Mission (NAM)



सत्यमेव जयते

Government of India

Ministry of AYUSH



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(Dr Girija B Nanda)

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EXECUTIVE SUMMARY

1. Introduction

Ministry of AYUSH (MoA), Government of India launched National AYUSH Mission (NAM) as a Centrally Sponsored Scheme in financial year 2014-15 for implementation through States/UTs. The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthen AYUSH educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha, Unani & Homoeopathy (ASU&H) drugs and ensure sustainable availability of ASU & H raw materials by promotion of cultivation and post-harvest processing of medicinal plants.

The guidelines of NAM had mandated third party Mid-Term evaluation after two years of implementation of the scheme. The study was accordingly commissioned by the MoA in early 2017-18 and awarded to M/s Centre for Market Research & Social Development (CMSD), New Delhi. The initial scope defined as per the Terms of Reference and initial discussions with MoA was to cover a period from inception of the scheme upto 30th June 2016. The field work and study was conducted accordingly and findings discussed by CMSD with the senior officials of MoA. During these discussions, it was felt by officials of MoA that the usefulness and effectiveness of the study findings and recommendations would be greatly enhanced if the reference period could be increased and data and information be gathered for scheme's performance upto 31st March 2017 instead of 30th June 2016. Accordingly, CMSD was instructed by the senior officials of the Ministry of AYUSH. The sample was redesigned by CMSD and fieldwork done once again in all the 26 states/UTs of the country so as to capture information about programme implementation upto 31st March 2017 as per the requirement of the Ministry of AYUSH.

The evaluation study is aimed at comprehensive and in-depth impact assessment of four sub components namely: - AYUSH Services, AYUSH Educational Institutions, Quality Control of ASU&H Drugs and Medicinal Plants of the Centrally Sponsored Scheme 'National AYUSH Mission (NAM)' implemented by the Ministry of AYUSH w.e.f. September, 2014.

Both secondary and primary research were undertaken to generate required information. The quantitative data was collected from the target respondents under the study. The qualitative information was collected through in-depth interviews with the officials involved in implementation of the scheme. The sample size for each of the AYUSH unit/programme for each state was suggested by the MoA right at the outset of the study. The study has been conducted in two phases. Phase I (preliminary phase, for which report has already been submitted in July 2017) and Phase II (final study in detail; at the conclusion of which, this report is being submitted). The findings and recommendations of the mid-term evaluation of (the components of) NAM are summarized in the sections that follow.

2. Institutional and Governance issues

The implementation of NAM is governed at the Central level by the Central Programme Management Unit and at the state level by respective State Programme Management Units (SPMUs or PMUs in short). However, for the purpose of governance, the Mission at State level is governed and executed by a State AYUSH Mission Society. In order to strengthen the AYUSH infrastructure at Central as well as State levels, financial assistance for setting up of the Programme Management Units (PMUs) is being provided under NAM.

I) Utilisation of Funds from 2014-15 to 2016-17: The figures of utilisation have been obtained from each of the State AYUSH Society (SAS) and duly verified from the entries in the documents pertaining to accounts of the respective State AYUSH society. In many cases, especially for the financial year 2016-17, the figures of utilisation are not the finally audited figures but an aggregate of the expenditure entries that are intended to be considered for finalization at the level of the respective State AYUSH Societies. It is only these figures that are available and therefore, form the basis of the figures provided in this report.

The data given in the table of sanctioned and utilized amount under NAM suggests that Rs. 452.70 crores has been utilised against a released amount of Rs. 694.48 crores. It represents a utilisation percentage of 65.19% for the reference period and for the 24 sample states (As per the sample design for this study, out of the 26 States that were visited, two states, Maharashtra and Tripura were studied only for implementation of Medicinal Plants component of NAM and therefore, their overall figures of funds utilisation for NAM are not included). The amount of

funds released annually to the states as well as the percentage of funds utilisation has consistently shown an upward trend with each successive year of NAM implementation. It is likely that the shortfall observed in percentage of utilization of funds in the initial years maybe due to the time taken for stakeholders to learn about the details of the scheme and to establish mechanisms to implement and monitor the scheme. This process has taken some time to get established and therefore, till that happened, the actual implementation of the programme components on the ground has got delayed.

Three categories of states based on their funds utilisation performance

The analysis of the percentage of funds utilisation by the respective states and their categorization has been done in accordance with the criteria evolved in consultations with the senior officials of Ministry of AYUSH.

- a. **A Category States:** Those states which have utilised 75% or above of the funds received from Centre in the period 2014-15 to 2016-17
- b. **B Category States:** Those states which have utilised 40-74.9% of the funds received from Centre in the period 2014-15 to 2016-17
- c. **C Category States:** Those states which have utilised less than 40% of the funds received from Centre in the period 2014-15 to 2016-17

Category-wise classification of States

(NAM funds utilisation for the Period FY 2014-15 to FY 2016-17)

Category Label	Parameter (Percentage funds utilised with respect to funds released by the Central Government)	Number of States	Names of states with the particular category label
A Category	75% and above of the released funds are utilised	11	Haryana, Karnataka, Kerala, Madhya Pradesh (MP), Mizoram, Nagaland, Rajasthan, Sikkim, Tamilnadu (TN), Uttarakhand (UK), Uttar Pradesh (UP)

B Category	40%-74.9% of the released funds are utilised	7	Arunachal Pradesh, Gujarat, Himachal Pradesh (HP) Jammu & Kashmir (J&K), Puducherry, Telangana West Bengal
C Category	Less than 40% of the released funds are utilised	6	Andhra Pradesh (AP), Assam, Goa, Manipur, Odisha, Punjab
Total Sample States		24	

Some of the factors that contribute towards the relatively better performance of A category states can be summarized as follows:

- i) **Making unencumbered land available expeditiously** for construction of AYUSH facilities. The respective state governments of Mizoram, Nagaland and Sikkim have been able to provide land for the construction of Integrated Hospitals, OPDs, Drug Testing Laboratories in alignment with the release for funds from Ministry of AYUSH, Government of India. This has led to higher and timely utilisation of funds. Inauguration of 50 bedded integrated hospitals constructed with NAM funds has already been done at Thenzawl (Mizoram) and Noklak (Nagaland).
- ii) **Faster recruitment of AYUSH staff and filling of vacancies has led to improved performance** of A category states. The states which have been able to conclude recruitment of AYUSH personnel in required numbers have been able to perform better. Almost all the A category states have demonstrated the ability to complete the process of recruitment faster than the other states.
- iii) The A category states such as Mizoram, Nagaland, Kerala, Uttarakhand, Sikkim, Rajasthan and Madhya Pradesh have **focused on conducting significantly higher numbers of Free Clinic/Health Camps of AYUSH** systems for the general public. This may have led to an improvement in visibility and credibility of AYUSH system which might have resulted in greater demand of AYUSH services from public and therefore a higher funds utilisation.
- iv) **Staffing and functioning of Programme Management Units (PMUs) has been relatively better in A** category states as compared to the states in B and C categories. The better functioning and well-staffed PMUs may have contributed to better coordination and thereby faster implementation of NAM activities.

- v) **Having a separate Department of AYUSH at the state level helps make performance better:** States like Kerala, Rajasthan, and Haryana have a separate department of AYUSH as distinct from Department of Health and Family Welfare. It helps in channelizing the funds better for AYUSH activities.
- vi) **Appointment of separate Drug Controller for AYUSH in the state:** The appointment of separate drug controller for AYUSH in the state characterizes most of the A category states. It might be leading to availability of better quality AYUSH medicines in the state and better enforcement.

II) Reason for low utilisation of funds and low absorption capacity of State AYUSH Societies: Main reasons cited by the respective State AYUSH Societies for lower utilisation of funds are as follows:

- Delay in receipt of funds from the treasury of their respective state.
- Lumping of funds into large installments which are released very late into the financial year by Ministry of AYUSH which makes it difficult for the State AYUSH Society to approve and disburse it for the projects proposed for the same year.
- Delays caused because the process of procurement when carried out as per central guidelines with existing institutional mechanism at state level takes a long time.
- Lack of human resources, especially those who are formally qualified and experienced for project appraisal and management in general and that in the health sector in particular. There also is a lack of professionals in SASs who have formal qualification or are otherwise competent to handle marketing and communication. This limits the outreach and acceptability of the AYUSH initiatives among the targeted groups of individuals and organisations.
- Lack of infrastructure with SASs, especially in relation to computers and office equipment, leads to compromise in performance of the SASs.
- The State Governments often have other priorities and alternative uses of funds received from centre as NAM funds. This might be leading to funds diversion and resulting in delays in release of funds by State Governments to SASs for implementation of NAM.
- The coordination and communication between SMPBs and their respective SASs is poor in almost all the states barring a few exceptions like Telangana, AP and Rajasthan. Such a situation leads to poor and delayed implementation of Medicinal Plants Component of NAM because in the absence of appropriate and timely inputs from SMPBs, the SASs on

their own are not able to accord adequate importance to Medicinal Plants component in the state.

III) Speed of flow of funds : In order to analyse the speed of funds flow, the SASs were contacted and information of certain sample sanction letters were picked up randomly for three financial years, 2014-15, 2015-16 and 2016-17. The items mentioned in respective SAAPs were studied in combination with the information about the dates of fund transfer from one stage to another in the process starting from SAAP submission to funds disbursal to local units by SAS. Averages, maximum and minimum durations were recorded for each state in order to bring out the actual situation and identify bottlenecks.

Based on the sample of sanctions chosen from SASs for this exercise, the average time duration of release of instalment by MoA after the receipt of SAAP is 158 days for the country as a whole. The average time taken by SASs to complete the process of withdrawing the money from the respective state treasury is 187 days (or more than six months). The transactions that were observed showed that the minimum time taken from Central funds to reach the beneficiary unit is 158 days and the maximum is 490 days.

Transfer of installment of funds from State AYUSH Society to beneficiary units/beneficiaries takes anything between 30-100 days depending on the project and the state. The transfer of funds from SAS to nodal agency for Medicinal Plants takes almost similar time or even more, depending on the state. Once the SASs receives the funds from their respective State treasuries, they are able to disburse it to final beneficiary (if all processes are complied with) in an average period of 106 days and to SMPB in 125 days.

During 2016-17, the average of the time observed for all state AYUSH societies combined for receipt of first installment was 174 days and for second installment was 252 days (from beginning of financial year i.e. 1st April 2016). It is important to note that the time taken for receipt of funds has reduced significantly with respect to average time taken in 2014-15 and 2015-16 which is 251 days for receipt of first installment and 331 days for second installment. It is observed that even though the major part of the time is taken by transfer of funds from State

Treasury to State AYUSH Society due to procedural delays at State level, there also is some scope for expediting funds transfer from Centre to States.

IV) Adherence to procurement guidelines: Officials in all the State AYUSH Societies reported that they follow Central Procurement Guidelines despite local demands to deviate from the procedure to suit local requirements. A total of 17 out of 23 States reported that they followed only the central procurement guidelines for procurement of medicines and six states reported that they also comply with respective State Procurement Guidelines and rules in addition to following the Central Procurement Guidelines.

V) Awarding of Civil works: The delay in awarding civil works was cited by all the states and the delay sometime extended to as much as one year. The detailed procedures involved at each stage were often cited as the reason for the delay. The states which have a special designated agency for executing health infrastructure projects such as Telangana, Andhra Pradesh, and Karnataka are able to execute the civil construction projects relatively faster.

VI) Monitoring and review: Almost all the states have proposed their own version of monthly monitoring and review mechanism wherein, the field units are required to report on their performance parameters such as that related to patients, medicines, civil and other works in the specified formats. However, an actual enquiry about the reporting system suggested that the field units in most of the states are submitting their reports irregularly or in an incomplete manner. The problems that were cited at the state level were shortage of manpower that was skilled in proper reporting method, lack of motivation, non-prioritisation of reporting over operational responsibilities as well as lack of IT infrastructure, poor internet connectivity in the rural and remote locations, difficulty in recording Aadhar Card numbers at field unit level, etc. It is pertinent to note here that the irregularity in data submission and lack of completeness in data submitted may be affecting the NAM implementation adversely. There are only 12 State AYUSH Societies which reported that the monthly reports were being received regularly and completely.

VII) Submission of Utilisation Certificates (UCs): The performance of the State AYUSH Societies in submitting UCs has a scope for improvement. In the past, most of the State

AYUSH Societies were unable to submit UCs in a timely manner. The submission of UCs has improved significantly in 2016-17 due to facilitating as well as close monitoring actions taken by the Ministry of AYUSH in 2016-17. There still are 13 states who have not submitted any UC so far. Among the states which had submitted the UC, many reported that the acceptance of the UCs by Ministry of AYUSH (MoA) remained to be concluded. This issue needs sustained attention and intervention from Ministry of AYUSH. It was discovered during fieldwork that there is a very limited in-house competence and skill available with State AYUSH Societies for preparation of UCs. Many SASs have outsourced this responsibility to the CAs. During the survey, we found many instances of lack of ownership for submission of UCs within the State AYUSH Societies.

VIII) Programme Management Unit: The PMU was not found to be functional in Maharashtra as of March 2017. There are 12 states reporting staff strength of 1-3 members and 4 states reporting staff strength of more than 6 members. There are 17 SPMUs where State Programme Manager is in place.

IX) NAM programme has been slow in picking up momentum: Due to the delay in receipt of funds by the State AYUSH Societies in most states/UTs, there has been a delay in implementing different components of NAM. The performance has improved significantly in 2016-17 as far as the ground level progress is concerned. The backlog of low fund utilisation in earlier periods is getting cleared now with the support under NAM reaching AYUSH Units and the beneficiaries and delivering the benefits. It is likely that with the guidance of MoA, the capacity of the states for implementing NAM has improved in 2016-17 as compared to earlier years.

X) Difficulty in recruiting and deputing suitable human resources: States/UTs are finding it a challenge to recruit human talent especially those who have formal qualification, competence and experience in project management, social marketing, information, education and communication. In almost all the cases, the progress of NAM has been hampered due to absence of qualified professionals.

3. AYUSH Services

Co-location of AYUSH facilities with the units that deliver Allopathic system: Many reports about healthcare delivery system in India have maintained the view that India's current healthcare system is not sustainable for its 1.25 billion population. An estimated 600 million people in India, many in rural locations, have little or no access to good quality healthcare at affordable cost. India also faces a critical shortage of trained health professionals such as doctors, nurses, and allied healthcare workers. The National Policy on Indian Medicine Systems and Homeopathy-2002 envisaged integration of traditional systems of Medicines practiced in India with modern system of medicine and into healthcare delivery. The government is also considering a holistic healthcare system that is universally accessible, affordable, and which dramatically reduces out-of-pocket health expenditures. National Health Mission (NHM), the bedrock of India's healthcare delivery system, seeks to provide accessible, affordable and quality healthcare to every Indian. It is towards this end that integration of traditional systems of medicine (represented by AYUSH) with modern system and thereby into the healthcare delivery system is implemented.

National AYUSH Mission has several components which are aimed at promoting improved accessibility of affordable, quality healthcare as well as medical pluralism by integrating AYUSH into the state health services system and mainstreaming of AYUSH with allopathy. It has been envisaged primarily by co-locating AYUSH services like AYUSH OPD in PHCs, AYUSH IPD in CHCs and AYUSH wing in District Hospitals. Towards this end, the personnel of AYUSH are often utilised for National Health Mission (NHM) activities as well as for involvement in Crosspathy/Cross referrals at the health facilities.

Under the National Health Mission (NHM), financial and technical support is provided to States/UTs for strengthening their healthcare systems, including for mainstreaming of AYUSH, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). Similarly, under National AYUSH Mission (NAM) financial support is provided to States/UTs for better access to AYUSH services through co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals

(DHs), upgradation of the exclusive AYUSH hospitals and dispensaries as per the requirement projected by them in their State Annual Action Plans (SAAPs).

i) Co-located OPD in PHC: Out of a universe of 1794 PHCs which were planned (as per respective SAAPs) to receive recurring funds for co-located AYUSH OPD, 449 PHCs (existing and proposed) were visited by the survey teams and out of 25 PHCs, which were planned to receive non-recurring funds for collocated OPD, 7 OPDs (existing and proposed) were visited during the fieldwork. During the survey it was observed that in many states, most of the PHCs share the facilities between AYUSH and Allopathy. Non-sharing of the facility is an exception. It is common in many states to use the AYUSH manpower for NHM activities.

In one month cycle, the number of patients who came for the AYUSH treatment and the patients cured remain highest in the Rajasthan, followed by Punjab. In the reporting OPDs, none of the patients in Haryana, Himachal Pradesh and Uttarakhand discontinued the AYUSH treatment while the state of Punjab has the highest number of patients who are continuing the AYUSH medication. Nearly 60% of the AYUSH OPD patients received relief within a reasonable time.

ii) Co-located IPD in CHC: Out of a universe of 521 CHCs which were planned (as per respective SAAPs) to receive recurring funds for co-located AYUSH IPDs, 131 CHCs spread over 12 states were visited by the survey teams and out of 25 CHCs which were planned to receive non-recurring funds for co-located IPDs, 7 CHCs in three states were visited during the fieldwork. The common diseases treated in IPDs of CHCs are Arthritis, diabetes, hypertension, chronic nervous disorder, joint pain, gas, geriatric issues, rheumatic disorders, gastric disorders, skin infections. Among the special cases attended to, it was reported that special diseases such as Autism, Mental Retarded, Hemipleg, Bell Palsy, CP Child, Renal calculus, fatty liver were treated with AYUSH. On a monthly basis, the states reported that about 60% of the patients were cured in AYUSH IPDs.

It was observed in all the sample states except four states (Manipur, Haryana, Punjab and Uttarakhand) that most of the AYUSH IPDs in CHCs were functional and their condition was good. In the four states mentioned, there were more than 40% IPDs where there was scope for improvement. The behaviour of Staff in almost all the cases was good as endorsed by the

patients who were interviewed. It was also noticed that there was significant level of interaction between AYUSH Doctors and Head of Allopathy section.

It was observed that in majority of IPDs, cleanliness & hygiene in AYUSH IPDs was good. Separate section for male & female were not seen in most of the IPDs in CHCs and Panchkarma facility was yet to start in most of the visited CHC-IPD centers. It was observed that, in most of the IPDs (74%) there is no separate dispensary and the counter for AYUSH medicines is in the same dispensary as that for Allopathy. AYUSH doctors received their salary from NHM.

During the interaction with the patients in the hospital, it was observed that AYUSH Doctors were present regularly in the hospital. A separate signage for AYUSH section in CHCs was also observed in almost all the functional IPDs in CHCs.

iii) Co-located AYUSH wing in district hospital: Out of a universe of 320 AYUSH Wings in District Hospitals (DHs) which were planned (as per respective SAAPs) to receive recurring funds, 80 AYUSH wings were visited by the survey teams and out of 10 AYUSH Wings, which were planned to receive non-recurring funds for co-location with DHs, 5 AYUSH Wings were visited during the fieldwork.

Training has been conducted for certain staff. Haryana and Sikkim conducted training of Medical Officers on ‘Mainstreaming of AYUSH’. Sikkim conducted ‘Skilled Birth Attendant’ programme. Other training programmes conducted by states include Haryana (Panchkarma, General awareness, public outreach, and school health programme), Sikkim (NLEP, NPCDCS, and SMHA), Mizoram (Training of Medical officers on IUCD 2015) and Madhya Pradesh (Homeopathy software and I.H.M.S.).

Utilisation of AYUSH personnel for NHM activities: AYUSH personnel are regularly utilised for NHM activities in all states. The School Health Programme, the Immunization programme, Village Health Nutrition Day (VHND) are all assisted by AYUSH personnel. Apart from these roles, the AYUSH personnel are used in the role of sector medical officer, Polio Programme, SMHA and Family Planning & Yoga Camps in various states. There were also many instances reported (could not be verified through observation) where AYUSH Medical officers were

utilised for routine administrative activities rather than healthcare activities by Medical officer/ Incharge of the health unit where AYUSH facility was colocated.

Salient Observations related to Colocation of AYUSH facilities: It was observed during the pan-India fieldwork that, the strategy of Colocation of AYUSH facilities with Allopathy has helped AYUSH system to gain a certain degree of visibility among public in general and patients in particular. However, the current provisions and guidelines of the system of Health Delivery in the country tend to suggest significant primacy of Allopathic system over the AYUSH system, even in the colocated units. Due to this implied primacy of Allopathic system, it was observed that the AYUSH system very often gets perceived as inferior and a very limited option to Allopathy in the colocated units.

There is no distinct cadre for personnel associated with AYUSH system. Due to this gap, all the AYUSH personnel in colocated units have to report to the Unit Head/Incharge, who invariably happens to be a doctor from the allopathic system. Since the head of the Unit is trained solely in allopathic system of health delivery, he often has low awareness of the importance and requirements of the AYUSH system. Moreover, the parameters used to assess his performance do not place any demands on him to grant adequate importance to AYUSH system and personnel. They very often tend to treat AYUSH personnel including doctors as weak subordinates. The personnel trained to deliver AYUSH system of health services at the colocated units are very often deployed by Unit Incharge for administrative activities and not for providing health and medical care through AYUSH system.

As per the current provisions, the salaries and remuneration of personnel associated with AYUSH system are lower than those of corresponding personnel trained in allopathic system. These salaries are provided from the budgetary resources of National Health Mission rather than from the National AYUSH Mission. There is no arrangement for providing government residential accommodation for AYUSH doctors even if they are posted at remote colocated Units. Such a predominance of Allopathic system leads to the dilution of the impact of National AYUSH Mission in promoting AYUSH system as a comparable option.

Kerala is the only state which has implemented delivery of AYUSH health services without relying on colocation of AYUSH with Allopathy. The state has opted only for numerical

expansion and upgradation of standalone AYUSH units. This strategy has been successful in Kerala because of two contextual characteristics that are unique to Kerala. One, a relatively more educated and evolved health services recipient as compared to other states and two, a long tradition of Yoga, Ayurveda, Siddha, Naturopathy and Homeopathy. Such unique contextual conditions are not prevalent in any of the other states of India.

Mechanisms other than Colocation of AYUSH services:

In addition to the co-location in PHCs, CHCs and District Hospitals (DHs), there also are initiatives which promote independent existence and expansion of AYUSH services. Such initiatives involve upgradation of AYUSH hospitals, upgradation of AYUSH dispensaries and supply of genuine and good quality AYUSH medicines to dispensaries and other health establishments. The range of initiatives under the head of ‘AYUSH Services’ is meant to work in tandem and create a positive image of an effective system of healthcare in the minds of intended individuals so that they willingly exercise their healthcare choice when the need so arises.

iv) Upgradation of Standalone AYUSH hospital: Out of a universe of 361 Upgraded AYUSH Hospitals which were planned (as per respective SAAPs) to receive recurring funds, 91 Upgraded AYUSH Hospitals were visited by the survey teams and out of 57 upgraded AYUSH hospitals which were planned to receive non-recurring funds 15 upgraded AYUSH hospitals were visited during the fieldwork. These were spread over 10 states/UTs. The success rate of sample upgraded AYUSH hospitals in terms of patients cured is 68.01%, 27.85% of the patients were continuing their treatment and 4.09% patients had dropped out. On the average monthly basis, the report from Gujarat indicates that highest, that is 75% of the patients were cured.

v) Upgradation of Standalone AYUSH dispensaries: Out of a universe of 6082 Upgraded AYUSH dispensaries which were planned (as per respective SAAPs) to receive recurring funds, 1521 Upgraded AYUSH dispensaries were visited by the survey teams and out of 915 upgraded AYUSH dispensaries which were planned to receive non-recurring funds 229 upgraded AYUSH dispensaries were visited during the fieldwork. These were spread over 12 states/UTs. The overall success rate of AYUSH treatment was 57% whereas the balance

continue their treatment barring a small number, who dropped out. Out of the sampled states, the dispensary in Kerala happened to have maximum number of patients coming in for AYUSH medication followed by those in Rajasthan and Telangana.

vi) Supply of essential drugs at AYUSH hospitals and AYUSH dispensaries: Out of a universe of 1193 AYUSH hospitals and 13601 AYUSH dispensaries which have had assistance under NAM for purchase of essential drugs, 42 hospitals and 312 dispensaries have been sampled and contacted during the fieldwork in consultation with respective AYUSH societies which had proposed these (as per respective SAAPs) to receive NAM funds for essential drugs purchase. These were spread over 14 states/UTs.

vii) Positive impact of AYUSH facilities as stated by the stakeholders: Some amount of awareness among public about preventive health practices and instances of treatment of chronic diseases through AYUSH were mentioned by the officials in the states where AYUSH OPDs, IPDs, and AYUSH Wings have been colocated. It was observed during the fieldwork that the colocated AYUSH facility is specially preferred by women and the elderly. Women also bring children for treatment.

viii) Scope of AYUSH services varies from state to state: The current implementation of AYUSH services has been conceived as colocation, upgradation and supply of essential drugs in the NAM guidelines. However, Kerala is the only state where colocation has not been done and the focus has been on standalone AYUSH facilities/ health units. It has led to mixed outcomes, some positive (increased visibility, improved usage of AYUSH facilities and manpower) and some not so positive (less than optimal access, narrow base of patients limited mostly to women and the elderly).

4. Findings regarding 50 bedded integrated AYUSH Hospital component

i) Difficulty in site identification and notification for land acquisition: The data gathered during fieldwork makes it evident that except for Nagaland (where one hospital is constructed in Nokhlak), this component of the scheme has picked up only in recent months for the other states. In almost all the cases, the progress of this component was

hampered right at the first step comprising identification of the site and followed by land notification and acquisition related issues. In almost all the cases, the announcement of establishment of hospital as well as its inclusion in SAAP proposals has been done without having clarity about the exact location of the hospital. This has led to a situation where financial approval, allocation and disbursement of funds from MoA has materialized but, the expected physical progress is yet to take place.

- ii) **Delay by the State Governments in tendering and awarding of contract:** In the few states, where the hospital projects have progressed beyond site selection and DPR, there have been instances of prolonged delays in issuing of Tender notices, evaluation of tenders and awarding of the contracts. States such as West Bengal and Sikkim have experienced delays such as these at the State level.
- iii) **Delay by the State Governments in notifying the posts of the doctors and other staff for the AYUSH hospitals:** There has been little progress in the states approving and notifying the posts of the doctors and staff for the proposed AYUSH hospital. This has also led to poor utilisation of funds provided for this component.

5. Findings regarding Public Health Outreach component

There were 20 states that were visited by the fieldwork team for collecting first hand data about Public Outreach component since the other states had not been sanctioned any funds for this component. Receipt of funds under NAM for Public Health Outreach has been reported by nine states. Deducing from the data, the first year (2014-2015) shows the highest amount of utilization of grants with Rs. 86.95 lakhs. There is a constant decrease in the amount of utilization in the succeeding years with Rs. 41.50 lakhs in the second year and Rs. 27.15 Lakhs in the third year. Rajasthan, Madhya Pradesh, Nagaland and Andhra Pradesh have negligible or low activity under this NAM component. Public Health Outreach activities, wherever carried out, have been reportedly induced positive outcomes such as creating awareness among people on maintenance of health, treatment of diseases, and promotion of health, and have also made people aware of locally available medicinal plants and home remedies. It has been extended to various initiatives like the development of more community leaders working for the system, particularly reported in

the state of Sikkim. The interest of people towards AYUSH was drawn through IEC materials and camps held at various places in various states. Moreover, another notable advance in regards to decrease in disease burden was reported. Kerala reported its success of no dengue cases status in 2015-16 after the intervention of the scheme and Himachal Pradesh has reported decrease in disease burden. Most states have revealed that AWWs, ANMs, ASHA and Village Health Workers were involved in the programme.

Scope of Public Health Outreach is unclear and non-standard: It was observed during the fieldwork that the current scope of what should or should not be included in this component has not been specified and leaves room for different interpretations.

6. Findings regarding Behaviour Change Communication (BCC) component

Out of the 24 States/UTs, where funds for BCC were approved at any time during three financial years 2014-15, 2015-16, 2016-17, data was collected first hand from 15 States. Among the 15 sample states surveyed as per the TOR, nine states are reported to have taken up Behaviour Change Communication (BCC) in the period under study. Out of the total states which reported to have used at least one strategy, print media including pamphlets, booklets & leaflets is seen to be the most common strategy as adopted by nine states.

The implementation of this component lacks pan India standardization and is open to personal interpretation of the officers in charge who often are not experts in media and communication. In almost all the cases, the progress of this component has been hampered due to the absence of any ‘communication’ specialist/professional/expert in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also leads to poor design of communication mix.

7. Findings regarding AYUSH Gram component

The activities of AYUSH Gram as reported in the three states have included screening. The highest number of people screened is 25000, which is in Kerala. Recommendation of home remedies during the activities, involvement of ASHA workers, ANMs, AWWs were reported in the states of Kerala and Telangana, while Mizoram reported otherwise. All the three states involved NGOs in the activities undertaken as part of AYUSH Gram component.

Difficulty in identification and notification of villages for AYUSH Gram: The data gathered makes it evident that this component of the scheme has picked up only in the last few months of Financial Year 2016-17. Except for some developments in Kerala, Mizoram and Telangana from among the surveyed states, the activity regarding establishment of the AYUSH Gram in all the other states has been very slow. When the reasons for the delay and relatively slow progress were investigated, it was found that in almost all the cases, the progress of this component was hampered because of lack of clarity about norms and criteria for identification of the villages for AYUSH Gram intervention. In almost all the cases, announcement of establishment of AYUSH Gram in the respective states as well as inclusion in SAAP proposals has been done without having clarity about the criteria to be used for location of the AYUSH Gram within the state as well as agreement with the respective village community/leadership. This has led to a situation where financial approval, allocation and disbursement of funds from MoA has happened but, the physical progress of the work at the ground level has lagged behind in the states.

Positive impact of AYUSH Gram as stated by the stakeholders: In Telangana, the farmers of the targeted villages had no interest in Yoga prior to AYUSH Gram intervention. However, with the help of NGOs and school teachers, AYUSH personnel have been able to motivate them towards AYUSH system, Awareness of AYUSH programme has been created and those who have benefitted have spread the word in other villages about the AYUSH and Yoga camps. In Kerala, the programme has created and informed people about the system and there has been mass participation in promotion of AYUSH system.

AYUSH Gram Component faces certain challenges: Some of the administrative guidelines specified in the NAM framework are in conflict/at variance with the guidelines issued by the State Governments for this component. This creates confusion and delays in implementation right from the initial stages. The nodal officers have not received any specific training for implementing this component and there is lack of continuity and stability in terms of availability of qualified AYUSH medical officers in the areas for leading this component.

Definition of AYUSH Gram is unclear and non-standard: The current definition of AYUSH Grams is open-ended and leaves room for different interpretations. This leads to confusion and

disputes during choice of candidate villages as well as determining the mix of interventions that can be /should be implemented in the villages once chosen.

8. Findings regarding School Health Programme component

There were 10 states that were visited to check School Health Programme. From the states that were surveyed, there are three states reporting utilisation of grant received for School Health programme (SHP), these are Sikkim, Manipur and Gujarat.

Difficulty in recruiting and deputing suitable person: In almost all the cases, the progress of this component has been hampered due to the absence of any ‘School Health Programme’ specialist/professional/expert in the AYUSH implementation machinery. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017. The officers in the State AYUSH Societies have not received any specific training for implementing this component and that may be leading to poor utilisation of resources and lack of effectiveness.

Scope of School Health Programme is unclear and non-standard: The current scope of what should or should not be included in this component has not been specified very clearly and it leaves room for vastly different interpretations. This may be leading to dilution of impact.

Delays in appointment of Nodal officers: The identification and deployment of nodal officers is delayed in all the states. This is hampering the implementation of the programme.

9. Findings regarding Wellness Centre component

Out of the data from the states shown above, there were 18 states that were visited by the fieldwork team for collecting data. From the states that we surveyed, there are twelve states reporting receipt of funds under the component of wellness center. Four out of 12 states reported that new OPD was constructed for wellness center while eight states reported that an existing OPD was changed for wellness center. From the states that we surveyed, there are seven states reporting that they have facility of Yoga hall. Beside yoga hall, the old age care was found in Himachal Pradesh & Pondicherry states/UTs respectively.

Positive impact of Wellness centres as stated by the stakeholders: Some amount of awareness about preventive health practices through AYUSH were claimed by the officials in the states where implementation of this component has taken place.

Scope of Wellness centres is non-standard: The current scope of what should or should not be included in this component has not been clearly specified and it leaves room for different interpretations by different officials. This might be leading to inconsistency of impact across different states.

10. Findings regarding Quality Improvement component

During the course of the fieldwork there were 12 states from where the survey team obtained responses about the State AYUSH Drug Controller's office. In the other states in our list, there was no separate Drug Controller assigned for AYUSH system. There are Nine out of 12 states where 'Certificate of pharmaceutical products' is granted to eligible pharmacies. 'Unit WHO GMP practice' and 'Free sale certificate' are the other two common certificates that are offered by five states in each case. There are certain certificates which are offered only in one state each.

i) Absence of Government Analyst and inadequate number of Drug inspectors in ASU&H

Drug control framework: As per the provisions of the Drug and Cosmetics Act 1940, Government has to appoint Government Analysts and Drug inspectors for controlling the process and product quality of ASU&H drugs and to enforce quality standards in the state. Our fieldwork indicated that this has not been done in most states. There is a shortage in numbers of drug inspectors and this may be the cause of suboptimal enforcement of drug control for AYUSH system in almost all the states.

ii) Quality Improvement and Control under NAM has been funded recently in many

states: The release of funds to SASs has got delayed in the first two years of NAM implementation. Therefore, it was found that the impact of this component is yet to acquire significance in most states.

iii) Difficulty in recruiting and deputing suitable person: States/UTs which have applied for funding under this component are finding it difficult to recruit qualified personnel especially

for the quality control laboratories. This has led to sub-optimal functioning of laboratories and slowdown in testing activities. There also is a problem in recruiting Drug Inspectors as per the numerical and qualification norms. The salaries being offered under NAM for qualified quality testers (of different streams) and drug inspectors are lower than general expectations in the market. In almost all the cases, the progress of this component has been hampered due to absence of quality and inspection professionals in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also poor quality maintenance. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017.

11. Findings regarding Educational Institution component

i) The fund utilisation towards AYUSH Educational Institutions has been at a low level:

Due to the delay in release of funds to the institutions in most states/UTs, there has been delay in utilizing the funds in AYUSH Educational Institutions component. The impact of this component is diffused and unless measures for assessment of impact are pre-decided and the baseline data is collected accordingly, the impact of NAM on stakeholders will be difficult to assess.

Positive impact of AYUSH Educational Institutions component as stated by the stakeholders: The Principals, the Librarians, the students and the teachers when contacted during the field survey did mention that even though the assistance received under NAM was less than what they needed, there is certainly some augmentation of institute's/ college's resources and this may be causing some positive impact.

12. SUGGESTIONS & RECOMMENDATIONS

- i. **NAM must be continued as an essential part of health delivery:** The improvement in rate of fund utilisation with passage of time, leads us to suggest that the scheme be continued with increased allocation for not only project implementation but also for improvement in capacity building of institutions connected with NAM in the states.

- ii. **The colocation of AYUSH facilities need to be continued with due importance to adequate space, furniture & equipment, signage, personnel their training and provision for medicines.**
- iii. **Performance Categorisation of States should be used to improve performance:** The present study has used the formula jointly developed by MoA and CMSD to categorise the states into A, B and C category. There are six C category states (Andhra Pradesh (AP), Assam, Goa, Manipur, Odisha and Punjab) but, three of these have already initiated actions towards performance enhancement. Leaving these aside, the states which are categorized as C and in which actions towards improvement are not clearly evident (Assam, Goa and Odisha), MoA must take actions to remedy the situation by holding discussions and understanding the actual challenges. Based on the actual challenges, state specific action plan must be drawn up to speed up the process of NAM implementation in these states.
- iv. **Improve the speed of fund transmission upto beneficiary stage:** There have been attempts to improve the speed of funds transmission from MoA to States, but there still is considerable scope for improvement the speed and steps of the process. The deadline for communicating resource pool to states and receipt of SAAP can be advanced further. Possibility to be explored to release first installment to states by May 31st of the year. This will catalyse better utilisation.
- v. **Possibility of approval for recurring items before meeting of Mission Directorate to approve SAAP:** Possibility must be explored for approving the funds for recurring items, prior committed items in the respective state's SAAP before the formal discussions of SAAP in the respective state Mission Directorate meeting at the MoA. It may be considered that a certain percentage (we suggest this to be 60%) be processed for release to the States irrespective of discussions. Balance can be processed after the approval in the Mission Directorate meeting.
- vi. **Planning for utilisation of unspent balances with the states must be done soon:** The data collected during the fieldwork seems to suggest that a balance of over Rs. 242 crores is lying unspent with the sample 24 states/UTs on account of previously released funds

for NAM. It is suggested that a time-bound process must be implemented to utilise the unspent balances either for the items for these are earmarked or even for revised items after considering them under the due process.

vii. **Improving the Monitoring:** The integrity of the data obtained by the respective State AYUSH Societies with the existing monitoring system may be doubtful because it is merely a consolidation of data furnished by field units who are severely constrained due to lack of qualified and motivated manpower and absence of IT systems for furnishing accurate and timely data. Therefore, the reliability of the data may be compromised even if the regularity is not. This area needs immediate attention from MoA. There should be significant investment by MoA in providing funds and knowhow to states for deployment of trained manpower and modern computers at field units and district level to ensure that accurate data related to performance of the programme is furnished in a timely manner.

viii. **Investment in Computerisation:** The current level of computerization at ground level is low. The states cite lack of resources. However, lack in this area is hampering the NAM implementation severely. It may be considered by MoA to provide funds to augment computerisation from District Level upwards by supporting hardware, software and human resources. It will certainly improve monitoring and reporting and will speed up funds flow and its better and timely utilisation towards better NAM implementation.

ix. **Establish Independent Department of AYUSH in each state with district and block level structure:** All the evidence gathered with respect to programme implementation so far suggests that the present system of State AYUSH Society to units can be improved upon in terms of monitoring and reporting as well as identification and implementation of project. It is suggested that all the states must establish a separate department of AYUSH which must have an implementation and monitoring personnel/setup at block level as well as at the district level. It should be similar to most of the other major developmental interventions of the government.

x. **Establish District Level AYUSH mechanism:** There is a need to have District Programme Management (DPM) unit at district level with a minimum number of two

personnel; District Programme Manager and District HMIS Personnel. MoA must explore the possibility of providing funds for District Level Programme Units.

xi. Measures should be taken to improve absorption capacity of State Governments:

Many of the state governments/ SASs were found to be lacking in their absorption capacity for the funds allocated to them under NAM. The same needs to be tackled from the PUSH side where adequate investments has to be made in filling up all sanctioned posts, engaging individuals and organisations with better managerial qualification and experience so that the project cycle is managed systematically. PULL side changes will involve improving the genuine demand for AYUSH services by improving social marketing, outreach and IEC activities. Professionals who are competent in this area must be hired. Material support in terms of better IT infrastructure, better access to ground level data and more investment in effective IEC activities and material will go a long way in improving absorption capacity of the states.

xii. Capacity building in the area of Management: Increased funds should be earmarked and massive drive is suggested to improve the managerial skills of project implementing professionals. This is a significant area of gap that was observed. The training of AYUSH doctors, Paramedics, Pharmacists, PMU personnel in areas of better work management practices, planning, project management, communication must be included and encouraged. It should be taken up as a continuous improvement activity for quality improvement in NAM delivery.

xiii. PMU Staff qualification to be spelt out clearly: Telangana, AP, Jammu & Kashmir and MP have suggested that specifying the qualifications of PMU staffs would do a lot to the overall implementation of the scheme. State AYUSH Societies should be made to comply with the roper eligibility qualifications for recruiting PMU staff.

xiv. Scope of SAAP needs to be locally relevant and designed bottoms up: The current scope of what should or should not be included in the SAAP is largely dictated by top-down processes. This has sometimes led to the mismatch between state's requirements and the plan actually approved by the Ministry of AYUSH. This situation

needs to be remedied by making the process bottom-up from aggregation of local needs culminating into a formulation of SAAP. If a robust consultative process is added to it, then the state and national priorities can be linked.

xv. **Decentralisation of NAM proposal to implementation:** The slow pick up of the programme, the relatively lower utilisation of the funds even at present, lower offtake of AYUSH services even when provided. Large amount of unspent balances lying with state governments and State AYUSH Societies in most states may, to some extent, be due to mismatch with respect to the exact requirements of beneficiaries. In order to address this situation, DECENTRALISED PLANNING must take place when the SAAP is being formulated. It is suggested that the local level Community Based Organisations (CBOs) and NGOs must be involved actively in NAM activities and their suggestions along with that of community members must form an important input into SAAP. The village and urban self-government institutions must be co-opted into the formulation of proposals from SAAP. The SAAP must be an aggregate of such proposals after these are screened properly.

xvi. **SMPB mandatorily must interact with its respective SAS:** The coordination between SAS with their respective SMPBs is mostly done through meetings. There are 16 states mentioning it among its method of coordination. However, in seven out of these 16 states, these meetings are infrequent and far between and there is no regularity. The relatively poor interaction and communication between SMPBs and their respective SASs has a negative impact on implementation of medicinal plant component of NAM. In most such cases, it was the SMPB which mostly interacted with NMPB rather than its State's SAS. This needs to be remedied. If possible, the SAS and SMPB should be situated in close proximity (the interaction was better in those states where they were located close to each other) if possible. It should be made a mandatory part of activities of the SAS and SMPB that they meet once a month regularly and the minutes of such meetings are sent to CPMU at Ministry of AYUSH early in the month. The CPMU must include the receipt of formal minutes of such monthly meeting as a performance parameter that must be monitored for the SAS and SMPB. If possible, CPMU can specify a simple tabular

format for recording minutes of such meetings. The lack of communication between SAS and SMPB needs urgent attention by specifying this as a performance parameter of the SAS as well as the SMPB that should be monitored at Central level and it must form a part of State's performance assessment.

- xvii. **Strengthen the AYUSH health delivery in colocated units:** There is no other state other than Kerala which has unique characteristics that help impart visibility to AYUSH. Therefore, states other than Kerala have to rely on colocation to make AYUSH visible and credible. Therefore, it is suggested that colocation of AYUSH with Allopathic Units be continued but changes should be introduced.

The salaries for the AYUSH doctors and other staff should be provided through National AYUSH Mission and not through National Health Mission. The unit level, the district level and block level AYUSH manpower as recommended in the previous sections must report to the respective AYUSH doctor of their level. In effect, it is recommended to create a distinct cadre for AYUSH personnel. The salaries and remuneration of AYUSH doctors and other associated staff should be reviewed and revised upwards and brought to reasonable levels in comparison with salaries and facilities enjoyed by Allopathic doctors and staff. National AYUSH Mission must have funds provision for constructing residential accommodation for AYUSH doctors and paramedical staff at Unit level so as to encourage talent AYUSH professionals to join the government to provide health services at local level, especially in remote and underserved/unserved locations. Acceptance of the aforementioned recommendations will enable the AYUSH system to establish its distinctive importance without losing the mainstreaming advantage that comes from colocation.

- xviii. **Explore possibility of stipulating state government undertaking for unencumbered land availability and possession for AYUSH Hospitals, Educational institutions, laboratories and pharmacies:** The possibility should be explored by MoA for stipulating that the respective state governments while submitting the proposal(s) for integrated AYUSH Hospital, Educational institution, Drug Testing Laboratory or Pharmacy should also submit an undertaking along with the proposal that the land/building(s) meant for the proposed project is available with the State Government

and such land/buildings are free from any kind of encumbrances. The State Government should furnish the record of right/ownership right of the land proposed for 50 bedded integrated AYUSH Hospital, Educational institution, Drug Testing Laboratory or Pharmacy. The State Government should furnish the details of creation of regular posts/commitment towards filling up of regular posts for the proposed facility.

xix. **Scope of Public Health Outreach should be standardised:** There should be clear cut guidelines specified by Mission Directorate for the elements of Public Health Outreach component of NAM. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for Public Health Outreach so that this intervention is standardized across the country. It should take into account regional variations such as North East, tribal areas, etc. and factor these into the criteria that are finally arrived at.

xx. **Engagement of trained and experienced ‘Extension and advocacy’ professional to lead the Public Health Outreach component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of Public Health Outreach, the services of a formally trained and experienced extension and advocacy professional/expert must be taken. The State AYUSH Societies must engage such a professional to lead the component right from the design stage, through implementation and till the time the feedback is obtained. The professional should have a formal degree in Social Work or in Rural Management and should have at least five years of experience in extension work in the community. Such a person can be given a retainership contract in accordance with the rules of State Government/ State AYUSH Society. This engagement is likely to have a great impact.

xxi. **Conducting training and preparing training material for ASHA/ANM/school teachers/Aanganwadi workers should be made mandatory part of BCC intervention:** The States/UTs, where this component is approved for implementation must ensure that they conduct training of ASHAs/ANMs/school teachers/Aanganwadi

workers from the target areas of BCC during the implementation of the component. This will lead to better awareness generation and information dissemination.

xxii. **Scope of BCC should be standardised:** There should be clear cut guidelines specified by Mission Directorate for the BCC material content and format. The criteria should reflect a combination of need for the communication and high chances of its adoption by the target audience. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for BCC so that AYUSH material is standardized across the country. It should take into account regional variations such as North East, tribal areas, etc. and factor these into the criteria that are finally arrived at. It must be insisted that BCC proposal by states must be submitted along with the details of communication proposed to be produced as well as the method by which it will be disseminated.

xxiii. **Engagement of trained and experienced ‘Communication’ professional to lead the BCC component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of BCC, the services of a formally trained and experienced communication professional/expert must be taken. The State AYUSH Societies must engage such a professional to lead the BCC component right from the design stage, through production and distribution and till the time the feedback is obtained. The professional should have a formal degree in Mass Communication or in Visual communication and should have at least five years of experience in communication design, production and distribution. Such a person can be given a retainership contract in accordance with the rules of State Government/ State AYUSH Society. Once the communication professional is engaged, it will have a great impact.

xxiv. **Conducting training of ASHA/ANM/school teachers/Aanganwadi workers should be made mandatory part of AYUSH Gram intervention:** The States/UTs, where this component is approved for implementation must ensure that they conduct training of ASHAs/ANMs/school teachers/Aanganwadi workers from the AYUSH

Grams on AYUSH during the implementation of the programme. This will lead to better outcomes.

xxv. **Better awareness of beneficiaries must be ensured:** The topic of AYUSH should be included in awareness programmes at schools of AYUSH Grams; people availing AYUSH services at the camps must be educated about the need to come for follow-up checkups at Primary Health Centres.

xxvi. **Definition of AYUSH Gram should be standardised:** There should be clear cut eligibility criteria based on demographic, geographic and physical and social infrastructure, health status related measures that should be specified by Mission Directorate for the villages that can be considered for AYUSH Grams. The criteria should reflect a combination of need for AYUSH intervention and high chances of its adoption in the candidate villages. We suggest that a group of officials and experts be constituted for this purpose to evolve the eligibility criteria for AYUSH Gram villages. It should take into account regional variations such as North East, remoteness, forest, SC/ST, etc. and factor these into the criteria that is finally arrived at. It must be insisted that AYUSH Grams proposal by states must be submitted along with the actual data of those villages that acts as an evidence for their eligibility. Depending on the village level data and therefore the category of such villages, combination of a set of standardized interventions along with some sub component of flexible interventions (depending on local context) is implemented in each of the villages.

xxvii. **Scope of School Health Programme should be standardised:** There should be clear cut guidelines specified by Mission Directorate for the elements of School Health Programme Component of NAM. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for School Health Programme so that this intervention is standardized across the country. It should take into account regional variations such as North East, tribal areas, etc. and factor these into the criteria that are finally arrived at. It must be insisted that School Health Programme proposal by states must be submitted along with the details of elements proposed to be implemented as well as the locations where these will be carried out.

xxviii. **Engagement of trained and experienced ‘Extension and advocacy’ professional to lead the School Health Programme component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of School Health Programme, the services of a formally trained and experienced extension and advocacy professional/expert must be taken. The State AYUSH Societies must engage such a professional to lead the component right from the design stage, through implementation and till the time the feedback is obtained. The professional should have a formal degree in Social Work or in Education and should have at least five years of experience in extension work in the community. Such a person can be given a retainership contract in accordance with the rules of State Government/ State AYUSH Society. This engagement is likely to have a great impact.

xxix. **Scope of Wellness Centres should be standardized:** There should be clear cut guidelines specified by Mission Directorate for the elements of this Component of NAM. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for Wellness centres so that this intervention is standardized across the country. It should take into account regional variations such as North East, tribal areas, Kerala, etc. and factor these into the criteria that are finally arrived at. During this exercise all the states should be involved in giving inputs.

xxx. **Engagement of trained and experienced quality testing and inspection professionals like drug analyst and drug inspectors to man the Quality Improvement and Control component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of Quality Improvement and Control, the salaries and terms of engagement for competent people qualified in different streams of AYUSH pharmaceutical testing and inspection services must be reviewed. The state must appoint competent, qualified and experienced Government Drug analysts and also immediately recruit adequate number of Drug Inspectors as per the norms given in the act, rules and the guidelines specified. This will contribute significantly to improving

quality of ASU&H medicines and increase the faith of general population in AYUSH system.

xxxi. **Expansion and Construction of hostels may be assisted under NAM:** There is a serious shortage of proper hostels and hostel rooms in the educational institutions. The possibility must be explored to support construction of hostels and addition of hostel rooms in good educational institutions of AYUSH which need this facility. It will help attract talented students.

xxxii. **Standards of AYUSH Educational Institutions should be firmly enforced:** As part of the NAM assistance, the improvement in quality standards of the institutes as well as the education within these institutes must be supported with funds. There must be an attempt to shortlist some of the notably good institutes and other institutes may be supported with funds to come upto their standards using these as benchmarks.

xxxiii. **Explore possibility of supporting Educational Visits, sessions by notable AYUSH practitioners in the educational institutes:** In order to improve the educational avenues of students, activities like educational visits and lectures by eminent practitioners may be funded at institute level.

xxxiv. **Success factors identified for certain states must be replicated to other states:** There are certain factors which have been identified for the relative success of NAM in certain states. These factors are regular coordination between SMPB and SAS, fully staffed Programme Management Unit, better monitoring system between field units and SAS, Presence of district level AYUSH machinery and rigorous process followed during formulation of SAAP and regular communication with CPMU. These need to be replicated in relatively lower performing states.

Chapter 1: Introduction

1.1 Background

There is increasing prevalence of AYUSH health facilities in the country. As per available information, AYUSH infrastructure in the country includes 7,71,468 registered practitioners, 550 teaching institutes, 170 postgraduate institutes, 3,639 hospitals and 26,405 dispensaries in Government sector and 8,667 drug manufacturing units. Besides, with the strategy of mainstreaming of AYUSH in place under National Health Mission (NHM) and National AYUSH Mission (NAM), AYUSH facilities have been set up in about 506 district hospitals, 374 Sub-district hospitals, 2871 CHCs, 8995 PHCs and 5716 in other medical centers. 15649 AYUSH practitioners are appointed for implementation of Rashtriya Bal Suraksha Karyakram (RBSK) under National Child Health Programme and 12263 for imparting general health services from PHCs, CHCs and district hospitals.

As per key indicators of the NSSO 71st round on Social Consumption on Health in India conducted during January- June 2014, 5 to 7 percent usage of ‘other’ including AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) has been reported both in rural and urban area. The National Policy on Indian Systems of Medicine & Homoeopathy – 2002 envisages integration of AYUSH systems of medicine with the Healthcare Delivery System. Mainstreaming of AYUSH is one of the strategies in National Health Mission (NHM) which seeks to provide accessible, affordable and quality healthcare in order to improve the existing healthcare delivery system. Further, National Health Policy 2017 also envisages mainstreaming of AYUSH into healthcare delivery. The successful mainstreaming of AYUSH depends upon the commitment of respective State/UT Governments.

As recommended by the Group of Ministers, the Government of India has been in talks with the MCI for amendments of relevant Acts so that AYUSH doctors, nurse practitioners or those with a graduate degree in community health can prescribe essential medicines. In fact, more and more States are allowing practitioners of AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homoeopathy) appointed in Primary Health Centres in its rural areas to practice Allopathy during ‘emergencies’. The latest to join the list was Karnataka early this year. Till the time of

writing this report, 13 States, including Maharashtra, Tamilnadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand have made integrated practice legal.

The Central Government launched National AYUSH Mission (NAM) on 29.09.2014 which envisages better access to AYUSH services through upgradation of AYUSH Hospitals and Dispensaries, setting up of upto 50-bedded integrated AYUSH Hospitals, mainstreaming of AYUSH through co-location of AYUSH facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs) and District Hospitals (DHs) and ensures availability of AYUSH drugs and trained manpower at co-located AYUSH facilities and exclusive AYUSH dispensaries and hospitals for benefitting the rural population. It also aims at improvement in quality of AYUSH education through enhancement in number of upgraded educational institutions, sustained availability of quality of raw material and improved availability of quality Ayurveda, Siddha and Unani & Homoeopathy (ASU&H) drugs through strengthening of Pharmacies and Drug Testing Laboratories (DTLs) in the States. Further, NAM also incorporates the components of Public Health Outreach activity, AYUSH Gram and School Health Programme through AYUSH mainly for the rural population. Public Health Outreach activity is focused on increasing awareness about AYUSH's strength in solving community health problems resulting from nutritional deficiencies, epidemics and vector-borne diseases, Maternal and Child Healthcare etc. In AYUSH Gram, one village per block is selected for adoption of method and practice of AYUSH way of life and interventions of healthcare. AYUSH based lifestyles are promoted through behavioral change communication, training of village health workers towards identification and use of local medicinal herbs and provision of AYUSH health services. In School Health Programme through AYUSH, the main focus is to address the health needs of school going children by providing AYUSH services including Yoga and counseling.

Accordingly, Government of India provided financial assistance to State/UT Governments during 2014-15, 2015-16 and 2016-17 as per their requirement reflected in the State Annual Action Plans (SAAPs).

1.2 Objectives of NAM

To provide cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

1. To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU&H enforcement mechanism.
2. Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/ Collection/Storage Practices.

The Mission inter-alia makes the following provisions which include upgradation and strengthening of infrastructure of AYUSH:

- (i) Co-location of AYUSH facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs) and Districts Hospitals (DHs).
- (ii) Upgradation of exclusive State Government AYUSH Hospitals and Dispensaries.
- (iii) Setting up of upto 50-bedded integrated AYUSH Hospital.
- (iv) Upgradation of State Government Under-Graduate and Post-Graduate Educational Institutions.
- (v) Setting up of new State Government AYUSH Educational Institutions in the States where it is not available in Government Sector.
- (vi) Strengthening of State Government/State Government Co-operatives/Public Sector Undertakings Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Pharmacies.
- (vii) Strengthening of State Drug Testing Laboratories (DTLs) for ASU &H Drugs.

(viii) Support for Medicinal Plants including processing and post-harvest management.

(ix) Flexible components with provision for the following activities:

- a) AYUSH Wellness Centres including Yoga & Naturopathy
- b) Tele-medicine
- c) Sports Medicine through AYUSH
- d) Innovations in AYUSH including Public Private Partnership
- e) Interest subsidy component for Private AYUSH educational Institutions
- f) Reimbursement of testing charges
- g) IEC activities
- h) Research & Development in areas related to Medicinal Plants
- i) Voluntary certification scheme: Project based.
- j) Market Promotion, Market intelligence & buy back interventions
- k) Crop Insurance for Medicinal Plants

As on 29 December 2017, 8994 PHCs, 2871 CHCs and 506 District Hospitals have been co-located with AYUSH facilities under mainstreaming of AYUSH component. Under NAM, the Ministry intends to set up 50-bedded hospitals in all the districts in next 10 years. So far sixty-six 50-bedded integrated AYUSH hospitals and 992 yoga wellness centres have been assisted.

1.3 Study Objectives

Ministry of AYUSH, Government of India had commissioned an evaluation study **MID TERM EVALUATION OF NATIONAL AYUSH MISSION (NAM)** in April 2017. **Centre for Market Research & Social Development Private Ltd., New Delhi** has conducted the evaluation study. The evaluation study is aimed at comprehensive and in – depth impact

assessment of four sub components namely: - AYUSH Services, AYUSH Educational Institutions, Quality Control of ASU&H Drugs and Medicinal Plants of the Centrally Sponsored Scheme ‘National AYUSH Mission (NAM)’ implemented by Ministry of AYUSH, w.e.f. September, 2014 As per the Terms of Reference (TOR), the objectives of the study are as follows:

Part I of the Evaluation Study

Part I of the evaluation study is meant to clearly bring out the impact of the scheme in achieving its stated objectives implemented during XII Plan Period (2014-15 and onwards). The evaluation must bring out, in qualitative and quantitative terms, the efficiency and effectiveness of the scheme.

Items to be included in Part 2 of the Evaluation process are as under:

As part 2 of the evaluation study, the following activities are mandated in the TOR:

- i. To document the specific objectives/ deliverables of the scheme/ component on the extent of their clarity.
- ii. To analyze the geographical distribution of the number of individual projects supported under the scheme,
- iii. To analyze and report after comparison, the extent to which the objectives of the projects supported, matched with the objectives of the scheme/ component (whether the right projects which conformed to the objectives actually supported).
- iv. To document the financial performance of the scheme/ component in relation to the approved cumulative budget outlays provided.
- v. To document achievements and analyze to what extent the outputs/ outcomes (evidenced from objectively verifiable data) fulfill the objectives of the scheme/ component.
- vi. The survey of the service provider (Doctors, Paramedics & staffs under the scheme/ component) and as well as client based survey.

1.4 Approach & Methodology

Approach

In order to measure the impact of the scheme, triangulation of research methodologies were used to obtain both quantitative and qualitative information. Under triangulation method, documents pertaining to the study were collected from the following types of organisations:

- AYUSH Hospitals and Dispensaries,
- Co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- AYUSH educational institutions,
- State Govt. ASU&H Pharmacies,
- Drug Testing Laboratories and
- ASU & H enforcement mechanism.
- Cultivation fields of medicinal plants
- Certification organisations
- Quality standards organisations,
- Post-harvest storage centres for medicinal plants.

The quantitative data was collected from the target respondents under the study. The qualitative information was collected through in-depth interviews with the officials involved in implementation of the scheme. The set of methodologies employed included those that involved measurement of the programme success on the basis of already existing measures and measurement of the success of the programmes by constructing new measures.

1.5 Study Methodology

The multiple objectives of the study led to adoption of a triangulation of basic research techniques. The below mentioned methods for data collection were employed keeping in mind the nature of the multiple objectives of the study. Both secondary and primary research were undertaken to generate required information. The present evaluation study has tried to bring out

in qualitative and quantitative terms, the efficiency and effectiveness of the activities undertaken under the scheme as well as the impact of the scheme in achieving its stated objectives.

Secondary Research

The secondary sources included the referring of the necessary relevant literature pertaining to the scheme implementation. Secondary sources were carried out to refine the objectives and provide lines of enquiry for the next stage. Specially, the desk research phase gathered information on the implementation process of the scheme. All data, reports and statistics available at various sources were procured / collected for undertaking in-depth analysis. In addition to that, various reports and literature available on the subject including proposals & reports were thoroughly examined and relevant inputs from them have been made a part of the final report.

In particular, reviews and assessments were undertaken on the following aspects:

- i. In the first phase exhaustive desk research were undertaken i.e. study of relevant background material on the scheme, funds released under the scheme, details of projects sanctioned and year wise allocations and their details, and other such material were collected.
- ii. In the second phase, field study was carried out. The field study involved in-depth interviews, interactions and discussions with different stakeholders involved in the scheme implementation,

I. For AYUSH Services

- Head/ Responsible official of AYUSH OPD in PHC
- Head/ Responsible official of AYUSH IPD in CHC
- Head/ Responsible official of AYUSH Wing in District Hospital (DH)
- Head/ Responsible official of Pharmacy of AYUSH Hospital/Dispensary
- Functional Head/ Responsible official of AYUSH Hospital
- Functional Head/ Responsible official of AYUSH Dispensary
- Functional Head/ Responsible official of 50-bedded integrated AYUSH Hospital

- Functional Head/ Responsible official of Public Health Outreach of AYUSH in the district
- Functional Head/ Responsible official of Behaviour Change Communication of AYUSH in the State
- State Head of AYUSH for the state where AYUSH Gram is implemented
- State Head of AYUSH for the state where School Health Programme is implemented
- Programme Manager of the State Programme Management Unit
- Head of the AYUSH Wellness Centre
- Patients of the AYUSH Health facilities

II. For AYUSH Institutions

- Principal/Director/ Head of the AYUSH Institution

III. For Quality Control of Ayurveda, Siddha, Unani and Homeopathy Drugs

- Chief Pharmacist/Head of the Ayurveda. Unani. Siddha and Homeopathy Pharmacies
- Head of the In-house Quality Control Laboratory of the Ayurveda. Unani. Siddha and Homeopathy Pharmacies
- Head of the State Drug Testing Laboratory
- State Drug Controller and Licensing authority

IV. For Medicinal Plants

- Nursery owners/ incharge of medicinal plant nurseries
- Head of State Medicinal Plant Board/ State Implementation Organisation
- Farmers growing medicinal plants in the clusters of the districts

The study collected secondary data from publications of Government and AYUSH industry, market research and survey reports done on a related relevant topic by organizations and institutions in public and private sector, sector study reports in the public domain, relevant information available on the internet was mined after thorough screening and checking for

accuracy and integrity. Relevant data particularly related to implementation arrangements, Programme administration, and project monitoring, fund disbursement system and its adequacy, feed-back mechanism from top-to-bottom and bottom-to-top, etc. were also obtained.

Primary Research

The methodology involved extensive primary research where both quantitative and qualitative survey technique were used for collection of data. The primary research method aimed at gaining a deep sense of understanding of the impact of the scheme, performance and effectiveness of the scheme.

The study involved collection of primary data from a representative sample of stakeholders in the AYUSH sector as mentioned above. Face-to-face interviews were undertaken for collection of primary data from different category of stakeholders. The methods of data collection were as follows:

- I. Conducting survey of individuals using semi-structured questionnaire (administered by the interviewer)
- II. Interview- semi structured using a list of questions

1.6 Study Coverage

The geographical spread of the study is all India. Almost all the states and union territories of the country have been covered under the study. Ministry of AYUSH has specified in the TOR, the particulars of state wise funding that was released under different components that were to be evaluated: It is based on that funding pattern that sample for the present study was to be designed. The sample has been designed in line with the guidelines specified by Ministry of AYUSH.

1.7 AYUSH Services

AYUSH services namely PHCs, CHCs, DHs, setting up of upto 50/10 bedded integrated hospital, upgrading of existing AYUSH hospital, dispensaries, Health Programme through AYUSH, Yoga & naturopathy, AYUSH Institutions, pharmacies, drug testing laboratories were

visited after being jointly identified with the respective State AYUSH Society officials for the present evaluation study.

Number of clusters of medicinal plants in each of the states were covered in such a way so that they were representative of the universe and as per the guideline of Ministry of AYUSH, a certain minimum number clusters were evaluated in each of the respective states. Medicinal Plants Cultivation cluster units, Medicinal Plant Nurseries and Medicinal Plant Post-Harvest Units were also visited.

Target Informants / Respondents and Questionnaires / Survey Instruments

Design of Questionnaires to be canvassed / Survey Instruments

The survey research of different stakeholders was carried out in the states depending on where the AYUSH establishments are located. Interviews with state officials, district officials and those associated with AYUSH establishments were carried out. The exact identification of the AYUSH establishments was carried out on the basis of discussions with respective State AYUSH Societies.

Survey teams comprising of qualified field researchers were oriented in a special workshop before their departure to the field. Preference was given to engaging those field researchers who knew respective local language in addition to Hindi and English as well as know about life sciences and medicines.

Categories of Respondents

The categories of respondents and the respective data collection method for the primary research are presented as follows:

Table 1.1: Category of respondents for the field work

Sl. No.	Category of Respondent
I.	AYUSH Services
1	Head/ Responsible official of AYUSH OPD in PHC

Sl. No.	Category of Respondent
2	Head/ Responsible official of AYUSH IPD in CHC
3	Head/ Responsible official of AYUSH Wing in District Hospital (DH)
4	Head/ Responsible official of Pharmacy of AYUSH Hospital/Dispensary (for supply of essential drugs)
5	Functional Head/ Responsible official of AYUSH Hospital
6	Functional Head/ Responsible official of AYUSH Dispensary
7	Functional Head/ Responsible official of 50-bedded integrated AYUSH Hospital
8	Functional Head/ Responsible official of Public Health Outreach of AYUSH in the district
9	Functional Head/ Responsible official of Behaviour Change Communication of AYUSH in the State
10	Functional Head/ Responsible official of School Health Programme of AYUSH in the State
11	State Head of AYUSH for the state where AYUSH Gram is implemented
12	Programme Manager of the State Programme Management Unit
13	Head of the AYUSH Wellness Centre
14	Patients of the AYUSH Health facilities
II	AYUSH Institutions
1	Principal/Director/ Head of the AYUSH Institutions
III	For Quality Control of Ayurveda, Siddha, Unani and Homeopathy Drugs
1	Chief Pharmacist/Head of the Ayurveda. Unani. Siddha and Homeopathy Pharmacies
2	Head of the In-house Quality Control Laboratory of the Ayurveda. Unani. Siddha and Homeopathy Pharmacies
3	Head of the State Drug Testing Laboratory
4	Senior official of State Drug Controller and Licensing authority

Sl. No.	Category of Respondent
IV	For Production of Medicinal Plants
1	Nursery owners/ incharge of medicinal plant nurseries
2	Head of State Medicinal Plant Board/ State Implementation Organisation
3	Farmers growing medicinal plants in the clusters of the district

1.8 Survey, Data Management and Analysis

The field survey and data collection was conducted for Phase 1 during May 2017 – June 2017 and for Phase 2 from July- September 2017. Subsequently, the Ministry suggested the scope of the study to be widened to cover establishments and funding utilised till 31st March 2017 instead of 30th June 2016. This led to multiple rounds of field visits from January 2018 to April 2018 by the personnel of Centre for Market Research and Social Development Pvt. Ltd..

Study Coverage

The geographical spread of the study is all India. Almost all the states and UTs of the country were covered under the study. Ministry of AYUSH specified in the TOR the particulars of state wise funding that were released under different components that are to be evaluated:

AYUSH Services:

On the basis of information provided by AYUSH department, the detailed sampling regarding PHCs (state-wise) is as under: Department of AYUSH has provided information about number of recurring and nonrecurring units in various AYUSH services (namely PHCs, CHCs, DHs, setting up of upto 50/10 bedded integrated hospital, upgrading of existing AYUSH hospital, Dispensaries, health Programme through AYUSH, Yoga & naturopathy). On the basis of information provided by AYUSH department, the detail sampling regarding PHCs (state-wise) is as under:

Table 1.2: Sample design for Co-location of AYUSH OPD in PHCs (state-wise)

Sl. No.	States	Co-Location PHC (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size
1	Assam	15	5	15	3
2	Goa	26	7	0	0
3	Haryana	114	25	0	0
4	Himachal Pradesh	102	25	0	0
5	Karnataka	5	5	0	0
6	Madhya Pradesh	465	115	0	0
7	Manipur	84	21	0	0
8	Mizoram	4	4	0	0
9	Puducherry	21	5	0	0
10	Punjab	6	5	0	0
11	Rajasthan	357	85	0	0
12	Sikkim	2	2	0	0
13	Tamilnadu	485	118	10	4
14	Uttarakhand	108	27	0	0
15	Total	1794	449	25	7

Out of total 1794 PHCs units, 449 recurring units, and 7 out of 25 non-recurring units were covered under the study.

On the basis of information provided by AYUSH department, the detailed sampling regarding CHCs state wise as under:

Table 1.3: Sample design for Co-location of AYUSH IPD in CHCs (state-wise)

S.No.	States	Co-Location CHC (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size
1	Arunachal Pradesh	1	1	1	1
2	Goa	8	5	0	0
3	Haryana	92	20	0	0
4	Himachal Pradesh	33	8	0	0
5	Karnataka	10	5	0	0
6	Manipur	17	5	0	0
7	Mizoram	9	5	2	1
8	Puducherry	2	2	0	0
9	Punjab	0	0	22	5
10	Rajasthan	311	70	0	0
11	Sikkim	2	2	0	0
12	Uttarakhand	36	8	0	0
	Total	521	131	25	7

Out of total 521 CHCs units, 131 recurring units, and 7 out of 25 non-recurring units were covered under the study.

On the basis of information provided by AYUSH department, the detailed sampling regarding colocation of AYUSH Wing in District Hospitals (DHs) state-wise is as under:

Table 1.4: Sample design for Co-location of AYUSH Wing in DHs (state-wise)

S. No.	States	Co-Location DH (Existing and Proposed)			
		No. of Recurring Units	Sample size	No. of Non-Recurring Units	Sample Size
1	Arunachal Pradesh	1	1	1	1
2	Goa	4	1	0	0
3	Haryana	21	6	0	0
4	Madhya Pradesh	35	9	0	0
5	Manipur	16	4	2	1
6	Mizoram	11	3	0	0
7	Odisha	1	1	0	0
8	Puducherry	4	1	0	0
9	Punjab	29	8	0	0
10	Rajasthan	145	31	0	0
11	Sikkim	5	2	0	0
12	Telangana	9	3	7	3
13	Uttarakhand	39	10	0	0
	TOTAL	320	80	10	5

Out of total 320 DHs units, 80 recurring units (25% of total) and ensuring adequate representation of each state/zone were surveyed, and 5 out of 10 non-recurring units were covered under the study.

On the basis of information provided by AYUSH department, the detailed sampling regarding upgraded AYUSH hospital state wise is as under:

Table 1.5: Sample design for Upgraded AYUSH Hospitals (state-wise)

Sl. No.	States	Upgraded AYUSH Hospitals (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size
1	Gujarat	35	9	2	2
2	Himachal Pradesh	15	4	32	7
3	Jammu & Kashmir	4	1	0	0
4	Karnataka	130	30	0	0
5	Kerala	21	6	21	4
6	Odisha	9	2	1	1
7	Puducherry	1	1	0	0
8	Punjab	6	2	0	0
9	Rajasthan	135	34	0	0
10	Telangana	5	2	1	1
	TOTAL	361	91	57	15

Out of total 361 upgraded AYUSH hospitals, 91 recurring units (25% of total), and 15 out of 57 non-recurring units (25% of the total) were covered under the evaluation study.

Table 1.6: Sample design for Upgraded AYUSH Dispensaries (state-wise)

Sl. No.	States	Upgraded AYUSH Dispensaries (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size
1	Gujarat	771	192	0	0

Sl. No.	States	Upgraded AYUSH Dispensaries (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size
2	Haryana	10	3	10	3
3	Himachal Pradesh	579	144	650	162
4	Kerala	9	3	9	3
5	Manipur	1	1	1	1
6	Odisha	20	5	20	5
7	Puducherry	0	0	7	2
8	Punjab	10	3	10	3
9	Rajasthan	4379	1094	145	34
10	Telangana	8	2	8	2
11	Uttar Pradesh	55	14	55	14
12	West Bengal	240	60	0	0
	TOTAL	6082	1521	915	229

Out of total 6082 upgraded Dispensaries, 1521 recurring units (25% of total), and 229 out of 915 non-recurring units were covered under the evaluation study.

Table 1.7: Sample design for setting up of upto 50-bedded integrated AYUSH hospital (state-wise)

S. No.	States	Setting up of upto 50-bedded integrated AYUSH hospital (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size

S. No.	States	Setting up of upto 50-bedded integrated AYUSH hospital (Existing and Proposed)			
		No. of Recurring Units	Sample Size	No. of Non-Recurring Units	Sample Size
1	Andhra Pradesh	1	1	2	0
2	Assam	0	0	2	1
3	Goa	0	0	2	1
4	Gujarat	0	0	1	1
5	Haryana	0	0	1	1
6	Himachal Pradesh	0	0	1	1
7	Karnataka	0	0	2	1
8	Manipur	1	1	2	0
9	Mizoram	1	1	0	0
10	Odisha	0	0	1	1
11	Puducherry	1	1	0	0
12	Sikkim	1	1	0	0
13	Telangana	0	0	1	1
14	Uttar Pradesh	0	0	3	1
15	West Bengal	0	0	2	1
	TOTAL	5	5	20	10

Out of total five 50-bedded integrated AYUSH hospital, 5 recurring units, and 10 out of 20 non-recurring units were covered under the evaluation study.

Table 1.8: Sample design for supply of essential drugs at hospital and dispensaries (state-wise)

Sl. No.	States	Supply of essential drugs at hospital and dispensaries (Existing and Proposed)			
		No. of Recurring Units Hospitals	Sample Size	No. of Recurring Units Dispensaries	Sample Size
1	Assam	0	0	120	4
2	Gujarat	0	0	150	5
3	Himachal Pradesh	32	1	1133	30
4	Jammu & Kashmir	3	1	604	19
5	Kerala	0	0	28	9
6	Madhya Pradesh	23	1	1329	30
7	Manipur	1	1	0	0
8	Puducherry	9	1	0	0
9	Punjab	714	22	0	0
10	Rajasthan	135	5	3566	73
11	Telangana	136	5	0	0
12	Uttar Pradesh	140	5	3793	76
13	Uttarakhand	0	0	826	25
14	West Bengal	0	0	2052	41
	Total	1193	42	13601	312

Out of total 1193 AYUSH hospitals supplied with essential drugs, 42 recurring units, and 312 out of 13601 recurring units' dispensaries were covered under the evaluation study. This is as per the guidelines given by Ministry of AYUSH following the pre-bid meeting.

Based on the information available, the sample sizes for other components of AYUSH Services are also presented as follows:

**Table 1.9: Sample design for components related to awareness and outreach of NAM
(state-wise) (Existing and Proposed)**

Sl. No.	State/UT	Sample Size for Public Outreach of AYUSH in districts *	Sample Size for BCC of AYUSH in States where Programme implemented*	Sample Size of respondents in states where AYUSH Gram implemented *	Sample Size of States where School Health Programme implemented *
1	Arunachal Pradesh	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
2	Assam	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
3	Andhra Pradesh	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
4	Goa	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
5	Gujarat	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
6	Haryana	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
7	Himachal Pradesh	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
8	J&K	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
9	Karnataka	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks

Sl. No.	State/UT	Sample Size for Public Outreach of AYUSH in districts *	Sample Size for BCC of AYUSH in States where Programme implemented*	Sample Size of respondents in states where AYUSH Gram implemented *	Sample Size of States where School Health Programme implemented *
10	Kerala	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
11	Manipur	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
12	Mizoram	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
13	Madhya Pradesh	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
14	Odisha	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
15	Punjab	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
16	Puducherry	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
17	Rajasthan	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
18	Sikkim	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
19	Telangana	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks
20	Uttarakhand	1 district (Unit of 2 Blocks	1 per state	1 Village	1 Unit of 2 Blocks

Sl. No.	State/UT	Sample Size for Public Outreach of AYUSH in districts *	Sample Size for BCC of AYUSH in States where Programme implemented*	Sample Size of respondents in states where AYUSH Gram implemented *	Sample Size of States where School Health Programme implemented *
21	Uttar Pradesh	1 district (Unit of 2 Blocks)	1 per state	1 Village	1 Unit of 2 Blocks
22	West Bengal	1 district (Unit of 2 Blocks)	1 per state	1 Village	1 Unit of 2 Blocks

* Sampling was decided based on discussions with State AYUSH Societies and the presence/absence of the above initiatives/projects (Existing and Proposed) in each of the states.

As the statistics of the Department of AYUSH reflect, at present, there are 20 PHARMACIES which have received grants under the present scheme. In order to give adequate representation to each state, we covered 13 Pharmacies (one each from each of the states).

The details of the state-wide presence and sample size of the DTLs and Pharmacies are given below:

Table 1.10: Sample design for Drug Testing Laboratories (DTLs) and Pharmacies (state-wise)

S.No.	State*	No. of units including Laboratories and Pharmacies (Existing and Proposed)	Sample size
1	Andhra Pradesh	2	1
2	Arunachal Pradesh	2	1
3	Assam	2	1
4	Gujarat	2	1
5	Kerala	1	1

S.No.	State*	No. of units including Laboratories and Pharmacies (Existing and Proposed)	Sample size
6	Madhya Pradesh	1	1
7	Orissa	2	1
8	Puducherry	1	1
9	Punjab	1	1
10	Tamilnadu	2	1
11	Telangana	1	1
12	Uttar Pradesh	2	1
13	Uttarakhand	1	1
	Total	20	13

Out of total 20 AYUSH pharmacies 13 pharmacies were covered under the evaluation study.

Table 1.11: Sample design for AYUSH Educational Institutions (state-wise) (Existing and Proposed)

Sl. No	State/UT	No. of AYUSH Educational Institutions	Sample size
1	Andhra Pradesh	1	1
2	Assam	3	1
3	Haryana	1	1
4	Jammu & Kashmir	2	1
5	Karnataka	1	1
6	Kerala	4	1

Sl. No	State/UT	No. of AYUSH Educational Institutions	Sample size
7	Madhya Pradesh	7	1
8	Odisha	7	1
9	Puducherry	1	1
10	Punjab	1	1
11	Tamilnadu	6	1
12	Telangana	3	1
13	Uttar Pradesh	3	1
14	Uttarakhand	1	1
15	West Bengal	3	1
	Total	44	15

Out of total of 44 AYUSH Educational Institutions, 15 Educational Institutions (one each from each state) were covered under the evaluation study.

As per the ToR, the details of Area covered, number of Nurseries and Post-Harvest Units have been specified in Annexure VIII of the TOR issued by Ministry of AYUSH. The districts that have been covered under the scheme component were specified in the Annexure VIIA of the TOR released by the Ministry of AYUSH.

It was proposed that number of clusters of each state may be considered in such a way that they are representative of the universe and a certain minimum number of clusters were to be visited (Care would also be taken to select those cultivation clusters which have maximum 2 hectares of land drawn from 3 to 7 numbers of farmers/cultivators having land within a radius of not more than 15 km).

The sample parameter of each state was considered as under:

- Evaluation of 5-10 cluster of different district

- Evaluation of 1-2 model Nursery(4 hac) and small nursery(1 hac) of each state
- Evaluation of Postharvest units of each state

It was ensured that adequate representations of clusters were considered from each state/zone. The selection of clusters, nursery & post harvesting units were selected in consultation with the Department of AYUSH. State wise details of cluster units are given as under (Based on the status of medicinal plant component implemented by National Medicinal Plants Board (NMPB) during 2015-16):

Table 1.12: Sample design for Medicinal Plants clusters (state-wise) (Existing and Proposed)

Sl. No.	Name of State	Cultivation		Sample / State (5-7 cluster of different districts in a state)	Sample /State	Sample/ State	Sample/ State
		Area (Ha)	No. of cluster		Model Nursery	Small Nursery	Post-Harvest Unit
1	Andhra Pradesh	447	14	5	NA	1	NA
2	Gujarat	141	6	5	1	1	2
3	Haryana	174.8	4	4	NA	NA	NA
4	Himachal Pradesh	39	4	4	NA	1	1
5	Jammu & Kashmir	9	4	4	NA	1	1
6	Karnataka	529	10	5	NA	NA	2
7	Kerala	258	10	5	1	NA	1
8	Madhya Pradesh	1681	18	5	NA	NA	NA
9	Maharashtra	326.63	28	6	NA	NA	NA
10	Manipur	142.2	15	5	NA	1	NA
11	Mizoram	59.28	2	2	NA	1	NA
12	Nagaland	51	6	5	NA	NA	NA
13	Rajasthan	330	2	2	NA	2	2
14	Sikkim	63	2	2	NA	NA	NA
15	Tamilnadu	633	85	7	NA	NA	NA

Sl. No.	Name of State	Cultivation		Sample / State (5-7 cluster of different districts in a state)	Sample /State	Sample/ State	Sample/ State
		Area (Ha)	No. of cluster		Model Nursery	Small Nursery	Post-Harvest Unit
16	Telangana	345	53	7	1	NA	1
17	Tripura	45	1	1	NA	NA	1
18	Uttar Pradesh	3188	28	6	NA	2	4
19	Uttarakhand	153	20	5	NA	1	NA
20	West Bengal	107	20	5	1	1	3
	Total	8722	332	90	4	12	18

In addition to the sampling to be done as per above tables, the State Government Official (s) responsible for NATIONAL AYUSH MISSION (NAM) activities and its various components will be contacted in each of the states to obtain the appropriate data available with them that can be utilized for Mid Term Evaluation of the NAM scheme

The sample size for Medicinal Plants Cultivation cluster units, Medicinal Plant Nurseries and Medicinal Plant Post-Harvest Units has been determined based on the guidelines given by Ministry of AYUSH following the answers to queries raised in Pre-Bid Meeting (Reference: Communication dated 6th Jan 2017 issued by Ministry of AYUSH following the Pre-Bid Meeting).

Target Informants / Respondents and Questionnaires / Survey Instruments

Design of Questionnaires canvassed / Survey Instruments

The survey research of different stakeholders was carried out in the above referred states depending on where the AYUSH establishments were located. Interviews with state official and district official category (as mentioned in the section on sampling) were carried out in state capitals or the district headquarters. The exact identification of the districts was done once the projects that were to be evaluated were selected. **There were 23 semi-structured questionnaires which were provided in the TOR and have been attached with this final report as Annexure II.**

Survey teams comprising of qualified field researchers were trained and oriented in a special workshop before they went into the field. Preference was given to engaging those field

researchers who knew respective local language in addition to Hindi and English as well as knew about life sciences and medicines.

1.9 Categories of Respondents and Type of questionnaire canvassed

The categories of respondents and the respective data collection method for the primary research are presented as follows:

Table 1.13: Data Collection Methods and Instruments

Sl. No.	Category of Respondent	Data Collection method and instruments
I.	AYUSH Services	Stated below
1	Head/ Responsible official of AYUSH OPD in PHC	Survey (Semi- structured questionnaire AS1)
2	Head/ Responsible official of AYUSH IPD in CHC	Survey (Semi- structured questionnaire AS2)
3	Head/ Responsible official of AYUSH Wing in District Hospital (DH)	Survey (Semi- structured questionnaire AS3)
4	Head/ Responsible official of Pharmacy of AYUSH Hospital/Dispensary (for supply of essential drugs)	Survey (Semi- structured questionnaire AS4)
5	Functional Head/ Responsible official of AYUSH Hospital	Survey (Semi- structured questionnaire AS5)
6	Functional Head/ Responsible official of AYUSH Dispensary	Survey (Semi- structured questionnaire AS6)
7	Functional Head/ Responsible official of 50-bedded integrated AYUSH Hospital	Survey (Semi- structured questionnaire AS7)
8	Functional Head/ Responsible official of Public Health Outreach of AYUSH in the	Survey (Semi- structured questionnaire AS8)

Sl. No.	Category of Respondent	Data Collection method and instruments
	district	
9	Functional Head/ Responsible official of Behaviour Change Communication of AYUSH in the State	Survey (Semi- structured questionnaire AS9)
10	Functional Head/ Responsible official of School Health Programme of AYUSH in the State	Survey (Semi- structured questionnaire AS10)
11	State Head of AYUSH for the state where AYUSH Gram is implemented	Survey (Semi- structured questionnaire AS11)
12	Programme Manager of the State Programme Management Unit	Survey (Semi- structured questionnaire AS12)
13	Head of the AYUSH Wellness Centre	Survey (Semi- structured questionnaire AS13)
14	Patients of the AYUSH Health facilities	Survey (Semi- structured questionnaire AS14)
II	AYUSH Institutions	
1	Principal/Director/ Head of the AYUSH Institutions	Survey (Semi- structured questionnaire AI1)
III	For Quality Control of Ayurveda, Siddha, Unani and Homeopathy Drugs	
1	Chief Pharmacist/Head of the Ayurveda. Unani. Siddha and Homeopathy Pharmacies	Survey (Semi- structured questionnaire AQ1)
2	Head of the In-house Quality Control Laboratory of the Ayurveda. Unani. Siddha and Homeopathy Pharmacies	Survey (Semi- structured questionnaire AQ2)
3	Head of the State Drug Testing Laboratory	Survey (Semi- structured questionnaire AQ3)

Sl. No.	Category of Respondent	Data Collection method and instruments
4	Senior official of State Drug Controller and Licensing authority	Survey (Semi- structured questionnaire AQ4)
IV	For Production of Medicinal Plants	
1	Nursery owners/ in charge of medicinal plant nurseries	Survey (Semi- structured questionnaire AM1)
2	Head of State Medicinal Plant Board	Survey (Semi- structured questionnaire AM2 and AM4)
3	Farmers growing medicinal plants in the clusters of the district	Survey (Semi- structured questionnaire AM3)
V	For governance of State AYUSH Society	
1	State AYUSH Society Officials	Survey (Semi- structured questionnaire AA1)

Data collection was conducted by adequate number of research coordinators of the organization. The key study team members monitored the data collection procedure during the main survey. All the filled-in questionnaires were checked and scrutinized by the supervisors. The quality of data was ensured by imparting quality training to the study team members, research coordinators and supervisors for the survey. Besides these, regular scrutiny of questionnaires, computer based data checking was conducted to clean the database for the final analysis. All the questionnaires were scrutinized prior to the data entry. All questionnaires were scrutinized on the basis of specially drafted Scrutiny Notes and data analysis was done as per the Analysis Plans. Prior to data analysis, data was entered in the MS Excel package and subjected to all the relevant range and consistency checks. Finally, data was entered in SPSS 12.0 version and analyzed according to the analysis plan. The detail of study findings of various AYUSH schemes was presented in the following chapters.

Chapter 2

Institutional and Governance Mechanism of National AYUSH Mission: Issues, Findings and Recommendations

2.1 Context

The implementation of NAM has to be governed at the Central level by the Central Programme Management Unit and at the state level by respective State Programme Management Unit (SPMU or PMU in short). However, for the purpose of governance, the Mission at State level is governed and executed by a State AYUSH Mission Society, constituted under the Chairmanship of the Chief Secretary of the state and with state's Principal Secretary/Secretary I/c of AYUSH/ (Health & FW) performing the role of Member Secretary. There are other Principal Secretaries, NRHM Mission Director, AYUSH Commissioner and DG as well as State ASU&H drug licensing authority and Director State Medicinal Plant Board (SMPB) who are members.

The Governing Body of the State AYUSH society finalises the State Annual Action Plan (SAAP) after recommendations by the Executive Body. The Executive Body is chaired by Principal Secretary/Secretary in charge of AYUSH/ Health & F.W. and Commissioner (AYUSH)/Director General (AYUSH)/Director Ayurveda, Unani, Homoeopathy, Siddha is the member secretary of the Executive Body. The State AYUSH Mission is supported by the State Mission Directorate, NRHM, State Medicinal Plant Board, Horticulture Department, State AYUSH Drug Licensing Authority, State AYUSH Medical Education Directorates, etc. so that all aspects of Programme implementation including technical assessment of requirements, manpower provisioning, capacity building, drug procurement, monitoring and evaluation, etc. are successfully met.

In order to strengthen the AYUSH infrastructure both at the Central and State levels, financial assistance for setting up of the Programme Management Units (PMUs) is being provided under National AYUSH Mission (NAM). The PMU consists of management and technical professionals both at Central and State level and essentially on contract or through service provider. The PMU staff is engaged from the open market on contractual basis or outsourcing and the expenditure on their salary is met out of admissible administrative and managerial cost for the mission period. The PMU provides the technical support to the implementation of

National AYUSH Mission in the State through its pool of skilled professionals like MBAs, CAs, Accountants. In addition to the manpower cost for PMU, the States/UTs avail the financial assistance for such administrative costs like office expenditure, travelling expenditure, contingency, Annual Maintenance Cost (AMC) of infrastructure including equipment, computer, software for HMIS, Training and Capacity Building for concerned personnel under each component, audit, monitoring & evaluation, project preparation consultancy and additional manpower for AYUSH Hospitals and Dispensaries. A total 4% of the net funds available for the State are earmarked for State/UTs administrative costs under the Mission.

Grant-in Aid is transferred through treasury with effect from F.Y. 2014-15 to State Governments which in turn transfer the funds to the State AYUSH Society along with State Share.

Monitoring and Evaluation: Dedicated MIS monitoring and evaluation cell is established at Centre/ State level. The concurrent evaluation of the AYUSH Mission is carried out to know the implementation progress and bottlenecks and scope for improvement. The present study is being carried out as a Third party evaluation as specified in the NAM guidelines.

Funds flow for NAM from centre to the states and actual expenditure reported by the sample states

Ministry of AYUSH sanctions funds for State/UT Governments based on the recommendations of the Mission Directorate for the particular State. The NAM funds sanctioned, released and expended in each of the financial years are presented below

**Table 2.1: State AYUSH Society: Expenditure reported against Grant sanctioned and released under NAM from Central Government
(Rs. in Lakhs)**

No.	State	2014-15			2015-16			2016-17			Total		
		Sanct.	Rel.	Expend.	Sanct.	Rel.	Expend.	Sanct.	Rel.	Expend.	Sanct.	Rel.	Expend.
1	Andhra Pradesh (AP)	859.86	309.93	716.06	890.48	1400.38	257.92	1085.5	1125.53		2835.84	2835.84	973.98
2	Arunachal Pradesh	171.25	101.14	170.82	457.45	527.55	173.68	468.16	465.45	228.07	1096.86	1094.14	572.57
3	Assam	1068.36	668.98		1011.13	1410.51		1631.65	1631.65		3711.14	3711.14	0
4	Goa	0	0	0	339.13	118.72	46.82	402.19	622.97	0	741.32	741.69	46.82
5	Gujarat	909.89	332.39	539.49	867.76	792.69	833.05	1084.49	1533.05	551.16	2862.14	2658.13	1923.70
6	Haryana	612.81	213.59	612.79	541.19	579.79	490.63	673.78	1034.40	444.23	1827.78	1827.78	1547.65
7	Himachal Pradesh (HP)	0	0	0	425.57	421.48	412.48	619.42	614.21	318.1	1044.99	1035.69	730.58
8	Jammu & Kashmir	618.46	226.27	226.27	460.76	792.15	738.69	708.40	769.21		1787.62	1787.63	964.96
9	Karnataka	1041.59	359.12	814.56	920.80	1560.25	466.68	1216.68	1241.46	1094.30	3179.07	3160.83	2375.54
10	Kerala	712.55	254.67	712.54	848.47	1273.78	833.74	858.63	891.20	796.56	2419.65	2419.65	2342.84
11	Madhya Pradesh (MP)	1948.92	644.94	1809.91	2005.47	3253.34	1483.28	2610.77	2645.33	2021.74	6565.16	6543.61	5314.93

12	Manipur	373.22	226.81	183.31	682.40	828.80	220.21	1230.00	1229.99	62.12	2285.62	2285.60	465.64
13	Mizoram	190.13	116.27	116.27	331.84	405.69	405.69	609.64	603.75	575.28	1131.61	1125.71	1097.24
14	Nagaland	191.72	115.61	115.61	796.98	873.09	873.09	522.14	521.28	521.28	1510.84	1509.98	1509.98
15	Odisha	1322.57	471.72	0.00	1084.54	1865.28	0.00	1151.20	1221.30	0.00	3558.31	3558.30	0.00
16	Puducherry	72.52	60.00	71.06	131.66	144.18	66.91	170.07	170.00	86.20	374.25	374.18	224.17
17	Punjab	585.29	316.00	233.86	414.23	299.51	61.44	1735.44	1317.81		2734.96	1933.32	295.30
18	Rajasthan	1768.79	638.06	630.81	1751.18	2819.61	2311.13	5134.62	2225.21	1493.06	8654.59	5682.88	4435.00
19	Sikkim	110.12	66.43	110.11	564.46	608.15	387.57	889.37	874.07	709.69	1563.95	1548.65	1207.37
20	Tamilnadu (TN)	0.00	0.00	0.00	687.27	87.70	638.14	2065.96	1980.54	987.03	2753.23	2068.24	1625.17
21	Telangana	690.98	330.00	553.23	746.96	1091.46	484.75	1319.76	1330.70	401.81	2757.70	2752.16	1439.79
22	West Bengal	1371.69	471.23	471.23	1152.97	1924.85	928.69	1169.48	1298.06	147.88	3694.14	3694.14	1547.80
23	Uttarakhand (UK)	437.46	284.00	284.00	485.55	621.24	621.24	1180.45	1187.93	718.16	2103.46	2093.17	1623.40
24	Uttar Pradesh (UP)	0.00	0.00	0.00	4878.44	4539.27	4539.27	4539.27	8466.62	8466.62	9417.71	13005.89	13005.89
	Total	15058.18	6207.16	8371.93	22476.69	28239.47	17275.10	33077.07	35001.72	19623.29	70611.94	69448.35	45270.32

The State Mission Directorate has officials representing the centre as well as the state governments. State Annual Action Plan is submitted for the consideration of the Mission Directorate each year and approval for the SAAP is obtained in original or in modified form. Based on the approval/sanctions, the pace of utilisation in the state and the availability of funds with the Ministry of AYUSH, the funds are released in instalments to the state. The table given above presents the total amounts sanctioned, released and expended each year under National AYUSH Mission with respect to the sample states. The figures from Maharashtra are not included due to non-formation of the respective State AYUSH Society. The figures of expenditure have been obtained from the State AYUSH Society and verified. In many cases, especially for the financial year 2016-17, the figures of expenditure are not yet finally audited figures but an aggregate of the expenditure entries that are intended to be considered for finalization at the level of the respective State AYUSH Societies.

The data given in the table of sanctioned and expended amount under NAM suggests that the sanctioned amounts have consistently shown an upward trend. The utilization by respective states has also gone up with each successive year of NAM implementation. The operational period of the NAM scheme that is under evaluation is three years and therefore, shortfall in utilization in the initial years maybe due to the initial time taken for stakeholders in learning about the scheme and establishing mechanisms to implement and monitor the scheme. This process takes some time to get established and therefore, till that time, the actual implementation on the ground does get delayed.

2.2 Three categories of states based on their funds utilisation performance

The analysis of the funds utilisation by the respective states has been done based on the criteria evolved in consultation with the senior officials of Ministry of AYUSH.

- i) **A Category States:** Those states which have utilised 75% or above of the funds received from Centre in the period 2014-15 to 2016-17
- ii) **B Category States:** Those states which have utilised 40-74% of the funds received from Centre in the period 2014-15 to 2016-17
- iii) **C Category States:** Those states which have utilised less than 40% of the funds received from Centre in the period 2014-15 to 2016-17

The inability to utilise the received funds completely has also led to a situation where the state governments (in their treasury) and State AYUSH Societies (SASs) are **holding unspent balances with them for considerable length of time.**

The criteria and the division of states into three categories as well as the unspent amounts from the funds received from the centre are presented in the table that follows:

Table 2.2: Categorisation of State based on utilisation percentage of NAM funds (Period FY 2014-15 to FY 2016-17)

No.	State	Percentage Utilisation of released funds under NAM upto 31 st March 2017	Category of State based on Funds utilisation	Unspent balance with the state (Rs, in Lakhs) as on 31 st March 2017
1	Andhra Pradesh (AP)	34.35%	C	1861.86
2	Arunachal Pradesh	52.33%	B	521.57
3	Assam	0%	C	3711.14
4	Goa	6.32%	C	694.50
5	Gujarat	72.37%	B	734.43
6	Haryana	84.67%	A	280.13
7	Himachal Pradesh (HP)	70.54%	B	305.11
8	Jammu & Kashmir (J&K)	53.98%	B	822.67
9	Karnataka	75.16%	A	785.28
10	Kerala	96.83%	A	76.81
11	Madhya Pradesh (MP)	81,22%	A	1228.68
12	Manipur	20.37%	C	1891.96
13	Mizoram	97.47%	A	28.47
14	Nagaland	100.00%	A	0.00

15	Odisha	0.00%	C	3558.31
16	Puducherry	59.91%	B	150.01
17	Punjab	15.27%	C	1638.02
18	Rajasthan	78.04%	A	1247.88
19	Sikkim	77.96%	A	341.28
20	Tamilnadu (TN)	78.58%	A	443.07
21	Telangana	52.31%	B	1312.37
22	West Bengal	41.90%	B	2146.34
23	Uttarakhand (UK)	77.56%	A	469.77
24	Uttar Pradesh (UP)	100.00%	A	0.00
	Total	65.19%	B	24249.66

It can be seen from the table above that 11 states are in the A category and 7 states are in the B category with a good potential for improvement in the very near future. A perusal of the year wise funds utilisation of the A and B category states suggests that these states have been improving their funds utilisation performance in each passing year. This portends well for the future.

Table 2.3: Category-wise classification of States (NAM funds utilisation Period FY 2014-15 to FY 2016-17)

Category Label	Parameter (Percentage funds utilised with respect to funds released by the Central Government)	Number of States	Names of states with the particular category label
A Category	75% and above of the released funds	11	Haryana, Karnataka, Kerala, Madhya Pradesh (MP), Mizoram, Nagaland, Rajasthan, Sikkim, Tamilnadu (TN),

	are utilised		Uttarakhand (UK), Uttar Pradesh (UP)
B Category	40%-74% of the released funds are utilised	7	Arunachal Pradesh, Gujarat, Himachal Pradesh (HP) Jammu & Kashmir (J&K), Puducherry, Telangana West Bengal
C Category	Less than 40% of the released funds are utilised	6	Andhra Pradesh (AP), Assam, Goa, Manipur, Odisha Punjab
Total Sample States		24	

The overall funds utilisation for the 24 States/UTs that constitute the sample is 65.19% and qualify for a high B Grade. It is also of note that there are 6 states which need to be closely reviewed for their below par performance. Out of these states, AP, Manipur and Punjab have already initiated many actions in 2016-17 to step up their performance and these are likely to lead to significantly better outcomes in the very near future.

There are some states which need to be monitored intensely and measures need to be thought of and implemented to improve their poor performance so far. These states which must be attended to immediately are as follows:

- i) Assam,
- ii) Goa,
- iii) Odisha

2.3 Reasons for low utilisation of funds and low absorption capacity of State AYUSH Societies:

Main reasons cited by the respective State AYUSH Societies for lower utilisation of funds are as follows:

- i) Delay in receipt of funds from the treasury of their respective state.

- ii) Lumping of funds into large instalments which are released very late into the financial year by Ministry of AYUSH which makes it difficult for the State AYUSH Society to approve and disburse it for the projects proposed for the same year.
- iii) The process of procurement as per central guidelines does take a long time.
- iv) Lack of human resources, especially those who are formally qualified and experienced for project appraisal and management in general and that in the health sector in particular. There also is a lack of professionals in SASs who have formal qualification or are otherwise competent to handle marketing and communication. This limits the outreach and acceptability of the AYUSH initiatives among the targeted groups of individuals and organisations.
- v) Infrastructure especially in relation to computers and office equipment is inadequate and this leads to compromise in performance of the SASs.
- vi) The State Government often has other priorities and use of funds received from the centre as NAM funds. It leads to many delays in release of funds to SASs.
- vii) The coordination and communication between SMPBs and their respective SASs is poor in almost all the states barring a few exceptions like Telangana, AP and Rajasthan. Such a situation leads to poor and delayed implementation of Medicinal Plants Component of NAM because in the absence of appropriate and timely inputs from SMPBs, the SASs on their own are not able to accord adequate importance to Medicinal Plants component in the state.

The above reasons are the chief causes of delay in NAM funds and benefits reaching the intended beneficiaries. Once these two issues are addressed, the utilization of NAM funds will be faster and implementation much better.

2.4 Analysis of NAM fund released and time taken to reach various stages till the beneficiary

One of the primary reasons that affect the performance of the Programme adversely is the delay experienced at each stage of the funds transfer. This stretches the funding cycle and makes it very challenging to meet the annual physical and financial targets for the SASs. In order to analyse the speed of funds flow, the SASs were contacted and information about certain sample sanctions picked up randomly was done for the three years 2014-15, 2015-16 and 2016-17. The items mentioned in respective SAAP were studied in combination with the information about the dates of fund transfer from one stage to another in the process starting from SAAP submission to funds

disbursal to local units by SAS. Averages, maximum and minimum durations were recorded for each state in order to bring out the actual situation and identify bottlenecks.

Table 2.4: Speed of funds flow for States based on sanction letters, SAAPs and utilisation evidence (Period FY 2014-15 to FY 2016-17)

No.	State	Number of Sanction letters considered	Time taken for release of funds (days)					
			Average duration from centre to state government after receipt of SAAP	Average duration from state government to SAS	Average duration from SAS to beneficiary if disbursed	Average duration from SAS to SMPB or equivalent if disbursed	Minimum duration from Centre to beneficiary who have received funds	Maximum duration from Centre to beneficiary who have received funds
1	Andhra Pradesh	3	112	153	83	76	212	325
2	Arunachal Pradesh	3	98	210	98	NA	293	436
3	Assam	3	119	219	NA	NA	NA	NA
4	Goa	2	152	NA	NA	NA	NA	NA
5	Gujarat	3	185	142	74	98	204	438
6	Haryana	3	213	154	92	116	342	490
7	Himachal Pradesh	3	176	186	98	125	210	532
8	Jammu & Kashmir	3	190	202	119	148	321	438
9	Karnataka	3	143	167	69	88	171	368
10	Kerala	3	174	193	82	96	190	352

No.	State	Number of Sanction letters considered	Time taken for release of funds (days)					
			Average duration from centre to state governm ent after receipt of SAAP	Average duration from state government to SAS	Average duration from SAS to beneficiary if disbursed	Average duration from SAS to SMPB or equivalent if disbursed	Minim um duratio n from Centre to benefic iary who have receive d funds	Maximu m duration from Centre to beneficiar y who have received funds
11	Madhya Pradesh	3	195	188	112	147	216	432
12	Manipur	3	212	232	138	179	327	428
13	Mizoram	3	187	224	142	184	343	456
14	Nagaland	3	143	238	112	136	215	434
15	Odisha	3	169	NA	NA	NA	NA	NA
16	Puducherry	3	186	134	67	NA	158	346
17	Punjab	3	134	184	124	NA	242	419
18	Rajasthan	3	124	158	102	109	182	327
19	Sikkim	3	112	164	108	NA	219	376
20	Tamilnadu	3	138	NA	NA	NA	NA	NA
21	Telangana	3	147	168	95	93	192	383
22	West Bengal	3	138	198	138	NA	354	487
23	Uttarakhand	3	165	187	91	NA	239	475
24	Uttar	3	194	NA	NA	NA	NA	NA

No.	State	Number of Sanction letters considered	Time taken for release of funds (days)					
			Average duration from centre to state government after receipt of SAAP	Average duration from state government to SAS	Average duration from SAS to beneficiary if disbursed	Average duration from SAS to SMPB or equivalent if disbursed	Minimum duration from Centre to beneficiary who have received funds	Maximum duration from Centre to beneficiary who have received funds
	Pradesh							
	On The whole		158	187	106	125	158	490

The process of flow of funds by state was tracked for 24 States/UTs (excluding Maharashtra which does not have State AYUSH Society). A sample of transactions of disbursement to final beneficiaries was tracked backwards to the stage of submission of SAAP by the State Government to Ministry of AYUSH. The corresponding sanctions were identified in consultation with SASs and the durations at each stage were documented.

Some of the data was not available for certain states and that has been indicated in the cells above. The average time duration of release of instalment after receipt of SAAP is 158 days for the country as a whole for the sample sanctions picked up at the SASs. The average time taken by SASs in withdrawing the money from their respective state treasury is 187 days (or more than six months). Once the SASs receive money, they are able to disburse it to final beneficiary (if all processes are complied with) in an average period of 106 days and to SMPB in 125 days. The transactions that were observed showed that the minimum time taken from Central funds to reach the beneficiary unit is 158 days and the maximum is 490 days. Some of the states are relatively quicker in implementing the process.

The average of the time observed for all State AYUSH Societies combined during 2016-17 for receipt of first instalment was 174 days and for second instalment was 252 days from 1st April 2016. The time taken

for receipt of funds has reduced significantly from 2014-15 and 2015-16 when it was calculated as 251 days for first receipt of first instalment and 331 days for second instalment. Transfer of instalment of funds from State AYUSH Society to beneficiary units/beneficiaries takes anything between 30-100 days depending on the project and the state. The transfer of funds from SAS to nodal agency for Medicinal Plants takes almost similar time or even more, depending on the state. The major part of the time is taken by transfer of funds from State Treasury to State AYUSH Society due to procedural delays at State level. But, the Centre to state transfer can also be hastened.

Table 2.5: (Data from question no. 2) State AYUSH Society: Extent of central procurement guidelines being followed by state for procurement of medicines

No.	State	Does the state follow procurement guidelines of central government?	Are changes made to suit local conditions?	Remarks
1	Andhra Pradesh (AP)	Yes	No	
2	Arunachal Pradesh	Yes	Yes	50 percent released to DMO
3	Assam	Yes	No	
4	Goa	Yes	NA	
5	Gujarat	Yes	No	
6	Haryana	Yes	No	
7	Himachal Pradesh (HP)	Yes	No	
8	Jammu & Kashmir (J&K)	Yes	No	
9	Karnataka	Yes	No	
10	Kerala	Yes	No	Procurement takes upto one year
11	Madhya Pradesh (MP)	Yes	No	Buying from CPSUs/PSUs

No.	State	Does the state follow procurement guidelines of central government?	Are changes made to suit local conditions?	Remarks
12	Manipur	Yes	No	
13	Mizoram	Yes	No	Procurement of Homeopathic medicines takes a longtime due to only one approved supplier
14	Nagaland	Yes	No	
15	Odisha	Yes	No	
16	Puducherry	Yes	No	
17	Punjab	Yes	No	
18	Rajasthan	Yes	No	
19	Sikkim	Yes	No	
20	Tamilnadu (TN)	Yes	No	
21	Telangana	Yes	No	
22	West Bengal	Yes	No	
23	Uttarakhand (UK)	Yes	No	
24	Uttar Pradesh (UP)	Yes	No	

Officials in all the State AYUSH Societies reported following Central Procurement Guidelines. During the survey, random check of orders supports this claim. However, it was felt by the officials that sometimes there was a local demand to deviate from the procedure to suit local requirements. However, we were unable to find any deviation based on documents that we could access during the survey. State AYUSH Society, Arunachal Pradesh declared in their response that once they

released money to DMO for essential purchases at local level and the same has been recorded in the table above.

Table 2.6: (Data from question no. 3) State AYUSH Society: Extent of State Procurement guidelines followed for procurement of medicines

No.	State	Does the state follow its own procurement guidelines?	Difficulties faced in following state guidelines?	Remarks
1	Andhra Pradesh (AP)	Yes-sometimes	No	
2	Arunachal Pradesh	No		
3	Assam	No		
4	Goa	No		
5	Gujarat	Yes	No	
6	Haryana	Yes	Rates of AYUSH medicines not approved	Buying from CPSUs/PSUs
7	Himachal Pradesh (HP)	No		
8	Jammu & Kashmir (J&K)	Yes	No	
9	Karnataka	Yes	No	
10	Kerala	No		
11	Madhya Pradesh (MP)	No		
12	Manipur	No		
13	Mizoram	No		
14	Nagaland	No		
15	Odisha	Yes- for expenditure from state budget	Limited number of qualified suppliers	
16	Puducherry	No		
17	Punjab	No		

No.	State	Does the state follow its own procurement guidelines?	Difficulties faced in following state guidelines?	Remarks
18	Rajasthan	No		
19	Sikkim	No		
20	Tamilnadu (TN)	No		
21	Telangana	No		
22	West Bengal	No		
23	Uttarakhand (UK)	Yes	Single bids not allowed. State govt. approval for tendering takes long time	Frequent retendering
24	Uttar Pradesh (UP)	Yes	No	

All the States follow central procurement guidelines for procuring AYUSH medicines. A total of 17 out of 23 States reported that they exclusively followed central procurement guidelines for procurement of medicines and six states reported that they also comply with state procurement guidelines and rules in addition to the central procurement guidelines. Goa, where the NAM Programme is at a very early stage of implementation has not had an opportunity and therefore declined to report in response to this question. Officials in Odisha expressed their difficulty of the medicine supplier base becoming very limited because of compliance with central and state guidelines and cited this difficulty as a reason for delay in supplies of medicines to field units.

Table 2.7: (Data from question no. 4) State AYUSH Society: Time taken for steps for awarding civil works contract for AYUSH projects

No.	State	Steps followed and average time taken
1	Andhra Pradesh (AP)	Through Andhra Pradesh Medical Services Infrastructure Development Corporation (APSMIDC) which is the nodal agency to AP Govt.
2	Arunachal Pradesh	Implemented through Govt. agencies such as PWD and Hydro Power Corp'n. And procedural formalities are followed. Takes minimum 45 days to award work

No.	State	Steps followed and average time taken
3	Assam	SAS accords administrative approval to State PWD (Bldg.) Authority. They take at least. 45 days to award works in cases other than NAM
4	Goa	NA
5	Gujarat	Implemented through Project Implementation Unit (PIU) of Health Department of the state. Takes minimum 6 months to award work
6	Haryana	District AYUSH officer gets the estimate from PRI bodies in rural areas and PWD B&R department for urban areas and sends to SAS. The SAS disburses funds if provided in Annual Action Plan. Execution through PRI/State PWD.
7	Himachal Pradesh (HP)	SAS gets the estimate from HPPWD, BSNL, or BDO. The SAS disburses funds if provided in Annual Action Plan. Execution through the same bodies. Takes minimum 60 days.
8	Jammu & Kashmir (J&K)	No civil work reported under NAM so far
9	Karnataka	SAS gets it executed through specialized agency Karnataka State Health Reformation Project (KSHRP) supported by WHO or through State PWD. Generally takes at least 4 months to award the work.
10	Kerala	SAS transfers funds to NHM which has an Engineering Department which executes the awarding of work. Usually takes at least 6 months to award work
11	Madhya Pradesh (MP)	SAS transfers funds and gets it executed through state govt. agencies like PIU, PWD, RES etc.
12	Manipur	SAS gets it executed through agency identified by the state govt. such as PWD, RD works department of state. Takes more than six months.
13	Mizoram	For large projects such as AYUSH Hospital SAS transfers funds to NHM which has an Engineering Department which executes the awarding of work. Usually takes at least 6 months to award work. For smaller projects, it is done by department under supervision of an in house engineer.
14	Nagaland	Through Engineering Wing of Department of Health & Family Welfare by Open Tender process. Usually takes more than three months.
15	Odisha	SAS transfers funds and gets it executed through state govt. agencies like PWD, RD works department of state. Takes a minimum of three months for cases other than NAM so it is reasonable to assume that it will be the same for NAM.

No.	State	Steps followed and average time taken
16	Puducherry	SAS transfers funds and gets it executed through state govt. agencies like PWD, RD works department of state. Takes a minimum of three months.
17	Punjab	Through Punjab Health System Corporation (PHSC) which is the nodal agency to Punjab Govt. Takes a minimum of three months.
18	Rajasthan	SAS transfers funds to NHM which has an Engg. Department which executes the awarding of work. Usually takes at least 3 months to award work
19	Sikkim	For large projects such as AYUSH Hospital, SAS floats an advertisement and constitutes a committee. Work contract awarded after e-tendering. Usually takes at least 6 months to award work. For smaller projects upto 20 Lakhs, it is done by engineering cell of Health department.
20	Tamilnadu (TN)	SAS transfers funds and gets it executed through state govt. agencies like PWD, RD works department of state. Gets completed within the financial year.
21	Telangana	Through Telangana State Medical Services Infrastructure Development Corporation (TSMSIDC) which is the nodal agency to Telangana Govt.
22	West Bengal	Through West Bengal Medical Services Corporation (WBMSCL) which is the nodal agency to West Bengal Govt.
23	Uttarakhand (UK)	State level Technical committee is constituted after preparation of DPR. Executed through state govt. agencies like PWD, RD works department of state. MOU is signed and governs timeline.
24	Uttar Pradesh (UP)	SAS gets it executed through agency identified by the state govt. such as PWD, RD works department of state. Gets completed within the financial year.

Non-recurring grant is released to the State AYUSH Societies under NAM for carrying out New Civil works as well as for renovation and upgradation. There are five different modalities being followed for awarding the civil works. These are as follows:

- i) Through specialized nodal agency in the state as reported by AP, Telangana, Karnataka, Punjab, West Bengal
- ii) Through Govt. and PRI agencies such as PWD, RD, PRI as reported in Assam, Haryana, HP, MP, Mizoram, Odisha, Puducherry
- iii) Through specialized deptt./cell in state health department and state wing of NHM as reported in Gujarat, Kerala, Mizoram (For smaller projects), Nagaland

- iv) Through State Government department such as PWD and RDD as reported by Manipur
- v) Through an empowered committee constituted for this purpose at the state level as reported by Sikkim

There was no response from Goa as the State AYUSH Society reported that they have not withdrawn any funds for the purpose so far.

The delay in awarding civil works was cited by all the states and the delay sometime extended to one year. The detailed procedures involved at each stage were often stated as the reason for the delay.

Table 2.8: (Data from question no. 5) State AYUSH Society: What is the mechanism and process/procedure of reporting from the field level to State AYUSH Society Level?

No.	State	Mechanism and process/procedure followed	Remarks
1	Andhra Pradesh (AP)	Review Meeting of AYUSH Socy. personnel with Principal Secy. On first Monday of every month	Monthly- regular
2	Arunachal Pradesh	Monthly patient report by DMO, Monthly other activity report by Member Secy. , Dist. AYUSH Socy.- Both to State PMU in GOI format	Monthly- irregular
3	Assam	AYUSH doctors report to district nodal officer (DNO) who furnishes report to PMU	Monthly- irregular
4	Goa	No formally structured mechanism reported	Monthly- irregular
5	Gujarat	Dist. Ayurveda officer reports to SAS by email on a monthly basis	Monthly- regular
6	Haryana	Local AYUSH Institutions to District Ayurvedic officer to SAS to GOI as per prescribed formats	Monthly-irregular
7	Himachal Pradesh (HP)	Reports are submitted in monthly review meetings of Dy. Directors/DAOs. Qrly. review by ACS Ayurveda in a meeting.	Monthly-irregular
8	Jammu & Kashmir (J&K)	AYUSH Units report on monthly basis to SAS. Information formats uploaded on website too	Monthly-irregular

No.	State	Mechanism and process/procedure followed	Remarks
9	Karnataka	Field Units report to Dist. AYUSH officer who consolidates the reports and sends the reports to SAS by email on a monthly basis	Monthly-regular
10	Kerala	DMO of each AYUSH stream report to Dist. AYUSH Society and Director of DPMU who reports to SAS	Monthly-regular
11	Madhya Pradesh (MP)	District AYUSH Officer reports to SAS	Monthly-irregular
12	Manipur	Field units report through physical copies/email in prescribed format to SAS by 3 rd of every month. After which monthly review meeting takes place	Monthly-irregular
13	Mizoram	Physical copy submitted by local establishments to SAS every month in specified state specific format	Monthly-irregular
14	Nagaland	Direct report to Executive Engineer who informs the SAS	Monthly-irregular
15	Odisha	Field units report through physical copies in prescribed format to SAS	Irregular
16	Puducherry	No system so far	Irregular
17	Punjab	Field Units to Dist. HQ (DAUO/DHO) to State HQ. Comprehensive prescribed formats.	Monthly-regular
18	Rajasthan	Field Units to Dist. HQ to State HQ. Comprehensive prescribed formats.	Monthly-regular
19	Sikkim	Field Units to Dist. HQ to State HQ. Comprehensive prescribed formats.- Online	Monthly-regular
20	Tamilnadu (TN)	Field Units to DSMO to State AYUSH Society	Monthly-regular
21	Telangana	Dispensaries to Regional Deputy Directors (2) to State AYUSH Society. Hospital Supdts. to SAS. Other Programmes Medical officer I/c to SAAS. Prescribed formats of state.	Monthly-regular
22	West Bengal	Field units report through physical copies in prescribed format to SAS	Monthly- irregular

No.	State	Mechanism and process/procedure followed	Remarks
23	Uttarakhand (UK)	MO of Homeopathic dispensary to Dist. Homeopathic Medical officer to Directorate of Homeopathic Medical Services at State level. Similarly for Ayurvedic and Unani streams. Prescribed format for monthly report.	Monthly-regular
24	Uttar Pradesh (UP)	Through regular review meetings. Recently web based interactive portal has been launched which has a tracking system and which connects district level officials with state level officials	Monthly- regular

A regular and robust reporting system from field level to the State AYUSH Society is at the core of monitoring of NAM. An examination of the reporting system suggested that almost all the states have proposed a monthly monitoring and review mechanism wherein the field units are required to report on their performance parameters such as that related to Patients, medicines, civil works in the specified formats. However, an actual enquiry about the reporting system suggested that the field units in most of the states are submitting their reports irregularly or in an incomplete manner as is recorded in the table above. In terms of the levels for reporting, there are different structures which are as follows:

- i) Direct reporting from Field Units to State level
- ii) Reports of field units consolidated at district level and district level offices report to state level
- iii) Hybrid Model combining direct from field with that through districts

The problems that were cited at the state level pertained to shortage of manpower skilled in proper reporting method, lack of motivation, non-prioritisation of reporting over operational responsibilities as well as lack of IT infrastructure, poor internet connectivity in the rural and remote locations, difficulty in recording Aadhar Card numbers at field unit level, etc. The irregular and incomplete data availability may be affecting the NAM implementation adversely with only 12 states submitting that the reports were received regularly and in complete manner.

Table 2.9: (Data from question no. 6) State AYUSH Society: Have district level nodal officer been assigned for all the districts of the state?

No.	Have district level nodal officers been appointed for all districts?	Number of States	Names of states with status of appointment of nodal officers for all districts
1	Yes	7	Andhra Pradesh (AP), Arunachal Pradesh, Karnataka, Madhya Pradesh (MP), Punjab, Telangana, Uttarakhand (UK)
2	No	17	Assam, Goa, Haryana, Himachal Pradesh (HP), Kerala, Mizoram, Nagaland, Odisha, Puducherry, Rajasthan, Sikkim, Tamilnadu (TN), West Bengal, Gujarat, Uttar Pradesh (UP), Jammu & Kashmir (J&K), Manipur
	Total	24	

There are seven states out of the 24 which have assigned district nodal officers specifically for implementation of NAM. In other states, it is the existing official machinery that implements either a stream of AYUSH system or implements all other Programmes of AYUSH who are responsible for coordinating NAM components as an additional activity.

Table 2.10: (Data from question no. 7) State AYUSH Society: Whether implementation changes have been made with respect to whatever was finally sanctioned?

No.	State	Were changes made during implementation	Remarks
1	Andhra Pradesh (AP)	No	
2	Arunachal Pradesh	Yes	Salary of HR component of PMU, DTL, QC, Pharmacy, and Integrated Hospital kept 100% provision from GOI Funds as State share delayed.
3	Assam	No	

No.	State	Were changes made during implementation	Remarks
4	Goa	NA	
5	Gujarat	No	
6	Haryana	Yes	Approved fund for one institution has been used to repair another institution with the permission of higher authorities in 2015-16
7	Himachal Pradesh (HP)	No	
8	Jammu & Kashmir (J&K)	No	
9	Karnataka	No	
10	Kerala	No	
11	Madhya Pradesh (MP)	No	
12	Manipur	No	
13	Mizoram	No	
14	Nagaland	Yes	Vehicle was purchased for mobility support in 2014-15
15	Odisha	No	
16	Puducherry	No	
17	Punjab	No	
18	Rajasthan	No	
19	Sikkim	No	
20	Tamilnadu (TN)	No	
21	Telangana	Yes	2014-15: M/cery. and eqpt. allocation changed to construction and renovation plus machinery & equipment for a particular institution. With approval of Ministry
22	West Bengal	No	

No.	State	Were changes made during implementation	Remarks
23	Uttarakhand (UK)	No	
24	Uttar Pradesh (UP)	No	

The funds are sanctioned under NAM in response to the proposals received from the respective states and for activities and components as identified in the State Annual Action Plans which are formulated in accordance with the resource pool that is available and which is reconciled with the local demands, needs and priorities at the state level. Each of the sanctioned funds is designated for a specified purpose that is agreed upon among all the agencies concerned. This ensures that not only is financial discipline maintained but the planning efficiency and effectiveness is enhanced thus leading to a clear focus on the priorities of the scheme. During the survey, four states reported that in view of the then circumstances, they had had to resort to utilisation of sanctioned funds of NAM for purposes other than for which these were sanctioned. They also reported that they had obtained proper authorization as per procedure existing. Based on the documents made available for access by the respective survey investigator, this claim is difficult to verify.

Table 2.11: (Data from question no. 8) State AYUSH Society: Status related to utilization certificates

No.	State	How are the Utilization certificates (UCs) of NAM prepared?	Number of UCs submitted for NAM funds received in 2014-15	Number of UCs submitted for NAM funds received in 2015-16	Number of UCs submitted for NAM funds received in 2016-17	How often is the submission of UCs getting delayed? Why?
1	Andhra Pradesh (AP)	NA	NA	NA	NA	NA
2	Arunachal Pradesh	By F&AO in GFR19 A Format	1 (provisional)	1	NA	Never
3	Assam	Approved	0	1	0	Delayed

No.	State	How are the Utilization certificates (UCs) of NAM prepared?	Number of UCs submitted for NAM funds received in 2014-15	Number of UCs submitted for NAM funds received in 2015-16	Number of UCs submitted for NAM funds received in 2016-17	How often is the submission of UCs getting delayed? Why?
		auditor prepares audited report based on which AO prepares UC				
4	Goa	NA				
5	Gujarat	Prepared by Finance Officer who gets it checked from approved Auditor	0	0	0	Delayed
6	Haryana	Approved auditor prepares audited report based on which AO prepares UC in GFR 19A	1 (under revision now)	0	0	Delayed- always so far
7	Himachal Pradesh (HP)	By AO with inputs from DAOs	0	1	1	Delayed
8	Jammu & Kashmir (J&K)	Prepared by statutory Auditor/CA in GFR 19A	1	1	0	Delayed
9	Karnataka	By AO with inputs from districts	1	1	0	Delayed

No.	State	How are the Utilization certificates (UCs) of NAM prepared?	Number of UCs submitted for NAM funds received in 2014-15	Number of UCs submitted for NAM funds received in 2015-16	Number of UCs submitted for NAM funds received in 2016-17	How often is the submission of UCs getting delayed? Why?
10	Kerala	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
11	Madhya Pradesh (MP)	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
12	Manipur	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
13	Mizoram	Prepared by Finance Manager in specified format	1	1	0	Delayed
14	Nagaland	Prepared by SPO (AYUSH)	1	0	0	Delayed
15	Odisha	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
16	Puducherry	Prepared by Accounts Manager in specified format	0	0	0	Delayed
17	Punjab	Prepared by statutory	1	0	0	Delayed

No.	State	How are the Utilization certificates (UCs) of NAM prepared?	Number of UCs submitted for NAM funds received in 2014-15	Number of UCs submitted for NAM funds received in 2015-16	Number of UCs submitted for NAM funds received in 2016-17	How often is the submission of UCs getting delayed? Why?
		Auditor/CA in GFR 19A				
18	Rajasthan	Prepared by Accounts Deptt. Checked by FA, MD and statutory Auditor/CA. Prepared in GFR 19A	1	0	0	Delayed
19	Sikkim	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
20	Tamilnadu (TN)	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
21	Telangana	Prepared by statutory Auditor/CA in GFR 19A	0	0	0	Delayed
22	West Bengal	Prepared by Accounts Deptt. Checked by statutory Auditor/CA. Prepared in GFR 19A	0	0	0	Delayed

No.	State	How are the Utilization certificates (UCs) of NAM prepared?	Number of UCs submitted for NAM funds received in 2014-15	Number of UCs submitted for NAM funds received in 2015-16	Number of UCs submitted for NAM funds received in 2016-17	How often is the submission of UCs getting delayed? Why?
23	Uttarakhand (UK)	Prepared by statutory Auditor/CA in GFR 19A	1	1	0	Delayed
24	Uttar Pradesh (UP)	Prepared by FC in specified format	0	0	0	Delayed

The Utilization Certificates (UCs) are an important monitoring and control mechanism for Centrally Sponsored Schemes such as NAM. The PFMS module being promoted by Government of India (GOI) has a separate module accompanied by clear cut instructions for submission of UCs. This indicates the importance that GOI accords to the timely and proper submission of UCs. However, this aspect of the scheme faces a lot of hurdles for its proper implementation. As can be seen in the table above, the performance of the State AYUSH Societies in submitting UCs has a scope for improvement. State AYUSH Societies were unable to submit UCs in line with the requirements of the GOI and in a timely manner. As is evident from the table above that there are 13 states who have not submitted any UC so far. Of the others, who stated that they had submitted the UC, the acceptance of these UCs by Ministry of AYUSH (MOA) remains to be verified. Probably, there will be more states whose UCs, once recommended for revision will join the list of those states with Zero UC submission. This issue needs immediate and urgent attention from MOA.

The table given above shows that there is a very limited in-house talent and skills that is available with State AYUSH Societies for preparation of UCs. This important responsibility has been outsourced completely to the CAs. During the survey, we found an evidence of lack of ownership for submission of UCs within the State AYUSH Societies. It was, in most cases, considered to be an

activity that is somehow to be managed for release of next instalment of funds. The advice by the MoA to SASs to revise the UCs was perceived negatively by most State AYUSH Societies.

Table 2.12: (Data from question no. 9) State AYUSH Society: Status related to reporting to central government

No.	State	What is the reporting system followed from State to Centre regarding NAM?	How regularly are the reports submitted?
1	Andhra Pradesh (AP)	Status of funds transferred/utilized in prescribed format sent through email	Monthly- regular
2	Arunachal Pradesh	Status of funds transferred/utilized in prescribed format sent through email	Irregular due to delays in receipt from districts who face staff and connectivity constraints
3	Assam	No specific format used	Need based (no regular frequency)
4	Goa	NA	
5	Gujarat	Submitted by email. As per formats for monthly reporting devised by GOI	Monthly-regular
6	Haryana	Monthly expenditure and Monthly OPD reporting in specified formats	Monthly-regular
7	Himachal Pradesh (HP)	As per formats for monthly reporting devised by GOI	Monthly- irregular
8	Jammu & Kashmir (J&K)	As per formats for monthly reporting devised by GOI	Monthly-irregular
9	Karnataka	As per formats for monthly reporting devised by GOI	Monthly-regular
10	Kerala	SAS to CPMU as per needs and specified formats	Monthly-regular
11	Madhya Pradesh (MP)	Through physical letter	Irregular
12	Manipur	As per formats for monthly reporting devised by GOI	Monthly-irregular

No.	State	What is the reporting system followed from State to Centre regarding NAM?	How regularly are the reports submitted?
13	Mizoram	Submitted by mail in first week of every month	Monthly-irregular
14	Nagaland	Status of funds transferred/utilized in prescribed format sent through email	Monthly- irregular
15	Odisha	As per formats for monthly reporting devised by GOI	Monthly- irregular
16	Puducherry	Sent by email. As per formats for monthly reporting devised by GOI	Monthly- irregular
17	Punjab	Sent by email. As per formats for monthly reporting devised by GOI	Monthly- irregular
18	Rajasthan	Sent by email. As per formats for monthly reporting devised by GOI	Monthly-regular
19	Sikkim	Sent by email. As per formats for monthly reporting devised by GOI	Monthly-regular
20	Tamilnadu (TN)	No report sent so far	Irregular
21	Telangana	Sent by email. As per formats for monthly reporting devised by GOI	Monthly-regular
22	West Bengal	Sent by email and post. As per formats for monthly reporting devised by GOI	Monthly-regular
23	Uttarakhand (UK)	As per formats for monthly reporting devised by GOI	Monthly- irregular
24	Uttar Pradesh (UP)	As per formats for monthly reporting devised by GOI	Monthly-irregular

In accordance with the NAM framework, the respective State AYUSH Societies have to report to the MoA on a regular basis about the NAM activities along with the funds receipts and utilization status. Since the field level reporting is irregular and suffers from infirmities of data, it was found during the survey, that state reporting to centre also got affected negatively. There were 15 states

whose reporting appears to belong to the irregular category. Even in cases, where the submission is reported as regular, the integrity of the data may be doubtful considering that it was nothing but a consolidation of data furnished by field units who were constrained by their situation in furnishing accurate and timely data. Therefore, the reliability of the data might be compromised even if the regularity was not. This area needs immediate attention from MoA.

Table 2.13: (Data from question no. 9)

State AYUSH Society: Status related to reporting to central government

No.	Problems faced in reporting to central govt.	Number of states	Names of states
1	No Problem reported	10	Andhra Pradesh (AP), Assam, Haryana, J&K, MP, Mizoram, Sikkim, West Bengal (WB), Uttarakhand (UK), Uttar Pradesh (UP)
2	Lack of staff	1	Arunachal Pradesh
3	Poor internet connectivity & IT infrastructure	2	Arunachal Pradesh, Nagaland
4	Aadhar Number/Mobile Number difficult to get from patients coming to OPD/IPD	1	Himachal Pradesh (HP)
5	District level data difficult to obtain regularly	2	Kerala, Manipur
5	Unit level data from doctors is not received in time	3	Puducherry, Punjab, Karnataka
6	DBT form is lengthy and detailed. Takes too much time to complete and affects OPD work	2	Rajasthan, Telangana
7	Reports not sent for aggregation by units	3	Gujarat, Goa, Tamilnadu (TN)

There are 10 states which mentioned that there were no problems in submitting the reports to MoA. The problems cited and the states which cited these problems are indicated in the table above. In order to improve the reporting, the above problems will require addressing in the near future.

Table 2.14: (Data from question no. 10) State AYUSH Society: Status related to the method of coordination between State AYUSH Society and State Medicinal Plant Board?

No.	Method of coordination	Number of states
1	No definite mechanism	4
2	Meetings with SMPB- not frequent	7
3	No SMPB existing in State	1
4	Meeting of Governing Body of SMPB	1
5	Meetings with SMPB- frequent	9
6	Through correspondence and emails	2

The coordination between SASs with their respective SMPBs is mostly done through meetings. There are 16 states mentioning it among its method of coordination. However, in seven out of these 16 states, these meetings are infrequent and far between and there is no regularity. This is a lack of communication between SAS and SMPB needs urgent attention by specifying this as a performance parameter of the SAS as well as the SMPB that should be monitored at Central level and the must form a part of State's performance assessment.

**Table 2.15: (Data from question no. 11)
State AYUSH Society: Status related to the method of coordination between State AYUSH Society and State Horticultural Mission?**

No.	Method of coordination	Number of states
1	Horticultural Mission not involved with implementation	13
2	Meetings- not frequent	3
3	No formally structured mechanism	1
4	Meetings-regular	7
5	Emails- regular	2
6	Correspondence	3

There are 13 states, where the respective Horticultural Mission does not play any role in implementation of NAM. Out of the remaining 11 states, the most common method of coordinating with Horticultural Mission for implementation of NAM is through regular meetings. There are 7 out of 11 states where such meetings are held regularly.

Table 2.16: (Data from question no. 12) State AYUSH Society: The system of making proposals within the resource pool?

No.	System of making proposals	Number of states
1	Not reported	3 (Assam, Goa, Odisha)
2	Consultative meeting with all stakeholder organisations. Receive proposals from districts and make component wise State Annual Action Plan	8
3	SAAP is prepared and concerned deptt. proposes as per resources allocated	8
4	DMO/District officials submit proposal to District Director who submit to Mission Director where appraisal takes place in the context of resource pool available	2
5	State Programme Manager makes Project Proposal on the basis of funds allocated	2
6	Proposals from AYUSH establishments are received by SAS. Executive Committee of SAS appraises these and takes a decision.	1

The exercise of drawing up proposals comprising various components of NAM implementation in the state is an important one. The proposals which are formulated must not only reflect local needs and demands but should also encompass the share of state in meeting national priorities. The systems followed in formulating proposals could be top-down, bottom-up or a hybrid system. The processes followed to make NAM proposals within resource pool are as follows:

- i) Eight states are following the system of consultative meeting with all stakeholders and receive proposals from district- Bottom up.
- ii) In eight states, communication of resource allocated and the state priorities to districts who then formulate district level proposals- Top down

- iii) In two states hybrid system is followed in the form of consultative process between Project Director and domain heads to formulate district proposal which is sent up for appraisal.
- iv) In two states it is a different form of top down where the SPM makes the Project proposal.
- v) There is one state where field units directly send proposals to SAS executive committee for appraisal and approval.

The bottom-up processes are much better suited to make Programme implementation better aligned with the local needs and demands. If a robust consultative process is added to it, then the state and national priorities can be linked. This is being followed in eight states as is evident from the table above.

Table 2.17: (Data from question no. 13)
State AYUSH Society: What is the system of giving priority to different proposals?

No.	System of prioritising proposals	Number of states
1	Not reported	3 (Assam, Goa, Odisha)
2	Maximisation of awareness and reach	2
3	Population pattern	2
4	Geographical Outreach	2
5	Epidemic in the areas	3
6	Construction/Infrastructure	7
7	Ensuring availability of medicines in AYUSH institutions	7
8	EC of State AYUSH Society prioritises	2
9	AYUSH Educational Institutions	3
10	Equipment and Furniture	1
11	Local Demand	6
12	Urgent healthcare deficiency	1
13	Even spread among districts	1
14	AYUSH Health Services get priority	1

Proposals pertaining to civil infrastructure creation and upgradation as also those related to purchase and supply of medicines receive high priority in maximum number of states. Seven states prefer to

give high priority to each of these needs. There are six states who stated that for their proposals, it is the local needs and demands which act as a primary determinant for accepting the proposals.

Table 2.18: (Data from question no. 14)

State AYUSH Society: Any challenges being faced with the current NAM scheme?

No.	Challenges being faced with the current NAM scheme	Number of states	Names of states who are facing challenges
1	No challenge	7	Andhra Pradesh (AP), HP, Madhya Pradesh (MP), Manipur, TN, UK, UP
2	Limited resource allocations	4	Arunachal Pradesh, Kerala, Punjab, Rajasthan
3	Shortage of dedicated infrastructure like OPDs in collocated units	1	Arunachal Pradesh
4	Shortage of Manpower	6	Arunachal Pradesh , Assam, Mizoram, Puducherry, Punjab, Sikkim
5	Shortage of provision for required manpower	2	Arunachal Pradesh, Karnataka
6	Long delays in getting budgetary approvals	1	Arunachal Pradesh
7	Lack of District Programme Management Unit	3	Arunachal Pradesh, Haryana, Nagaland
8	Shortage of infrastructure in PMU	1	Arunachal Pradesh
9	State share delayed	2	Goa, Punjab
10	Lack of IT infrastructure at local level	1	Haryana
11	Remoteness of areas of the state leads to weak monitoring	1	Arunachal Pradesh
12	Low level of medicinal plant activity	1	Odisha
13	No separate office of SAS	1	Puducherry
14	No vehicle	1	Puducherry

No.	Challenges being faced with the current NAM scheme	Number of states	Names of states who are facing challenges
15	Translating IEC material in Local/Regional language	1	Telangana
16	Lack of good IEC material	1	West Bengal (WB)
17	Grant orders received from Ministry are very confusing. Making UCs becomes difficult	1	Gujarat
18	No criteria for hiring manpower under NAM	1	Jammu & Kashmir (J&K)

When asked to state the problems and challenges faced in planning and implementing NAM in their respective state, the State AYUSH Society officials of seven of the states stated that they faced no significant challenges. Shortage of qualified and skilled manpower was cited by officials in six of the states. Limited resource allocation as compared to the requirements was mentioned by four states and absence of District level Programme Management Unit posed a challenge to three states. Other problems and challenges that were highlighted are mentioned in the table above.

Table 2.19: (Data from question no. 15) State AYUSH Society: Any suggestions for the current NAM scheme?

No.	Suggestions for the current NAM scheme	Number of states	Names of states
1	No suggestion	4	Andhra Pradesh (AP), Goa, Tamilnadu (TN), Uttar Pradesh (UP)
2	Increase annual resource allocation	7	Arunachal Pradesh (to 15 crore), Madhya Pradesh (for colleges and hospitals), Odisha, Punjab, Rajasthan, Uttarakhand, Karnataka
3	Direct fund transfer to AYUSH Society	8	Arunachal Pradesh, Kerala, Puducherry, Punjab, Sikkim, Uttarakhand. Karnataka, Manipur
4	Provision for construction of AYUSH Directorate	1	Arunachal Pradesh

No.	Suggestions for the current NAM scheme	Number of states	Names of states
5	Provision of Dist. PMU	3	Arunachal Pradesh , Nagaland, Rajasthan
6	Modify NAM guidelines by consulting State	1	Assam
7	GOI sanction letter must include activity for which grant is sanctioned	1	Haryana
8	Provision for purchase of mobile van for IUC, yoga awareness, camps	1	Himachal Pradesh (HP)
9	Reporting system to be incorporated in Ministry of AYUSH web portal	1	Himachal Pradesh (HP)
10	Include and provide for District level project monitoring	1	Kerala
11	Accounts staff needed	1	Mizoram
12	Administrative training of nodal officers	1	Puducherry
13	Programme Management training	2	Puducherry, Sikkim
14	Procurement should be done centrally	1	Punjab
15	AYUSH manpower at collocated units should only report to AYUSH Directorate	1	Punjab
16	Flexibility in procuring from more suppliers than at present especially for Homeopathy	1	Sikkim
17	Provide HMIS to each dispensary	1	Telangana
18	Strengthening district level set-up	1	West Bengal (WB)
19	Make the Grant order clear so that states find it easy to submit UCs	1	Gujarat
20	Make NAM guidelines more comprehensive	1	Jammu & Kashmir (J&K)

The above table lists out the suggestions offered by different State AYUSH Societies. The suggestion offered by most number of states (8) was about ensuring the direct transfer of NAM funds from GOI to State AYUSH Society. The current system of transferring state funds to State

Treasury which later is withdrawn by the State AYUSH Society was found to be too cumbersome. There were seven states which alluded to increasing resource allocation from the current levels. Three states wanted that District PMU should be established. Demand for Orientation and Training Programmes was also made by some of the states. Since this was an open ended question and choices were not given, the numbers mentioned against some of the prominent ones like training and resources will probably go up if respondents are aided with choices.

2.5 State Programme Management Units

In order to strengthen the AYUSH infrastructure for implementing NAM at both at the Central and State levels, financial assistance for setting up of the Programme Management Units (PMUs) has been provided. The PMU consists of management and technical professionals both at Central and State level either on contract or through a service provider. The PMU staff has been engaged from the open market on contractual basis or outsourcing and the expenditure on their salary is met out of admissible administrative and managerial cost for the mission period. This PMU is meant to provide the technical support to the implementation of National AYUSH Mission in the State through its pool of skilled professionals who are qualified as MBAs, CAs, in Accounts and as technical specialists etc. All appointments are contractual and Central Government's liability is limited only to the extent of Central share admissible for administrative and management costs on salary head for the mission period. The structure of PMU & application format has been specified in the NAM Framework document.

In addition to the manpower cost for PMU, the States/UTs can also avail the financial assistance for such administrative costs like office expenditure, travelling expenditure, contingency, Annual Maintenance Cost (AMC) of infrastructure including equipment, computer, software for HMIS, Training and Capacity Building for concerned personnel under each component, audit, monitoring & evaluation, project preparation consultancy and additional manpower for AYUSH Hospitals and Dispensaries. A total 4% of the net funds available for the State are earmarked for administrative costs of State/UTs under the Mission.

2.6 State Programme Management Units (SPMUs)- Sample survey

The fieldwork for the present study was conducted in the following states/UTs:

1. Andhra Pradesh

2. Arunachal Pradesh
3. Assam
4. Goa
5. Gujarat
6. Haryana
7. Himachal Pradesh
8. Jammu & Kashmir
9. Karnataka
10. Kerala
11. Madhya Pradesh
12. Manipur
13. Mizoram
14. Nagaland
15. Odisha
16. Puducherry
17. Punjab
18. Rajasthan
19. Sikkim
20. Tamilnadu
21. Telangana
22. Uttar Pradesh
23. Uttarakhand
24. West Bengal

The PMU was not found to be functional in Maharashtra as of March 2017. The other findings related to this aspect are presented in the following table:

Table 2.20: (Data from question no. 2) SPMU: Year of establishment of SPMU

No.	Description	Number of States	Names of the states
1	Total number of States reporting SPMU	24	-
2	FY 2014-15	10	Kerala, Punjab, Puducherry, Gujarat, Arunachal Pradesh, Rajasthan, Telangana, Haryana, Uttar Pradesh , West Bengal
3	FY 2015-16	10	Sikkim, Assam, Nagaland, Goa, Himachal Pradesh, J&K, Madhya Pradesh, Manipur, Mizoram, Tamilnadu
4	FY 2016-17	4	Karnataka, Andhra Pradesh, Uttarakhand, Odisha
5	PMU not established yet (as of 31 st March 2017)	1	Maharashtra

The table presented above shows that since the time, NAM was launched in 2014-15, 10 states/UTs established SPMU in each of the first two financial years of its launch. Out of the States visited, SPMU has not been established in Maharashtra.

Table 2.21: (Data from question no. 3) SPMU: Staff availability in various states

No.	Staff count	Number of States
1	No Staff	0
2	1-3	12

No.	Staff count	Number of States
3	4-6	8
4	Greater than 6	4 (Kerala, Assam, Uttar Pradesh, Rajasthan)
	Total no. of Sample States having SPMU	24
	States having Programme Manager in place (17)	Punjab, Nagaland, Karnataka, Gujarat, Andhra Pradesh, Assam, Uttar Pradesh, Telangana, Uttarakhand, Sikkim, Kerala, Himachal Pradesh (HP), Haryana, Rajasthan, Kerala, Manipur, Mizoram

The table above clearly presents the data of the staff availability in various states; out of 24 states/UTs which reported having an SPMU in total. Kerala, Assam, Uttar Pradesh and Rajasthan have the highest number of SPMU staff with 6 in number in each state, while others have lesser number of staff. It is important to note that most states totaling 17 among those surveyed have reported the placement of State Programme Manager while the remaining seven states have reported the availability of at least one staff but have no State Programme Manager.

Table 2.22: (Data from question no. 4) SPMU: Utilisation of Funds received under NAM

No.	Category of employment	2014-15	2015-16	2016-17
	Number of States reporting	13	12	11
1	Total utilisation on Office Expenditure and Administrative Expenses (in Rs. Lakhs)	260.60	252.12	217.06
2	Total utilisation on Manpower Expenses (in Rs. Lakhs)	208.47	233.3	438.63
3	Grand Total of Utilisation(in Rs. Lakhs)	469.07	485.42	655.69
4	Percentage of Admin to Total utilization (1/3 x 100)	56	52	33

No.	Category of employment	2014-15	2015-16	2016-17
5	Percentage of Manpower to Total utilization (1/3 x 100)	44	48	67
6	Ratio of Admin to Manpower (1:2)	14:11	13:12	66:134

The table reveals the utilisation of SPMU funds under NAM. Components gathered according to heads of utilization are office expenditure and administrative expenses, and also the manpower expenses. The expense to the former head in the first two years is higher as compared to the expenses spent on the later. However, there is a change observed in the third year 2016-17 as total expense of manpower is higher than the expenses on office and administration. There is an increase in the grand total amount of expenditure with each succeeding year; 2016-17 with the highest amount of expenditure of about Rs. 655.69 Lakhs. However, on the other hand, the number of states reporting expenses decreases with each succeeding year. The year 2016-17 also shows a wide disparity in the amount of expenditure as expenses on manpower is more than half of the total expense with 67% compared to the 33% of its expense on office and administration.

Table 2.23: (Data from question no. 6) SPMU: States facing problems in recruiting manpower

No.	Description	Number of States
	Number of States reporting	22
1	Number of States facing problems in recruiting manpower	8
2	Number of States not facing problems in recruiting manpower	14

Table 2.24: (Data from question no. 6) SPMU: Specific problems faced in recruiting manpower

No.	Description of problem faced	Number of States Reporting this problem	Remarks
0	Total Number of States reporting problem	8	
1	Recruitment process got delayed due to state elections (Lok Sabha)	1	Puducherry
2	Insufficient manpower due to limited amount of grant from GOI. There is also no recruitment support from the state	1	Sikkim
3	Lack of human resource for recruitment process; hence walk-in interviews create commotion	1	Kerala
4	Delay in receipt of funds	1	Rajasthan
5	Specifying qualifications of PMU staffs would have been helpful to engage the staffs	4	Telangana, Jammu & Kashmir (J & K), Andhra Pradesh (AP), Madhya Pradesh (MP)

Out of the total states surveyed, eight states have mentioned that they faced problems pertaining to the recruitment of manpower. In Puducherry, the recruitment process was delayed due to the Lok Sabha elections in the state. Sikkim faced an insufficient amount of fund allotted for manpower. The state of Kerala has reported the lack of human resource for recruitment process causing constraints during the walk-in interviews. Moreover, delay of funds in Rajasthan was the problem in the state. Telangana, AP, Jammu & Kashmir and MP have suggested that specifying the qualifications of PMU staffs would do a lot to the overall implementation of the scheme.

Table 2.25: (Data from question no. 7) SPMU: States facing other problems in implementing scheme

No.	Description	Number of States
	Number of States reporting	22
1	Number of States facing other problems	7
2	Number of States not facing problems	15

Table: 2.26 (Data from question no. 7) SPMU: Specific problems faced in implementing the scheme

No.	Description of problem faced	Number of States Reporting this problem	States Reported
	Total Number of States reporting problem	7	
1	Multi-tasking staff is required for smooth functioning of the Programme	1	Arunachal Pradesh
2	Non-availability of authentic IEC campaign materials	1	West Bengal
3	Lack of manpower	1	Sikkim
4	There is always a delay in fund processing from the state	1	Puducherry
5	Additional components such as Engineering wing, quality control wing and training wing are needed at state level implementation	1	Kerala

No.	Description of problem faced	Number of States Reporting this problem	States Reported
6	Lack of guidelines and manpower and infrastructure at district level	1	Andhra Pradesh
7	Need DPM unit at district level with a minimum number of 2 people; District Programme manager and district HMIS personnel	1	Rajasthan

Out of 22 states reported, seven states have put forth problems while implementing the scheme. Lack of manpower has been cited by Sikkim. Delay of funds for the unit from the state has been a problem in Puducherry. Lack of infrastructure at the District level was mentioned by Kerala.

2.7 Other major findings regarding Institutional and Governance mechanism of NAM

- i) **NAM Programme has been slow in picking up momentum:** Due to the delay in receipt of funds by the State AYUSH Societies in most states/UTs, there has been delay in implementing NAM. The performance has improved significantly in 2016-17 as far as the ground level progress is concerned. The backlog of low fund utilisation in earlier periods is getting cleared now with the support under NAM reaching AYUSH Units and the beneficiaries and delivering benefits. Outcomes from NAM are becoming evident to AYUSH units and to beneficiaries only recently. The capacity of the states for implementing the project has improved gradually.
- ii) **Difficulty in recruiting and deputing suitable human resources:** States/UTs are finding it a challenge to recruit human talent especially those who have competence in project management and marketing communication. In almost all the cases, the progress of this component has been hampered due to absence of such professionals.
- iii) **Scope of SAAP needs to be locally relevant and designed bottoms up:** The State AYUSH Societies must be encouraged to put in place suitable local mechanisms to suggest and discuss actual local requirements so that scope of what should or should not be included

in the SAAP gets proposed in a bottom-up manner and therefore closely reflect actual local needs in case of each state.

2.8 Recommendations regarding institutional and Governance mechanism of NAM

- i) **NAM must be continued as an essential part of health delivery:** The improvement in rate of fund utilisation with passage of time, leads us to suggest that the scheme be continued with increased allocation for not only project implementation but also for improvement in capacity building of institutions connected with NAM in the states.
- ii) **Improve the speed of fund transmission upto beneficiary stage:** There have been attempts to improve the speed of funds transmission from MoA to States, but there still is considerable scope for improvement the speed and steps of the process. The deadline for communicating resource pool to states and receipt of SAAP can be advanced further. Possibility to be explored to release first instalment to states by May 31st of the year. This will catalyse better utilisation.
- iii) **Possibility of approval for recurring items before meeting of Mission Directorate to approve SAAP:** Possibility must be explored for approving the funds for Recurring items, prior committed items in the respective state's SAAP pending the plan discussions by MD at the MoA. It may be considered that a certain percentage (suggested at 60%) be processed for release to the States irrespective of discussions. Balance can be processed later.
- iv) **Investment in Computerisation:** The current level of computerization from ground-up is low. The states cite lack of resources. However, lack in this area is hampering the NAM implementation severely. It may be considered to augment computerization from District Level upwards by supporting hardware, software and human resources. It will certainly improve monitoring and reporting and will speed up funds flow and its better and timely utilisation towards better NAM implementation.
- v) **Performance Categorisation of States should be used to improve performance:** The present chapter has used the formula jointly developed by MoA and CMSD to categorise the states into A, B and C category. Some of the C category states have already initiated actions towards performance enhancement. Leaving these aside, the states which are categorized as C and in which actions towards improvement are not clearly evident (Assam, Goa and Odisha), MoA must take actions to remedy the situation by holding discussions and

understanding the actual challenges. Based on the actual challenges, state specific action plan must be drawn up to speed up the process of NAM implementation in such states.

- vi) **Planning for utilisation of unspent balances with the states must be done soon:** The data collected during the fieldwork seems to suggest that a balance of over Rs. 242 crores is lying unspent with the sample 24 states/UTs on account of previously released funds for NAM. It is suggested that a time-bound process must be implemented to utilise the unspent balances either for the items for these are earmarked or even for revised items after considering them under the due process.
- vii) **SMPB mandatorily must interact with its respective SAS:** The relatively poor interaction and communication between SMPBs and their respective SASs has a negative impact on implementation of medicinal plant component of NAM. In most such cases, it was the SMPB which mostly interacted with NMPB rather than its State's SAS. This needs to be remedied. If possible, the SAS and SMPB should be situated in close proximity (the interaction was better in those states where they were located close to each other) if possible. It should be made a mandatory part of activities of the SAS and SMPB that they meet once a month regularly and the minutes of such a meeting are sent to CPMU at Ministry of AYUSH early in the month. The CPMU must include the receipt of formal minutes of such monthly meeting as a performance measure that must be monitored for the SAS and SMPB. If possible, CPMU can specify a simple tabular format for recording minutes of such meetings.
- viii) **Establish Independent Department of AYUSH in each state with district and block level structure:** All the evidence gathered with respect to Programme implementation so far suggests that the present structure of State AYUSH Society to units can be improved upon in terms of monitoring and reporting as well as for identification and implementation of project. It is suggested that all the states must establish a separate department of AYUSH which must have an implementation and monitoring personnel/set up at block level as well as at the district level. It should be similar to most of the other major developmental interventions of the government.

- ix) **Measures should be taken to improve absorption capacity of State Governments:**

Many of the state governments/ SASs were found to be lacking in their absorption capacity for the funds allocated to them under NAM. The same needs to be tackled from the PUSH side where adequate investments has to be made in filling up all sanctioned posts, engaging individuals and organisations with better managerial qualification and experience so that the project cycle is managed systematically. PULL side changes will involve improving the genuine demand for AYUSH services by improving social marketing, outreach and IEC activities. Professionals who are competent in this area must be hired. Material support in terms of better IT infrastructure, better access to ground level data and more investment in effective IEC activities and material will go a long way in improving absorption capacity of the states.

- x) **Capacity building in the area of Management:** Increased funds should be earmarked and massive drive is suggested to improve the managerial skills of project implementing professionals. This is a significant area of gap that was observed. The training of AYUSH doctors, Paramedics, Pharmacists, PMU personnel in areas of better work management practices, planning, project management, communication must be included and encouraged. It should be taken up as a continuous improvement activity for quality improvement in NAM delivery.
- xi) **Decentralisation of NAM proposal to implementation:** The slow pick up of the programme, the relatively lower utilisation of the funds even at present, lower off take of AYUSH services even when provided. Large amount of unspent balances lying with state governments and State AYUSH Societies in most states may, to some extent, be due to mismatch with respect to the exact requirements of beneficiaries. In order to address this situation, DECENTRALISED PLANNING must take place when the SAAP is being formulated. It is suggested that the local level Community Based Organisations (CBOs) and NGOs must be involved actively in NAM activities and their suggestions along with that of community members must form an important input into SAAP. The village and urban self-government institutions must be co-opted into the formulation of proposals from SAAP. The SAAP must be an aggregate of such proposals after these are screened properly.
- xii) **Success factors identified for certain states must be replicated to other states:** There are certain factors which have been identified for the relative success of NAM in certain states. These factors are regular coordination between SMPB and SAS, fully staffed Programme

Management Unit, better monitoring system between field units and SAS, Presence of district level AYUSH machinery and rigorous process followed during formulation of SAAP and regular communication with CPMU. These need to be replicated in relatively lower performing states.

Chapter 3

AYUSH Services: Co-location, Upgradation and Medicine Supply

3.1 Mainstreaming of AYUSH: Offering health service options to the people

Medical Pluralism is widely practiced in India. India has a rich heritage of traditional medicine in the form of both codified as well as non-codified systems of medicine. National AYUSH Mission has several components which are aimed at promoting medical pluralism by integrating AYUSH into the state health services system and mainstreaming of AYUSH with allopathy. Mainstreaming of AYUSH has been envisaged primarily by co-locating AYUSH services like OPD, IPD, AYUSH wing and dispensaries in the same health facility from where allopathic system of medicine is being offered. The personnel of AYUSH are often utilised for National Health Mission (NHM) activities as well as for involvement in Crosspathy/Cross referrals at the health facilities. In addition to the co-location in PHC, CHC, District Hospitals (DHs), there also are initiatives which promote independent existence and expansion of AYUSH services. Such initiatives involve upgradation of AYUSH hospitals, upgradation of AYUSH dispensaries and supply of genuine and good quality AYUSH medicines to dispensaries and other health establishments. The range of initiatives under this head are all meant to work in tandem and create a positive image of an effective system of healthcare in the minds of intended individuals so that they willingly exercise their healthcare option when the need so arises.

Co-location of AYUSH facilities with the units that deliver Allopathic system: Many reports about healthcare delivery system in India have maintained the view that India's current healthcare system is not sustainable for its 1.25 billion population. An estimated 600 million people in India, many in rural locations, have little or no access to good quality healthcare at affordable cost. India also faces a critical shortage of trained health professionals such as doctors, nurses, and allied healthcare workers. The National Policy on Indian Medicine Systems and Homeopathy-2002 envisaged integration of traditional systems of Medicines practiced in India with modern system of medicine and into healthcare delivery. The government is also considering a holistic healthcare system that is universally accessible, affordable, and which dramatically reduces out-of-pocket health expenditures. National Health Mission (NHM), the bedrock of India's healthcare delivery

system, seeks to provide accessible, affordable and quality healthcare to every Indian. It is towards this end that integration of traditional systems of medicine (represented by AYUSH) with modern system and thereby into the healthcare delivery system is implemented.

National AYUSH Mission has several components which are aimed at promoting improved accessibility of affordable, quality healthcare as well as medical pluralism by integrating AYUSH into the state health services system and mainstreaming of AYUSH with allopathy. It has been envisaged primarily by co-locating AYUSH services like AYUSH OPD in PHCs, AYUSH IPD in CHCs and AYUSH wing in District Hospitals. Towards this end, the personnel of AYUSH are often utilised for National Health Mission (NHM) activities as well as for involvement in Crosspathy/Cross referrals at the health facilities.

Under the National Health Mission (NHM), financial and technical support is provided to States/UTs for strengthening their healthcare systems, including for mainstreaming of AYUSH, based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs). Similarly, under National AYUSH Mission (NAM) financial support is provided to States/UTs for better access to AYUSH services through co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), upgradation of the exclusive AYUSH hospitals and dispensaries as per the requirement projected by them in their State Annual Action Plans (SAAPs).

Funding:

I. Co-location of AYUSH facilities at PHCs, CHCs and DHs

I (a) Establishment of AYUSH OPD Clinics in the Primary Health Centres (PHCs)

i. One Time grant

Upto Rs 20.00 lakhs for undertaking addition/ alteration of existing premises; furniture, fixtures, equipment, etc. subject to the condition that expenditure on addition/ alteration of existing premises will not exceed 75 per cent of the total amount.

ii. Recurring grant

- Rs. 0.30 lakhs per annum is provided as lump sum Contingency fund.
- Rs. 3.00 lakhs per annum is provided for procurement of drugs, medicines, diet and other consumables.

I (b) Establishment of AYUSH IPDs in Community Health Centres (CHCs)

i. One Time grant

Upto Rs. 30.00 lakhs for undertaking addition/ alteration of existing premises; furniture, fixtures, equipment, etc. subject to the condition that expenditure on addition/ alteration of existing premises will not exceed 75 percent of the total sanctioned amount.

ii. Recurring grant

- Rs. 0.50 lakh per annum as lump Sum Contingency fund.
- Rs. 5.00 lakhs per annum for procurement of drugs, medicines, diet and other consumables.

I (c) Setting up of AYUSH Wings in District Hospitals

i. One Time grant

Up to Rs. 40.00 lakhs for undertaking addition/ alteration of existing premises; furniture, fixtures, equipment etc. subject to the condition that expenditure on addition/ alteration of existing premises will not exceed 75 per cent of the total amount.

ii. Recurring grant

- Rs. 0.70 lakhs- per annum as lump sum Contingency fund.
- Rs. 5.00 lakhs per annum for procurement of drugs, Medicines, Diet and other consumables.

II. Supply of Essential Drugs to AYUSH Hospitals and Dispensaries

Rs 2.00 lakhs per annum for essential drugs (Ayurveda/ Siddha/ Unani) Rs 1.00 lakhs per annum for essential drugs (Homoeopathy)

III. Upgradation of exclusive/stand-alone Government AYUSH hospitals (other than PHCs/ CHCs/ DHs)

Financial assistance provided for upgradation and improvement of existing AYUSH hospitals under the State Government/Zilla Parishads.

i. One Time grant

Upto Rs. 75.00 lakhs provided for undertaking construction, renovation of existing premises; furniture, fixtures, equipment, etc. subject to the condition that expenditure on addition/ alteration of existing premises will not exceed 75 percent of the total amount.

ii. Recurring Grant (per annum)

- Rs. 0.70 Lakhs per annum as lump sum contingency fund
- Rs. 4.50 Lakhs per annum for procurement of drugs, medicines, diet and other consumables.

iii. State may engage the following personnel as per their need and salary may be decided as per the local criteria:

- a. AYUSH Specialists having PG qualifications- 2 (two)
 - b. AYUSH Medical Officer-1 (one)
 - c. AYUSH Pharmacists- 2 (two)
 - d. Para Medical Staff- Masseurs- 2 (two),
 - e. Kshar Sutra Attendant-1/ Stri Roga Attendant- 1/Ilaj-bid-Tadbir Attendant/Thokkanam attendant-1/Homoeopathy Attendant-1/Yoga Attendant- 1
- iv. Subject to the conditions that the additional requirement of personnel shall be assessed and projected keeping in view the personnel already in position. All the **appointments will be contractual and the Central Government's liability** will be limited to the extent of Central Share admissible for the cost on salary for the mission period.

IV. Upgradation of Government/Panchayat/Government aided AYUSH Dispensaries

i. One Time grant

Up to Rs 20.00 lakhs for undertaking construction, renovation of existing premises; furniture, fixtures, equipment, etc. subject to the condition that expenditure on addition/ alteration of existing premises will not exceed 75 per cent of the total amount.

ii. Recurring Grant (per annum)

Rs. 0.10 Lakhs per annum as lump sum contingency fund

3.2 OPD in PHC- Sample survey

Out of a universe of 1794 PHCs which were planned (as per respective SAAPs) to receive recurring funds for colocated AYUSH OPD, 449 PHCs (existing and proposed by SASs in respective State planning processes) were visited by the survey teams and out of 25 PHCs, which were planned to receive non-recurring funds for colocated OPDs, 7 OPDs (existing and proposed by SASs in respective State planning processes) were visited during the fieldwork. The findings for this aspect of the field survey are presented in the following tables:

Table 3.1: (Data from question no. 2) OPD in PHC (existing and proposed by SASs in respective State planning processes): Year of colocation in PHC

No.	Year of colocation	Number of OPD
1	Before 2012-13	174
2	FY 2012-13	
3	FY 2013-14	44
4	FY 2014-15	
5	FY 2015-16	56
6	FY 2016-17	182
	Total	456

During the survey of mid-term evaluation of NAM, a total of 456 OPDs (existing and proposed for colocation by SASs in respective State planning processes) in Public Health Centers (PHCs) were surveyed. Out of which 174 OPDs were established before 2012 – 13, 44 in 2013 -14 and the most recent ones (182 in number) in 2016 -17.

Table 3.2: (Data from question no. 3) OPD in PHC (existing and proposed for colocation by SASs in respective State planning processes): Primary system of AYUSH followed

No.	AYUSH system	Number of Units	Names of states
1	Ayurveda	276	Rajasthan, Uttarakhand, Himachal Pradesh, Haryana, Punjab, Assam, Karnataka, Madhya Pradesh (MP), Manipur, Mizoram, Puducherry, Tamilnadu
2	Yoga and Naturopathy	4	Karnataka, Tamilnadu
3	Unani	18	Tamilnadu, Karnataka, Haryana, Himachal, MP, Rajasthan
4	Siddha	14	Puducherry, TN
5	Homeopathy	144	Mizoram, Sikkim, Assam, Uttarakhand, Punjab, Haryana, Tamilnadu, Puducherry
	Total	456	

Among the existing and proposed colocated OPDs visited in 14 states, Ayurveda was the most common system of AYUSH in states; Homeopathy had the second highest number of colocated units. Unani and Siddha had a minor presence and that too in Tamilnadu and Puducherry only.

Table 3.3: (Data from question no. 4) OPD in PHC: New OPD or alteration to existing OPD

No.	Type of OPD	Number of Units	Names of states
1	New OPD constructed	7	Tamilnadu, Assam
2	Existing OPD was/will be altered	449	Haryana, Assam, Goa, Uttarakhand, Sikkim, Himachal Pradesh, Karnataka, Madhya Pradesh, Manipur, Rajasthan, Punjab, Puducherry, Mizoram, Tamilnadu

No.	Type of OPD	Number of Units	Names of states
	Total	456	

Most of the states have altered (or will alter) existing OPD to accommodate AYUSH OPDs in their PHCs for colocation. On the other hand, the states of Tamilnadu and Assam have taken the option of New OPD construction to colocate AYUSH OPDs.

Table 3.4: (Data from question no. 8) OPD in PHC: Facilities available in OPD for AYUSH

No.	AYUSH system	Number of OPDs	Names of notable states
1	Clinical Lab	96	Mizoram, Rajasthan, Sikkim, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Punjab, Tamilnadu, Manipur, Uttarakhand
2	X-ray Room	23	Mizoram, Sikkim, Rajasthan, Karnataka, Tamilnadu, Himachal Pradesh
	Total number of states who have answered this question	11	

The distribution of such facilities and the states where AYUSH OPDs predominantly features such facilities are presented in the table above.

Table 3.5: (Data from question no. 9) OPD in PHC: Utilisation of Non-recurring (One Time) grant under NAM

No.	Description of expense head for the utilization of Non-recurring grant	Number of Units Reporting this expense head	Names of States
1	Premises	7	Assam, Tamilnadu
2	Furniture	4	
3	Equipment	5	
4	Any Other (specify)		
	Total states reporting utilization of Non-Recurring grant	2	

The one-time grant under the NAM was utilised by the two states for upgrading their Premises, purchase of furniture and equipment in the PHC. The states used the grant to purchase new equipment for the PHC.

Table 3.6: (Data from question no. 10) OPD in PHC (existing and proposed): Sharing of facilities between AYUSH and Allopathy

No.	Sharing status	Number of Units	Names of States
1	Yes- facilities shared	198	Madhya Pradesh, Tamilnadu, Mizoram, Rajasthan, Sikkim, Uttarakhand, Himachal Pradesh, Haryana, Punjab, Puducherry
2	No- Facilities not shared	4	Assam
	Total states reporting	11	

During the survey it was observed that in many states, most of the PHCs share the facilities between AYUSH and Allopathy. Non-sharing of the facility is an exception. PHCs spread over 11 states responded to this question.

Table 3.7: (Data from question no. 11) OPD in PHC (existing and proposed): Cross referral between AYUSH and Allopathy

No.	Cross referral status	Number of Units	Names of States
1	Yes- cross referral done	239	Puducherry, Punjab, MP, Haryana, Himachal Pradesh, Uttarakhand, Sikkim, Rajasthan, Tamilnadu, Mizoram
2	No- cross referral not done	4	Assam
	Total states reporting	11	

A total of 243 PHCs (existing and proposed for colocated AYUSH) responded to this question and an overwhelmingly large number of PHCs responded that cross referral (mainly from AYUSH to Allopathy) is a very common practice.

Table 3.8: (Data from question no. 12) OPD in PHC (existing and proposed): Method of cross referral between AYUSH and Allopathy

No.	Method of cross referral	Number of PHCs
1	Reference by order	21
2	General Practice of referring	201
3	Others	17 (through OPD slip)

In most of the PHCs who responded to this question, the cross referral process happens through the General Practice of referring. In a few PHCs, it happens as a Reference by order and in another few, the cross referral happens through passing the OPD slip.

Table 3.9: (Data from question no. 14) OPD in PHC: Source of supply of drugs

No.	Source of supply of drugs	Number of States	Names of states
1	IMPCL	5	Haryana, Uttarakhand, Himachal Pradesh, Madhya Pradesh, Rajasthan
2	State Govt. Pharmacies	3	Madhya Pradesh, Uttarakhand, Tamilnadu
3	Pharmacies under cooperative	2	Tamilnadu, , Puducherry

The source of drug supply varied from state to state. While Haryana, Uttarakhand, Himachal Pradesh, Madhya Pradesh and Rajasthan procured through IMPCL, In Madhya Pradesh, Uttarakhand and Tamilnadu the State Government Pharmacies provided the drugs and Tamilnadu and Puducherry procured through Pharmacies under cooperative.

**Table 3.10: (Data from question no. 19-20) OPD in PHC: Focus of training
Programmes conducted for AYUSH Medical officers/paramedical staff**

No.	Focus of Training Programmes conducted	Number of States reporting this training Programme	Names of states
1	Medical Officer for mainstreaming of AYUSH	2	Haryana, Rajasthan
2	Skilled Birth Attendant	1	Rajasthan
3	Other Training(specify) Total states reporting any other kind of training Programme	3	Himachal Pradesh – CME training, Rajasthan – Leprosy training Mizoram -Training of MO on IUCD

In three states, training is given to AYUSH Medical officers/paramedical staff. Haryana and Rajasthan give training to Medical Officer for mainstreaming of AYUSH. Skilled Birth Attendant training is given in Rajasthan. Other training given by the states include Himachal Pradesh – CME training, Rajasthan – Leprosy training and Mizoram -Training of MO on IUCD.

Table 3.11: (Data from question no. 21) OPD in PHC: Utilisation of AYUSH personnel for NHM

No.	Name of State reporting	Are AYUSH personnel utilised for NHM (Y/N)	If Yes. Which Programmes of NHM (Y/N)				
			Village Health Nutrition Day (VHND)	School Health Programme	Immunization	Mobile Medical Unit	Others(Please specify)
1	Rajasthan	Y			Y		
2	Sikkim	Y	Y	Y	Y	Y	
3	Uttarakhand	Y	Y	Y	Y		
4	Haryana	Y	Y		Y		
5	Himachal Pradesh	Y		Y	Y		
6	Madhya Pradesh	Y	Y		Y		
7	Tamilnadu	Y	Y		Y		
8	Punjab	Y		Y	Y		RTNCP, Block Nodal Officer, AFP

It is common in many states to use the AYUSH manpower for NHM activities as is presented in the table above.

In six states namely; Odisha, Punjab, West Bengal, Sikkim, Rajasthan & Mizoram, the AYUSH Doctors are members of Professional Society called 'Rogi Kalyan society'. In Odisha and West Bengal, they are also part of District Health Society. In Rajasthan and Mizoram, the doctors are members of Medical Relief Society and Health staffs

Table 3.12: (Data from question no. 23) OPD in PHC: Average daily number of patients in OPD for AYUSH system

No.	States in which PHCs reported	Avg. number of OPD patients per day								
		Males			Females			Total		
		Y	O	T	Y	O	T	Y	O	T
1	Rajasthan	22	32	54	23	27	40	45	59	94
2	Mizoram	0	5	5	10	5	15	10	10	20
3	Sikkim	9	12	21	14	17	31	23	29	52
4	Uttarakhand	20	20	40	30	30	60	50	50	100
5	Himachal Pradesh	13	16	29	25	27	52	38	43	81
6	Haryana			7			20			27
7	Punjab	14	16	30	17	21	38	31	37	68
	Average for the sampled reporting PHCs	41			38			79		

Y= Young O= Old T=Total

During the survey it was observed that Rajasthan, Uttarakhand and Himachal Pradesh registered the maximum average number of AYUSH OPD patients, followed by Punjab and Sikkim. The average number of daily Female AYUSH patients (38) is almost the same as Male patients (41). On a daily basis the average number of people visiting AYUSH OPD in the surveyed colocated OPDs is 79.

Every PHC surveyed has a system of keeping records. Almost all the AYUSH OPDs of the PHC keep physical register/ book in which they keep track of the patients who made use of the AYUSH services. Very few OPDs reported to have both, the register as well as the computer/ software system to keep track of the records.

Table 3.13: (Data from question no. 26) OPD in PHC: Diseases commonly treated

No.	Common diseases treated (Names as cited by respondents)	No. of States where most PHCs mentioned the disease	Names of states
1	Skin Problems	6	Rajasthan, Sikkim, UK, HP, MP, Punjab
2	Joint Pain	2	Rajasthan, HP
3	Leucorrhoea	3	Rajasthan, UK, Haryana
4	UTI	2	Mizoram, Assam
5	Allergic Dermatitis	1	Mizoram
6	Acid Peptic Disease	2	Mizoram, Assam
7	Tonsillitis	3	Mizoram, Sikkim, Puducherry
8	Gastric (GIT disorders)	3	Sikkim, Haryana, Puducherry
9	Arthritis	3	Sikkim, Assam, Puducherry
10	Bone disorders	1	UK
11	Kidney Stone	1	Assam
12	Cough & Cold	2	HP, Haryana
13	Fever	2	Haryana,
14	Respiratory disorders	2	MP, Puducherry

No.	Common diseases treated (Names as cited by respondents)	No. of States where most PHCs mentioned the disease	Names of states
	Digestive problems	2	MP, Punjab
	Muscular Skeletal Diseases	2	MP, Punjab
	Bronchitis	1	Punjab
	Bronchial Asthma	1	Punjab
	Hypertension	2	Punjab, Puducherry
	Diabetes	1	Puducherry
	Anaemia	1	Puducherry
	Gynecology disorders	1	Puducherry
	Pediatric diseases	1	Puducherry
	Total States who responded to this question	10	

Among the diseases commonly treated at the OPDs, Skin Problem treatment appeared to be the highest in demand followed by Leucorrhoea, Tonsillitis, Gastric (GIT disorders) and Arthritis. The least reported diseases are Allergic Dermatitis, Bone disorders, Kidney Stone, Bronchitis, Bronchial Asthma, Diabetics, Anaemia, Gynecology disorders and Pediatrics.

Table 3.14: (Data from question no. 27) OPD in PHC: Diseases commonly prevalent

No.	Common diseases prevalent	No. of States where most PHCs mentioned the disease	Names of states

No.	Common diseases prevalent	No. of States where most PHCs mentioned the disease	Names of states
1.	GIT disorders	1	Puducherry
2.	Skin Problems	5	Puducherry, MP, UK, Mizoram, Rajasthan
3.	Diabetes	5	Puducherry, Punjab, Mizoram, Haryana, MP
4.	Haemeroids	1	Puducherry
5.	Hypertension	4	Puducherry, MP, Haryana, Mizoram
6.	Arthritis	3	Puducherry, Sikkim, Mizoram
7.	Obesity	1	Puducherry
8.	Gynecology problems	2	Puducherry, Punjab
9.	Anaemia	1	Puducherry
10.	Cardiac disorders	1	Puducherry
11.	Insomnia	1	Puducherry
12.	Worm infection	1	Punjab
13.	Leucorrhea	3	Punjab, UK, Rajasthan
14.	Fever	2	Punjab, Odisha,
15.	Respiratory disorders	2	MP, Assam
16.	Digestive disorders	1	MP
17.	Muscular Skeletal Diseases	2	MP, UK
18.	Joint Pain	3	Haryana, UK, Rajasthan

No.	Common diseases prevalent	No. of States where most PHCs mentioned the disease	Names of states
19.	Cough	1	Haryana
20.	PID	3	Haryana, UK, Mizoram
21.	UTI	2	UK, Mizoram
22.	Gastric Disorders	1	Sikkim
23.	APD	1	Mizoram
24.	Tonsillitis	1	Mizoram
25.	Indigestion & Colic	1	Mizoram
26.	Acne	1	Mizoram
27.	Neuropathy	1	Mizoram
	Total States who responded to this question	10	

From 10 states, a total of 27 prevalent diseases were reported. The most common prevalent diseases reported from 10 states are Diabetics and Skin diseases. The second highest prevalent disease is Hypertension.

Table 3.15: (Data from question no. 29) OPD in PHC: Instances of special disease treated through AYUSH

No.	Name of State	Description of disease treated
1	Sikkim	Piles, treated at the Govt. Homeopathy Hospital
2	Mizoram	Nerve injury on the right big toe treated with hypericum 200 within a day.

No.	Name of State	Description of disease treated
		Elderly female with complaints of bilateral eczema on the hands took allopathy treatment for 3 years with no relief was treated within one month by giving Graphitis 30 globules1 phial
3	Haryana	Allergic Rhiriatitis was treated in 2017
4	Puducherry	Psoriasis, a skin disease, was treated with effective drug & oil, 'Vet patai Thailam'

Four states had reported treating special diseases and successfully helped in overcoming the disease. Mizoram had reported curing a nerve injury and bilateral eczema, Haryana had reported curing Allergic Rhiriatitis. In Puducherry, Psoriasis, a skin disease, was treated with effective drug & oil, 'Vet patai Thailam'

Table 3.16: (Data from question no. 31) OPD in PHC: Performance parameters (Numbers Per month in the PHCs which reported monthly numbers)

No.	State	No. of patients who came for the treatment	No. of patients who were cured	No. of patients continuing treatment	No. of patients who are not continuing
1	Punjab	2000	800	900	300
2	Haryana	727	227	500	0
3	Himachal	1700	850	850	0
4	Uttarakhand	575	250	325	0
5	Mizoram	100	50	40	10
6	Sikkim	400	300	50	50
7	Rajasthan	2200	1950	150	100
	Total	7702	4427	2815	460

None of the Patients in Haryana, Himachal Pradesh and Uttarakhand discontinued the AYUSH treatment and the state of Punjab has the highest number of patients who are continuing the AYUSH medication. More than half of the AYUSH patients received relief within reasonable time (within the month of registration/reporting).

Table 3.17: (Data from question no. 32) OPD in PHC: Support required

No.	Kind of support required	Number of States where most PHCs reported	Names of States
1	Infrastructure(Physical/Financial)	4	Mizoram, MP, Punjab, Rajasthan
2	Equipment(Physical/Financial)	4	Mizoram, MP, Punjab, Rajasthan
3	Medicine/drugs/contingency	5	Mizoram, Haryana, MP, Punjab, Rajasthan
4	Medical Officer (MO)		
5	Any other	2	Sikkim (Pharmacist), Puducherry (Human Resource)

For the smooth running of the AYUSH work, most PHCs in five states have reported that they need support in terms of medicine/ drugs/ contingency, Most of the PHCs spread over four states in acquiring more equipment, spread over other four states in developing the infrastructure and two states in the form of Human Resource.

Out of PHCs in states reported, six have reported that they did not face any problem in procuring the AYUSH medicines; however most PHCs in Mizoram have reported to have problems in procuring the medicines. They have specifically stated the problem was absence of a separate vehicle at their disposal to procure medicine because of which they always get delayed in medicine

delivery. Mizoram had mentioned that it did not get adequate amount of medicine to smoothly implement the NAM scheme.

Table 3.18: (Data from supplementary questions) OPD in PHC: Status check

No.	Name of State	Is there a separate dispensary for AYUSH in PHC?	Is there a separate counter for AYUSH medicines in the same dispensary with allopathy	Are all the AYUSH medicines available?	How often are the new AYUSH medicines received?
1	Mizoram	No	No	No	Only once so far
2	Uttarakhand	Yes	Yes	Yes	Half yearly
3	Assam	No	No	No	No supply
4	HP	No	No	Yes	No info.
5	Haryana	Yes	Yes	Yes	No info.
6	Punjab	Yes	No info.	Yes	No supply
7	Puducherry	Yes	Yes	Yes	Monthly
8	Sikkim	Yes	Yes	Yes	Half yearly
9	Rajasthan	No	No	No	No info.

Out of the PHCs in nine states who reported, only most PHCs in five had a separate dispensary for AYUSH in PHC, only four had a separate counter for AYUSH medicines in the same dispensary with Allopathy and only six had all the AYUSH medicines available. With regard to the supply of medicines only, Puducherry received monthly supply, other states received either half yearly or more infrequently.

Table 3.19: (Data from supplementary questions) OPD in PHC: Status check

No.	Name of State	Is the AYUSH doctor also practicing Allopathy?	If yes, is he doing so with oral instruction by PHC incharge?	If yes, is he doing so without any instruction?	Is the AYUSH part of PHC easily visible?
1	Sikkim	No	NA	NA	Yes
2	Puducherry	No	NA	NA	Yes
3	Punjab	No			Yes
4	Haryana	No			Yes
5	Himachal Pradesh	No			Yes
6	Assam	Yes	Yes	Under Supervision	Yes
7	Uttarakhand	No			Yes
8	Mizoram	Yes	Yes	No, with instruction	Yes
9	Rajasthan	Yes	No, during emergency	No	Yes

Except PHCs in three states (Rajasthan, Mizoram and Assam), in all the other states, AYUSH doctors practiced only AYUSH system of medicines. Those doctors who practiced Allopathy were doing it with the permission of the PHC In-charge.

Table 3.20: (Data from supplementary questions) OPD in PHC: Status check

No.	Name of State	Is there a separate sign for AYUSH part in PHC?	How regular is the AYUSH doctor? (Regular/Irregular)- R/I	From where is the salary for AYUSH doctor received (NHM/NAM)
1	Mizoram	No	R	NHM
2	Uttarakhand	Yes	R	State govt.
3	Assam	Yes	R	State govt.
4	Himachal Pradesh	No	R	NRHM
5	Haryana	Yes	R	Central Govt.
6	Punjab	Yes	R	NHM
7	Puducherry	Yes	R	ISM (State)
8	Sikkim	Yes	R	NHM
9	Rajasthan	Yes	R	NHM

Out of the 9 states, only Himachal Pradesh & Mizoram had many PHCs having no separate signage for the AYUSH section in the Public Health Centre. Patients in all the reported states confirmed the regularity of the AYUSH doctor. The salary of the AYUSH doctors in PHCs of most states (5) came through NHM. In three states, it came through the state department (Puducherry, Uttarakhand & Assam) responsible for and in Haryana through the funds made available by Central Government.

3.3 IPD in CHC- Sample Survey

Out of a universe of 521 CHCs which were planned (as per respective SAAPs) to receive recurring funds for colocated AYUSH IPD, 131 CHCs (existing or proposed for colocation) over 12 states were visited by the survey teams and out of 25 CHCs (existing or proposed for colocation) which were planned to receive non-recurring funds for colocated IPDs, 7 CHCs in three states were visited during the fieldwork. The findings pertaining to IPD in CHC are recorded in the tables that follow in this section.

From the states that we surveyed, except for Puducherry, reporting the year of colocation of AYUSH IPD in CHC as before 2012-13 and Sikkim reporting it as 2013-14, all other states reported the year of colocation of IPD in CHC after the launch of NAM i.e. 2014-15.

Table 3.21: (Data from question no. 3) IPD in CHC: Primary system of AYUSH followed

No.	AYUSH system	Number of States where most IPD reported system of medicine	Names of states
1	Ayurveda	11	Arunachal, Goa, Haryana, Himachal Pradesh, Karnataka, Manipur, Mizoram, Puducherry, Punjab, Rajasthan, Uttarakhand
2	Siddha	1	Puducherry
3	Homeopathy	10	Goa, Haryana, HP, Karnataka, Manipur, Mizoram, Punjab, Rajasthan, Sikkim, UK
4	Sowa Rigpa	1	Sikkim

Homeopathy and Sowa Rigpa are the primary streams of AYUSH used by IPD in Sikkim and Siddha is prevalent in Puducherry. Ayurveda and Homeopathy are practiced in colocated AYUSH IPD in CHCs of almost all the states.

Table 3.22: (Data from question no. 5) IPD in CHC: Facilities available for AYUSH

No.	AYUSH system	Number of CHCs
1	Clinical Lab	38
2	X-ray Room	11
3	Ksharsutra Room	18
4	Panchakarma Room	7
	Total number of states from where CHCs have answered this question	5 (Haryana, Himachal Pradesh, Mizoram, Rajasthan, Uttarakhand)

For the CHCs visited by the field team, it was learnt that one time grant (non- recurring) has been received by the AYUSH IPDs but yet not utilised by any of the CHC under NAM. As for utilisation of recurring grant, the medicines purchase comprised approximately 30% of the recurring grant and contingency constituted around 70% of the utilisation in the CHCs visited. Utilisation of funds overall was nearly 25% for 2014-15 and 2015-16. This increased in 2016-17 and crossed 45%. The supply of AYUSH medicines is mainly from IMPCL and pharmacies under cooperatives.

It was reported by CHCs in Rajasthan that training Programmes was conducted for AYUSH Medical officers/paramedical and Integrated Management of Neonatal and Childhood Illnesses (IMNCI). It was also informed that other training Programme such as Immunization, RBSH etc. were also conducted on a small scale. All the states reported that AYUSH doctor is involved in National Health Mission (NHM) Programme which may include Village Health Nutrition Day (VHND), School Health Programme and Immunization Programmes. Very few AYUSH doctors in AYUSH IPDs of CHCs in the states reported that they were members of professional Societies e.g. Doctor Academic Society. The AYUSH and Allopathy facilities are often shared in the CHCs where colocation of AYUSH IPDs has been implemented. Cross referral is a very common practice especially from

AYUSH to Allopathy. However, there are a few instances of chronic diseases where doctors practicing allopathic system have referred patients to AYUSH.

Good record keeping system is an important aspect of Programme implementation. It is aimed that gradually all records will be computerized. Currently, almost all the CHCs are keeping the records of CHC in Physical Register only.

The common diseases treated in IPD of CHCs are Arthritis, diabetes, hypertension, chronic nervous disorder, joint pain, gas, geriatric issues, rheumatic disorders, gastric disorders, skin infections.

It was reported that skin and ARI diseases are prominent among children; prevalence of gynecology disorders is a common occurrence among adult female patients coming to IPD while Rheumatic/ARI diseases are prominent among adult male and elderly persons. Among the special cases attended to, it was reported that special diseases such as Autism, Mental Retarded, Hemiplegia, Bell Palsy, CP Child, Renal calculus, fatty liver were treated with AYUSH. On a monthly basis, the states reported that about 60% patient were cured in AYUSH IPD. The states reported that Infrastructure and Equipment (in terms of physical and financial) support were required to implement the programme more successfully. Man power support was also required by Puducherry.

It was observed in all the sample states except four states (Manipur, Haryana, Punjab and Uttarakhand) that most of the AYUSH IPDs in CHCs were functional and their condition was good. In the four states mentioned, there were more than 40% IPDs where there was scope for improvement. The behaviour of Staff was good as endorsed by the patients who were interviewed. It was also noticed that there was lot of interaction between AYUSH Doctors and Head of Allopathy section.

It was observed that in majority of IPDs, cleanliness & hygiene in AYUSH IPD was good. Separate section for male & female were not seen in most of the IPDs in CHCs and Panchkarma facility was yet to start in most of the visited CHC-IPD centers. It was observed that in most of the IPDs (74%) there is no separate dispensary and the counter for AYUSH medicines is in the same dispensary with Allopathy. The availability of medicines was observed to be adequate in most cases (72%). Interaction with AYUSH Doctor revealed that in majority of cases (52%) they

were also practicing Allopathy even though they denied it. AYUSH part of CHC was easily visible in almost all the CHCs (86%).

During the interaction with the patients in the hospital, it was observed that AYUSH Doctors were present regularly in the hospital. AYUSH doctors received their salary from NHM. A separate signage for AYUSH part in CHC was also observed in almost all the functional colocated AYUSH IPDs in CHCs.

3.4 AYUSH wing in district hospital- Sample Survey

Out of a universe of 320 AYUSH Wings in District Hospitals (DHs) (existing as well as proposed which were planned (as per respective SAAPs) to receive recurring funds, 80 AYUSH wings were visited by the survey teams and out of 10 AYUSH Wings, which were planned to receive non-recurring funds for colocation with DHs, 5 AYUSH Wings were visited during the fieldwork. The findings for this aspect of the field survey are presented in the following tables:

Table 3.23: (Data from question no. 2) AYUSH wing in district hospital: Year of colocation in district hospital

No.	Year of colocation	Number of AYUSH wings
1	Before 2012-13	12
2	FY 2012-13	13
3	FY 2013-14	4
4	FY 2014-15	11
5	FY 2015-16	7
6	FY 2016-17	38
	Total	85

The AYUSH wing in the district hospitals are reported from 13 states and these have been colocated in the years as shown in the above table. In 2016-17, the activity has picked up.

Table 3.24: (Data from question no. 3) AYUSH wing in district hospital: Primary system of AYUSH followed

No.	AYUSH system	Number of Units	Names of states
1	Ayurveda	46	Arunachal Pradesh, Rajasthan, Haryana, Madhya Pradesh, Manipur, Odisha, Punjab, Uttarakhand, Sikkim, Telangana , Goa
2	Yoga and Naturopathy	11	Rajasthan, Haryana, Uttarakhand
3	Unani	10	Rajasthan, Telangana
4	Siddha	1	Puducherry
5	Homeopathy	16	Rajasthan, Mizoram, Madhya Pradesh, Haryana, Sikkim, Telangana
6	Sowa-Rigpa	1	Sikkim

More than half of AYUSH wings spread over 11 states as shown in table above reported following Ayurveda as Primary system of AYUSH. In Six states (Rajasthan, Mizoram, MP, Haryana, Sikkim and Telangana) there are 16 AYUSH Wings in District Hospitals which follow Homeopathy as the primary system of AYUSH. Yoga and Naturopathy based AYUSH Wings are planned in the states of Rajasthan, Haryana and Uttarakhand. The states of Rajasthan, Telangana and Puducherry have established AYUSH Wings that are based on Unani and Siddha system.

Out of 13 reporting states, seven states (Sikkim, Goa, Arunachal, Uttarakhand, Haryana, MP and Haryana) have proposed newly constructed AYUSH wing in the district hospitals while the other six states (Rajasthan, Puducherry, Odisha, Telangana, Manipur, Mizoram) have a mix of new ones and existing structure altered as the AYUSH wing.

Table 3.25: (Data from question no. 5) AYUSH wing in district hospital: Facilities available for AYUSH

No.	AYUSH system	Number of AYUSH Wings having functional facilities
1	Clinical Lab	35
2	X-ray Room	21
3	Panchkarma Therapy Room	29
4	Ksharsutra Room	12
5	Regimental Therapy Room	7
6	Tokkanam Room	1
7	Any other	3
	Total number of states who have answered this question	9 states (45 AYUSH wings) Rajasthan, Haryana, Madhya Pradesh, Manipur, Punjab, Uttarakhand, Sikkim, Telangana, Mizoram

The various facilities available in the AYUSH wing in district hospital across nine states include: Clinical Lab, X-ray Room, Panchkarma Therapy Room, Ksharsutra Room, Regimental Therapy Room and Tokkanam Room.

X-ray Room and Panchakarma Therapy Room are available in the District Hospitals of Rajasthan, Haryana, Madhya Pradesh, Manipur, Punjab, Uttarakhand, Mizoram and Telangana. Ksharsutra Room facility is available in AYUSH Wings of Rajasthan, Haryana and Madhya Pradesh and Regimental Therapy Room is available in Telangana. Tokkanam Room facility is reported available in Puducherry. Apart from the above mentioned facilities, AYUSH Wings in Uttarakhand reported

facilities for Patient Counseling & Nadi Parikshan and Madhya Pradesh reported Pathology, ECG & USG.

Out of the AYUSH Wings in district hospitals of two states which reported utilisation of Non-recurring grant, those in Telangana utilized the Non-recurring (One Time) grant under NAM on Premises, Puducherry on furniture and equipment.

In 2014-15, the recurring grant received under NAM was utilized by five states on Medicines and Contingency. More than two thirds (66.64%) of utilised grant was used on medicines. In 2015 – 16, 97.22% was used for the Medicine. In 2016 – 17, 99.13% of utilised fund was used again on the medicines.

Table 3.26: (Data from question no. 8) AYUSH wing in district hospital: Source of supply of drugs?

No.	Source of supply of drugs	Number of States where AYUSH Wings reported source	Names of states
1	IMPCL	8	Telangana, MP, Rajasthan, Haryana, Manipur, Punjab, Uttarakhand, Sikkim
2	Other PSU	4	MP, Rajasthan, Haryana, Uttarakhand
3	State Govt. Pharmacies	2	Rajasthan, Uttarakhand
4	Pharmacies under cooperative	4	Madhya Pradesh, Haryana, Puducherry, Uttarakhand
5	Any Other	2	Mizoram (Central medical store), Puducherry (CPC)

Eight states had stated IMPCL as the source of drug supply. PSU is also reported to be supplying drugs to four states (MP, Rajasthan, Haryana and Uttarakhand). State Government pharmacy is the source of drug supply to the states of Rajasthan & Uttarakhand. Pharmacies under

cooperative supplied drug to the AYUSH wings surveyed in Madhya Pradesh, Haryana, Puducherry and Uttarakhand. Apart from the above mentioned source, Mizoram received the supply from Central Medical Store and Puducherry from CPC.

Table 3.27: (Data from question no. 12-14) AYUSH wing in district hospital: Focus of training Programmes conducted for AYUSH Medical officers/paramedical staff

No.	Focus of Training Programmes conducted	Number of States reporting this training	Names of states
1	Medical Officer for mainstreaming of AYUSH	2	Haryana, Sikkim
2	Skilled Birth Attendant	1	Sikkim
3	Other Training(specify)	4	Specify agst states-Haryana (General awareness, public outreach, school health Programme), Sikkim (NLEP, NPCDCS, SMHA), Haryana (Panchkarma), Mizoram (Training of Medical officers on IUCD 2015), Madhya Pradesh (Homeopathy software and I.H.M.S.)
	Total states reporting any kind of training Programme	7	

Sampled states conduct different types of training Programmes for AYUSH Medical officers/paramedical staff. Haryana, Sikkim conducted Medical Officer training for mainstreaming of AYUSH. Sikkim conducted Skilled Birth Attendant Programme. Other training Programmes conducted by states include Haryana (General awareness, public outreach, and school health Programme), Sikkim (NLEP, NPCDCS, and SMHA), Haryana (Panchkarma), Mizoram (Training of Medical officers on IUCD 2015) and Madhya Pradesh (Homeopathy software and I.H.M.S.)

Table 3.28: (Data from question 15) AYUSH wing in district hospital: Utilisation of AYUSH personnel for NHM

No.	Name of State	Are AYUSH personnel utilised for NHM (Y/N)	If Yes. Which Programmes of NHM (Y/N)				
			Village Health Nutrition Day (VHND)	School Health Programme	Immunization	Mobile Medical Unit	Others (Please specify)
1	Madhya Pradesh	Yes			Yes		As sector medical officer
2	Manipur	Yes					Polio Programme
3	Sikkim	Yes		Yes	No	No	SMHA
4	Haryana	Yes		Yes	Yes		Polio Programme
5	Uttarakhand	Yes	Yes	Yes	Yes		
6	Puducherry	No					
7	Arunachal	Yes	Yes	Yes	Yes	Yes	
8	Telangana	Yes	No	Yes	Yes	Yes	
9	Odisha	No					
10	Rajasthan	Yes			Yes		Family

No.	Name of State	Are AYUSH personnel utilised for NHM (Y/N)	If Yes. Which Programmes of NHM (Y/N)				
			Village Health Nutrition Day (VHND)	School Health Programme	Immunization	Mobile Medical Unit	Others (Please specify)
	an						Planning & Yoga Camps
11	Punjab	Yes		Yes	Yes		Polio Programme

Out of the 11 states, nine states had reported that AYUSH personnel are utilised for NHM. Six states had utilised AYUSH personnel for the School Health Programme. The states of Arunachal Pradesh, Punjab, Rajasthan, Telangana, Uttarakhand, Haryana and Madhya Pradesh have utilised AYUSH personnel for the Immunization Programme. Arunachal Pradesh and Uttarakhand had used the AYUSH personnel for Village Health Nutrition Day (VHND). Apart from these roles the AYUSH personnel are used in the role of Sector Medical Officer, Polio Programme, SMHA and Family Planning & Yoga Camps by certain states as indicated above. Out of the 12 states, it is only in three states (Mizoram, Sikkim, Arunachal) the AYUSH doctor is a member of a Professional Society.

Table 3.29: (Data from question no. 18) AYUSH wing in district hospital: Average daily number of patients in OPD for AYUSH system

No.	State	Avg. number of OPD patients per day		
		Males	Females	Total
1	Rajasthan	25	17	42
2	Odisha	15	11	26
3	Telangana	14	21	35

No.	State	Avg. number of OPD patients per day		
		Males	Females	Total
4	Puducherry	10	15	25
5	Uttarakhand	20	23	43
6	Haryana	21	25	46
7	Sikkim	12	13	25
8	Punjab	22	18	40
9	Mizoram	11	12	23
10	Madhya Pradesh	22	24	46
	Average for the sampled states	19	20	39

The average daily number of patients in AYUSH Wing for AYUSH system is 39. Out of which 19 are males and 20 are females. The highest number is 46 patients per day in Haryana and Madhya Pradesh.

Table 3.30: (Data from question no. 19-20) AYUSH wing in district hospital: IPD beds

No.	State	Number of IPD beds	Average IPD bed occupancy
1	Rajasthan	15	Not available
2	Odisha	13	25%
3	Telangana	20	50%
4	Puducherry	No	No
5	Uttarakhand	15	Not available
6	Haryana	10	Not available
7	Sikkim	No	Not available

No.	State	Number of IPD beds	Average IPD bed occupancy
8	Punjab	10	30%
9	Mizoram	No	Not available
10	Madhya Pradesh	10	Not available

Table 3.31: (Data from question no. 21)

AYUSH wing in district hospital: Sharing of facilities between AYUSH and Allopathy

No.	Sharing status	Number of States	Names of States
1	Yes- facilities shared	9	Madhya Pradesh, Mizoram, Haryana, Sikkim, Punjab, Uttarakhand, Puducherry, Arunachal, Rajasthan
2	No- Facilities not shared	2	Telangana, Odisha
	Total states reporting	11	

Out of 11 states reporting nine states (Madhya Pradesh, Mizoram, Haryana, Sikkim, Haryana, Uttarakhand, Puducherry, Punjab and Rajasthan) have reported that there is a sharing of facilities between AYUSH and Allopathy. In two states (Telangana and Odisha) there is no sharing of facilities.

Cross referral between AYUSH and Allopathy is done in all the District Hospitals. Normally, there is a general practice of referring but in Haryana and Sikkim there is the practice of reference by order.

The system of record keeping through physical register is followed by all states except Haryana and Mizoram. Haryana has provided computer systems for this purpose and Mizoram uses both register and computer for record keeping.

Table 3.32: (Data from question no. 26) AYUSH wing in district hospital: Diseases commonly treated

No.	Common diseases treated	No. of States	Names of states
1	Cough	4	Madhya Pradesh, Haryana, Puducherry, Telangana
2	Cold	4	Madhya Pradesh, Haryana, Puducherry, Telangana
3	Fever	2	Madhya Pradesh, Haryana
4	Leucorrhea	3	Madhya Pradesh, Haryana, Puducherry
5	Diarrhea	1	Madhya Pradesh
6	Skin Disease	7	Madhya Pradesh, Sikkim, Uttarakhand, Puducherry, Arunachal, Telangana, Rajasthan
7	Piles	2	Madhya Pradesh, Haryana
8	Acid Peptic Diseases (APD)	1	Mizoram
9	Neuralgia	1	Mizoram
10	Hypertension	4	Mizoram, Haryana, Uttarakhand, Puducherry
11	Diabetes	4	Mizoram, Uttarakhand, Puducherry, Odisha
12	Diabetes Mellitus	3	Mizoram, Uttarakhand, Puducherry
13	Constipation	1	Haryana
14	Spondylitis	3	Haryana, Uttarakhand, Puducherry

No.	Common diseases treated	No. of States	Names of states
15	Gynea	2	Haryana, Uttarakhand
16	Muscle Skeleton	2	Sikkim, Arunachal
17	Psychosomatic Disorder	1	Uttarakhand
18	Cyanic Disease	1	Uttarakhand
19	Urinary Infection	1	Uttarakhand
20	Lumbar Spondylitis	2	Puducherry, Telangana
21	Gynecological Disease	1	Puducherry
22	Respiratory	2	Arunachal, Telangana
23	Digestive	1	Arunachal
24	Joint Pain	1	Rajasthan
	Total States who responded to this question	9	

The most common diseases treated in the AYUSH Wing of district hospitals across states is Skin diseases. States reporting Skin disease as a major disease treated are Madhya Pradesh, Sikkim, Uttarakhand, Puducherry, Arunachal, Telangana, and Rajasthan. The second most common diseases are; Diabetes, Hypertension, Cold and Cough.

Table 3.33: (Data from question no. 27) AYUSH wing in district hospital: Diseases commonly prevalent

No.	Common diseases prevalent	No. of States	Names of states
1	Abdomen Pain	1	Mizoram
2	Skin Problem	6	Mizoram, MP, Sikkim, Puducherry, Rajasthan, Arunachal

No.	Common diseases prevalent	No. of States	Names of states
3	Acid Peptic Diseases (APD)	1	Mizoram
4	Neuralgia	1	Mizoram
5	Hypertension	1	Mizoram
6	Gout	1	Mizoram
7	Prostrate Problems	2	Mizoram, Haryana
8	Worm	2	MP, Rajasthan,
9	Colic	1	MP
10	Gynecological disorders	2	MP, Haryana
11	Hair fall	2	MP, Rajasthan,
12	Gastrointestinal Disorders (GIT)	3	Haryana, Sikkim, Arunachal
13	Piles	1	Haryana
14	Fever	3	Sikkim, Odisha, Rajasthan
15	Joint Pain	1	Sikkim
16	Respiratory	3	Puducherry, Rajasthan, Arunachal
17	Anemia	1	Puducherry,
18	Muscular Skeletal Disorder	2	Puducherry, Arunachal
19	Arthritis	2	Puducherry, Telangana
20	Parkinson Disease	1	Odisha
21	Alzheimer's Disease	1	Odisha
22	Diabetics	1	Telangana
23	Leucorrhoea	1	Rajasthan
	Total States who responded to this question	11	

Skin disease is reported to be the most commonly prevalent followed by GIT, Fever and Respiratory diseases. The states reporting skin diseases are: Mizoram, MP, Sikkim, Puducherry, Rajasthan, and Arunachal.

Table 3.34: (Data from question no. 29) AYUSH wing in district hospital: Instances of special disease treated through AYUSH

No.	Name of State	Description of disease treated
1	Rajasthan	Hepatitis B, Old Asthma & Typhoid
2	Telangana	Anorectal diseases, Skin Diseases
3	Puducherry	Downs Syndrome in Vermam Tokkanam, Psoriasis – Special OPD (Siddha)
4	Haryana	Skin Disease with Panchkarma Therapy
5	Madhya Pradesh	Skin disease, Eczema & Fungal Infection
6	Mizoram	Neuralgia, Skin Diseases, Tinea Infections, Hypertensions, Diabetics Mellitus

AYUSH wings in six states have reported treating of special diseases through AYUSH. The AYUSH Wing of DHs of state of Rajasthan had reported treating Hepatitis B, Old Asthma & Old Typhoid using AYUSH system of medicines. Those in Telangana had reported cure of IVDP, Anorectal and Skin Diseases. Puducherry's active Siddha unit had treated Downs syndrome in Vermam Tokkanam and Psoriasis – Special OPD (Siddha) successfully. The ones in Haryana had reported treating Skin Disease with Panchkarma Therapy. Through the AYUSH system of medicines, AYUSH Wings of DHs in Madhya Pradesh have treated Skin disease, Eczema & Fungal Infection. AYUSH Wing in Mizoram also treated diseases of Neuralgia, Skin Diseases, Tinea Infections, Hypertensions and Diabetics Mellitus with AYUSH medicines.

AYUSH wing in Puducherry had reported the highest average monthly number of patients who came for the AYUSH treatment and also the maximum number of patients who were cured and number of patients continuing treatment, followed by Haryana and Rajasthan. The least number of patients came for treatment in Arunachal.

Table 3.35: (Data from question no. 32) AYUSH wing in district hospital: Support required

No.	Kind of support required	Number of States reporting kind of support required	Names of States
1	Infrastructure(Physical/Financial)	6	Mizoram, Haryana, Puducherry, Arunachal, Rajasthan, Odisha
2	Equipment(Physical/Financial)	5	Mizoram, Haryana, Puducherry, MP, Odisha
3	Medicine/drugs/contingency	6	Mizoram, Haryana, Puducherry, Arunachal, Rajasthan, Odisha
4	Medical Officer (MO)	3	Mizoram, Haryana, MP
5	Paramedics	4	Mizoram, Haryana, Arunachal, Odisha
6	Any other	7	Mizoram (Required in all aspects), Haryana, Sikkim (Manpower), Haryana (Room), Puducherry (Transportation Facility), Rajasthan (staff), Odisha (Maintenance of Herbal Garden)

The maximum number of states (Mizoram, Haryana, Puducherry, Arunachal, Rajasthan, and Odisha) needed support with Medicine/drugs/contingency. Six states reported (Mizoram, Haryana,

Puducherry, Arunachal, Rajasthan, and Odisha) that they need support with the infrastructure. Five states require support with equipment (Mizoram, Haryana, Puducherry, MP and Odisha). There are three states viz. Mizoram, Haryana and MP that require support in terms of Medical Officers and four states (Mizoram, Haryana, Arunachal and Odisha) need support in Paramedics.

Besides the above categories, some states requested for extra support in terms of Manpower (Haryana, Sikkim), Room (Haryana), Transportation Facility (Puducherry), staff (Rajasthan), and Maintenance of Herbal Garden (Odisha).

Table 3.36: (Data from supplementary questions) AYUSH wing in district hospital: Status check

No.	Name of State	Condition of most wing (Good/Fair/Poor)- G/F/P	Behavior of most Staff (Good/Fair/Poor)- G/F/P	Is The IPD and OPD functional (Y/N). If No, furnish reason	Cleanliness and Hygiene in most AYUSH wing (Good/Fair/Poor)- G/F/P
1	Uttarakhand	P	G	Y	G
2	Madhya	G	G		
3	Rajasthan	G	G	Y	F
4	Telangana	F	G	Y	F
5	Odisha	G	G		
6	Puducherry	G	G	N	G
7	Punjab	G	G	Y	G
8	Sikkim	G	No Manpower	Y	G
9	Haryana	G	G	Y	G
10	Mizoram	G	G	Y	G

The condition of the AYUSH wing is reported as good by most of the states except the AYUSH wing in a few of Uttarakhand DHs. Patients in all the states surveyed found the behaviour of AYUSH Staff as ‘Good’. Except in Puducherry, all the IPDs and OPDs are functional. Cleanliness and Hygiene in AYUSH wing are reported to be good in most of the states.

Table 3.37: (Data from supplementary questions) AYUSH wing in district hospital: Status check

No.	Name of State	Separate sections for males and females (Y/N)	Separate facility for Panchkarma(Y/N). If No, furnish reason	Separate dispensary for AYUSH in the District Hospital(Y/N)
1	Uttarakhand	N	Y	N
2	Rajasthan	N	Y	N
3	Telangana	N	Y	Y
4	Puducherry	N	Y	Y
5	Sikkim	N	N	Y
6	Haryana	Y	Y	Y
7	Mizoram	N	N	Y

Out of the seven states which reported, only Haryana has separate sections for males and females in most of its AYUSH Wings. Except Uttarakhand and Rajasthan, all the other sampled states have separate dispensary for AYUSH in the District Hospital.

Table 3.38: (Data from supplementary questions)

AYUSH wing in district hospital: Status check

No.	Name of State	Separate counter for AYUSH medicines in the same dispensary with allopathy (Y/N)	Are all AYUSH medicines available (Y/N)	New AYUSH medicines received (Regular/Irregular) - R/I	Is the AYUSH doctor also practicing Allopathy? (Y/N)
1	Uttarakhand	N	N	N	N
2	Rajasthan	N	N	N	N
3	Telangana	Y	Y	Half yearly	N
4	Puducherry	N	Y	Monthly	N
5	Sikkim	Y	Y	Half yearly	Y
6	Haryana	Y	Y	Quarterly	N
7	Mizoram	N	Y	Once A year	N

Out of the seven states reported, Telangana, Sikkim and Haryana do have separate counter for AYUSH medicines in the same dispensary with allopathy. The AYUSH medicines are easily available in all the sampled states except in Rajasthan and Uttarakhand.

Out of the seven states, AYUSH wings in Uttarakhand, Rajasthan, and Haryana reported never having received the medicines regularly. The only state to receive medicines monthly is Puducherry.

Table 3.39: (Data from supplementary questions) AYUSH wing in district hospital: Status check

No .	Name of State	Is the AYUSH wing easily visible in the hospital? (Y/N)	Is there a separate sign for AYUSH wing in district hospital	AYUSH Doctors (as per sanction) (Y/N)	AYUSH Paramedical staff (as per sanction) (Y/N)	AYUSH Pharmacist(as per sanction) (Y/N)
1	Uttarakhand	Y	Y	N	Y	Y
2	Rajasthan	Y	Y	Y	Y	N
3	Telangana	Y	Y	Y	Y	Y
4	Puducherry	Y	Y	Y	N	N
5	Sikkim	Y	Y	Y	N	N
6	Haryana	Y	Y	Y	Y	N
7	Mizoram	Y	Y	Y	N	N

In all the DHs with functional AYUSH wing, the AYUSH wing is easily visible in the hospital and there is a separate sign present for AYUSH wing in district hospital. Other than Uttarakhand all the other states have AYUSH Doctors (as per sanction). The states of Mizoram, Sikkim and Puducherry reported not having AYUSH Paramedical staff (as per sanction). The only states that reported AYUSH Pharmacist (as per sanction) are Uttarakhand, Telangana and Haryana.

Table 3.40: (Data from supplementary questions) AYUSH wing in district hospital: Status check

No.	Name of State	AYUSH Panchkarma Asst. (as per sanction) (Y/N)	AYUSH Therapist(as per sanction) (Y/N)	AYUSH Nurses (as per sanction) (Y/N)	Regularity of AYUSH Doctor (Regular/Irr regular)- R/I)	From where is the salary for AYUSH doctor received (NHM/NAM)
1	Uttarakhand	Y	Y	N	R	State Govt.
2	Rajasthan	N	N	N	R	State Govt.
3	Telangana	Y	N	N	R	State Govt.
4	Puducherry	N	N	N		NHM & State Govt.
5	Sikkim	N	N	N	R	National AYUSH Mission
6	Haryana	N	Y	N	R	NHM & State Govt.
7	Mizoram	N	N	N	R	NHM & State Govt.

Most of the states (Rajasthan, Puducherry, Sikkim, Haryana and Mizoram) reportedly did not have AYUSH Panchkarma Assistant (which is a sanctioned post). Out of seven, only three states had AYUSH Therapist in accordance with the sanctioned strength: Uttarakhand, and Haryana. None of the reported states had AYUSH Nurses in accordance with their sanctioned strength. AYUSH Doctors are reported to be regular by all the sampled states. The salary for AYUSH doctor is received always from either the state government or the NHM or both state government and NHM.

**Table 3.41: (Data from supplementary questions) AYUSH wing in district hospital:
Utilisation of AYUSH personnel for NHM**

No.	Name of State	Are AYUSH personnel utilised for NHM (Y/N)	If Yes how often (Very Often/Often/ Rarely)- V/O/R. Describe
1	Uttarakhand	Y	In between 3 to 4 months
2	Rajasthan	Y	2-3 times in a year
3	Telangana	Y	Quarterly
4	Puducherry	Y	Quarterly
5	Haryana	Y	8-10 Camps per year
6	Sikkim	Y	Twice or Thrice in a year
7	Mizoram	Y	Whenever required

All the states utilise AYUSH personnel's service for NHM. Haryana reported that the frequency of the service availed can be as per the requirement. AYUSH personnel in all the seven states have reported to work for the NHM projects at least 2-3 times every year.

3.5 Upgradation of Standalone AYUSH hospital- Sample Survey

Out of a universe of 361 Upgraded AYUSH Hospitals which were planned (as per respective SAAPs) to receive recurring funds, 91 Upgraded AYUSH Hospitals (existing or proposed) were visited by the survey teams and out of 57 upgraded AYUSH hospitals which were planned to receive non-recurring funds, 15 upgraded AYUSH hospitals (existing or proposed) were visited during the fieldwork. These were spread over 10 states/UTs. Findings for this aspect of the field survey are presented in the following tables:

Table 3.42: (Data from question no. 2) Upgradation of AYUSH Hospital: Year of establishment of AYUSH Hospital

No.	Year of establishment	Number of Hospitals (1 upgraded AYUSH Hospital/state)
1	Before 2012-13	74
2	FY 2012-13	13
3	FY 2013-14	3
4	FY 2014-15	15
5	FY 2015-16	1
6	FY 2016-17	
	Total	106

It was reported that nearly 70% of the upgraded AYUSH hospitals were originally established before 2012-13 while 15 % were established in 2012-13.

Table 3.43: (Data from question no. 3) Upgradation of AYUSH Hospital: Primary system of AYUSH followed

No.	AYUSH system	Number of Units	Names of states
1	Ayurveda	76	Rajasthan, Telangana, Gujarat, HP, Karnataka, Punjab, Kerala
2	Yoga and Naturopathy	3	HP, Rajasthan, Kerala
3	Unani	4	Telangana, J&K
4	Siddha	1	Puducherry
5	Homeopathy	22	Rajasthan, Gujarat, HP, Karnataka, Odisha, Punjab, Kerala

From the upgraded hospitals that were surveyed, more than 70% of surveyed upgraded hospitals had Ayurveda as the primary system while about 20% had Homeopathy and 10% had other systems.

Table 3.44: (Data from question no. 4) Upgradation of AYUSH Hospital: Facilities available for AYUSH

No.	AYUSH system	Number of Units
1	Clinical Lab	19
2	X-ray Room	16
3	Panchkarma Therapy Room	48
4	Ksharsutra Room	34
5	Regimental Therapy Room	2
6	Tokkanam Room	2
7	Any other*	10
	Total number of states who have answered this question	8

**Rajasthan – Aanchal Prasuta (pre-natal and ante natal care centres)*

Nearly 50% of the hospitals had a Panchkarma Therapy Room. And 35% of the hospitals had a Ksharsutra Room. And X-ray and clinical lab facility are available in comparatively lesser number of hospitals. Aanchal Prasuta facility was available in Telangana & Rajasthan state only.

From the states that we surveyed, there are two states (Himachal Pradesh and Gujarat) reporting utilization of non-recurring grant under National AYUSH Mission for upgradation of AYUSH Hospital. It was reported by the states that grant was utilized in premises, for purchasing of furniture and equipment.

From the states that we surveyed, there are 5 states reporting utilization of recurring grant received under National AYUSH Mission for upgradation of AYUSH hospital. It has been observed that percentage of fund utilization on purchase of medicines to total utilization was 61.66% in 2014-15 and the utilization fell sharply on medicines in the years 2015-16 & 2016-17.

Table 3.45: (Data from question no. 7) Upgradation of AYUSH Hospital: Source of supply of drugs?

No.	Source of supply of drugs	Number of Units	Names of states
1	IMPCL	39	Rajasthan, Gujarat, Himachal Pradesh, Karnataka, Telangana, Punjab
2	Other approved units	18	Rajasthan, Gujarat, Himachal Pradesh, Punjab
3	State Govt. Pharmacies	26	Rajasthan, Himachal Pradesh, J&K, Punjab, Puducherry, Odisha

There are 57 units which reported response and out of which there are 39 units which reported that AYUSH Medicines are procured from IMPCL and around 18 units reported that they have purchased medicine from other approved Units and 26 units reported the procurement source as State govt. Pharmacies.

Table 3.46: (Data from question no. 11-12)

Upgradation of AYUSH Hospital: Focus of training Programmes conducted for AYUSH Medical officers/paramedical staff

No.	Focus of Training Programmes conducted	Number of States reporting this training Programme	Names of states
1	Yoga training	2	Punjab, Himachal Pradesh
2	ASHA & Aanganwadi Training on home remedies	1	Karnataka
3	Induction & Re-orientation	1	Rajasthan
	Total states reporting any kind of training Programme	4	

From the states that we surveyed, there are four states reporting that training programmes were conducted for AYUSH medical officer/Paramedical staff on Yoga training, ASHA & Aanganwadi Training on home remedies and Induction & Re-orientation Programme.

Table 3.47: (Data from question no. 13) Upgradation of AYUSH Hospital: Average daily number of patients in OPD for AYUSH system

No.	State	Avg. number of OPD patients per day		
		Males	Females	Total
1	Rajasthan	26	20	46
2	Telangana	17	22	39
3	Kerala	21	27	48
4	Gujarat	24	28	52
5	Himachal Pradesh	18	19	37
6	Karnataka	14	16	30
7	Punjab	25	17	42
	Average for the sampled states	20	25	45

Average number of male patients visiting OPD per day is 20. Average number of female patients visiting the OPD per day is 25 and the average for total number per day is approximately 45. Gujarat and Kerala get much more than the average for the group as a whole. The hospitals visited in Karnataka get a smaller number of patients.

Table 3.48: (Data from question no. 14-15) Upgradation of AYUSH Hospital: IPD beds

No.	State	Average IPD bed occupancy (per month)- percent
1	Karnataka	20
2	Himachal Pradesh	50
3	Gujarat	20
4	Punjab	80

No.	State	Average IPD bed occupancy (per month)- percent
5	Telangana	0
6	Rajasthan	25

It was reported that maximum numbers of IPD beds with maximum IPD bed occupancy are in Punjab and minimum bed occupancy is in Telangana.

Good record keeping system is an important aspect of Programme implementation. Out of the upgraded AYUSH hospitals which reported keeping the records for upgraded AYUSH Hospital, seven states were keeping records in Physical register and Telangana was maintaining the records in register as well as in computers through NHM software.

Table 3.49: (Data from question no. 18) Upgradation of AYUSH Hospital: Diseases commonly treated

No.	Common diseases treated	No. of States mentioning the disease	Names of states
1	Arthritis	3	Punjab, HP, Telangana,
2	Skin Diseases	2	Punjab, Karnataka
3	Joint Pain	2	Karnataka, Telangana
4	Paralysis	1	Gujarat
5	Katigard	1	Gujarat
6	Paralysis	1	Telangana
7	Cerebral Palsy	1	Telangana
8	Sciatica	2	Telangana, Punjab
9	Disk Prolapse	1	Telangana
10	Hypertension	2	Rajasthan, Telangana
11	Diabetes	2	Punjab, Telangana
12	Anal fistula	2	Punjab, Telangana

No.	Common diseases treated	No. of States mentioning the disease	Names of states
13	Piles	1	Punjab, Telangana
14	Non –healing wounds	1	Telangana
15	Cervical Spondylitis	2	Telangana, Punjab
16	Lumbar Herniation	1	Telangana
17	Cough, Cold, Fever	2	Punjab, Telangana
18	Insomnia	1	Kerala
19	Depression	1	Kerala
20	Indigestion	1	Punjab
21	Constipation,	1	Punjab
22	Gynaecological diseases	1	Telangana
23	Fluorosis	1	Telangana
24	Kidney Stone	1	Telangana
	Total States who responded to this question	7	

Cold, fever, cough, Constipation, Gynaecological diseases, Kidney Stones , Piles , Anal Fistula, Depression, Indigestion, Insomnia, Cervical Spondylitis, Joint pain , skin diseases, Hypertension, Respiratory diseases, Skeletal disorders, Obesity disorder, Skin disorder, Arthritis, Common Fever, other communicable disease and non-communicable diseases, Sciatica , Urine, Digestion, blood pressure and eyes problem are the common diseases that were treated in upgraded AYUSH hospital.

It was reported by states that some of special diseases such as Lumbar Spondylitis, Psoriasis, Fistula, Non-Healing Wounds, Diabetes, Foot Ulcers, Piles and even Autism were treated in the surveyed upgraded hospitals through AYUSH.

The success rate of sample upgraded AYUSH hospitals in terms of patients cured is 68.01% or thereabouts, 27.85% of the patients were continuing their treatment and 4.09% patients had dropped out. On the average monthly basis, the report from Gujarat indicates that 75% patient were cured, the success rate in Karnataka was 30% of the patients getting cured.

Table 3.50: (Data from question no. 24) Upgradation of AYUSH Hospital: Support required

No.	Kind of support required	Most units in number of States reporting the kind of support needed	Names of States
1	Infrastructure(Physical/Financial)	7	Punjab, Karnataka, Himachal Pradesh, Gujarat, Telangana, Rajasthan, Kerala
2	Equipment (Physical/Financial)	7	Punjab, Karnataka, Himachal Pradesh, Gujarat, Telangana, Rajasthan, Kerala
3	Medicine/drugs/contingency	6	Punjab, Karnataka, Telangana, Rajasthan, Kerala, Gujarat
4	Medical Officer (MO)	4	Punjab, Karnataka, Gujarat, Telangana
5	Paramedics	4	Punjab, Karnataka, Telangana, Rajasthan
6	Biomedical Waste Management	1	Punjab
7	Attendants & Sweepers	2	Telangana, Rajasthan
8	Sanitation Staff	1	Telangana

Upgraded AYUSH Hospitals in seven states reported that infrastructure and equipment (in terms of physical and financial) support were required to implement the activities under NAM successfully. However, four states require Medical officer (MO) and another set of four states require paramedics. Supporting staff was also required by some states.

It was reported that about 60% of the upgraded AYUSH Hospitals are not facing any problems in procuring AYUSH medicines. However, some of these are facing problems such as medicine not in stock, cancelation of vendor tender, local purchase not being allowed, lack of man power etc. while procuring AYUSH medicines.

Specific problems faced in procuring AYUSH medicines in upgraded AYUSH Hospital are as under:

- Sometime medicine are out of stock
- Local purchase are not allowed (Drugs names to be listed in NHM book list)
- Due to shortage of manpower, there are delay in drug supply

Specific problem faced by upgraded AYUSH Hospitals in the reported states in implementing scheme as under:

In Telangana, the specific problem was the shortage of manpower and insufficient provision for diet to in-patients. In Karnataka, organizing of diabetes camp as also BP awareness camps have not been approved. However, in Rajasthan, there has been no provision of a budget for medicines & meal.

Table 3.51: (Data from supplementary questions) Upgradation of AYUSH Hospital: Status check

No.	Name of State	Condition of Hospitals (Good/Fair/Poor)- G/F/P	Behaviour of Staff (Good/Fair/Poor)- G/F/P	Is The IPD and OPD functional (Y/N). If No, furnish reason	Cleanliness and Hygiene in AYUSH hospitals (Good/Fair/Poor)- G/F/P
1	Punjab	Good	Good	Yes	Good
2	Karnataka	Good	Good	Yes	Good
3	Himachal Pradesh	Good	Good	Yes	Good
4	Gujarat	Good	Good	Yes	Good
5	Kerala	Good	Good	Yes	Good
6	Rajasthan	Good	Good	Yes	Good

No.	Name of State	Condition of Hospitals (Good/Fair/Poor)- G/F/P	Behaviour of Staff (Good/Fair/Poor)- G/F/P	Is The IPD and OPD functional (Y/N). If No, furnish reason	Cleanliness and Hygiene in AYUSH hospitals (Good/Fair/Poor)- G/F/P
7	Telangana	Fair	Good	Yes	Good

Upgraded AYUSH Hospitals which are functional in seven states covered are in good condition except in Telangana. It was observed that behaviour of staff was good, all IPD and OPD are in functional and cleanliness and hygiene in AYUSH hospital was also good.

Table 3.52: (Data from supplementary questions) Upgradation of AYUSH Hospital: Status check

No.	Name of State	Separate sections for males and females (Y/N)	Separate facility for Panchkarma(Y/N). If No, furnish reason	AYUSH medicines available(Y/N).
1	Punjab	Yes	No	Yes
2	Karnataka	Yes	No	Yes
3	Himachal Pradesh	Yes	Yes	Yes
4	Gujarat	Yes	Yes	Yes
5	Kerala	Yes	Yes	Yes
6	Rajasthan	Yes	Yes	Yes
7	Telangana	No	No	70% Available

Table 3.53: (Data from supplementary questions) Upgradation of AYUSH Hospital: Status check

No.	Name of State	New AYUSH medicines received (Regular/Irregular)-R/I	AYUSH Doctors (as per sanction) (Y/N)	AYUSH Paramedical staff (as per sanction) (Y/N)	AYUSH Pharmacist(as per sanction) (Y/N)
1	Punjab	On demand basis	No	Yes	No
2	Karnataka	Annually	No	No	No
3	Himachal Pradesh	Annually	Yes	Yes	Yes
4	Gujarat	Quarterly	Yes	Yes	Yes
5	Kerala	Quarterly	Yes	Yes	Yes
6	Rajasthan	Once in 15 days	No	No	No
7	Telangana	3 Months once	No	No	No

In the upgraded AYUSH Hospitals that we surveyed, it was observed that:

- New AYUSH Medicine were received regularly with Rajasthan being the best and Karnataka not so good. The On-demand basis reported by Punjab also needs rectification since stockout is very likely to occur because of it.
- AYUSH Doctors were available as per the sanctioned strength in all the sample upgraded hospitals that were surveyed.
- AYUSH Paramedical staff is available as per sanction in all the sample upgraded functional hospitals except in Karnataka.
- AYUSH Pharmacists are available as per sanction in all the sample upgraded functional except in Karnataka.

Table 3.54: (Data from supplementary questions) Upgradation of AYUSH Hospital: Status check

No.	Name of State	AYUSH Panchkarma Asst. (as per sanction) (Y/N)	AYUSH Therapist(as per sanction) (Y/N)	AYUSH Nurses (as per sanction) (Y/N)	Regularity of AYUSH Doctor in most cases (Regular/Irregular)-R/I)
1	Punjab	No	No	Yes	Regular
2	Karnataka	No	No	No	Regular
3	Himachal Pradesh	No (not sanctioned)	No (not sanctioned)	Yes	Regular
4	Gujarat	Yes	No	No	Very Regular
5	Kerala	Yes	Yes	Yes	Yes
6	Rajasthan	No	No	Yes	Regular
7	Telangana	No	No	No	Irregular

It was observed that:

- Qualified AYUSH Panchkarma Assistants are in short supply in most of the upgraded hospitals except in Kerala and Gujarat.
- Qualified AYUSH Therapists are in short supply in most of the upgraded hospitals except in Kerala.
- Qualified AYUSH Nurses are in short supply in most of the upgraded hospitals of Karnataka, Gujarat and Telangana.
- AYUSH doctors are regular in most cases.

**Table 3.55: (Data from supplementary questions) Upgradation of AYUSH Hospital:
Utilisation of AYUSH personnel for NHM**

No.	Name of State	Are AYUSH personnel utilised for NHM (Y/N)	If Yes how often (Very Often/Often/ Rarely)- V/O/R. Describe
1	Telangana	Yes	
2	Rajasthan	Yes	
3	Kerala	Yes	Polio day, International Yoga Day, Swachch Abhiyan
4	Gujarat	Yes	Quarterly
5	Himachal Pradesh	Yes	Often
6	Karnataka	Yes	Quarterly in SC/ST areas
7	Punjab	Yes	5 camps in a year

It was observed in all states that AYUSH personnel of the upgraded hospitals are utilised for National Health Mission (NHM) and involved in various NHM Programmes camps (Polio day, Yoga day and Swachch Bharat Abhiyan) which are held quarterly or half yearly.

3.6 Upgradation of Standalone AYUSH dispensaries- Sample Survey

Out of a universe of 6082 Upgraded AYUSH dispensaries (existing and proposed) which were planned (as per respective SAAPs) to receive recurring funds, 1521 Upgraded AYUSH dispensaries were visited by the survey teams and out of 915 upgraded AYUSH dispensaries which were planned to receive non-recurring funds 229 upgraded AYUSH dispensaries were visited during the fieldwork. These were spread over 12 states/UTs. Findings for this aspect of the field survey are presented in the following tables:

Table 3.56: (Data from question no. 2) Upgradation of AYUSH Dispensary: Year of establishment of AYUSH Dispensary

No.	Year of establishment	Number of Dispensaries
1	Before 2012-13	1033
2	FY 2012-13	182
3	FY 2013-14	121
4	FY 2014-15	105
5	FY 2015-16	108
6	FY 2016-17	201
	Total	1750

From among the dispensaries which were visited across 12 states, a majority of these were established before 2014-15 (the financial year in which NAM was launched) and there has been an increase in 2016-17.

Table 3.57: (Data from question no. 3) Upgradation of AYUSH Dispensary: Status of possession of premises of AYUSH Dispensary

No.	Status of Place	Number of Dispensaries (existing and proposed)
1	Rented	532
2	Owned	1218
	Total	1750

Two thirds of sampled upgraded (existing and proposed) dispensaries were functioning/planned to be functioning from owned property and one-third dispensaries were functioning/planned to be functioning from rented premises.

Table 3.58: (Data from question no. 4) Upgradation of AYUSH Dispensary (existing and proposed): Primary system of AYUSH followed

No.	AYUSH system	Number of Dispensaries
1	Ayurveda	1375
2	Yoga and Naturopathy	3
3	Unani	155
4	Siddha	4
5	Homeopathy	213
	Total	1750

The Primary system of AYUSH practiced is Ayurveda in over 75 percent of the dispensaries and in nearly 15 percent of sample dispensaries, it was the Homeopathy system that is practiced.

Table 3.59 (Data from question no. 6) Upgradation of AYUSH Dispensary (existing and proposed): Utilisation (done and planned) of Non-recurring grant under NAM

No.	Description of expense head for the utilization of Non-recurring grant	Number of sample units Reporting/planning this expense head
1	Premises	32
2	Furniture	101
3	Equipment	72
4	Any Other (specify)	102 (computer, token vending machine)
	Total dispensaries reporting utilization of Non-Recurring grant	307

Over 300 sample upgraded dispensaries in six states reported having either utilized or planning to utilise the non-recurring grant. Out of which more than 10 percent reported having used it on Premises, One-Third of the dispensaries on furniture and One in four on equipment. Besides this, some states reported providing dispensary with Computer and a Token Vending Machine.

Table 3.60: (Data from question no. 11-12) Upgradation (existing and proposed) of AYUSH Dispensary: Focus of training Programmes conducted for AYUSH Medical officers/paramedical staff

No.	Focus of Training Programmes conducted	Number of States reporting this training Programme	Names of states
1	Panchkarma	1	Haryana
2	Yoga Soukhya Training	1	Kerala
3	CME Training & Reorientation training	1	Rajasthan
	Total states reporting any kind of training Programme	3	

Three states have reported that training programmes for personnel of upgraded dispensaries have been conducted for AYUSH Medical officers/paramedical staff as presented in the table above.

Table 3.61: (Data from question no. 13) Upgradation of AYUSH Dispensary (existing and proposed): Average daily number of patients in OPD for AYUSH system

No.	State	Avg. number of OPD patients per day				
		Males	Females	Total	Children Out of total	Elderly out of total
1	Odisha	20	17	37	5	15

2	Rajasthan	29	22	51	6	20
3	Uttar Pradesh	19	16	35	5	17
4	Kerala	24	30	54	3	40
6	Telangana	19	24	43	5	18
7	Haryana	23	20	43	5	18
8	Himachal Pradesh	21	24	45	5	20
	Average for the sampled states (rounded off)	28	23	51	6	20

Upgraded dispensaries in eight states reported that the average number of daily OPD patients. The average daily number of patients in OPD for AYUSH system in the sampled states is 51. Out of which 28 were males, 23 were females, six were children and 20 were Elderly.

All the dispensaries reported to have a system of record keeping and they all used physical registers in doing the same.

Table 3.62: (Data from question no. 16) Upgradation of AYUSH Dispensary: Diseases commonly treated

No.	Common diseases treated
1	Cough & Cold
2	Gastric problems
3	Arthritis
4	Menopausal Syndrome
5	Neurological Problems
6	Vomiting

No.	Common diseases treated
7	Diarrhea
8	Diabetes
9	Skin Diseases
10	High Cholesterol
11	Respiratory Diseases
12	Fungal Infection
13	Hyper Acidity
14	Piles
15	Gynaecological diseases
16	Urinary system disorders

In the sampled upgraded dispensaries, Arthritis happened to be the disease that was most commonly treated. It was followed by Diarrhea.

Few sampled dispensaries have reported special diseases that are cured with AYUSH system of medication. Dispensaries in Odisha reported curing of Anthulis and Amulapula. Those in Uttar Pradesh had reported cure of P. Sterluty. Rheumatoid Arthritis, typical case, suffering for 15 years had successfully been cured with oral medication in Telangana, where a case of Paralysis (Fali) was also reported to have been cured.

The overall success rate of AYUSH treatment within a month was 57% whereas the balance of the patients continue their treatment barring a small number, who dropped out. Out of the sampled states, the dispensary in Kerala happened to have maximum number of patients coming in for AYUSH medication followed by those in Rajasthan and Himachal Pradesh. Kerala is also the state to report maximum number of cured patients followed by Rajasthan. The least number of patient visits is in Uttar Pradesh and Odisha. Kerala also happened to be the state with highest number of patients

who continue treatment. The highest number of patients who are not continuing the treatment is in Rajasthan.

Table 3.63: (Data from question no. 22) Upgradation of AYUSH Dispensary: Support required

No.	Kind of support required	Number of States reporting kind	Names of States
1	Infrastructure(Physical/Financial)	7	Odisha, Rajasthan, West Bengal, Kerala, Telangana, Haryana, Madhya Pradesh
2	Equipment(Physical/Financial)	8	Odisha, Rajasthan, Uttar Pradesh, West Bengal, Kerala, Telangana, Haryana, Madhya Pradesh
3	Medicine/drugs/contingency	7	Odisha, Uttar Pradesh, West Bengal, Kerala, Telangana, Haryana, Madhya Pradesh
4	Any other	4	Odisha(extra staff), Rajasthan (nurse, sweeper, peon), Kerala (NAM Doctor & Therapist), Himachal Pradesh (Dilapidated toilets needs reconstruction),

Dispensaries in seven states have reported their need for support in infrastructure while in eight states, these require support with equipment for the dispensary and most dispensaries in seven states need support in Medicine/drugs/contingency. Apart from this, many dispensaries in three states expressed the need for more manpower and the dispensaries in Himachal Pradesh needed reconstruction of dilapidated toilets.

Table 3.64: (Data from question 26-27 and supplementary questions) Upgradation of AYUSH Dispensary: Status check

No.	Name of State	Condition of Dispensaries (Good/Fair/Poor)- G/F/P	Behaviour of Staff (Good/Fair/Poor) - G/F/P	Cleanliness and Hygiene in AYUSH dispensary (Good/Fair/Poor) - G/F/P	AYUSH medicines available (Y/N)
1	Odisha	Fair	Good	Good	N
2	Rajasthan	Good	Good	Fair	Y
3	Uttar Pradesh	Good	Good	Fair	N
4	Kerala	Good	Good	Good	Y
5	Himachal Pradesh	Fair	Good	Good	Y
6	Gujarat	Good	Good	Good	Y
7	Telangana	Good	Good	Good	Y
8	Haryana	Good	Good	Good	N

The condition of most of the dispensaries is good or fair. Patients in most of the dispensaries reported the behavior of AYUSH personnel to be good. Most of the dispensaries in all the other states were observed to be clean & hygienic except a few. Three states (Uttar Pradesh, Haryana & Odisha) reported lack of availability of medicines, dispensaries in all the other states did not report facing any shortage of medicines.

**Table 3.65: (Data from supplementary questions) Upgradation of AYUSH Dispensary:
Status check**

No.	Name of State	AYUSH Doctors (as per sanction) (Y/N)	AYUSH Paramedical staff (as per sanction) (Y/N)	AYUSH Pharmacist(as per sanction) (Y/N)	AYUSH Panchkarma Asst. (as per sanction) (Y/N)
1	Odisha	Y	Y	Y	NA
2	Rajasthan	Y	N	N	NA
3	Uttar Pradesh	Y	Y	N	NA
4	Kerala	Y	Y	Y	NA
5	Himachal Pradesh	Y	N	Y	NA
6	Gujarat	Y	N	N	NA
7	Telangana	Y	Y	Y	NA
8	Haryana	Y	N	Y	NA

Most dispensaries in states have AYUSH doctors as per sanction. The shortage of AYUSH Paramedical staff as per sanction is an area of concern in many dispensaries of states except the states of Odisha, Uttar Pradesh, Kerala and Telangana. Many dispensaries in three states (Uttar Pradesh, Gujarat & Rajasthan) reported not to have Pharmacists as per sanction.

**Table 3.66: (Data from supplementary questions) Upgradation of AYUSH Dispensary:
Status check**

No.	Name of State	AYUSH Therapist(as per sanction) (Y/N)	AYUSH Nurses (as per sanction) (Y/N)	Regularity of AYUSH Doctor (Regular/Irregular)- R/I)
1	Odisha	N	N	R
2	Rajasthan	N	N	R
3	Uttar Pradesh	N	N	R
4	Kerala	NA	NA	R
5	Himachal Pradesh	N	N	R
6	Gujarat	NA	NA	R
7	Telangana	NA	NA	R
8	Haryana	N	N	R

AYUSH doctors were often reported to be regular in visiting their dispensary. None of the sampled states' dispensaries reported having adequate number of AYUSH therapists and AYUSH nurses as per sanction.

3.7 Supply of essential drugs at AYUSH hospitals and AYUSH dispensaries- Sample Survey

Out of a universe of 1193 AYUSH hospitals and 13601 AYUSH dispensaries which have had (or plan to have) assistance under NAM for purchase of essential drugs, 42 hospitals and 312 dispensaries have been sampled and contacted during the fieldwork in consultation with

respective AYUSH societies which had proposed these (as per respective SAAPs) to receive NAM funds for essential drugs purchase. These were spread over 14 states/UTs.

Findings for this aspect of the field survey are presented in the following tables:

Table 3.67: (Data from question no. 2) Supply of drugs to hospitals and dispensary: Utilisation of Recurring Grant received under NAM by sampled units during survey (Rs. in lakhs)

No.	Purpose of Utilisation	2014-15	2015-16	2016-17
	Number of Units reporting	132	119	92
1	Percentage of expenditure on Medicines to Total utilization	96.17%	92.83%	85.22%
2	Percentage of Unspent amount to Total utilization by those units which reported expenditure	3.81%	7.14%	14.71%

In the financial year 2014-15, the sampled units which reported expenditure under this head had spent 96.17% of their recurring grant on Medicines and 3.81% was unspent. Similarly in 2015-16, the units had spent 92.83% of the recurring grant on Medicines and 7.14% was unspent. In 2016-17, the percentage amount spent on medicines has decreased to 85.22% and unspent amount as a percent of budget increased to 14.71%.

Table 3.68: (Data from question no. 3) Supply of drugs to hospitals and dispensary: Source of supply of drugs?

No.	Source of supply of drugs	Number of States	Names of states
1	IMPCL	8	Punjab, Telangana, Uttarakhand, J&K, Gujarat Rajasthan, Himachal Pradesh, Madhya Pradesh
2	Other approved units	7	Punjab, Himachal Pradesh, Rajasthan, Uttarakhand, J&K, Gujarat, Madhya

No.	Source of supply of drugs	Number of States	Names of states
			Pradesh
3	State Government Pharmacies	4	Punjab, Rajasthan, Gujarat, Himachal Pradesh
4	Pharmacies under cooperative	2	Puducherry, Kerala

Most number of states procured their drug supply to dispensary through IMPCL, followed by other approved units.

**Table 3.69: (Data from question no. 6) Supply of drugs to hospitals and dispensary:
Diseases for which drugs are in demand**

No.	Names of diseases for which drugs are in great demand	Number of States reporting this disease	Names of states
1.	Paralysis	1	Gujarat
2.	Obesity	1	Gujarat
3.	Intestinal disease	1	Uttar Pradesh
4.	Arthritis	4	Uttar Pradesh, Uttarakhand, Telangana, Gujarat
5.	Skin diseases	4	Uttar Pradesh, Uttarakhand, Madhya Pradesh, Puducherry
6.	Diabetes	4	Uttar Pradesh, J&K, Kerala, Puducherry
7.	Urinary Tract Infections	1	Uttar Pradesh
8.	Cough & Cold	3	Uttar Pradesh, Punjab, Madhya Pradesh

No.	Names of diseases for which drugs are in great demand	Number of States reporting this disease	Names of states
9.	Respiratory disorders	5	Uttar Pradesh, Uttarakhand, Punjab, Haryana,
10.	Neurological disorders	1	Uttar Pradesh
11.	Musculo-skeletal disorder	1	J&K
12.	Cardiovascular diseases	1	J&K
13.	Gynecological diseases	4	J&K, Punjab, Haryana, Madhya Pradesh
14.	Gastrointestinal diseases	3	J&K, Telangana, Haryana,
15.	Piles	1	Telangana
16.	Jaundice	1	Telangana
17.	Kidney Stone	1	Telangana
18.	Joint Pain	2	Rajasthan, Punjab
19.	Leucorrhoea	1	Rajasthan
20.	Diarrhea	1	Rajasthan
21.	Hypertension	2	Rajasthan, Kerala
22.	Dyslipidemia	1	Kerala
23.	Infertility	1	Kerala
24.	Hypothyroidism	1	Kerala
25.	Polycystic Ovary Syndrome (PCOS)	1	Kerala
26.	Fever	3	Punjab, Haryana, Madhya Pradesh
27.	ENT disease	1	Haryana

No.	Names of diseases for which drugs are in great demand	Number of States reporting this disease	Names of states
28.	Rheumatic disorders	1	MP
29.	Anaemia	1	Puducherry

Across the reported states, 29 diseases were identified for which the AYUSH drugs are in demand. Skin diseases, Respiratory disorders, Diabetes and Gastrointestinal diseases are the most common diseases for which the AYUSH drugs are in demand in most states. Hypertension and Arthritis are the other common diseases for which AYUSH medicines are in demand.

Table 3.70: (Data from question no. 7) Supply of drugs to hospitals and dispensary: How often does your hospital/dispensary stay out of drugs?

No.	Instances of out of stock	No. of States reporting
1	Never (almost)	5 (Kerala, Himachal Pradesh, Puducherry, Rajasthan, Telangana)
2	Rarely	1 (Punjab)
3	Very often	3 (Every 2 months) (J&K, Uttar Pradesh, Uttarakhand)
4	Always	2 (Every month) (Assam, Manipur)
	Total	11

Out of dispensaries and hospitals in 11 states who reported, dispensaries and hospitals in only two happened to always stay out of drugs and most dispensaries and hospitals in three states reported that they ran out of drugs once every two months, there are five states which reported having sufficient drugs in store and never running out of it.

Almost all the units maintained a formal reorder point based on the level of the stock of different medicines. Only one state (Manipur) reported absence of reorder point for medicines once the stocks went below a certain level.

**Table 3.71: (Data from question no. 14) Supply of drugs to hospitals and dispensary:
Diseases for which drugs are in shortage**

No.	Names of disease for which drugs are always in shortage	Number of States reporting shortage of medicine for this disease	Names of states
1.	Musculo Skeletal Disorders	1	J&K
2.	Acid Peptic Disorders (APDs)	1	J&K
3.	General Weakness	1	J&K
4.	Respiratory Disorders	2	Uttarakhand
5.	Arthritis	3	Uttarakhand, Punjab, Uttar Pradesh
6.	Chronic Cough	1	Telangana
7.	Joint Pain	1	Rajasthan
8.	Gastric problems	1	Rajasthan
9.	Rheumatic Disorders	1	Rajasthan
10.	Hypertension	1	Kerala
11.	Diabetes	1	Kerala
12.	Infertility	1	Kerala
13.	De addiction	1	Kerala

The diseases for which the drugs are in shortage and the states these are in shortage are given above. Three states reported perpetual shortage of Arthritis drugs and two states reported shortage of AYUSH medicines for respiratory disorders.

**Table 3.72: (Data from question no. 15) Supply of drugs to hospitals and dispensary:
Whether delivery of medicine is being done on time by pharmacy?**

No.	Response	No. of States reported	Names of States
1	Yes- regularly	5	Kerala, Himachal Pradesh, Puducherry, Rajasthan, Telangana
2	No- never	6	Punjab, J&K, Uttar Pradesh, Uttarakhand, Assam, Manipur
	Total	11	

Out of the 11 states responding to this question, there were 5 states where most dispensaries and hospitals stated that pharmacies do the medicine delivery on time. But, most dispensaries and hospitals of six states reported that the delivery of medicines is never done on time.

**Table 3.73: (Data from question no. 17-19) Supply of drugs to hospitals and dispensaries:
Different aspects of satisfaction with NAM**

No.	Satisfaction aspect	Number of States reporting 'Yes'	Number of States reporting 'No'
1	Whether satisfied with quality of AYUSH medicine/drugs?	4	7
2	Do you require any support in Procurement of AYUSH medicine?	8	3
3	Are you satisfied with the procurement guideline under NAM?	11	0

Dispensaries / Medical units in four states out of those who reported are satisfied with the quality of AYUSH medicines/ drugs being supplied to them. However, eight states stated that they require

support in procurement of AYUSH medicines under NAM. There were 11 states which reported being satisfied with the procurement guidelines for medicines specified under NAM.

**Table 3.74: (Data from question no. 18) Supply of drugs to hospitals and dispensaries:
Nature of support required in NAM**

No.	Nature of support required	Number of States reporting this support	Names of States reporting this support
1	Direct supply of medicine from DO Office	1	Uttar Pradesh
2	Financial Support	3	Assam, J&K, Uttarakhand
3	Proper information about procurement of AYUSH medicine	1	Himachal Pradesh
4	Supply chain should be regular	1	Assam, Manipur
5	Centre should disburse NAM funds directly to the AYUSH Society rather than routing it through the treasury	1	Punjab
6	More variety of medicines	1	Uttar Pradesh
7	One vehicle and more manpower	1	Puducherry
	Total states who specified the support that is required	8	

The support that is desired by the different states for medicine supply to dispensaries is presented in the table above.

3.8 Other major findings regarding AYUSH Services component of NAM

- i) **Reasons for many of the AYUSH services taking off slowly in many states:** Due to the delay in receipt of funds by the State AYUSH Societies in most states/UTs as well as the top down approach to preparing the State Annual Action plan there has been delay in implementing many of the AYUSH services component. As on 31st March 2017, there has been some progress on the ground reported from only a few states as described above. However, with the passage of time, the impact may result in inducing a greater impact on the community.
- ii) **Difficulty in recruiting and deputing suitable person:** States/UTs which have applied for funding under this component are finding that the progress of this component has been hampered due to absence of qualified AYUSH pharmacists, Panchkarma experts, good AYUSH doctors, and in some states, good nurses. This has led to inferior outcomes and poor utilisation of funds allotted and disbursed by MoA till 31st March 2017. The colocation has still been somewhat effective but upgradation of standalone AYUSH hospitals and dispensaries as well as supply of medicines are constrained.
- iii) **Positive impact of AYUSH facilities as stated by the stakeholders:** Some amount of awareness about preventive health and treatment of chronic diseases through AYUSH were mentioned by the officials in the states where AYUSH OPD, IPD, Wing have been colocated. The facility is specially preferred by women and the elderly. Women also bring children for treatment.
- iv) **Scope of AYUSH services varies from state to state:** The current implementation of AYUSH services has been conceived as colocation, upgradation and supply of essential drugs in the NAM guidelines. However, in Kerala, colocation has not been done and the focus has been only on standalone AYUSH facilities.
- v) **Salient Observations related to Colocation of AYUSH facilities:** It was observed during the pan-India fieldwork that, the strategy of Colocation of AYUSH facilities with Allopathy has helped AYUSH system to gain a certain degree of visibility among public in general and

patients in particular. However, the current provisions and guidelines of the system of Health Delivery in the country tend to suggest significant primacy of Allopathic system over the AYUSH system, even in the colocated units. Due to this implied primacy of Allopathic system, it was observed that the AYUSH system very often gets perceived as inferior and a very limited option to Allopathy in the colocated units.

There is no distinct cadre for personnel associated with AYUSH system. Due to this gap, all the AYUSH personnel in colocated units have to report to the Unit Head/Incharge, who invariably happens to be a doctor from the allopathic system. Since the head of the Unit is trained solely in allopathic system of health delivery, he often has low awareness of the importance and requirements of the AYUSH system. Moreover, the parameters used to assess his performance do not place any demands on him to grant adequate importance to AYUSH system and personnel. They very often tend to treat AYUSH personnel including doctors as weak subordinates. The personnel trained to deliver AYUSH system of health services at the colocated units are very often deployed by Unit Incharge for administrative activities and not for providing health and medical care through AYUSH system.

As per the current provisions, the salaries and remuneration of personnel associated with AYUSH system are lower than those of corresponding personnel trained in allopathic system. These salaries are provided from the budgetary resources of National Health Mission rather than from the National AYUSH Mission. There is no arrangement for providing government residential accommodation for AYUSH doctors even if they are posted at remote colocated Units. Such a predominance of Allopathic system leads to the dilution of the impact of National AYUSH Mission in promoting AYUSH system as a comparable option.

Kerala is the only state which has implemented delivery of AYUSH health services without relying on colocation of AYUSH with Allopathy. The state has opted only for numerical expansion and upgradation of standalone AYUSH units. This strategy has been successful in Kerala because of two contextual characteristics that are unique to Kerala. One, a relatively more educated and evolved health services recipient as compared to other states and two, a long tradition of Yoga, Ayurveda, Siddha, Naturopathy and Homeopathy. Such unique contextual conditions are not prevalent in any of the other states of India.

3.9 Recommendations regarding AYUSH Services component of NAM

- i) Strengthen the AYUSH health delivery in colocated units:** There is no other state other than Kerala which has unique characteristics that help impart visibility to AYUSH. Therefore, states other than Kerala have to rely on colocation to make AYUSH visible and credible. Therefore, it is suggested that colocation of AYUSH with Allopathic Units be continued but changes should be introduced.
- ii) The salaries for the AYUSH doctors and other staff should be provided through National AYUSH Mission** and not through National Health Mission. The unit level, the district level and block level AYUSH manpower as recommended in the previous sections must report to the respective AYUSH doctor of their level. In effect, it is recommended to create a distinct cadre for AYUSH personnel.
- iii) The salaries and remuneration of AYUSH doctors and other associated staff should be reviewed and revised upwards** and brought to reasonable levels in comparison with salaries and facilities enjoyed by Allopathic doctors and staff. National AYUSH Mission must have funds provision for constructing residential accommodation for AYUSH doctors and paramedical staff at Unit level so as to encourage talent AYUSH professionals to join the government to provide health services at local level, especially in remote and underserved/unserved locations. Acceptance of the aforementioned recommendations will enable the AYUSH system to establish its distinctive importance without losing the mainstreaming advantage that comes from colocation.
- iv) The colocation of AYUSH facilities need to be continued with due importance to adequate space, furniture & equipment, signage, personnel their training and provision for medicines.**

Chapter 4

Setting up of upto 50 Bedded Integrated AYUSH Hospitals

National AYUSH Mission (NAM) envisages setting up of 50-bedded integrated AYUSH Hospitals at locations/sites proposed by the respective State Governments/UTs in their State Annual Action Plans (SAAPs). As an element of NAM, The provision of funding for the integrated hospitals will be done as follows:

- i) **One Time grant:** Upto Rs 900 lakhs for undertaking construction, with lump sum provision for staff quarters furniture, fixtures, equipment, etc. subject to the condition that expenditure on addition/ alteration of existing premises will not exceed 75 percent of the total amount.
- ii) **Recurring Grant (per annum):** Rs. 30 Lakhs per annum for medicines, diet and other consumables. Rs. 120 Lakhs per annum for Salaries.

The status of the funds released for integrated hospitals under NAM are presented below.

Table 4.1: Status of upto 50-bedded integrated AYUSH Hospital approved under NAM

S. No.	State/UT	Proposal approved	Unit Approved during 2014- 15	Amount Approved during 2014-15	Unit Approved During	Amount Approved during 2015-16	Unit Approved during 2016-17	Amount Approved during 2016-17
1	Andhra Pradesh	50-bedded integrated AYUSH Hospital at Kakinada	1	50.00	-	50.00	-	60.00

S. No.	State/UT	Prop osal appr oved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amoun t Approv ed during 2016- 17
		50-bedded integrated AYUSH Hospital at Visakhapatn am	-	-	-	-	1	100.00
2	Assam	50 Bedded Integrated AYUSH Hospital Dudhnoi at Goalpara District	-	-	-	-	1	300.00
		50 Bedded Integrated AYUSH Hospital Majuli	-	-	-	-	1	100.00
3	Bihar	50-bedded integrated AYUSH Hospital at Patna	-	-	1	102.70	-	-
4	Chandiga rh	50 Bedded integrated AYUSH Hospital, Sec- 3 4 , Chandigarh	-	-	1	-	-	200.00

S. No.	State/UT	Prop osal appr oved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amoun t Approv ed during 2016- 17
5	Dadra & Nagar Haveli	Setting up of upto 50- bedded integrated AYUSH Hospital at Silvassa	-	-	1	-	-	100.00
6	Goa	50-bedded integrated AYUSH Hospital at North Goa	-	-	1	107.05	-	257.24
		50-bedded integrated AYUSH Hospital at South Goa	-	-	1	107.05	-	257.24
7	Gujarat	50-bedded Integrated AYUSH Hospital at Surendranagar	-	-	-	-	1	200.00
8	Haryana	50-bedded integrated AYUSH Hospital at Panchkula	-	-	1	83.34	-	100.00

S. No.	State/UT	Proposal approved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amoun t Approv ed during 2016- 17
9	Himach al Pradesh	50-bedded integrated AYUSH Hospital at Distt. Kullu	-	-	-	-	1	150.00
10	Karnataka	50-bedded integrated AYUSH Hospital at Gadag	-	-	-	-	1	300.00
		50-bedded integrated AYUSH Hospital at Mangalore	-	-	-	-	1	300.00
11	Lakshad weep	50-bedded integrated AYUSH Hospital at Kavaratti	-	-	-	-	1	195.80
12	Manipur	50-bedded integrated AYUSH Hospital at Moreh, Chandel District	-	-	-	-	1	321.00

S. No.	State/UT	Proposal approved	Unit Approved during 2014- 15	Amount Approved during 2014-15	Unit Approved During	Amount Approved during 2015-16	Unit Approved during 2016-17	Amount Approved during 2016-17
		50 bedded integrated AYUSH Hospital at Churanchandpur district	-	-	-	-	1	321.00
		Setting up of upto 50 - bedded Integrated AYUSH Hospital at Kwakeithel Konjeng Leikai	-	-	-	-	1	225.00
13	Madhya Pradesh	Setting up of 50Bedded Integrated AYUSH Hospital at Bhopal 333333	—	-	-	-	1	393.62
14	Meghalaya	Setting up of 50 Bedded Integrated AYUSH Hospital at Sohra (Cherrapunji), CHC, East Khasi Hills	-	-	-	-	1	637.07

S. No.	State/UT	Prop osal appr oved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amount Approved during 2016- 17
15	Nagaland	50-bedded Integrated AYUSH Hospital at Noklak, Tuensang District	-	-	1	333.33	-	91.33
16	Odisha	50 bedded integrated AYUSH Hospital at Dhenkanal District	-	-	-	-	1	500.00
17	Puducherry	Setting up of 50-bedded Integrated AYUSH Hospital at Villanur District	-	-	1	70.00	-	50.00
18	Punjab	Setting up of upto 50 Bedded AYUSH Hospital at Tarn Taran	-	-	-	-	1	650.00

S. No.	State/UT	Prop osal appr oved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amount Approved during 2016- 17
		Setting up of upto 50 Bedded AYUSH Hospital at Mohali Punjab	-	-	-	-	1	650.00
19	Rajasthan	Setting up of 50 Bedded Integrated AYUSH Hospital, Bhilwara	-	-	-	-	1	450.00
		Setting up of 50 Bedded Integrated AYUSH Hospital, Ajmer	-	-	-	-	1	450.00
		Setting up of 50 Bedded Integrated AYUSH Hospital, Churu	-	-	-	-	1	450.00
		Setting up of 50 Bedded Integrated AYUSH Hospital, Bikaner	-	-	-	-	1	450.00

S. No.	State/UT	Prop osal appr oved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amoun t Approv ed during 2016- 17
20	Sikkim	50-bedded integrated AYUSH Hospital at Kyongsa, Near Bhanu Shalling	-	-	1	444.44	-	150.23
21	Tam ilnad u	Setting up of 50 Bedded Integrated AYUSH Hospital+ at Theni District	-	-	-	-	1	533.33
		Setting up of 50 Bedded Integrated AYUSH Hospitals at Thiruvannam alai	-	-	-	-	1	533.33
22	Telangana	50-bedded integrated AYUSH Hospital at Anantgiri, Vikarabad, Rangareddy District	-	-	-	-	1	600.00

S. No.	State/UT	Proposal approved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amount Approved during 2016-17
23	Uttar Pradesh	50-bedded AYUSH Hospital at Kushi Nagar	-	-	1	83.33	-	3455.80
		50-bedded AYUSH Hospital at Bilhour, Kanpur	-	-	1	83.33	-	
		50-bedded AYUSH Hospital at West Katli, Lucknow	-	-	1	83.33	-	
		50-bedded AYUSH Hospital at Badrasi, Varanasi	-	-	1	83.33	-	
		50 bedded AYUSH Hospital at Nawab Ganj, Bareilly	-	-	1	83.33	-	

S. No.	State/UT	Proposal approved	Unit Approved during 2014- 15	Amount Approve d during 2014-15	Unit Appro ved Durin g	Amount Approved during 2015-16	Unit Approved during 2016-17	Amoun t Approv ed during 2016- 17
		50 bedded Integrated AYUSH Hospital, Basti	-	-	-	-	1	424.30
24	West Bengal	50 bedded Integrated Hospital at Topsikhata, District	1	300.00	-	300.00	-	300.00
		50-bedded AYUSH Hospital at Paschim District Midnapur	-	-	-	-	1	300.00
			2	350.00	14	2014.57	25	14556.30

As a part of this evaluation study, the information about status of NAM funded 50-bedded following 10 states was gathered during the fieldwork by interviewing State AYUSH Society officials as well as by visiting construction sites of the hospitals wherever the sites had been decided upon. The status of the projects is as follows:

Table 4.2: Status of 50-bedded integrated AYUSH hospital projects approved under NAM**(As of 31st March 2017)**

No.	Status	No. of States/UTs having this status	Names of States/UTs
1	Project approved very recently. Site yet to be identified, DPR yet to be prepared. Very early stage of the project. Likely to pick up from 2017-18.	8	Assam, Gujarat, Himachal Pradesh, Karnataka, Odisha, Telangana (1 hospital), Uttar Pradesh (1 hospital), West Bengal (1 hospital)
2	Project approved in earlier years. Still no progress. Site yet to be identified, DPR yet to be prepared. Status indeterminate.	4	Uttar Pradesh (5 hospitals), Haryana, Odisha, Telangana (1 hospital),
3	State AYUSH Society has not received funds from State treasury so far	1	Goa
4	Site identified. DPR under preparation	1	
5	Site development work is on	1	Sikkim
6	Hospital is constructed	1	Nagaland
7	Hospital is under construction	1	West Bengal (1 hospital)

As per the sampling plan approved by the Ministry, 11 States from where the information was gathered during the fieldwork are Assam, Gujarat, Himachal Pradesh, Karnataka, Odisha, Telangana, Uttar Pradesh, West Bengal, Goa, Sikkim and Nagaland. Information about the rest of the states was obtained through secondary sources.

4.1 Findings regarding 50-bedded integrated AYUSH Hospital component

- i) **Difficulty in site identification and notification for land acquisition:** The data gathered makes it evident that this component of the scheme has picked up only in recent months. Except for Nagaland from among the surveyed states, the activity regarding establishment of the hospital has been at a low key. When the reasons for the delay and

relatively slow progress of the work were investigated, it was found that in almost all the cases, the progress of this component was hampered right at the first step which consisted of identification of the site followed by land notification and acquisition related issues. In almost all the cases, announcement of establishment of hospital in the respective state as well as its inclusion in SAAP proposals has been done without having any clarity about the exact location of the hospital within the state. This has led to financial approval, allocation and disbursement too from MoA but, without much physical progress of the work.

- ii) **Delay by the State Governments in tendering and awarding of contract:** The states where the hospital projects have progressed beyond site selection and DPR, there have been instances of prolonged delays in issuing of Tender notices, evaluation of tenders and awarding of the contracts. States such as West Bengal and Sikkim have experienced delays such as these at the State level.
- iii) **Delay by the State Governments in notifying the posts of the doctors and other staff for the AYUSH hospitals:** There has been little progress in the states approving and notifying the posts of the doctors and staff for the proposed AYUSH hospital. This has also led to poor utilisation of funds provided for this component.

4.2 Recommendations regarding 50-bedded integrated AYUSH Hospital component

- i) **Explore possibility of stipulating state government undertaking for unencumbered land availability and possession:** The possibility should be explored by MoA for stipulating that the respective state government submitting the proposal(s) for integrated AYUSH Hospital should submit an undertaking along with the proposal that the land/building(s) meant for the proposed hospital(s) is available with the State Government and such land/buildings are free from any kind of encumbrances. The State Government should furnish the record of right/ownership right of the land proposed for 50-bedded integrated AYUSH Hospital. The State Government should furnish the details of creation of regular posts/commitment towards filling up of regular posts for the proposed hospital.

Chapter 5

Public Health Outreach under NAM

There is a realization and provision within NAM that it is important to implement Outreach initiatives for the public so as to promote awareness and adoption of AYUSH for continuous monitoring and early prevention of diseases. The Public Health Outreach component is meant to improve the knowledge and awareness of AYUSH to the levels where people start practicing it after being convinced about its efficacy. It also is important to address any outbreak of diseases and prevent its spread.

It is aimed at increasing awareness about AYUSH's strength in solving community health problems resulting from nutritional deficiencies, epidemics and vector-borne diseases, Maternal and Child Healthcare etc. This component is aimed to provide grant-in-aid to State Government initiatives for the rollout of proven AYUSH interventions for improving health status of the population and also the identified National Campaigns by the Department of AYUSH, like Geriatric Campaign, Anti-anemia Campaign etc. through distribution of medicines, organizing Health awareness camps etc. It is also proposed to link AYUSH educational institutions, exclusive AYUSH facilities and Public Health facilities where AYUSH units are available, in making a referral mechanism to address the health issues of the community referred by the NGO in a sustained manner`.

5.1 Objectives: of Public Health Outreach

- i) To reduce the incidence of the disease burden of communicable or non-communicable or both as the case may be in selected geographical area during specific period of time.
- ii) To have public awareness about the importance of hygiene, dietary habits, prevention, promotion etc. through AYUSH systems of medicine in the area.
- iii) To establish a Community Based Surveillance System (CBSS) for early identification of the outbreak.
- iv) To increase the accessibility of AYUSH treatment of the population residing in the particular geographical region.

5.2 Strategies: recommended in the NAM framework

- 1. Formulation of specific module for the activities at that geographical region. The unit size of the implementation will be two blocks.
- 2. Formulation and training of Health Education team as per following norms:

- i. A health education team may be formed constituting health professionals, teachers, Public Health Activists, nominees from LSGDs in the locality who will be provided with adequate training.
- ii. The trained health education team may take up community intervention through behavioural change communication techniques.
- iii. The trained health education team may be used to conduct the regular health education classes as per schedule in every division of the panchayat, educational institutions etc. institution and also during special occasion with mass gathering like festivals, etc.
- iv. The health education classes include videos, power point presentations, pamphlets etc.

3. Selection and Training of field staff:

- i. Training may be given for public intervention and collection of data for Community Based Surveillance System.

4. Health Hygiene Campaign may be done in consensus with other stakeholders of the projects namely the local health providers, the local leaders, local self-government and the Self-help groups in the area.

5. To attain 100% public awareness about the importance of hygiene and vector control measures in the study area.

6. Medical camps - Medical camps either general health camps or medical camps for a particular purpose may be undertaken as a part of the project. AYUSH medicines may be given to the population to enhance their general health by raising their immunity against communicable diseases.

7. Peripheral OPD: A medical team comprising one doctor, pharmacist and field workers may attend the peripheral OPD at regular period of interval.

8. Project evaluation - Quarterly progress report will be sent to Department of AYUSH

Funding: The financial assistance of Rs. 5.00 Lakh per unit of 2 Blocks for each district is provided for Public Health Outreach activity.

The status of the funds approved for Public Health Outreach under NAM is presented in the table below:

Table 5.1: Status of Public Health Outreach approved under NAM

No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
1	Andaman & Nicobar	3 district	6.00	3 district	15.00	0	0
2	Andhra Pradesh	0	0	13 district	60.00	13 district	13.00
3	Arunachal Pradesh	0	0	1 district	5.00	0	0
4	Assam-*	6 units	30.00	6 district	30.00	153	153.00
5	Bihar	0	0	4 block	8.00	0	0
6	Chandigarh	0	0	4 block	8.02	0	0
7	Goa	0	0	2 district	2.00	0	0
8	Gujarat	0	0	State wide	75.00	60 blocks	200.00
9	Haryana	0	0	21 district	68.25	21	54.37
10	Himachal Pradesh	0	0	2 district	10.00	12 district	35.00
11	Jammu & Kashmir	0	0	59 units	5.90	59 units	17.70
12	Karnataka	0	0	0	0	30	30.00
13	Kerala	0	0	0	0	14 district	14.00
14	Lakshadweep	2 PHC	2.00	2 district	10.00		0

No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
15	Madhya Pradesh	0	0	51 district	255.00	81	202.50
16	Manipur	0	0	3 district	15.00	3	9.10
17	Maharashtra	34 district	34.00	175	85.00	0	0
18	Meghalaya	0	0	22 block	55.00	0	0
19	Mizoram	0	0	9 district	35.00	0	0
20	Nagaland	0	0	4 district	20.00	0	0
21	Odisha	0	0	2 district	10.00	0	0
22	Rajasthan	0	0	0	0	68 block	170.00
23	Sikkim	0	0	2 district	10.00	2 district	10.00
24	Tamilnadu	0	0	0	0	31 district	155.00
25	Telangana	0	0	4 district	20.00	0	0
26	Tripura	0	0	4 units	20.00	0	0
27	Uttar Pradesh	0	0	10 district	33.00	0	0
28	West Bengal	0	0	3 district	6.78	0	0
	Total		70.00		861.95		1063.67

Out of the data from the states shown above, the following 20 states were visited by the fieldwork team for collecting data first hand:

1. Andhra Pradesh
2. Arunachal Pradesh
3. Assam
4. Goa
5. Gujarat
6. Haryana
7. Himachal Pradesh
8. Jammu & Kashmir
9. Karnataka
10. Kerala
11. Madhya Pradesh
12. Manipur
13. Mizoram
14. Odisha
15. Rajasthan
16. Sikkim
17. Tamilnadu
18. Telangana
19. Uttar Pradesh
20. West Bengal

The data for the remaining states was obtained from secondary sources. The states for which no approval has been granted in the three reference years have been left out of the list since there was nothing to report.

From the states from where data was collected first hand, four states, viz. Karnataka, Kerala, Rajasthan and Tamilnadu have received funds for this component for the first time very late into financial year 2016-17 (last of the reference years for the present study). Due to this reason, no physical progress was achieved by the end of March 2017 in these four states.

There are four states, viz. Goa, J&K, Odisha and Uttar Pradesh, where despite the funds being approved for this component in the years prior to 2016-17, there was no evidence of work having been done at the ground level. The primary reason is the inadequate implementation capacity of the respective State AYUSH Societies.

In the remaining states, some Public Health Outreach activity has taken place under NAM and the field team was able to gather some evidence of the same in such cases.

There was some utilisation of funds received under this head with respect to the funds approved in the very first year of implementation of NAM i.e. 2014-15. However, after that, the significant increase in the amount of funds approved was not matched by proportionate increase in the implementation of Public Health Outreach Programme. Therefore, the utilisation in 2015-16 as well as the year 2016-17 has been inadequate when compared with the approval of funds under NAM by the Ministry of AYUSH. The data for the year wise utilisation of funds by the states who reported such utilisation during the fieldwork is presented in the table that is given below:

Table 5.2: (Data from question no. 2) Public Health Outreach- Utilisation of Funds received under NAM

(Rs. in lakhs)

No.	Category of employment	2014-15	2015-16	2016-17
0	Number of States reporting	5	2	3
1	Total of utilization of grants (in lakhs)	86.95	41.50	27.15

Receipt of funds under NAM for Public Health Outreach has been reported by nine states in total, of which Sikkim has reported to have utilized it in all the three financial years while other states have reported to have used in one or two financial years. Deducing from the data, the first year 2014-2015 shows the highest amount of utilization of grants with Rs. 86.95 lakhs. There is a constant decrease in the amount of utilization in the succeeding years with Rs. 41.50 lakhs in the second year and Rs. 27.15 Lakhs in the third year. Rajasthan, Madhya Pradesh, Nagaland and Andhra Pradesh have reported negligible or low activity under this NAM component.

With the objective to establish Community based Surveillance System (CBSS) for early detection of diseases outbreak, out of nine states (Rajasthan, West Bengal, Himachal Pradesh, Kerala, Sikkim, Telangana, Assam, Jammu & Kashmir, and Gujarat) reported, the only state taking an initial stride by establishing the system is Rajasthan although its functioning will commence after the 21st of June, 2017. No other state has reported of its establishment till date.

Table 5.3: (Data from question no. 4) Public Health Outreach: The no. of Medical/Awareness camps organized till March 2017

No.	Name of State	No. of Medical/awareness camps organized
1	Himachal Pradesh	88
2	Sikkim	5
3	Telangana	4
4	Assam	60
5	Haryana	6
6	West Bengal	8
	Total	171

Medical camps and awareness camps are regarded as a crucial component in promoting AYUSH system and have been reported to have been taken up in six states. Himachal Pradesh is running ahead with most number of such camps totaling 88 so far, followed by Assam with 60 in number. Other states like Haryana, Sikkim, Telangana and West Bengal have also held few of such camps under Public Health Outreach.

Table 5.4: (Data from question no. 5) Public Health Outreach: The no. of peripheral OPD organized till March 2017

No.	Name of State	No. of peripheral OPD organized
1	Assam	60
2	Telangana	1684
3	Sikkim	5641
4	Himachal Pradesh	2000

No.	Name of State	No. of peripheral OPD organized
	Total	9385

As of March 2017, the number of peripheral Outpatient Department totals 9385. Out of the four states having reported these, Sikkim leads with 5641 of such OPD. Himachal Pradesh has about 2000 and Telangana has 1684.

Table 5.5: (Data from question 9) Public Health Outreach: Major achievements

No.	Name of State	Major achievements of the scheme in the state
1	Sikkim	Popularity of AYUSH and increment in the number of its community leaders. Similar camps on health are strongly encouraged as there is a positive outcome of the camps so far.
2	Kerala	Out of 13 dengue cases reported in 2015-16, 3 cases are found to be rat fever. Among these, a 13 year old died of dengue fever. This incident was followed up by camps promoting Ayurvedic medicine and pragmatic solutions were taken up to save other lives. Consequently, not a single case of dengue was reported after that.
3	Assam	Camp attendees were found to have much interest in AYUSH intervention. This interest was drawn through camps and IEC materials such as booklets and leaflets.
4	Himachal Pradesh	Disease burden of the community has been reduced post checkup at camps at SPAMO level.
5	Nagaland	There has been a huge impact in terms of generating awareness to the people consequently drawing them for achievements through AYUSH.
6	Jammu & Kashmir	Inclination of people towards AYUSH treatment has been very visible as its mode of treatment has increased manifold. This may

No.	Name of State	Major achievements of the scheme in the state
		be credited to the activities under public health outreach.
7	Telangana	Sensitization of public on hygiene, dietary habits, and prevention of diseases and promotion of health has been delivered. This promotes AYUSH system of medicine. It further brought awareness of the locally available medicinal plants primarily to use as home remedies.

Various major achievements of the scheme have been cited by seven states during the survey. Public Health Outreach activities have been reported to have induced positive outcomes such as creating awareness among people on maintenance of health, treatment of diseases, and promotion of health, and have also made people aware of locally available medicinal plants and home remedies. In short, it has promoted the system of AYUSH. The impact does not end here. It has been extended to various initiatives like the development of more community leaders working for the system, particularly reported in the state of Sikkim. The interest of people towards AYUSH was drawn through IEC materials and camps held at various places in various states. Moreover, another notable advance in regards to decrease in disease burden was reported. Kerala reported its success of no dengue cases status in 2015-16 after the intervention of the scheme and Himachal Pradesh has reported decrease in disease burden.

Table 5.6: (Data from supplementary question 1) Public Health Outreach: Different aspects of the Programme

From where did the doctor come for Public Health Outreach Programme	Name of states reporting it
Government Ayurvedic Dispensary	Telangana, Gujarat, Kerala
AYUSH Institution	Jammu & Kashmir
Block PHC or nearest PHC to the block	Assam

From where did the doctor come for Public Health Outreach Programme	Name of states reporting it
National Health Mission	Sikkim

Three states have reported that the doctors present during Public Health Outreach Programme came from the Government Ayurvedic Dispensary, while in some other states they are reported to have come from AYUSH Institution, PHCs and National Health Mission.

Table 5.7: (Data from supplementary question 2)

Public Health Outreach: Material being used to generate awareness

Material being used to generate awareness	Names of states reporting it
Audiovisuals: video, PPT with projector,	Sikkim, Kerala, Jammu & Kashmir
IEC materials: Brochures, Pamphlets, Leaflets, booklets,	Sikkim, Kerala, Assam, Himachal Pradesh, Jammu & Kashmir, Telangana
Advertisements: Banners, Hoarding	Sikkim, Jammu & Kashmir, Telangana

Various types of methods have been adopted to generate awareness among people. The survey reveals that the usage of IEC materials has been most common. Among the six states reported of having adopted at least one method, all six of them including Sikkim, Kerala, Assam, Himachal Pradesh, Jammu & Kashmir, and Telangana have adopted the technique of using IEC materials among other methods. In addition to these, audiovisuals such as video, PPT in projector, as well as advertisements including banners and hoarding were also used to generate awareness.

Table 5.8: (Data from supplementary question 3)

Public Health Outreach: Material being used to do screening

Material being used to do screening	Names of states reporting it
BP Apparatus to test blood pressure	Telangana, Assam, Sikkim
Glucometer to test sugar level	Telangana, Sikkim
Screening for other minor ailments	Assam

Screening took place in medical and awareness camps during the health outreach Programme. Three states are reported to have carried out screening of people during these Programmes with the use of several materials such as BP Apparatus in order to test the blood pressure, Glucometer to test the sugar level, and also other equipment to screen minor ailments. All the three states including Telangana, Assam and Sikkim are reported to have used BP Apparatus while two of them including Telangana, and Sikkim used Glucometer in addition to the former. The only state which has reported to have screened other minor ailments is Assam.

Table 5.9: (Data from supplementary question 4-10)

Public Health Outreach: Practices being followed during camps

(Answer as Y/N/S for Yes/No/Sometimes)

No.	Practices	Sikkim	Kerala	Assam	Himachal Pradesh	Gujarat	Telangana	Jammu & Kashmir
1	Are medicines being given during outreach Programme?	Y	Y	Y	Y	Y	Y	Y

No.	Practices	Sikkim	Kerala	Assam	Himachal Pradesh	Gujarat	Telangana	Jammu & Kashmir
2	Are follow up visits being recommended ?	Y	Y	Y	Y	Y	Y	Y
3	Are home remedies being suggested?	Y	Y	Y	Y	Y	Y	Y
4	Is Yoga demo and awareness being held during Public Health Outreach?	Y	Y	Y	N	N	Y	Y
5	Which other staff in addition to the doctor is conducting the Public health Outreach?	Yoga instructor, Staff nurse, Medicinal Plants Board.	An attendee	Teacher, Yoga instructor, Pharmacist, ANM, ASHA, AWW, local NGO members	Pharmacist, ANMs, Laboratory technician, Pharmacist.	AWW	Interns, PG scholars from AYUSH college.	District IEC nodal officer and supporting staff.
6	Has the Programme	N	Y	N	-	-	N	N

No.	Practices	Sikkim	Kerala	Assam	Himachal Pradesh	Gujarat	Telangana	Jammu & Kashmir
	been held with Village Health & Nutrition Day?							
7	Are the ASHA workers involved?	Y	Y	Y	-	N	N	-
8	Are the Village Health Workers involved?	N	Y	Y	Y	Y	N	Y
9	Are the ANM involved?	Y	Y	Y	Y	Y	N	Y
10	Are the Aanganwadi workers (AWWs) involved?	Y	Y	Y	Y	Y	N	Y
11	Are any NGOs involved?	-	-	Y	-	-	-	-

Y= Yes

N= No

S= Sometimes

Various practices of Public Health Outreach are being followed as has been reported by seven states viz. Sikkim, Kerala, Assam, Himachal Pradesh, Gujarat, Telangana, and Jammu & Kashmir. All

these states are reported to have supplied medicines, recommended follow up visits, and also provided people with information on home remedies. Yoga demo and awareness has also been held in five states except in the states of Himachal Pradesh and Gujarat. In regards to the presence of resource personnel, Assam holds the highest number of varied personnel during the outreach Programmes with the presence of Doctor, Teacher, and Yoga instructor, Pharmacist, ANM, ASHA, AWW and local NGO. In addition, other stakeholders involvement has also been reported in other states includes Medicinal Plants Board, Laboratory technician, interns, Post Graduate scholars, District nodal IEC officer and supporting staffs. The only state which has reported to have held the Programme during Village Health Nutrition Day is Kerala. Further, most states have revealed that AWW, ANM, ASHA and Village Health Workers were involved in the Programme. Another significant finding to be noted is that Assam is the only state which has involved local NGOs in its activities of Health outreach. In West Bengal, Under National AYUSH Mission (NAM), eight camps have been organised in the district of Bankura under Public Health Outreach Activities.

5.3 Major findings regarding Public Health Outreach component of NAM

- i) **Uptake of the Public Health Outreach has been recent in many states:** Due to the delay in receipt of funds by the State AYUSH Societies in most states/UTs, there has been delay in implementing Public health outreach component. As on 31st March 2017, there has been some progress on the ground reported from 11 states, AP, Assam, Arunachal Pradesh, Gujarat, HP, Manipur, Mizoram, Sikkim, Telangana and West Bengal. The impact is too small and recent on the people but if continued, it may result in inducing a greater impact on the community.
- ii) **Difficulty in recruiting and deputing suitable person:** States/UTs which have applied for funding under this component are finding it difficult to utilise the fund. In almost all the cases, the progress of this component has been hampered due to absence of any ‘Public Outreach’ specialist/professional/expert in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also poor design of communication mix. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017.

- iii) **Positive impact of Public Health Outreach as stated by the stakeholders:** Some amount of awareness about formal efforts being made by Government to improve AYUSH services were claimed by the officials in the states where some form of implementation of this component has taken place.
- iv) **Component faces certain challenges:** Some of the administrative guidelines specified in the NAM framework are in conflict/at variance with the guidelines issued by the State Governments for this component. This creates confusion and delays in identification of the locations/sites, choice of elements of the Outreach initiative, relatively compromised implementation. The officers in the State AYUSH Society have not received any specific training for implementing this component and that may be leading to wastage of resources and poor effectiveness of the material produced.
- v) **Scope of Public Health Outreach is unclear and non-standard:** The current scope of what should or should not be included in this component has not been specified and leaves room for different interpretations. This leads to confusion and disputes during choice of materials as well as in determining the mix of communications that can be /should be implemented in the villages/blocks/ districts.

5.4 Recommendations regarding Public Health Outreach component of NAM

- i) **Conducting training and preparing training material for ASHA/ANM/school teachers/Aanganwadi workers should be made mandatory part of this intervention:** The States/UTs, where this component is approved for implementation must ensure that they conduct training of ASHAs/ANMs/school teachers/Aanganwadi workers from the target areas of Public Health Outreach during the implementation of the component. This will lead to better awareness generation and information dissemination.
- ii) **Scope of Public Health Outreach should be standardised:** There should be clear cut guidelines specified by Mission Directorate for the elements of Public Health Outreach Component of NAM. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for Public Health Outreach so that this

intervention is standardized across the country. It should take into account regional variations such as North East, tribal areas, etc. and factor these into the criteria that are finally arrived at. It must be insisted that Public Health Outreach proposal by states must be submitted along with the details of elements proposed to be implemented as well as the locations where these will be carried out.

- iii) **Engagement of trained and experienced ‘Extension and advocacy’ professional to lead the Public Health Outreach component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of Public Health Outreach, the services of a formally trained and experienced extension and advocacy professional/expert must be taken. The State AYUSH Societies must engage such a professional to lead the component right from the design stage, through implementation and till the time the feedback is obtained. The professional should have a formal degree in Social Work or in Rural Management and should have at least five years of experience in extension work in the community. Such a person can be given a retainership contract in accordance with the rules of State Government/ State AYUSH Society. This engagement is likely to have a great impact.

Chapter 6

Behaviour Change Communication (BCC) under NAM

There is a categorical recognition that it is important to implement among the community, a mass-media based communication strategy that promotes adoption of AYUSH strengths in early prevention of diseases through healthy diet and life style. The BCC component is meant to achieve this goal.

Funding: Adequate financial support is proposed to be provided under AYUSH flexi pool. The financial assistance of Rs. 20.00 Lakh per annum for each State is provided for Behaviour Change Communication (BCC)/IEC activities. The status of the funds approved for BCC under NAM is presented in the table below.

Table: 6.1 Status of BCC approved under NAM

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
1	Andaman & Nicobar	3	3.0	3 dist.	10.00	0	0
2	Andhra Pradesh	0	0	13 dist.	65.00	13	20.00
3	Arunachal Pradesh	0	0	0	0	0	9.38
4	Assam	0	0	0	0	34	20.00
5	Dadra & NH	0	0	0	6.00	0	0
6	Daman & Diu	0	0	0	3.00	0	0
7	Delhi	1 State	20.00	0	20.00	0	0
8	Gujarat	State	2.00	0	0	0	0
9	Haryana	State	6.00	0	0	0	0
10	Himachal Pradesh	0	0	0	4.00	0	0

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
11	Jammu & Kashmir	0	0	0	20.00	0	20.00
12	Kerala	0	0	14 district	20.00	14 district	20.00
13	Lakshadweep	1 State	0.90	0	3.82	0	0
14	Madhya Pradesh	0	0	101 blocks	20.00	81 blocks``	20.00
15	Manipur	0	0	1	20.00	0	0
16	Maharashtra	0	0	State	20.00	0	0
17	Meghalaya	0	0	11 district	13.20	0	0
18	Nagaland	0	0	State	20.00	0	0
19	Puducherry	0	0	4 district	2.00	4 district	2.00
20	Punjab	0	0	State	10.00	0	0
21	Sikkim	0	0	4 district	7.50	0	0
22	Telangana	0	0	2 district	20.00	0	0
23	Tripura	0	0	State	20.00	0	0
24	West Bengal	0	0	0	7.00	0	0
	Total		29.90		311.52		111.38

Out of the 24 States/UTs, where funds for BCC were approved at any time during three financial years 2014-15, 2015-16, 2016-17, data was collected first hand from 15 States , which are as follows:.

1. Andhra Pradesh
2. Arunachal Pradesh
3. Assam
4. Gujarat
5. Haryana
6. Himachal Pradesh
7. Jammu & Kashmir
8. Kerala
9. Madhya Pradesh
10. Manipur
11. Puducherry
12. Punjab
13. Sikkim
14. Telangana
15. West Bengal

Some of the findings from the primary research carried out in the above states are presented in the tables below:

Table: 6.2 (Data from question no. 3)

Behaviour Change Communication: Mass media communication strategy used for incorporating AYUSH strengths in early prevention of diseases

No.	Description of strategy	Number of States Reporting this strategy
1	Total number of States who reported this data	11
2	Awareness camps, seminars, social forums	3
3	Audio visuals: Radio advertisements, sponsored Programmes, videos	6
4	Print media: Pamphlets, Booklets & Leaflets	9
5	Advertisements: Banners, hoardings, newspapers and TV channel advertisements	5

Different strategies were adopted under mass media communication so as to motivate people to incorporate AYUSH system in the early prevention of diseases. Out of the total states which are reported to have used at least one strategy, print media including pamphlets, booklets & leaflets is seen to be the most common strategy as adopted by nine states. Other strategies includes conducting awareness camps, seminars, social forums, audiovisuals such as radio, videos and advertisements such as banners hoarding, newspapers and TV channels.

Table: 6.3 (Data from question no. 4)

Behaviour Change Communication: Number of blocks covered under Behaviour Change Communication Component till March 2017

No.	Name of State	Total Number of Districts/Blocks covered
1	Gujarat	52 blocks
2	Himachal Pradesh	72 blocks
3	Puducherry	10 (8 community Panchayat + 2 municipalities)
4	Haryana	42 blocks
5	Sikkim	31 blocks
6	Assam	219 blocks
7	Telangana	5 blocks
8	Andhra Pradesh	2 districts
9	Kerala	14 districts

Among the 15 sample states surveyed as per the TOR, nine states are reported to have taken up Behaviour Change Communication (BCC) in the period under study. It was noticed that in some states, the state was taken as a unit of implementation and in other states, either the block or district was taken up as a unit. **The implementation of this component lacks pan India standardization and is open to personal interpretation of the officers in charge who often are not experts in media and communication.**

Table: 6.4 (Data from question 7)**Behaviour Change Communication: Major achievements**

No.	Name of State	Major achievements of the scheme in the state
1	Haryana	Improved awareness of villagers about AYUSH activities
2	Sikkim	Awareness generated on AYUSH, particularly Yoga
3	Gujarat	Increased number of patients in OPD and IPD
4	Puducherry	Incidence of Dengue cases has been reduced after the knowledge imparted through distribution of IEC materials

Some major achievements of Behavior Change Communication were noted during the survey. These include increased awareness of AYUSH system among the people, particularly Yoga in Sikkim. Gujarat witnessed visits of more number of people to AYUSH OPD and IPD after the awareness camps were conducted. Other notable impact includes reduction in incidence of Dengue in Puducherry after the knowledge imparted through distribution of IEC materials. The knowledge disseminated about AYUSH having no side effects attracted more number of people to opt the treatment in all the states.

Table: 6.5 (Data from supplementary question no. 1)**Behaviour Change Communication: Expenditure pattern for Rs. 20 lakhs given for BCC**

No.	Description of expense head for the utilization of Rs. 20 Lakhs meant for BCC	Number of States Reporting this expense head	Names of States
1	Hoarding	1	Arunachal Pradesh
2	Printed materials: Posters, pamphlets, banners, yoga books, magazine	3	HP, Arunachal Pradesh, Gujarat
3	Videos	1	Telangana
4	Awareness Programme, medical camp	7	Telangana, Gujarat, AP, Kerala, MP, Puducherry,

No.	Description of expense head for the utilization of Rs. 20 Lakhs meant for BCC	Number of States Reporting this expense head	Names of States
			Sikkim
5	State level Flower show	1	Gujarat

The amount of Rs. 20 lakhs disbursed for implementation of BCC in the states has been utilized in various ways as recorded from the nine states reported. Print media including posters, pamphlets, banners, yoga books, and magazines are found to be the most common form of expenses made. Others include hoarding, awareness Programme, videos, medical camps and state level flower show in Gujarat.

All the states except Gujarat maintain the BCC activities and expenses data separately in the form of a physical register.

Implementation model of in Andhra Pradesh has certain unique features. The broad contours of the multi layered strategy are described below:

One village each from Warangal and Medak has been selected for rolling out Behaviour Change Communication (BCC). First, a door-to-door intensive household survey was done in the villages to capture households' health data (HHD). This was followed by organising two medical camps in each of the selected village. Then, a Gram Sabha was held to create awareness among villages about different kinds of common ailments for which preventive and curative medicines are available in their vicinity and which is economical and beneficial. Young people selected as AYUSH Volunteers (AVs) from each village have been trained on symptoms of various common ailments and how remedies are prescribed in Ayurvedic medical system followed up with an on field training to the volunteers on how to identify medicinal plants and root species available in the vicinity of their village.

6.1 Major findings regarding Behaviour Change Communication (BCC) component of NAM

- i) **Uptake of BCC is recent:** It has taken some years for the BCC component to be taken up in the states/UTs where it has been approved by MoA. As on 31st March 2017, there has been some progress on the ground reported from nine states. The impact is too small and recent on the people but if continued, it may result in inducing a greater impact on the community.
- ii) **Difficulty in identification and production of material:** The data gathered makes it evident that this component of the scheme has picked up only in the recent months. The production and dissemination of communication products has been slow so far. Many states have not applied for BCC funding as part of the SAAP. Those who have done so are finding it difficult to utilise the fund. In almost all the cases, the progress of this component has been hampered due to absence of any ‘communication’ specialist/professional/expert in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also poor design of communication mix. The inclusion of BCC in SAAP proposals has been done without having clarity about the final objectives of BCC within the state. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017.
- iii) **Positive impact of BCC as stated by the stakeholders:** Some amount of awareness about formal efforts being made by Government to improve AYUSH services were claimed by the officials in the states where some form of implementation has taken place.
- iv) **Component faces certain challenges:** Some of the administrative guidelines specified in the NAM framework are in conflict/at variance with the guidelines issued by the State Governments for this component. This creates confusion and delays in identification, production and dissemination of communication materials. The officers in the State AYUSH Society have not received any specific training for implementing this component and that may be leading to wastage of resources and poor effectiveness of the material produced.

- v) **Scope of BCC is unclear and non-standard:** The current scope of what should or should not be included in BCC has not been specified and leaves room for different interpretations. This leads to confusion and disputes during choice of materials as well as in determining the mix of communications that can be /should be implemented in the villages/blocks/ districts.

6.2 Recommendations regarding BCC component of NAM

- i) **Conducting training and preparing training material for ASHA/ANM/school teachers/Aanganwadi workers should be made mandatory part of BCC intervention:** The States/UTs, where this component is approved for implementation must ensure that they conduct training of ASHAs/ANMs/school teachers/Aanganwadi workers from the target areas of BCC during the implementation of the component. This will lead to better awareness generation and information dissemination.
- ii) **Scope of BCC should be standardised:** There should be clear cut guidelines specified by Mission Directorate for the BCC material content and format. The criteria should reflect a combination of need for the communication and high chances of its adoption by the target audience. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for BCC so that AYUSH material is standardized across the country. It should take into account regional variations such as North East, tribal areas, etc. and factor these into the criteria that are finally arrived at. It must be insisted that BCC proposal by states must be submitted along with the details of communication proposed to be produced as well as the method by which it will be disseminated.
- iii) **Engagement of trained and experienced ‘Communication’ professional to lead the BCC component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of BCC, the services of a formally trained and experienced communication professional/expert must be taken. The State AYUSH Societies must engage such a professional to lead the BCC component right from the design stage, through production and distribution and till the time the feedback is obtained. The

professional should have a formal degree in Mass Communication or in Visual communication and should have at least five years of experience in communication design, production and distribution. Such a person can be given a retainership contract in accordance with the rules of State Government/ State AYUSH Society. Once the communication professional is engaged, it will have a great impact.

Chapter 7

Setting up of AYUSH GRAMS under NAM

National AYUSH Mission (NAM) envisages setting up of AYUSH GRAM at villages proposed by the respective State Governments/UTs in their State Annual Action Plans (SAAPs). AYUSH Gram is a concept wherein one village per block will be selected for adoption of method and practice of AYUSH way of life and interventions of healthcare. In AYUSH village, AYUSH based lifestyles are promoted through behavioural change communication, training of village health workers towards identification and use of local medicinal herbs and provision of AYUSH health services. The elected village representatives are sensitized towards the concept so that there is also active participation from the community.

7.1 Objectives

The Objectives of AYUSH Gram component are as follows:

- a. To spread awareness within community for practice of those dietary habits and life styles as described in AYUSH Systems of Medicine which help in preventing disease and promoting health.
- b. To advice people for preservation and cultivation of those herbs which are found in their surroundings by explaining them their medicinal values.
- c. To advice people about common ailments and its cure thorough use of herbs found in their localities.
- d. To raise campaign against communicable diseases like Malaria, T.B., Diarrhea etc. and measures for their prevention and treatment.

7.2 Strategies for implementation of AYUSH Gram:

The AYUSH Medical Officers under the Programme implement the health plans and train the health workers in identification of medicinal plants and utilization of home-remedies. The health workers keep the record of health status and health register of village and provide

information regarding health related issues of the wards in village. He/She will also identify the medicinal herbs in the area to ensure its utilization, and protection. The members from Medicinal Plants Board will motivate the farmers to cultivate medicinal herbs and provide necessary information and assistance for cultivation of medicinal plants. The Self Help Groups involved in the Programme will manufacture herbal preparations as home-remedies and with the help of health worker motivate villagers to utilize it for different health problems. Traditional healers of the village may also be involved in identification of medicinal plants and their use as home-remedies.

Organization of Yoga Camps and Plantation of Medicinal Herbs in AYUSH dispensary premises may also be undertaken under the Programme. As a part of awareness campaign, information of seasonal disorders and their prevention and management through cultural activities through street plays etc. may be conducted.

The AYUSH medical officer along with other staff contribute for effective implementation of National Health Programmes by helping to spread awareness about Ante-natal care, post-natal care, infantile care including breast feeding, immunization, communicable diseases, geriatric care etc. The AYUSH doctors will also undertake health checkup camps at schools in and around the selected villages. AYUSH training will also be imparted to ASHAs, Aanganwadi workers, school teachers etc. Awareness building activities would be conducted through gram panchayats involving schools, aanganwadis, self-help groups and other community organizations. The villages near to PHCs having road connectivity will be selected for this Programme. Treatment for sick people will be provided through the PHC/AYUSH Facilities.

The record keeping and monitoring of the entire activity will be done by the District AYUSH officer who in turn will transmit the data to State Head Quarter.

Funding: The financial assistance of Rs. 10.00 Lakhs per unit covering 10, 000 in population in 5 to 15 villages in a State.

The status of the funds approved for AYUSH Grams under NAM is presented in the table below.

Table 7.1: Status of AYUSH Grams approved under NAM

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
1	Andhra Pradesh	1	10.00	1 district	20.00	13	130.00
2	Arunachal Pradesh	0	0	0	0	2	10.00
3	Assam	0	0	0	0	1	10.00
4	Goa	0	0	0	0	0	0
5	Gujarat	0	0	0	0	0	0
6	Haryana	0	0	0	0	0	0
7	Himachal Pradesh	0	0	0	0	0	0
8	Jammu & Kashmir	2	20.00	12	36.00	22	26.86
9	Karnataka	0	0	0	0	0	0
10	Kerala	0	0	8 blocks	80.00	0	0
11	Madhya Pradesh	0	0	15 blocks	150.00	15 blocks	150.00
12	Manipur	3	30.00	2	10.00	0	0
13	Maharashtra	6	60.00	0	0	0	0
13	Meghalaya	11	110	0	0	0	0
14	Mizoram	0	0	2	20.00	2	20.00
15	Nagaland	2	20.00	0	0	0	0
16	Odisha	0	0	2 districts	20.00	0	0
17	Puducherry	0	0	0	0	0	0

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
18	Punjab	1	10.00	0	0	0	0
19	Rajasthan	0	0	0	0	17	30.00
20	Sikkim	0	0	0	0	0	0
21	Tamilnadu	0	0	0	0	0	0
22	Telangana	4	40.00	4	40.00	0	0
23	Tripura	4	40.00	2	20.00	0	0
23	Uttar Pradesh	0	0	15	138.79	0	0
24	Uttarakhand	0	0	0	0	0	0
26	West Bengal	1	10.00			7 districts	70.00
	Total	35 units		98 units		77 units	

Under National AYUSH Mission (NAM), the State Government of West Bengal has selected the following villages district-wise under AYUSH Gram:

- i. Village – Saguna, District- Nadia
- ii. Village- Pathra, District- Paschim Medinipur
- iii. Village- Polba, District- Hooghly
- iv. Village- Sahapur, District- Malda

The Government in UP announced in June 2016 that the following villages will be developed as AYUSH Grams:

- i. Village – Biketi, District- Lucknow
- ii. Village – Harakh, District- Barabanki
- iii. Village – Rudhau, District- Basti
- iv. Village – Mehnagar, District- Azamgarh
- v. Village – Kachauna, District- Hardoi
- vi. Village – Mauaima, District- Allahabad

vii. Village – Kopaganj, District- Mau

During the fieldwork for the present study, the primary information about this component was gathered from 16 states/UTs, viz. AP, Assam, Gujarat, HP, J&K, Kerala, Manipur, Mizoram, Odisha, Punjab, Rajasthan, Sikkim, Telangana, Uttarakhand, West Bengal and Nagaland. Information about rest of the States/UTs was obtained through secondary sources.

The data obtained during this stage is presented in the following tables: Kerala, Odisha, J&K, Rajasthan, Mizoram, Telangana, Assam, and Manipur

Table 7.2: (Data from supplementary question 3-7) AYUSH Gram: Practices being followed during AYUSH Gram camps

No.		Kerala	Mizoram	Telangana
1	Are Home remedies being recommended/advised during camps?	Yes	No	Yes
2	Is screening conducted during the Camps?	Yes	Yes	Yes
3	How many people are screened?	25000	131	500 (approx.)
4	Are the ASHA workers involved?	Yes	No	Sometimes
5	Are the ANMs involved?	Yes	No	Sometimes
6	Are the Aanganwadi workers (AWWs) involved?	Yes	No	Sometimes
7	Are any NGOs involved?	Yes	Yes	Yes

The activities of AYUSH Gram as reported in the three states have included screening. The highest number of people screened is 25000, which is in Kerala. Recommendation of home remedies during the activities, involvement of ASHA workers, ANMs, AWWs were reported in the states of Kerala and Telangana, while Mizoram reported otherwise. All the three states involved NGOs in the activities undertaken as part of AYUSH Gram component.

Table 7.3: (Data from question 6) AYUSH Gram: Major achievements

Name of State	Major achievements of the scheme in the state as stated by stakeholders
Telangana	Create awareness of AYUSH system More patients attracted to its healthcare system
Mizoram	Create awareness on health and cleanliness, cleaned the locality, installed dust bins, and examined and medicate people.
Kerala	Identified locally grown medicinal plants A chart showing these plants for cure of diseases have been prepared.

7.3 Major findings regarding AYUSH Gram component of NAM

- i) **Uptake of AYUSH Gram is recent:** It has taken some years for the AYUSH Gram component to be taken up in the states/UTs where it has been approved by MoA. As on 31st March 2017, there has been some progress on the ground reported from three states, viz. Telangana, Mizoram and Kerala. Officials and targeted public of these states stated that the activities have generated awareness about AYUSH and preventive health among the people, have helped in identification of the locally available medicinal plants, made healthy practices and medical treatment accessible to people in the targeted villages. It has attracted people towards AYUSH, thus inducing a greater impact to the community.
- ii) **Difficulty in identification and notification of villages for AYUSH Gram:** The data gathered makes it evident that this component of the scheme has picked up only in the recent months. Except for Kerala, Mizoram and Telangana from among the surveyed states, the activity regarding establishment of the AYUSH Gram has been slow. When the reasons for the delay and relatively slow progress were investigated, it was found that in almost all the cases, the progress of this component was hampered right at the first step which consisted of identification of the villages for the AYUSH Gram intervention. In almost all the cases, announcement of establishment of AYUSH Gram in the respective states as well as inclusion in SAAP proposals has been done without having clarity about

the location of the AYUSH Gram within the state as well as agreement with the respective village community/leadership. This has led to financial approval allocation and disbursement too from MoA but, without much physical progress of the work in the states till 31st March 2017.

- iii) **Positive impact of AYUSH Gram as stated by the stakeholders:** In Telangana, the farmers of the targeted villages had no interest in Yoga initially. However, with the help of NGOs and school teachers, AYUSH personnel have been able to motivate them towards AYUSH system, Awareness of AYUSH Programme has been created and those who have benefitted have spread the word in other villages about the AYUSH and Yoga camps. In Kerala, the Programme has created and informed people about the system and there has been mass participation, promotion of AYUSH system.
- iv) **Component faces certain challenges:** Some of the administrative guidelines specified in the NAM framework are in conflict/at variance with the guidelines issued by the State Governments for this component. This creates confusion and delays in implementation right from the initial stages. The nodal officers have not received any specific training for implementing this component and there is lack of continuity and stability in terms of availability of qualified AYUSH medical officers in the areas of this component.
- v) **Definition of AYUSH Gram is unclear and non-standard:** The current definition of AYUSH Grams is open ended and leaves room for different interpretations. This leads to confusion and disputes during choice of candidate villages as well as determining the mix of interventions that can be /should be implemented in the villages once chosen.

7.4 Recommendations regarding AYUSH Gram component of NAM

- i) **Conducting training of ASHA/ANM/school teachers/Aanganwadi workers should be made mandatory part of AYUSH Gram intervention:** The States/UTs, where this component is approved for implementation must ensure that they conduct training of ASHAs/ANMs/school teachers/Aanganwadi workers from the AYUSH Grams on AYUSH during the implementation of the Programme. This will lead to better outcomes.

- ii) **Better awareness of beneficiaries must be ensured:** The topic of AYUSH should be included in awareness Programmes at schools of AYUSH Grams, people availing AYUSH services at the camps must be educated about the need to come for follow-up checkups at Primary Health Centres.
- iii) **Definition of AYUSH Gram should be standardised:** There should be clear cut eligibility criteria based on demographic, geographic and physical and social infrastructure, health status related measures that should be specified by Mission Directorate for the villages that can be considered for AYUSH Grams. The criteria should reflect a combination of need for AYUSH intervention and high chances of its adoption in the candidate villages. We suggest that a group of officials and experts be constituted for this purpose to evolve the eligibility criteria for AYUSH Gram villages. It should take into account regional variations such as North East, remoteness, forest, SC/ST, etc. and factor these into the criteria that is finally arrived at. It must be insisted that AYUSH Grams proposal by states must be submitted along with the actual data of those villages that acts as an evidence for their eligibility. Depending on the village level data and therefore the category of such villages, combination of a set of standardized interventions along with some sub component of flexible interventions (depending on local context) be implemented in each of the villages.

Chapter 8

School Health Programme under NAM

The main focus of School Health Programme through AYUSH is to address the health needs of School going Children both physical and mental through providing AYUSH services including Yoga and counseling. The component of the Programme shall include the following:

- i) AYUSH Health and Nutrition education
- ii) Education on home remedies and locally available medicinal plants and importance of growing medicinal plants in home gardens
- iii) Practice of Yoga
- iv) Education on sexual and reproductive health issues
- v) Health screening: - Early detection and management of common problems e.g. visual and hearing problems, physical disabilities, common skin problems, learning disabilities etc.
- vi) Nutrition, anaemia, worm infestation management
- vii) Development and dissemination
- viii) Referral linkages with AYUSH Medical colleges or AYUSH Hospitals for remedial and preventive measures may also be undertaken.
- ix) Identification of Nodal teachers for AYUSH School Health Programme

Funding: The financial assistance of Rs. 1 Lakh per unit of 2 blocks covering for the State

The status of the funds approved for School Health Programme under NAM is presented in the table below:

Table: 8.1 Status of School Health Programme approved under NAM

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
1	Andhra Pradesh	0	0.00	0	0.00	7 districts	13.00
2	Bihar	0	0.00	2 districts	2.00	0	0.00
3	Chandigarh	0	0.00	39 schools	12.40	0	0.00
4	Daman & Diu	0	0.00	No mention	1.00	0	0.00
5	Gujarat	0	0.00	0	0.00	100 blocks in 30 districts	100.00
6	Haryana	0	0.00	21	21.00	21dist	21.00
7	Kerala	0	0.00	21 districts	21.00	5 districts	5.00
8	Lakshadweep	No mention	3.00	No mention	3.00	0	0.00
9	Manipur	0	0.00	3	3.00	0	0.00
10	Maharashtra	353 blocks	264.75	0	0.00	0	0.00
11	Meghalaya	0	0.00	37 blocks in 11 dist.	18.50	0	0.00
12	Mizoram	0	0.00	9	9.00	0	0.00
13	Nagaland	0	0.00	11	11.00	0	0.00
14	Sikkim	0	0.00	4 dist-29 schools	8.70	4 dist-18 schools	5.40
15	Telangana	0	0.00	5dist	5.00	0	0.00

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
16	Tripura	0	0.00	8 dist.	4.00	0	0.00
17	Uttar Pradesh	0	0.00	10	10.00	0	0.00
18	West Bengal	0	0.00	0	0.00	1dist	1.00
	Total		267.75		129.60		145.40

Out of the data from the states shown above, the following 10 states were visited by the fieldwork team for collecting data first hand:

1. Andhra Pradesh
2. Gujarat
3. Haryana
4. Kerala
5. Manipur
6. Mizoram
7. Sikkim
8. Telangana
9. Uttar Pradesh
10. West Bengal

The data for the remaining states was obtained from secondary sources. The states for which no approval has been granted in the three reference years have been left out of the list since there was nothing to report.

From the states from where data was collected first hand, three states, viz. AP, Gujarat and West Bengal have received funds for this component for the first time very late into financial year 2016-17 (last of the reference years for the present study). Due to this reason, no physical progress was achieved by the end of March 2017 in these four states.

There are four states, viz. Haryana, Mizoram, Telangana and U.P. where despite the funds being approved for this component in the years prior to 2016-17, there was no evidence of work having been done at the ground level. The primary reason is the inadequate implementation capacity of the respective State AYUSH Societies.

In the remaining states, some School Health Programme activity has taken place under NAM and the field team was able to gather some evidence of the same in such cases.

There was some utilisation of funds received under this head with respect to the funds approved in the very first year of implementation of NAM i.e. 2014-15. However, subsequently, the very significant increase in the amount of funds approved was not matched by proportionate increase in the implementation of School Health Programme. Therefore, the utilisation in 2015-16 as well as the year 2016-17 has been inadequate when compared with the approval of funds under NAM by the Ministry of AYUSH.

Table: 8.2 (Data from question no. 2)

School Health Programme: Utilisation of Funds received under NAM

(Rs. Lakhs)

No.	Category of employment	2014-15	2015-16	2016-17
1	Number of States reporting	2	2	2
2	Total of utilization of grants (in Lakhs)	11.30	9.60	5.90

Valid responses received from Sikkim, Telangana, West Bengal and Manipur, Haryana, Kerala, Mizoram

From the states that we surveyed, there are three states reporting utilisation of grant received for School Health Programme (SHP). Whereas the utilisation was Rs. 11.30 lakhs in 2014-15 and in 2016-17, it is Rs.9.60 lakhs in 2015-16.

Till March 2017, only Manipur has identified nodal teachers under School Health Programme (under NAM). The number of nodal teachers identified is 6. Sikkim has covered 31 blocks and Manipur had covered 18 blocks under this component.

Table: 8.3 (Data from question 7)

School Health Programme: Major achievements

Name of State	Major achievements of the scheme in the state
Sikkim	Able to create awareness on importance of yoga, healthy lifestyle and local medicinal plants.
Manipur	Many schools have begun to request the Directorate of AYUSH to conduct school health Programmes in their respective schools.
Gujarat	Specially designed books published with all main information of AYUSH and primary healthcare through AYUSH, and given to children of standard 5th, 6th, 7th and 8th to encourage them for study it. AYUSH medical officers conducted interactive sessions interacted with the children.

The School Health Programme works on changing attitudes and therefore the measurement of success of achievement has to be seen in that light. Out of the three states who reported some progress in SHP implementation, Sikkim mentioned awareness generation about healthy lifestyle and yoga among the youngsters while In Manipur, schools have begun to approach AYUSH Directorate with a request to conduct School Health Programmes in their respective schools.

8.1 Major findings regarding School Health Programme component of NAM

- i) **Uptake of the School Health Programme has been recent in many states:** Due to the delay in receipt of funds by the State AYUSH Societies in most states/UTs, there has been delay in implementing School Health Programme component. As on 31st March 2017, there has been some progress on the ground reported from four states, Kerala, Sikkim, Manipur, and Gujarat. The impact is too small and recent on the students but if continued, it may result in inducing a greater impact on the community.
- ii) **Difficulty in recruiting and deputing suitable person:** States/UTs which have applied for funding under this component are finding it difficult to utilise the fund. In almost all the cases, the progress of this component has been hampered due to absence of any

‘School Health Programme’ specialist/professional/expert in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also poor design of communication mix. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017.

- iii) **Positive impact of School Health Programme as stated by the stakeholders:** Some amount of awareness about preventive health through AYUSH were claimed by the officials in the states where some form of implementation of this component has taken place.
- iv) **Component faces certain challenges:** Some of the administrative guidelines specified in the NAM framework are in conflict/at variance with the guidelines issued by the State Governments for this component. This creates confusion and delays in identification of the schools, choice of elements in the School Health Programme in the state and less than satisfactory implementation. The officers in the State AYUSH Society have not received any specific training for implementing this component and that may be leading to wastage of resources and poor effectiveness.
- v) **Scope of School Health Programme is unclear and non-standard:** The current scope of what should or should not be included in this component has not been specified and leaves room for different interpretations. This leads to confusion and disputes during choice of materials as well as in determining the mix of components that can be /should be implemented in the villages/blocks/ districts.
- vi) **Delays in appointment of Nodal officers:** The identification and deployment of nodal officers are facing delays due to various reasons in all the states. This is hampering the implementation of the Programme.

8.2 Recommendations regarding School Health Programme component of NAM

- i) **Scope of School Health Programme should be standardised:** There should be clear cut guidelines specified by Mission Directorate for the elements of School Health Programme Component of NAM. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for School Health

Programme so that this intervention is standardized across the country. It should take into account regional variations such as North East, tribal areas, etc. and factor these into the criteria that are finally arrived at. It must be insisted that School Health Programme proposal by states must be submitted along with the details of elements proposed to be implemented as well as the locations where these will be carried out.

- ii) Engagement of trained and experienced ‘Extension and advocacy’ professional to lead the School Health Programme component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of School Health Programme, the services of a formally trained and experienced extension and advocacy professional/expert must be taken. The State AYUSH Societies must engage such a professional to lead the component right from the design stage, through implementation and till the time the feedback is obtained. The professional should have a formal degree in Social Work or in Education and should have at least five years of experience in extension work in the community. Such a person can be given a retainership contract in accordance with the rules of State Government/ State AYUSH Society. This engagement is likely to have a great impact.

Chapter 9

AYUSH Wellness Centres under NAM

The establishment of AYUSH wellness centres is aimed at enabling the AYUSH way of life to reach the doorsteps of people in India. These have very often been located close to places of residence of people to enable them to participate in Yoga classes, avail the benefits of natural remedies and learn about better practices to prevent illness and remain healthy.

Funding: Out of the total State envelop available, 20% funds are earmarked for flexible funds which can be spent on any of the items given in NAM framework Flexi pool section with the stipulation that not more than 5% of the envelop is spent on any one of the components. The Yoga wellness Centres are eligible for Rs. 0.60 Lakhs as one time assistance for initial furnishing and recurring assistance of Rs.5.4 Lakhs p.a. for Manpower, maintenance etc. & Naturopathy

Table 9.1: Status of Wellness Centres approved under NAM

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
1	Andaman & Nicobar	0	0.00	3	18.00	0	0.00
2	Andhra Pradesh	0	0.00	9	54.00	0	0.00
3	Arunachal Pradesh	0	0.00	1	6.00	1 + 3 Yoga	22.56
4	Assam	2	20.00	2	10.80	10	58.80
5	Chandigarh	0	0.00	3	27.00	0	0.00
6	Chhattisgarh	0	0.00	10	60.00	0	0.00
7	Daman & Diu	0	0.00	2	10.80	0	0.00
8	Delhi	No mention	1.00	4	24.00	0	0.00

S. No.	State/UT	Approved 2014-15		Approved 2015-16		Approved 2016-17	
		No.s	Rs. in Lakhs	No.s	Rs. in Lakhs	No.s	Rs. in Lakhs
9	Goa	0	0.00	4	24.00	5	39.00
10	Gujarat	0	0.00	0	0.00	6	30.00
11	Haryana	0	0.00	10	50.00	0	0.00
12	Himachal Pradesh	0	0.00	31	15.50	14	28.00
13	Jammu & Kashmir	0	0.00	2	12.00	6 +6 Yoga	50.40
14	Jharkhand	0	0.00	1	6.00	0	0.00
15	Kerala	0	0.00	10	60.00	0	0.00
16	Madhya Pradesh	0	0.00	31	186.00	31	167.40
17	Manipur	0	0.00	3	18.00	3	16.20
18	Mizoram	0	0.00	5	30.00	0	0.00
19	Nagaland	0	0.00	3	18.00	0	0.00
20	Odisha	0	0.00	N.A.	208.00	14	75.60
21	Punjab	0	0.00	2	12.00	0	0.00
22	Rajasthan	0	0.00	0	0.00	200	120.00
23	Tamilnadu	0	0.00	4+5 Yoga	94.50	10+1 2 Yoga	229.20
24	Telangana	0	0.00	4+2 yoga	34.80	5	28.20
25	Tripura	0	0.00	14	27.22	0	0.00
26	Uttar Pradesh	0	0.00	17	100.00	42	250.00
	Total		21.00		1106.62		1115.36

Out of the data from the states shown above, the following 18 states were visited by the fieldwork team for collecting data about this component first hand:

1. Andhra Pradesh
2. Arunachal Pradesh
3. Assam
4. Goa
5. Gujarat
6. Haryana
7. Himachal Pradesh
8. Jammu & Kashmir
9. Kerala
10. Madhya Pradesh
11. Manipur
12. Mizoram
13. Odisha
14. Punjab
15. Rajasthan
16. Tamilnadu
17. Telangana
18. Uttar Pradesh

The data for the remaining states was obtained from secondary sources. The states for which no approval has been granted in the three reference years have been left out of the list since there was nothing to report.

From the states from where data was collected first hand, two states, viz. Gujarat and Rajasthan have received funds for this component for the first time very late into financial year 2016-17 (last of the reference years for the present study). Due to this reason, no physical progress was achieved by the end of March 2017 in these four states.

There are four states, viz. Goa, J&K, Odisha and U.P. where despite the funds being approved for this component in the years prior to 2016-17, there was no evidence of work having been done at

the ground level. The primary reason is the inadequate implementation capacity of the respective State AYUSH Societies.

In the remaining states, some Wellness Centre activity has been conducted under NAM and the field team was able to gather some evidence of the same in such cases.

Table 9.2: (Data from question no. 2) AYUSH Wellness Centre: Origin of wellness Centre in various reporting states

No.	Category of employment	Number of States	Number of such wellness centres
1	New OPD was constructed for wellness centre	4	4
2	Existing OPD was changed for wellness centre	8	8
	Total sampled states reporting functioning wellness centres	12	12

From the states that we surveyed, there are twelve states reporting the origin of wellness center. Four out of 12 states reported that new OPD was constructed for wellness center while eight states reported that an existing OPD was changed for wellness center.

Table 9.3: (Data from question no. 3) AYUSH Wellness Centre: Facilities at AYUSH wellness centres

No.	Facility	Total Number of states reporting this facility in their AYUSH wellness centres	Names of States
1	Yoga Hall	7	Assam, Telangana, Kerala, Himachal Pradesh, Puducherry, Andhra Pradesh, Manipur

No.	Facility	Total Number of states reporting this facility in their AYUSH wellness centres	Names of States
2	Bath room, Latrine	1	Assam
3	Old age care	2	Himachal Pradesh, Puducherry
4	Music System for Mantra	1	Kerala
5	Massage Therapy, old age care center	1	Puducherry

From the states that we surveyed, there are seven states reporting that they have facility of Yoga hall. Beside yoga hall, the old age care was found in Himachal Pradesh & Puducherry states/UTs respectively.

Table 9.4: (Data from question no. 4) AYUSH Wellness Centre: Expenditure pattern for one time grant given for wellness centre

No.	Description of expense head for the utilization of one time grant meant for wellness centre	Number of States Reporting this expense head	Names of States
1	Yoga mat, Almirah	1	Rajasthan
2	Message Therapy, Purchase of equipment, renovation	1	Puducherry
3	Case record, Weighing machine	1	Kerala

No.	Description of expense head for the utilization of one time grant meant for wellness centre	Number of States Reporting this expense head	Names of States
4	For development of Wellness Center	1	Telangana
5	Purchase of medicine, for IEC, Yoga instrument	1	Himachal Pradesh

Six out of eight states reported that one time grant was utilised for purchase of equipment, Almirah, case record, yoga mat Weighing machine. The one time grant also used in renovation and for the development of AYUSH Wellness Center

Table 9.5: (Data from question no. 5) AYUSH Wellness Centre- Is cross referral made across health systems?

No.	Response	AYUSH to Allopathy or Allopathy to AYUSH
1	Yes	4
2	No	4
	Total	8

From the states that we surveyed, there are eight states reporting about cross reference in health center i.e. from AYUSH to Allopathy or Allopathy to AYUSH

Table 9.6: (Data from question no. 6) AYUSH Wellness Centre: Mode of making cross referral

No.	Mode of making cross referral	Number of States Reporting this mode	Names of States

No.	Mode of making cross referral	Number of States Reporting this mode	Names of States
1	Reference by formal order	3	Assam, Gujarat, Puducherry
2	General Practice of oral referring	5	Assam, Kerala, Gujarat, Puducherry, Rajasthan
3	Others	1	Puducherry
	Total	9	

It was reported that most of the states making cross referral through oral practice while some of the states follow cross referral through both formal order and oral practice.

Table 9.7: (Data from question no. 7) AYUSH Wellness Centre: Utilisation of recurring grant received under NAM

No.	Category of activity	2014-15	2015-16	2016-17
1	Number of States reporting	2	2	1
2	Total utilisation on _Man power	250100	5400000	38065
3	Total utilisation on Maintenance	270000	600000	1,14885
4	Grand Total of utilisation	520100	6000000	152950
5	Percentage of Manpower to Total utilization (____ x 100)	48.09	90.00	24.89
6	Percentage of Maintenance to Total utilization (____ x 100)	51.91	10.00	75.11
7	Ratio of Manpower to Maintenance	96.18 : 103.82	9:1	49.78:150.22

From the states that we surveyed, there are eight states reporting utilization of recurring grant received under National AYUSH Mission for AYUSH wellness center. It has been observed that percentage of fund utilization in manpower to total utilization was maximum in 2015-16 (90%) and minimum in 2016-17 (24.89%). It was also observed that percentage of Maintenance to total utilization fund was maximum in 2016-17(75.11%) and minimum in 2015-16(10%).

Table 9.8: (Data from question no. 8-9) AYUSH Wellness Centre: Staff strength of different category in all states reporting

No.	Category of Employees	Contractual	Regular	Total
0	Number of States reporting	7		
1	AYUSH doctors (No.)	1	11	12
2	Yoga Trainers (No.)	3	3	6
3	Supporting staffs (No.)	7	35	42
4	Others (No.)	0	2	2
	Total	11	49	62
	Percentage of contractual staffs to the total	18%		

Seven states have reported the staff strength of different category including doctors (12 in number), yoga trainers (6 in number), supporting staffs (42 in number) and others (2 in number). It is reported that supporting staffs have the highest number of staffs among all categories.

Table 9.9: (Data from question no. 10-11) AYUSH Wellness Centre: Training Programmes for Medical officer/paramedics

No.	Name of State	Yes	No	Focus of the training Programme
1	Assam	Yes		On Common Yoga protocol training for wellness and health

No.	Name of State	Yes	No	Focus of the training Programme
2	Kerala	Yes		Training Programme on Yoga
3	Telangana	Yes		Training Programme on Yoga
4	Rajasthan	Yes		Yoga classes
5	Himachal Pradesh	Yes		Yoga Classes
6	Puducherry		No	
7	Gujarat		No	
8	Manipur		No	

From the states that we surveyed, there are five states who have reported that training Programmes on yoga was conducted for AYUSH Medical officers/paramedic.

Table 9.10: (Data from question no. 12) AYUSH Wellness Centre: Involvement of AYUSH doctors in NHM

No.	Name of State	Yes	No
1	Puducherry		No
2	Nagaland	Yes	
3	Himachal Pradesh	Yes	
4	Gujarat	Yes	
5	Assam	Yes	
6	Rajasthan	Yes	
7	Kerala		No

No.	Name of State	Yes	No
8	Telangana	Yes	
9	Manipur	Yes	

Seven out of nine states have reported that their doctors are involved in National Health Programme (NHM).

Table 9.11: (Data from question no. 16) AYUSH Wellness Centre: Common diseases treated

No.	Names of diseases	Number of States Reporting this disease being treated	Names of states
1	Arthritis, Common Fever, other communicable disease and non-communicable diseases	2	Telangana, Rajasthan
2	Hypertension, Respiratory, Skeletal disorder, Obesity disorder, Skin disorder	3	Puducherry, Assam, Kerala
3	Motor Neuron, Amvat, Sandhivat, Diabetes	1	Gujarat
4	Urine, Digestion, Respiratory, blood pressure, Eyes problem	1	Himachal Pradesh
5	Sciatica, back pain, anxiety neurosis, frozen shoulder, neuritis, hemiplegia, musculoskeletal/nervous disorder, obesity, eyesight disorder, hypertension,	1	Manipur

No.	Names of diseases	Number of States Reporting this disease being treated	Names of states
	metabolic disorder		

Hypertension, Respiratory, Skeletal disorder, Obesity disorder, Skin disorder, Arthritis, Common Fever, other communicable disease and non-communicable diseases, Motor Neuron, Urine, Digestion, blood pressure and eyes problem are the common diseases that treated in AYUSH wellness centre.

Table 9.12: (Data from question no. 17) AYUSH Wellness Centre: Age segment of most patients

No.	Age segment of most patients	Number of States Reporting this as major segment	Names of States
1	Children	2	Himachal Pradesh, Telangana
2	Adult Male	5	Gujarat, Rajasthan, Assam, Telangana, Himachal Pradesh
3	Adult Female	6	Gujarat, Assam, Telangana, Kerala, Himachal Pradesh, Manipur
4	Elderly	4	Himachal Pradesh, Puducherry, Rajasthan, Manipur.

Most of patients are of adult females who come to AYUSH wellness centre for treatment. Adult males are the next big group and elderly and children are lesser than them.

Table 9.13: (Data from question no. 18) AYUSH Wellness Centre: Instances of special disease treated through Yoga

No.	Name of State	Description of disease treated
1	Puducherry	Autism, Children with hearing & visual problem
2	Himachal Pradesh	Diabetes
3	Gujarat	Diabetes, Motor Neuron
4	Assam	Physically disable person
5	Rajasthan	Joint pain, gastric problem, Respiratory and Skin diseases
6	Kerala	Obesity, PCOD, Diabetic, Hypertension
7	Telangana	Stress, Hypertension, Diabetic
8	Manipur	Hypertension and Psycho somatic disorders

It was reported that some of special diseases such as Hypertension, Diabetes, Visual problems, Stress, Gastric and Autism were treated through yoga.

Table 9.14: (Data from question no. 19) AYUSH Wellness Centre: Monthly performance assessment

No.	Name of State	No. of patients who came for the treatment	No. of patients who were cured	No. of patients continuing treatment	No. of patients who are dropping
1	Puducherry	1300	1100	50	150
2	Nagaland	50	10	30	10
3	Himachal Pradesh	170	50	50	70

No.	Name of State	No. of patients who came for the treatment	No. of patients who were cured	No. of patients continuing treatment	No. of patients who are dropping
4	Gujarat	3250	975	1785	485
5	Assam	600	250	250	100
6	Rajasthan	300	250	250	50
7	Kerala	600	500	30	70
8	Telangana	12000	8000	4000	nil
9	Manipur	55	35	25	15
	Total	18325	11170	6470	950

The monthly performance of AYUSH wellness centre was good. Overall, it was reported about 61% patients were cured and 35% patients continuing their treatment and 5% patients were drop out. On monthly basis, Puducherry reported about 84% patients were cured while 20% patients were cured in Nagaland.

Table 9.15: (Data from question no. 20) AYUSH Wellness Centre: Support required

No.	Kind of support required	Number of States reporting kind	Names of States
1	Infrastructure (Physical/Financial)	7	Puducherry, Assam, Himachal Pradesh, Gujarat, Rajasthan Kerala, Telangana.
2	Equipment(Physical/Financial)	5	Himachal Pradesh, Gujarat, Rajasthan, Kerala, Telangana.

No.	Kind of support required	Number of States reporting kind	Names of States
3	Any other	3	Puducherry, Kerala, Mizoram (Yoga Hall, separate treatment section for male and female).

Seven states reported that infrastructures (in terms of physical and financial) support were required to implement the Programme successfully. However, five states also required equipment support.

Two out of Eight states utilized this fund (Rs 6 lakh) for purchase of equipment while other two states utilized same fund in conducting yoga training and publicity of Naturopathy. Three out of Eight states utilized this fund (Rs 5.40 lakh) for man power while Telangana used the same fund for yoga activity.

Table 9.16 (Data from supplementary question 4) AYUSH Wellness Centre: Adequate space for Yoga

No.	Name of State	Yes	No
1	Puducherry	Yes	
2	Nagaland	Yes	
3	Himachal Pradesh	Yes	
4	Gujarat	Yes	
5	Assam	Yes	
6	Rajasthan		No
7	Kerala	Yes	
8	Telangana	Yes	
9	Manipur		No

Seven out of nine states have reported that they have adequate space (Yoga hall) for Yoga activity. It was observed that Rajasthan and Manipur do not have adequate space for yoga. It was observed that seven out of eight states have regular yoga teachers who have been taking regular classes while in Nagaland, yoga classes are not held regularly.

Table 9.17: (Data from supplementary question no. 6) AYUSH Wellness Centre: Publicity Method

No.	Publicity activities	Number of States Reporting this activity	Names of States
1	Under IEC, wall painting, Publicity about wellness center under PHC	1	Rajasthan
2	Announcement through Loud speaker	1	Nagaland
3	Providing IEC material & Lectures	1	Himachal Pradesh
4	Awareness Programme was conducted in schools, PHC	1	Kerala
5	Pamphlets distribution	1	Gujarat
6	Conducted Awareness Programme, Camps, International Yoga day celebration	1	Puducherry
7	Press Reporter help, Print media & Electronic Media Pamphlets, Banners etc.	1	Telangana

AYUSH wellness publicity was carried out in seven states either through wall painting, announcement on loud speaker, through IEC material, awareness Programme in schools, PHC, Pamphlets distribution, held International Yoga day, electronic media, press and banners.

There were 31 assisted units for opening of AYUSH Wellness Centers including Yoga under NAM in Himachal Pradesh and Madhya Pradesh each during 2015-16. Both the states individually accounted for 23.66% of the total assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. In Uttar Pradesh, there were 17 assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. It accounted for 12.98% of the total assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. In Tripura, there were 14 assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. It accounted 10.69% of the total assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. In Kerala, there were 10 assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. It accounted for 7.63% of the total assisted units for opening of AYUSH Wellness Centers including Yoga under NAM during 2015-16. During 2015-16, there were 9, 6, 5, 3 and 2 assisted units for opening of AYUSH Wellness Centers including Yoga under NAM in Andhra Pradesh, Telangana, Mizoram, Manipur and Jammu & Kashmir respectively.

9.1 Other major findings regarding Wellness Centre component of NAM

- i) **Wellness Centres have been slow take off in many states:** Due to the delay in receipt of funds by the State AYUSH Societies in most states/UTs, there has been delay in implementing Wellness Centres component. As on 31st March 2017, there has been some progress on the ground reported from only a few states as described above. The impact is too small and recent but if continued, it may result in inducing a greater impact on the community.
- ii) **Difficulty in recruiting and deputing suitable person:** States/UTs which have applied for funding under this component are finding it difficult to utilise the fund. In almost all the cases, the progress of this component has been hampered due to absence of Yoga and Naturopathy specialist/professional/expert in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also poor design of communication mix. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017.

iii) Positive impact of Wellness centres as stated by the stakeholders: Some amount of awareness about preventive health through AYUSH were claimed by the officials in the states where some form of implementation of this component has taken place.

iv) Scope of Wellness centres is non-standard: The current scope of what should or should not be included in this component has not been specified and leaves room for different interpretations. This leads to confusion and disputes during choice of materials as well as in determining the mix of components that can be /should be implemented in the villages/blocks/ districts.

9.2 Recommendations regarding AYUSH Wellness centres component of NAM

i) Scope of Wellness Centres should be standardized: There should be clear cut guidelines specified by Mission Directorate for the elements of this Component of NAM. We suggest that a group of officials and experts be constituted for this purpose to evolve the detailed guidelines for Wellness centres so that this intervention is standardized across the country. It should take into account regional variations such as North East, tribal areas, Kerala, etc. and factor these into the criteria that are finally arrived at. During this exercise all the states should be involved in giving inputs.

Chapter 10

Quality Improvement & Control of ASU&H drugs under NAM

One of the major objectives of National AYUSH Mission (NAM) is to promote the adoption of Quality standards of AYUSH drugs and making available the sustained supply of AYUSH raw-materials. Therefore, Quality Control of ASU &H Drugs is one of the mandatory components of NAM. The expected outcome of implementing this component is improved availability of quality ASU &H drugs through increase in the number of quality Pharmacies and Drug Laboratories and enforcement mechanism of ASU&H drugs.

10.1 Quality Control of Ayurveda, Siddha, Unani and Homeopathy drugs

Regulation of Ayurveda, Siddha and Unani and Homeopathic (ASU&H) medicines in India is governed under the provisions of Drugs & Cosmetics Act, 1940 and the Rules thereunder. It is based on the national policies on Health-1983 & 2002, National AYUSH Policy- 2002 and strategies for **standardization, quality control, research & development and consumers' safety**. The State Licensing Authorities are responsible to implement the provisions of Drugs & Cosmetics Act and Rules for the manufacture and sale of ASU medicines.

At present, the central agencies for regulation of ASU&H drugs comprise Department of AYUSH, Drug Controller General, Pharmacopoeia Commission of Indian Medicine, Pharmacopoeia Committees, Pharmacopoeia Laboratories, ASU Drug Technical Advisory Board and Drugs Consultative Committee. Department of AYUSH, as a Central Government institution, administers the regulatory provisions for ASU medicines and the enforcement lies with the State Governments, for which Licensing Authorities with prescribed qualifications are appointed. Commercial production of drugs without license is not permitted. Compliance to Good Manufacturing Practices (GMP) is mandatory for obtaining manufacturing license. Quality standards of identity, purity and strength of drugs and permissible limits of heavy metals, pesticide residue, and microbial load as prescribed in the Pharmacopoeia are mandatory to follow. Drug inspectors, Technical Committees and Drug Testing Laboratories are provided for the Licensing Authorities to take considered and objective decisions in licensing and quality control matters.

In order to provide financial assistance to the States for strengthening their ASU&H drug Regulatory Mechanism, the Centrally Sponsored Scheme for Quality Control of ASU&H Drugs was introduced towards the end of the 9th plan. State Drug Testing Laboratories and Pharmacies of Ayurveda, Siddha, Unani and Homoeopathy have been financially assisted. In addition to this, a provision was made for providing back ended subsidy to Ayurveda, Siddha and Unani manufacturing units to become Good Manufacturing Practices compliant. The support has been on the same lines after the launch of National AYUSH Mission (NAM) since 2014-15.

10.2 Objectives (subcomponents) of Quality improvement and control initiatives of NAM

- i. To strengthen State Govt. ASU&H Pharmacies and Drug Testing Laboratories
- ii. Strengthening of ASU&H regulatory framework.
- iii. To improve the Quality of ASU&H Drugs to enable their export in International Markets.

10.3 Components under NAM

- i. Grant in aid to State/Govt. ASU&H Pharmacies/ State Govt. ASU&H Cooperatives, State Govt. ASU&H PSUs.
- ii. Grant in aid to State Drug Testing Laboratories of Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Drugs.
- iii. Grant-in-aid for strengthening of ASU&H Drug Control Framework.
- iv. Grant in aid to State Licensing Authority of ASU&H Drugs for documentation publication and dissemination of quality control material for States.

Funding:

1. Grant in Aid to New State Govt. ASU&H Pharmacies/State Govt. ASU&H Cooperatives, State Govt. ASU&H PSUs - Building & Equipment (One-time) -
INR 350.00 Lakhs
2. Grant in Aid to New State Govt. ASU&H Pharmacies/State Govt. ASU&H Cooperatives, State Govt. ASU&HPSUs - Manpower, Reagents, Chemical etc. (Recurring)- INR 150.00 Lakhs

3. Grant in Aid to Existing State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Building & Equipment (One-time) -150.00 Lakhs
4. Grant in Aid to Existing State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Manpower, Reagents, Chemical (Recurring)- INR 150.00 Lakhs
5. Grant in Aid to New State Drug Testing Laboratories of ASU&H Drugs - Building & Equipment (One-time) - INR 320.00 Lakhs
6. Grant in Aid to New State Drug Testing Laboratories of ASU&H Drugs - Reagents, Chemical etc. (Recurring) - INR 80.00 Lakhs
7. Grant in Aid to Existing State Drug Testing Laboratories of ASU&H Drugs - Building & Equipment(One-time) - INR 70.00 Lakhs
8. Grant in Aid to Existing State Drug Testing Laboratories of ASU&H Drugs - Reagents, Chemical (Recurring) - INR 80.00 Lakhs
9. Grant in Aid for Strengthening of ASU&H Drugs Control Framework (Advance) – INR 20.00 Lakhs per unit

Expenditure incurred on the following items is reimbursable:

- i. Purchase of vehicle (Two Wheelers) for State AYUSH Drug Inspectors for Unit Survey and collection of Drug Samples.
- ii. Expenditure on computerization of office of AYUSH Drug Controller/ Licensing Authority.
- iii. Expenditure on collection of statutory / survey samples (maximum Rs. 2.00 lakh per annum).
- iv. Expenditure on training of technical staff at Pharmacopoeial Laboratory for Indian Medicine (PLIM) / HPL / NABL as per approved cost norms.

This expenditure is approved subject to certain conditions being met by the state as specified in the NAM framework

10. Grant in Aid for Strengthening of ASU&H Drugs Control Framework - Remaining as II installment to be paid in next year - INR 30.00 Lakhs

11. Grant in Aid to State Licensing Authority of ASU&H Drugs for documentation publication and dissemination of quality control material for states – INR 8.00 Lakhs per annum
12. Technical Manpower support for State DTL - INR 25.00 Lakhs per Laboratory per year for 2 years
13. INR 5.00 Lakhs per year for testing of 500 survey/statutory samples towards Quality Testing of Drugs in NE States & UTs except Assam. INR 15.00 Lakhs per year for testing of 1500 drug samples for other States.

The enforcement of the regulatory and quality control provisions of the Drugs and Cosmetics Act, 1940 and Rules thereunder is primarily vested with the State Governments. As per the provisions of Drugs & Cosmetics Act, 1940, Ayurvedic, Siddha and Unani (ASU) medicines are manufactured either on the basis of traditional time-tested formulations or by using the ingredients of those formulations as mentioned in the 104 authoritative books listed in the First Schedule of the Act. License requirements for manufacturing of these medicines include proof of safety and effectiveness under the provisions of Drugs and Cosmetics Rules, 1945. Quality standards of Identity, Purity and Strength of these drugs as prescribed in the respective pharmacopoeias and Good Manufacturing Practices (GMP) are mandatory for the manufacturer's to comply with. In addition to the Central and State laboratories set up by the Government, 55 Laboratories are licensed or approved under the provisions of Drugs & Cosmetics Rules, 1945 for the testing of ASU drugs and the raw materials used in their manufacturing.

Quality Control Scheme of ASU&H drugs has been approved by merging the same in National AYUSH Mission with enhanced funding pattern and addition of more components. Financial support is being provided to the States through National AYUSH Mission for strengthening of infrastructural and functional capacities of the laboratories and pharmacies, engagement of technical manpower, strengthening of the enforcement mechanism, testing of drugs and documentation and dissemination of quality control materials related to ASU&H drugs. Twenty Nine (29) states availed financial support for this purpose during 2015-16 and 55 laboratories for testing of Ayurvedic, Siddha and Unani drugs are approved under the provisions of the Drugs and Cosmetics Rules, 1945.

State Governments have appointed Licensing Authorities/Drug Controllers and inspectors to regulate the ASU&H drugs including grant or renew of licenses for manufacturing and oversee their quality control. At the central level, Ministry of AYUSH has notified the creation of 12 regulatory posts of inspectors, Assistant Drug Controllers and Deputy Drug Controllers. Additional charge of these posts has been given to the technical officers of the Ministry and recruitment rules are in the process of approval to initiate the recruitment of regular officers.

The provisions of Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder are equally applicable to AYUSH medicines and are enforced by the State Governments through the Licensing Authorities. The complaints of misleading advertisements and exaggerated claims of AYUSH medicines are forwarded to the concerned State Licensing Authorities for taking action in accordance with the legal provisions.

Ministry of AYUSH has published technical documents like Essential Drugs Lists, Good Clinical Practice Guidelines and manual of procedural guidelines for inspection of laboratories.

As has been described above, the financial assistance under NAM is provided for eligible Drug Testing Laboratories in the Public and Private Sector, the eligible AYUSH pharmacies and to the eligible states which have an AYUSH Drug Control organisation /mechanism as specified in the NAM implementation framework. The amount of funds released from the Centre under NAM to the states in each of the three years under reference is presented in the table in the following sections.

Table 10.1: Grant released under National AYUSH Mission for Drugs Quality Control Scheme Component during 2014-15, 2015-16, 2016-17 & 2017-18

		2014-15	2015-16				2016-17			
	Name of the State	All Component	Drug Testing Laboratory	Pharmacy	Other	Total All Component	Drug Testing Laboratory	Pharmacy	Other	Total All Component
1	Andaman & Nicobar	25.65			26.22	26.22	20.16		6.00	26.16
2	Andhra Pradesh	53.18		3.23	43.00	46.23	210.00	260.00		470.00

		2014-15	2015-16				2016-17			
	Name of the State	All Component	Drug Testing Laboratory	Pharmacy	Other	Total All Component	Drug Testing Laboratory	Pharmacy	Other	Total All Component
3	Arunachal Pradesh	20.25	10.00	7.00	3.00	20.00	41.86	26.87	10.82	79.55
4	Assam	55.00	5.00	16.00	5.00	26.00	20.60	19.40	20.50	60.50
5	Chandigarh									
6	Chhattisgarh		90.00	50.00	14.00	154.00				
7	Gujarat			300.00		300.00		80.00		80.00
8	Haryana	23.00			36.63	36.63			42.33	42.33
9	Himachal Pradesh			27.01		27.01		20.72		20.72
10	Jammu and Kashmir		7.56		12.92	20.48			25.30	25.30
11	Jharkhand				23.00	23.00				
12	Karnataka	64.585	17.73		29.66	47.39			20.00	20.00
13	Kerala	44.30	43.00			43.00	45.00		13.05	58.05
14	Lakshadweep								5.00	5.00
15	Madhya Pradesh	7.00		80.00	25.00	105.00		116.81	25.00	141.81
16	Maharashtra		71.10			71.10				
17	Manipur				20.00	20.00				
18	Meghalaya		94.00			94.00	19.06			19.06
19	Mizoram				30.00	30.00			5.00	5.00
20	Odisha	81.80	64.80			64.80	9.92	83.69	13.00	106.61
21	Puducherry		6.93		5.32	12.25	8.00			8.00
22	Punjab	37.36	30.94			30.94	52.00			52.00
23	Rajasthan	170.00							15.40	15.40

		2014-15	2015-16				2016-17			
	Name of the State	All Component	Drug Testing Laboratory	Pharmacy	Other	Total All Component	Drug Testing Laboratory	Pharmacy	Other	Total All Component
24	Sikkim		10.00			10.00				
25	Tamilnadu		49.50			49.50	15.50	71.17	0.75	87.42
26	Telangana	238.45	45.00	21.10		66.10		41.00		41.00
27	Tripura	10.05	10.73		2.00	12.73	16.40		2.42	18.82
28	Uttar Pradesh		348.58			348.58	200.00			200.00
29	Uttarakhand		11.05		10.00	21.05	23.00			23.00
29	West Bengal	278.10	14.42	34.51	13.00	61.93				
					298.75				204.57	
	Total	1108.73	930.34	538.85		1767.94	681.50	719.66		1605.73

It can be observed from the table above, that the amount released for ensuring better quality has been enhanced by nearly 50 percent in 2016-17 as compared to FY 2014-15, During the course of the fieldwork there were 12 states from where the survey team obtained responses the State AYUSH Drug Controller's office. In the other states in our list, there was no separate Drug Controller assigned for AYUSH system.

The sample states where separate Drug Licensing Authority is posted for AYUSH and who responded during fieldwork are as follows:

1. Arunachal Pradesh
2. Assam
3. Karnataka
4. Kerala
5. Madhya Pradesh
6. Puducherry

7. Punjab
8. Rajasthan
9. Sikkim
10. Tamilnadu
11. Telangana
12. West Bengal

Responses from only the above states were tabulated in this chapter even though Odisha, Haryana, Goa and Gujarat too have designated separate officers exclusively as State Drug Licensing Authority for AYUSH drugs and medicines but since the positions were vacant during the time when fieldwork was carried out so the responses from these states could not be obtained.

. Table 10.2: (Data from question 2.1) State Drug Control: Is the scheme appropriate?

No.	Is the scheme appropriate?	Number of States
1	Yes	12
2	No	0
3	Total	12

When the respective State AYUSH Drug Controllers for AYUSH were asked whether the NAM scheme was an appropriate scheme for them, all the 12 responded in the affirmative which is represented in the table given above.

Table: 10.3 (Data from question 2.2) State Drug Control: Do you need any change in scheme?

No.	Do you need any change in scheme?	Number of States	Names of States stating Yes	Reasons for seeking change and the change suggested
1	Yes	3	Kerala, Tamilnadu, Karnataka	Scheme for addl./new DTL, Provision for four wheeler Vehicle
2	No	9	Arunachal Pradesh, Assam, Madhya Pradesh, Puducherry, Punjab,	

			Rajasthan, Sikkim, Telangana, West Bengal	
3	Total	12		

Nine out of 12 State Drug Controllers for AYUSH (SDCA) expressed that they did not need any change in the provisions of NAM scheme. Kerala, Tamilnadu and Karnataka, the three states which wanted a change wanted that instead of mobility assistance, funds should be provided for purchase of a four wheeler for improved mobility of Drug Inspectors. In addition to that, State Drug Control Authority of Kerala wanted funds for setting up new/additional drug testing laboratories in the state. The Drug Licensing Authority for Karnataka, even as it is in the process of purchasing a two-wheeler for office use, expressed a need for a four wheeler.

Table 10.4: (Data from question 3-3.1)

State Drug Control: Did you face any problems with the provisions/rules of the scheme?

No.	Faced any problem with the scheme?	Number of States	Names of States stating Yes	Problems faced
1	Yes	1	Rajasthan	ADC has no acct so procurement problems
2	No	11	Kerala, Tamilnadu, Karnataka, Arunachal Pradesh, Assam, Madhya Pradesh, Puducherry, Punjab, Sikkim, Telangana, West Bengal	
3	Total	12		

In line with the responses to previous questions, there are 11 State Drug Control Authorities of ASU&H (SDCAs) who did not face any problem with the provisions of the scheme. It is only in Rajasthan, that the problem regarding delay in fund receipt due to absence of bank account of Assistant Drug Controller (ADC) was expressed. It is clear from the data that was gathered that

SDCAs did not face any problem in relation to approval of their proposals under NAM as also there is no problem faced during implementation of NAM components pertaining to drug control of AYUSH drugs in their respective states.

Table 10.5: (Data from question 4)

**State Drug Control: Actual funds received under NAM as reported upto 31st March 2017
(INR in lakhs)**

No.	Component of Drug control	Total
1	Pharmacies	196.72
2	Drug Testing Laboratory (DTL)	388.19
3	Enforcement Mechanism (Drug Control Framework)	186.42
4	IEC activities	5.10
5	Total	776.43

It does not include data from Assam as figures provided were not consistent and SDCA in Tamilnadu reported that they had not received any funds for this component under NAM.

The Drug Testing Laboratories received almost half of NAM funds released for Drug Control Framework whereas Pharmacies and enforcement mechanism got almost a quarter of the funds.

Table 10.6: (Data from question 4.3)

State Drug Control: Was the funds received adequate?

No.	Funds received adequate	Number of States	Names of States stating No
1	Yes	9	Kerala, Karnataka Assam, Madhya Pradesh, Punjab, Rajasthan, Sikkim, Telangana, West Bengal
2	No	2	Arunachal, Puducherry
3	Total	11	

Only one state (Rajasthan) experienced a delay in receipt of funds while only two states found the amount released to be less than adequate.

SDCAs of eight states expressed their satisfaction with the current channel of flow of funds whereas SDCAs of three states desired that the funds should flow from GOI to SAS directly rather than being routed through the respective state government.

Table 10.7: (Data from question 4.6)

State Drug Control: Do you want to increase the number of DTLs in the state?

No.	Want to increase the DTLs?	Number of States
1	Yes	6
2	No	5
3	Total	11

Table 10.8: (Data from question 4.6)

State Drug Control: Do you want to increase the number of pharmacies in the state?

No.	Want to increase the pharmacies?	Number of States
1	Yes	7
2	No	4
	Total	11

There are six SDCAs who want that the Drug testing Laboratories (DTLs) and SDCAs of seven states who want that the number of pharmacies in their state should be increased.

Table 10.9: (Data from question 5-5.2)

State Drug Control: Did you purchase any vehicle under the grant provided by the ministry?

No.	Purchased vehicle from grant from ministry?	Number of States	Names of States stating Yes*	If yes, then year and purpose of purchasing vehicle
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1	Yes	4	Sikkim, West Bengal, Assam, Arunachal Pradesh	2009, mobility for enforcement, office purposes
2	No	6	Kerala, Karnataka Madhya Pradesh, Puducherry, Punjab, Rajasthan,	
3	Total	10		

*The funds provided for four wheelers are not under NAM but from scheme in existence earlier

Table 10.10: (Data from question 5.3)

State Drug Control: Was the purpose of purchase of vehicle satisfied?

No.	Purpose of vehicle satisfied?	Number of States	Names of States stating Yes
1	Yes	4	Sikkim, WB, Assam, Arunachal
2	No		
	Total	4	

Table 10.11: (Data from question 5.4-5.5)

State Drug Control: Is there any increase in the survey or collection of samples after purchasing the vehicle?

No.	Survey or collection of sample increased?	Number of States	Names of States stating Yes	If yes, then explain the improvement
1	Yes	2	Sikkim, Assam	Convenience
2	No	2	West Bengal, Arunachal Pradesh	
	Total	4		

Four SDCAs had purchased official vehicles but all of these were purchased prior to launch of NAM. Since no SDCA has purchased a vehicle with NAM funds so far, we are not analysing the same

except for impact on increase in survey or collection of samples. Findings can help the MoA take a decision about whether a vehicle should be provided for SDCA under NAM.

Table 10.12: (Data from question 5.6)

State Drug Control: Under whose custody is the vehicle?

No.	Custodian of vehicle	Number of States	Names of States stating
1	Jt. Drugs Controller	1	Sikkim
2	Jt. DHS (Tpt.)	1	WB
3	State AYUSH Licensing Authority	1	Assam
4	DHS	1	Arunachal
5	Total	4	

Table 10.13: (Data from question 5.7)

State Drug Control: Under which official is the vehicle allocated and used?

No.	User authority of vehicle	Number of States	Names of States stating
1	Jt. DC	1	Sikkim
2	Jt. DHS (Tpt.)	1	WB
3	State AYUSH Licensing Authority	1	Assam
4	Drug Licensing Authority (AYUSH)	1	Arunachal
5	Total	4	

Table 10.14: (Data from question 5.8-5.9)

State Drug Control: Whether grant allotted under NAM for vehicle purchase is sufficient?

No.	Grant for vehicle sufficient	Number of States	Names of States stating Yes	Reasons stated by those who thought grant was inadequate

1	Yes	1	Karnataka	The State is purchasing a two wheeler
2	No	7	Kerala, Tamilnadu, Arunachal Pradesh, Madhya Pradesh, Puducherry, Punjab, Rajasthan	Funds inadequate for purchase of Four Wheeler
3	Total	8		

The State Drug Controller AYUSH (SDCA) in seven states stated that the grant received under NAM was not sufficient to purchase a Vehicle whereas SDCA of Karnataka stated that it was sufficient as they are utilizing it to purchase a two wheeler vehicle unlike other states that spend it as mobility assistance.

Table 10.15: (Data from question 6)

State Drug Control: GMP certification

Year	No. of applications received	No. of certification issued	No. of applications rejected	No. of applications pending
2014-15	371	371	0	0
2015-16	367	366	11	2
2016-17	388	380	8	10
Total	1126	1117	19	
Percentage of received			1.69%	

Table 10.16: (Data from question 6.1)**State Drug Control: Who is the licensing authority for the state to issue the GMP certification?**

No.	Licensing authority for GMP certification	Number of States	Names of States stating
1	Principal, Ayurveda College	1	Rajasthan
2	ASU DC/Dy. DC	1	Kerala
3	Senior <i>Drug</i> Inspector of Healthcare, Human Services and Family Welfare	1	Sikkim
4	Lecturer, Govt. Siddha College	1	Tamilnadu
5	Director, ISM Drugs Control	1	West Bengal
6	State AYUSH Licensing Authority	1	Assam
7	Drug Licensing Authority (AYUSH)	1	Arunachal Pradesh
8	Addl. Director, AYUSH	1	Telangana
9	Dy. DC and DLA (AYUSH)	1	Karnataka
10	Drug Controller- AYUSH	1	Madhya Pradesh
11	Director (Ayurveda)	1	Punjab
12	State Licensing Authority	1	Puducherry

The nomenclature of designated licensing authority for AYUSH Drugs in each of the State is presented in the table above.

Table 10.17: (Data from question 6.2) State Drug Control: How much time do you take, after the receipt of application, to complete the formalities for providing the GMP certification?

No.	Time taken	Number of States	Names of States stating
1	1 day	1	Sikkim
2	1 month	3	Assam, Arunachal Pradesh ,Madhya Pradesh

No.	Time taken	Number of States	Names of States stating
3	2 months	1	Punjab
4	3 months	6	Kerala, Tamilnadu, West Bengal, Telangana. Karnataka, Puducherry
5	4 months	1	Rajasthan
6	Total	12	

Sikkim SDCA claims that it takes just one day to certify an AYUSH pharmacy for ‘Good Manufacturing Practices (GMP)’ if all the necessary documentation is complete. On the other hand, in Rajasthan, it takes four months to get GMP certified. There are six states which grant GMP certification in three months on an average.

Table 10.18: (Data from question 6.3)

State Drug Control: Which certificates are issued by the certification authority in the state?

No.	Certificate issued	Number of States	Names of States stating
1	Certificate of pharmaceutical products	9	Kerala, Sikkim, Arunachal Pradesh, West Bengal, Telangana, Karnataka, Madhya Pradesh, Punjab, Puducherry
2	Model statement of licensing status of pharmaceutical products	4	Kerala, Arunachal Pradesh, Karnataka, Madhya Pradesh
3	Unit WHO GMP certificate	5	Sikkim, Karnataka, Madhya Pradesh, Punjab, Puducherry
4	Free Sale Certificate	5	Kerala, Tamilnadu, West Bengal, Telangana, Punjab
5	Non-conviction Certificate	4	Kerala, Tamilnadu, West Bengal, Punjab
6	Mkt. Standing Certificate	3	Kerala, Tamilnadu, Telangana
7	Validity Certificate	3	Kerala, Tamilnadu, West Bengal

8	Any other (please specify)	5	State GMP (Raj), Loan License (TN), Assam 25D, 26D, 26 E-1, MP- cert of mfg. & sale, Punjab- Performance certificate
	Total states responding	12	

There are Nine out of 12 states where ‘Certificate of pharmaceutical products’ is granted to eligible pharmacies. ‘Unit WHO GMP practice’ and ‘Free sale certificate’ are the other two common certificates that are offered by five states in each case. There are certain certificates which are offered only in one state each. These are shown in the table above.

Table 10.19: (Data from question 6.4-6.5)

State Drug Control: Whether you collect any inspection fee for issuing certificates by the certifying authority?

No.	Collect inspection fee	Number of States	If yes, then provide details
1	Yes	0	
2	No	12	Licensing fee charged. Certification fee not charged
	Total	12	

None of the SDCAs which were covered during the survey charge any fees for certification and inspection of AYUSH pharmacies. In nine of the 12 states, the certificates issued to pharmacies are valid for five years. This saves the pharmacies the bother of getting certificates revalidated repeatedly.

Table 10.20: (Data from question 6.7)

State Drug Control: Is there any case of cancellation of the certificates issued?

No.	Cancellation issued	Number of States	Names of States stating yes	If yes, then the reasons for cancellation
1	Yes	5	Rajasthan, Tamilnadu, Karnataka, Madhya	No standard lab testing, adulteration, Noncompliance with SGT norms, Drug &

			Pradesh, Punjab	cosmetic Act
2	No	7	Kerala, Arunachal Pradesh, Assam, , Puducherry, Sikkim, Telangana, West Bengal	
3	Total	12		

In 5 out of 12 states, there have been examples of certificates issued earlier having been cancelled due to violations by the pharmacies. The reasons for cancellation have been non-compliance with SGT norms, adulteration and non-compliance with Drug and Cosmetics Act.

Table: 10.21 (Data from question 7) State Drug Control: Achievements

Year	No. of buildings constructed in the last 3 yrs. (year wise)	Total no. of DTLs in the states	Total no. of pharmacies in the state
2014-15	1	22	1074
2015-16		23	812
2016-17		24	856

Rajasthan is the only state that has constructed a building for Drug Testing Laboratory and that too in 2014-15. The total number of DTLs in the 12 states covered for this survey has been 22-24. The yearly number of pharmacies assisted in the subject states have decreased by approximately 15 % from 2014-15.

Table 10.22: (Data from question 7.1)

State Drug Control: Funds status

Year	Funds received	Funds utilized	Purpose of issuing	Reasons of time lag/delay, if there is any	Achievements
2014-15	370.67	110.00	Increasing manpower, upgrad. DTL, IEC, Bldg., eqpt.		Functional DTL
2015-16	187.73	106.95	QC of ASU drugs. IEC, Strengthening enforcement mechanism		
2016-17	241.60	12.93	Increasing tech. manpower, computerization, IEC	State treasury	
Total	800.00	229.88			
Total States covered	9 Rajasthan, , Karnataka , Madhya Pradesh, Kerala, Arunachal Pradesh, Assam, , Puducherry, Sikkim, West Bengal	9			

Add Punjab figures- Total DTL recd 94.82- Utilised DTL 3.05. Total enforcement-16.36 Utilised- 6.36

As per the figures provided, the fund utilization has a lot of scope for stepping up. While NAM funds have been released, the capabilities of state level institutions still needs enhancement. The fund utilization is close to 25%. There are a number of factors cited for such a low utilization.

Table 10.23: (Data from question 8-8.1)

State Drug Control: Do you think that the capacity and quality of production of drugs increased due to the implementation of this scheme?

No.	Capacity and quality increased?	Number of States
1	Yes	11
2	No	0
	Total	11

There are 11 states who responded to this question and all of them stated that the capacity and quality of production of drugs increased as a result of implementation of NAM.

Table 10.24: (Data from question 8.2-8.4)

State Drug Control: Whether the number of samples tested in DTLs in the state increased after availing the grant?

No.	Number of samples tested increased?	Number of States	Names of States	Remarks/reasons
1	Yes	10	Sikkim, Tamilnadu, West Bengal, Assam, Arunachal, Puducherry, Punjab, Madhya Pradesh, Karnataka, Kerala	
2	No	1	Rajasthan	DTL being made functional, Lab equipment under procurement
	Total	11		

There are 10 states where the scheme has had positive impact in terms of samples tested in DTLs. Rajasthan, where DTL is currently being made functional stated that positive impact in terms of increase in drugs tested was yet to be experienced.

Table 10.25: (Data from question 8.5)

State Drug Control: Which of the following changes can improve the quality of the performance of the scheme?

No.	Changes needed for improvement	Number of States	Names of States stating
1	Increasing the limit of assistance to DTLs	8	Kerala, Rajasthan, Sikkim, Assam, Arunachal, Madhya Pradesh, Punjab, Puducherry
2	Increasing the limit of assistance to pharmacies	5	Rajasthan, West Bengal, Assam, Arunachal, Madhya Pradesh
3	Strengthening the SDTLs	4	Kerala, West Bengal, Assam, Arunachal Pradesh
4	Strengthening the Pharmacies	5	West Bengal, Assam, Arunachal Pradesh, Madhya Pradesh, Punjab
5	Any other (please specify)	1	Staff from less active establishment should be deployed in enforcement, increase assts. To DI
	Total states responding	9	

According to the eight SDCAs, an increase in the limit of assistance to DTLs will lead to improved performance of the scheme whereas five SDCAs expressed that an increase in the limit of assistance to pharmacies will do the same.

Table 10.26: (Data from question 9)

State Drug Control: What are the bottlenecks / constraints of the existing scheme (if any)?

No.	Bottlenecks / constraints of the existing scheme	Number of States
1	Shortage of adequate qualified personnel	6
2	Inadequate or incomplete monitoring of studies/tests conducted	1

3	Delayed preparation and analysis of study results	1
4	Absence of trained personnel in the concerned departments	6
5	No timely payment of funds	3
6	Inadequate funds	4
7	Any other (please specify)	0
	Total states responding	9

Shortage of adequate qualified personnel was mentioned as the most important constraint by SDCAs. This was followed by inadequate funds acting as bottleneck. Four SDCAs stated lack of funds to be a major problem.

Table 10.27: (Data from question 10.1)

States having no pharmacies- Kerala

State Drug Control: Is the grant in aid given for Pharmacy under the scheme sufficient?

No.	Sufficiency of grant?	Number of States	Names of States
1	Yes	4	Madhya Pradesh, Sikkim, Arunachal Pradesh, Rajasthan
2	No	3	Assam, Punjab, West Bengal
	Total	7	

Note: TN and Karnataka did not receive any GIA under the NAM scheme

Table 10.28: (Data from question 10.1.1)

State Drug Control: If No, What should be the quantum of Grant-in-Aid? (In INR)

No.	Desirable quantum of Grant-in- Aid	Number of States	Justifications provided for suggested grant
1	5 crore	2	Punjab- Additional funds are required to enable purchase of raw material. Funds should be 5 crores Assam- Requirement 5 crores for construction and sophisticated equipment

No.	Desirable quantum of Grant-in- Aid	Number of States	Justifications provided for suggested grant
2	Any other	1	West Bengal- Rs. 5 Lakh per pharmacy
	Total	3	

Grant-In-Aid was found to be sufficient by four states and insufficient by three states. Assam and Punjab mentioned Rs. 5 crores as a desirable amount.

Table 10.29: (Data from question 10.2)

State Drug Control: Is the available manpower in the Pharmacy sufficient?

No.	Is manpower sufficient in pharmacy?	Number of States
1	Yes	4
2	No	4
	Total	8

Even as 4 SDCAs mentioned that the manpower available was less than what was required, only Assam SDCA could provide an assessment of the breakup of the manpower shortage being experienced.

Table 10.30: (Data from question 10.3 -10.3.1)

State Drug Control: Is the State Govt. providing sufficient funds for manpower in the Pharmacy?

No.	Are state govt. funds for manpower sufficient in pharmacy?	Number of States	If no, provide explanation
1	Yes	3	Punjab, Madhya Pradesh, Uttar Pradesh
2	No	5	Arunachal Pradesh, 100% CSS- Sikkim, Assam, West Bengal,

			Rajasthan
3	Total	8	

Table 10.31: (Data from question 10.4)

State Drug Control: Are additional funds required from the Central Government on a recurring basis for managing the manpower?

No.	Additional funds reqd. from Central Govt.?	Number of States	Names of States
1	Yes	6	Arunachal Pradesh, Punjab, Sikkim, Uttar Pradesh, Assam, Madhya Pradesh,
2	No	2	West Bengal, Rajasthan
	Total	8	

Out of the eight states who responded to the question pertaining to sufficiency of funds received for meeting recurring expenses on manpower of pharmacies, there were three states who stated that the funds received from the state were sufficient as of present. However, on being asked whether they require more funds from centre, there were six states who stated that they very much require central funds in view of rising costs.

Table 10.32: (Data from question 10.4.1)

State Drug Control: If No, What should be the quantum of grant in aid for managing manpower (on an annual basis? (in INR)

No.	Desirable quantum of GIA	Number of States	Justifications provided for suggested grant
1	2-5 Lakhs	4	Punjab, Uttar Pradesh, Assam, Madhya Pradesh, Additional preparer of medicines
2	5-8 Lakhs	1	Arunachal Pradesh,
3	8-10 Lakhs	1	Sikkim
	Total	6	

From the states who perceived funds to be insufficient for meeting manpower costs of pharmacies. Out of the six states who responded, four mentioned Rs. 2-5 lakhs as a preferable grant-in-aid under this head from NAM.

Table 10.33: (Data from question 11.1)

State Drug Control: Is the grant in aid given for DTLs under the scheme sufficient?

No.	Additional funds reqd. from central govt.?	Number of States	Names of the States
1	Yes	3	Madhya Pradesh, Sikkim, Punjab
2	No	6	Rajasthan, West Bengal, Assam, Puducherry, Arunachal Pradesh, Kerala
	Total	9	

Table: 10.34 (Data from question 11.1.1)

State Drug Control: If No, What should be the quantum of grant in aid for DTLs? (in INR)

No.	Desirable quantum of grant in aid	Number of States	Justifications provided for suggested grant and name of state
1	4 crore	1	Puducherry
2	5 crore		
3	6 crore	3	New machines required (Rajasthan), Assam, Kerala
4	Any other	2	West Bengal (Rs, 2 Crores), Arunachal Pradesh (Rs, 2 Crores)
5	Total	6	

When states were asked whether the quantum of grant-in-aid given for DTLs was sufficient, nine states responded. Six out of the nine states perceive the amount to be insufficient and three of the seven will like it to be Rs. 6 crores annually.

Table 10.35: (Data from question 11.2)

State Drug Control: Is the available manpower in the DTLs sufficient?

No.	Is manpower sufficient in DTL?	Number of States	
1	Yes	1	Rajasthan,
2	No	8	West Bengal, Madhya Pradesh, Assam, Puducherry, Sikkim, Punjab , Arunachal Pradesh, Kerala
3	Total	9	

Shortage of manpower in DTLs was mentioned by eight out of nine states. Seven of these eight states also gave their exact requirement of the additional manpower as is given in the table that follows. The additional manpower is required both, from the technical as well as administrative domain.

Table 10.36: (Data from question 11.2.1)

State Drug Control: What additional manpower in the DTLs is required?

No.	State	Additional Manpower required							
		Analyst	Scientific Officer	Lab Technician	Lab Attendant	Chemist	Clerk	Tech Staff	Office asst.
1	Kerala	15							
2	Sikkim		2						
3	Arunachal	Details in DTL-17 questionnaire							
4	Assam	4		2	2				
5	Madhya Pradesh		2			1	1	1	
6	Punjab								

7	Puducherry						3		2
	Total	19	4	2	2	1	4	1	2

Table 10.37: (Data from question 11.3 -11.3.1)

State Drug Control: Is the State Govt. providing sufficient funds for manpower in the DTLs?

No.	Are state govt. funds for manpower sufficient in DTLs?	Number of States	If no, provide explanation
1	Yes	4	Punjab, Karnataka, Madhya Pradesh, West Bengal
2	No	6	Kerala, Arunachal Pradesh, Sikkim, Puducherry, Assam, Uttar Pradesh- State govts. want Ministry of AYUSH to provide funds
	Total	10	

Table 10.38: (Data from question 11.4)

State Drug Control: Are additional funds required from the Central Government on a recurring basis for managing the manpower?

No.	Additional funds reqd. from central govt.?	Number of States
1	Yes	6
2	No	4
3	Total	10

It is evident from the two tables given above that six states expressed that funds received for recurring expenses on manpower of DTL was insufficient and they require additional funds from centre for meeting expenditure under this head.

Table 10.39: (Data from question 11.4.1)

State Drug Control: If No, What should be the quantum of grant in aid for managing manpower (on an annual basis)? (in INR)

No.	Desirable quantum of grant in aid	Number of States	Justifications provided for suggested grant
1	25-30 Lakhs	5	Kerala, Arunachal Pradesh, Karnataka, Puducherry, Uttar Pradesh, Needed for salaries of admin staff
2	35-40 Lakhs		
3	45-50 Lakhs		
4	Any other	1	Sikkim- 5 lakhs
	Total	6	

Five of the six states who stated that annual grant-in-aid for managing manpower in DTLs was insufficient suggested that the annual grant should be around Rs. 25-30 lakhs. Sikkim stated a modest figure of 5 lakhs annually.

Table 10.40: (Data from question 11.4.2)

State Drug Control: Is the grant in aid of Rs 5 Lakhs for testing 500 samples in NE States (except Assam) and UTs and 15 Lakhs for 1500 sample given for DTLs under the scheme sufficient?

No.	Funds sufficient?	Number of States	Names of States
1	Yes	4	West Bengal, Arunachal Pradesh, Karnataka, Madhya Pradesh
2	No		
3	No response	6	Punjab, Kerala, Sikkim, Puducherry, Assam, Uttar Pradesh
4	Total	10	

There are four states who stated that the grant in aid of Rs 5 Lakhs for testing 500 samples in NE States (except Assam) and UTs and 15 Lakhs for 1500 sample given for DTLs under the scheme was sufficient. The names of these four states are mentioned in the table above.

Table 10.41: (Data from question 12.1

State Drug Control: Is the grant in aid given for Enforcement (including purchase of vehicles) under the scheme sufficient?

No.	Grant in aid for vehicle sufficient?	Number of States	Names of States
1	Yes	3	West Bengal, Assam, Arunachal Pradesh,
2	No	7	Kerala, Tamilnadu, Madhya Pradesh, Puducherry, Rajasthan, Sikkim, Punjab
	Total	10	

Table 10.42: (Data from question 12.1.1)

State Drug Control: If No, What should be the quantum of grant in aid for enforcement (on an annual basis)? (in INR)

No.	Desirable quantum of grant in aid	Number of States	Justifications provided for suggested grant
1	50 Lakhs	4	Rajasthan, Tamilnadu, Madhya Pradesh, Puducherry- For Four Wheeler purchase, manpower, mobility in entire state
2	60 Lakhs		
3	80 Lakhs		
4	Any other	3	Sikkim requires Rs. 10 Lakhs, Tamilnadu needs Rs.5 Lakhs for manpower, Kerala demands Rs. 25 Lakhs for purchase of Vehicle and recruitment of additional manpower
	Total	7	

To a question that whether the grant-in-aid received under NAM for enforcement was sufficient, there were seven states who stated that it was not so. All of these seven states mentioned the required annual amounts as grant for more effective enforcement. Four states require Rs. 50 lakh each but Sikkim and Tamilnadu need a relatively modest amount under this head.

Table 10.43: (Data from question 12.2)

State Drug Control: Is the available manpower for Enforcement of Drug Control Framework sufficient?

No.	Is manpower sufficient in enforcement?	Number of States	Names of States
1	Yes	1	Madhya Pradesh
2	No	9	Rajasthan, West Bengal, Tamilnadu, Assam, Puducherry, Sikkim, Punjab, Kerala, Arunachal Pradesh
	Total	10	

Table: 10.44: (Data from question 12.2.1)

State Drug Control: What additional manpower in the enforcement required?

No.	State	Additional Manpower required							Assist ant	Com pute r Oper ator
		Enf. Office r	Drug Inspector s	Asst. Drug Inspecto r	Drive r	Tech exper t	AA O	Supd t.		
1	Kerala	23								
2	Rajasthan		10							
3	Sikkim			2						
4	Tamilnadu		15	10						
5	Assam		10							
6	Arunachal		1		1					
7	Karnataka	6	10		1	2	1	1	10	1
8	Puducherry						1	2	2	
	Total	29	46	12	2	2	2	3	12	1

Ten states responded to the question whether the manpower available for Enforcement of Drug Control Framework of AYUSH was sufficient. Out of these nine responded in the negative and eight out these nine also gave a breakup of the additional manpower that they require for more effective enforcement. The requirements are presented in the table above.

Table 10.45: (Data from question 12.3)

State Drug Control: Is the grant in aid given for sample collection and testing under the scheme sufficient?

No.	Grant in aid for sample collection and testing sufficient?	Number of States	Names of States
1	Yes	8	Arunachal Pradesh, Rajasthan, West Bengal, Madhya Pradesh, Assam, Puducherry, Sikkim, Punjab
2	No	2	Tamilnadu, Kerala
3	Total	10	

Table 10.46: (Data from question 12.3.1)

State Drug Control: If No, What should be the quantum of grant in aid for sample collection and testing? (in INR)

No.	Desirable quantum of grant in aid	Number of States	Justifications provided for suggested grant
1	5 Lakhs	1	Kerala
2	6 Lakhs		
3	7 Lakhs		
4	Any other	1	Tamilnadu demands Rs. 8 Lakhs for better testing performance
5	Total	2	

When the SDCAs were asked whether the grant-in-aid given for sample collection and testing under the scheme was sufficient, eight out of 10 states responded in the affirmative. Tamilnadu would like this amount to be Rs. 8 lakhs and Kerala Rs. 5 Lakhs annually.

Table 10.47: (Data from question 13.1)

State Drug Control: Is the grant in aid given for State Licensing Authority of ASU&H drugs for documentation, publication and dissemination of quality control material under the scheme utilised?

No.	Grant in aid for documentation, publication and dissemination of quality control material utilised?	Number of States	Names of states where grant not utilised	Main reasons cited for non-utilisation
1	Yes			
2	No	3	West Bengal, Assam, MP	Shortage of manpower
3	No response	1	Kerala	
4	No grant recd	5	Rajasthan, Tamilnadu, Puducherry, Sikkim, Punjab	Sikkim has not submitted proposal
4	Total	9		

When the SDCAs were asked whether the grant-in-aid given for State Licensing Authority of ASU&H drugs for documentation, publication and dissemination of quality control material utilised, 6 out of 9 states referred not getting any such grant and three states who confirmed having received this grant stated that they have not been able to utilize it because of shortage of dedicated manpower for this purpose.

Table 10.48: (Data from question 13.2)

State Drug Control: Is the grant in aid of Rs. 8 Lakhs given for State Licensing Authority of ASU&H drugs for documentation, publication and dissemination of quality control material under the scheme sufficient?

No.	Grant in aid for documentation, publication and dissemination of quality control material sufficient?	Number of States	Names of States
1	Yes	2	West Bengal, Madhya Pradesh
2	No	2	Assam, Kerala
3	Total	4	

Rajasthan, Tamilnadu, Puducherry, Sikkim and Punjab stated that they have not received any such grant. When the SDCAs were asked whether the grant-in-aid of Rs. 8 Lakhs given for State Licensing Authority of ASU&H drugs for documentation, publication and dissemination of quality control material under the scheme is sufficient, two states each answered in the affirmative and negative.

Table 10.49: Performances of State AYUSH Drugs Control based on secondary sources

Sl. No.	State	Year of est.	Separate officer in charge for AYUSH/allopathic officer jointly responsible	Size of office	No. of samples picked			No. of pharmacies/labs inspected			No. of licenses cancelled			No. of certificates given		
					2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18

Sl. No.	State	Year of est.	Separate officer in charge for AYUSH/allopathic officer jointly responsible	Size of office	No. of samples picked			No. of pharmacies/labs inspected			No. of licenses cancelled			No. of certificates given		
1	Maharashtra	1968	Separate	16187 Sq. Mtr.	350			600			07			1500		
2	Kerala	1970	Joint													
3	Tripura		Joint		15	88	165	No manufacturing unit in the state			NA			NA		
4	Manipur	2017	Separate													
5	Andhra Pradesh										701			28663		
6	Mizoram	2006	Separate	6000ft		110					NA			NA		
7	Gujarat	1975	Separate	12,242 sq. Ft.	219	267	290	53	73	125	16	20	16	79	81	51
8	Haryana															
9	Himachal Pradesh	1984	Separate (NAM directorate)													
10	Nagaland															
11	Odisha	2014-15	Joint		66	38	54	40	40	43	13	04	00	09	43	17
12	Uttarakh	2000	Separate													

Sl. No.	State	Year of est.	Separate officer in charge for AYUSH/ allopathic officer jointly responsible	Size of office	No. of samples picked			No. of pharmacies/labs inspected			No. of licenses cancelled			No. of certificates given		
	and		(NAM directorate)													
13	Jammu & Kashmir	2013	Joint		26	198	154									
14	Punjab	1979	Separate	3500sq ft.	1079	1190	1027	50	60	75	8	10	4	21	23	15
15	Sikkim	1985	Joint		70-80	70-80	70-80	>160	>160	>160						

The issue of the use of adulterant ingredients in the manufacturing of Ayurvedic, Siddha, Unani and Homoeopathy medicines is in the notice of Ministry of AYUSH. The enforcement of the regulatory and quality control provisions of the Drugs and Cosmetics Act, 1940 and Rules there under is primarily vested with the State Governments. Complaints and RTI applications about the probable import and use of fake Cinnamon (*Cassia occidentalis*) in place of Dalchini (*Cinnamom zeylanicum*) in AYUSH medicines have repeatedly been received in the Ministry of AYUSH from Kerala during the last three years from July 2013 to February 2016. To prevent any such adulteration, Ministry of AYUSH issued instructions to all State Licensing Authorities for ensuring that correct cinnamon is used in the licensed Ayurvedic Siddha and Unani medicines as per the quality standards of true cinnamon prescribed in pharmacopoeia and necessary action as per law may be taken against the instances of cassia adulteration in these medicines in the interest of public safety. Adulterated Ayurvedic, Siddha or Unani drugs are defined in Section 33 EE of the Drugs &

Cosmetics Act, 1940 along with the penalty provisions for any contravention. Drugs and Cosmetics Rules, 1945 have the provision to comply with the standards of ingredients prescribed in the pharmacopoeias for the manufacturing of Ayurvedic, Siddha and Unani drugs.

In Delhi, 41 cases of medicines have been found substandard/ spurious/adulterated out of which eight cases are proceeding in the court. In Chandigarh, 99 such cases were detected, licenses of 10 pharmacies have been cancelled and that of eight pharmacies suspended, showcase notices have been issued to 20 manufacturers. In Gujarat, three cases of such drugs found and in all these cases, cases have been booked. In Karnataka, 60 Show cause notices have been issued, failed batch of medicines have been withdrawn from the market/banned for sale. In Tamilnadu, such cases have been identified.

Component: Establishment, Support and Strengthening of Drug Testing Laboratories (DTL)

The component provides for strengthening of State/U.T.s Government Drug Testing Laboratories (DTLs) for testing of Ayurveda, Siddha, Unani & Homoeopathy drugs.

10.4 Objectives of the DTL component:

To strengthen Ayurvedic, Siddha, Unani and Homoeopathic State Drug Testing Laboratory for quality control and assurance to meet the requirements of Drugs and Cosmetics Act 1940 and rules there under.

- i. To improve access to the drug testing facilities and expand the services and support systems like training of personnel involved in quality control and to provide guidance and help to the manufacturing industries in educating them about procedures for producing quality drugs as well as to set up in-house quality laboratories.
- ii. These laboratories will also cater to private drug manufacturers on quality assurance of the products on payment basis.
- iii. These laboratories need to be staffed with qualified scientific personnel supported by modern testing equipment.
- iv. The state laboratories will be responsible for statutory testing/analysis of Ayurveda, Siddha, Unani & Homoeopathy drugs provided by the Drug Control Authorities and submit the report thereon to the State Drug Control Authorities of AYUSH.

The specifications of Building of DTL along with recommended space allocation to various facilities has been stated in the NAM framework. Similarly, the Human Resource requirement in various sections/laboratories for DTL has also been specified. The emoluments of various proposed employees have also been clearly stated. Standard list of equipment in any such DTL has been clearly made a part of NAM framework document.

Funding:

- i. Maximum Amount for Equipment component - Rs.320.00 Lakhs (80% of Total Grant-In-aid of Rs. 400.00 Lakhs)
- i. Grant in Aid to New State Drug Testing Laboratories of ASU&H Drugs - Building & Equipment (One-time) - Rs. 320.00 Lakhs (i.e. 80% of Rs. 400 Lakhs)
- ii. Grant in Aid to New State Drug Testing Laboratories of ASU&H Drugs - Reagents, Chemical etc. (Recurring) – Rs. 80.00 Lakhs (i.e. 20% of Rs. 400 Lakhs)
- iii. Grant in Aid to Existing State Drug Testing Laboratories of ASU&H Drugs - Building & Equipment (One-time) - Rs. 70.00 Lakhs (i.e. Rs. 320 Lakhs less Rs. 250 Lakhs already provided)
- iv. Grant in Aid to Existing State Drug Testing Laboratories of ASU&H Drugs Reagents, Chemical etc. (Recurring) – Rs.80.00 Lakhs (i.e. 20% of Rs. 400 Lakhs as Recurring Grant was not provided earlier)
- v. Technical Manpower support for State DTL , per Laboratory per year for 2 years - 25.00 Lakhs per yr.

The Government has set up Pharmacopoeia Commission of Indian Medicine & Homoeopathy and Pharmacopoeia Committees to develop quality standards and Standard Operating Procedures for the manufacturing of Ayurvedic, Siddha, Unani and Homoeopathic drugs. Two central Pharmacopoeial Laboratories of Indian Medicine and Homoeopathy are setup as appellate laboratories and forty one laboratories are approved under the provisions of Drugs & Cosmetics Rules, 1945 for carrying out analysis of drugs and raw materials. Central Government has supported twenty seven State Drugs Testing Laboratories and 46 Pharmacies to improve quality production and testing facilities for AYUSH drugs. Through National AYUSH Mission, financial support is provided to the States for

strengthening the infrastructural and functional capacity of the Drugs Testing Laboratories, Pharmacies, and Enforcement Framework and for testing of drugs and quality control activities.

List of Drug Testing Laboratories

S. N	State		Name and Address of Drug Testing Laboratories
1	Andhra Pradesh	1	Drug Testing Laboratory, Govt. Indian Medicine Pharmacy (Ayu.), Kattedan, Hyderabad-500077.
2	Arunachal Pradesh	2	Government Drug Testing Laboratory, (ISM), Neheralagrum, Itanagar
3	Assam	3	State Drugs Testing Laboratories Testing for ISM Drugs, Govt. Ayurvedic College, Guwahati
4	Bihar	4	Drug Testing Laboratory, Ayurveda and Unani Pharmacy compound, Patna
5	Chhattisgarh	5	Drug Testing Laboratory, Govt. Ayurvedic Pharmacy, GE Road, Raipur
6	Delhi	6	*Food & Drug Testing Laboratory, A-20, Lawrence Road Industrial Area, Delhi.
7	Gujarat	7	Pharmacognosy Division, Food & Drug Laboratory, near polytechnic, Vadodara
8	Haryana	8	Drug Testing Laboratory, (ISM) Sri Krishna Govt. Ayurveda College & Hospital, Kurukshetra
9	Himachal Pradesh	9	Drug Testing Laboratory, Research Institute in ISM, Joginder Nagar, Distt. Mandi -176120
10	Jammu & Kashmir	10	Combined Food & Drug Laboratory, Patoli, Mangotrian, Jammu - 180007.
11	Jharkhand	11	Govt. Drugs Testing Laboratory, Ranchi
12	Karnataka	12	Govt. Drug Testing Laboratory, Govt. Central Pharmacy, Jayanagar, I Block near Ashoka pillar, Bengaluru
13	Kerala	13	Ayurvedic Research Institute, Drug Standardization Unit, Poojappura, Thiruvananthapuram.
14	Madhya Pradesh	14	Drug Testing Laboratory, Govt. Ayurvedic Pharmacy Compound, Amkho Lashkar, Gwalior - 474009.
15	Maharashtra	15	Drug Testing Laboratory, Govt. Ayurvedic and Unani Pharmacy, Vazirabad, Nanded - 431602
16	Meghalaya	16	Govt. Drug Testing Laboratory, (ISM), Food & Drug Laboratory, Pasteur Institute, Shillong - 793001.
17	Mizoram	17	Central Medical Store, Zamabawk, Aizwal
18	Nagaland	18	Govt. Drug Testing Laboratory for AYUSH, Kohima

S. N	State		Name and Address of Drug Testing Laboratories
19	Odisha	19	State Drug Testing & Research Laboratory (ISM), Govt. Ayurvedic Hospital Campus, Nagarwartangi, P.O. BJB Nagar. Bhubaneswar -751014
20	Punjab	20	DTL, Govt. Central Pharmacy & Store, Old Press Rd, Patiala
21	Rajasthan	21	Ayurveda Drug Testing Laboratory Govt. Ayurvedic Pharmacy, Pushkar Road, Ajmer
22	Sikkim	22	State Drug Testing Laboratory, for ASU&H drugs, Chander
23	Tamilnadu	23	Govt. Drug Testing Laboratory for ISM, Arignar Anna Govt. Hospital of Indian Medicine Complex, Arumbakkam, Chennai
24		24	Drug Testing Laboratory for A&S drugs, SASTRA, Thanjavur
25	Tripura	25	State Drug Testing Laboratory (ISM), Aushadh Niyantaran Bhavan, Pt. Nehru Office Complex, Agartala- 799006
26	Uttar Pradesh	26	Govt. Analyst Laboratory, Ayurvedic & Unani Medicine, 32-Sarojini Naidu Marg, Lucknow
27	Uttarakhand	27	Govt. Drug Testing Laboratory, Rishikul State Ayurvedic College, Haridwar, Ph.0133-27003.
28	West Bengal	28	State Pharmacopoeial Laboratory & Pharmacy for Indian Medicine, Kalyani, Nadia. Ph.50626281.

* Grant returned by the laboratories

2. Approved Drug Testing Laboratories

1	Delhi	1	M/s ARBRO Pharmaceuticals Ltd., Analytical Division, 4/9, Kirti Nagar Ind. Area, New Delhi-15
		2	M/s Standard Analytical Laboratory Pvt. Ltd., 69, Functional Ind. Estate, Patparganj, Delhi-92.
		3	M/s ITL Labs Pvt. Ltd.B-283-284, Mangolpuri Ind. Area, Phase-I, Delhi-83
		4	M/s Delhi Test House. A-62/3, G.T. Karnal Road Ind. Area, Opp. Hero Cinema, Azadpur, Delhi-22
		5	M/s Sophisticated Industrial Materials Analytic Labs. Pvt. Ltd., C-05, Okhla Ind. Area, Phase I, New Delhi-20
		6	M/s Sree Krishna Analytical Services, A-5/4, Mayapuri Industrial Area, New Delhi
		7	M/s Sriram Institute for Industrial Research, 19, University Road, Delhi

2	Gujarat	8	M/s Shree Dhanvantari Pharmaceutical Analysis & Res. Centre, Near Railway Station, Kim (E), Kudsad Road, Taluka Olpad, Surat - 394110
		9	M/s Oasis Test House, 24, A-B, Sardar Patel Industrial Estate, Narol, Ahmedabad-382405.
		10	M/s Ayurved Ltd., Village - Katha, P.O-Baddi-173205, Tehsil- Nalagarh, Solan - 173205 , H.P
		11	Bajjnath Research and Development Laboratory, Paprola, Dist. Kangra
4	Karnataka	12	M/s KLE Society's Shri B.M. Kankanvari Ayurvedic Mahavidyalaya, Shahpura, Belgaum
		13	M/s. Karnataka Antibiotics and Pharmaceuticals Ltd., 2nd Main Road, Nalagadderanahalli, Peenya Industrial Area, Bengaluru, Karnataka 560058
		14	M/s. Shiva Analyticals (India) Private Limited, Plot No: 24D(P) & 34D, KIADB Industrial Area, Hoskote, Bangalore - 562 114
		15	M/s Natural Remedies Pvt. Ltd.,5-B, Veersandra Industrial Area, 19th K.M. Stone, Hosur Road, Electronic City Post, Bangalore -560100
5	Kerala	16	M/s Nagarjuna Herbal Concentrates Ltd., Kalayanthani PO, Thodupuzha, Idukki District, Kerala, India – 685 588
		17	M/s Sreedhareeyam Ayurvedic Eye Hospital And Research Centre , Nelliakkattumana, Kizhakombu PO, Ernakulam,
		18	The Pharmaceutical Corporation (IM)Kerala Ltd. (Oushadhi) Kuttanellur P.O, Thrissur
6	Odisha	19	M/s. Bio Lab, C/o Bio Sourcing. Com Pvt. Ltd., A 41, Ashok Nagar, Janpath, Bhubaneswar - 751009
7	Punjab	20	M/s Herbal Health Research Consortium Pvt. Ltd., Village- Khayala Khurd, Ram Tirth Road, Amritsar
8	Rajasthan	21	M/s AYUSHraj Enterprises, 35, Sushilpura (south) Shyam Nagar II, Ajmer Road, Dharam Park, Sushilpura, Jaipur, Rajasthan
		22	M/s Sargam Laboratories Pvt. Ltd., No 2, Ramavaram Road, Manapakkam, Chennai - 600125.
		23	M/s Captain Srinivasa Murthy Regional Ayurveda Drug Development Institute, 51, Anna Arch Rd, NSK Nagar, Anna Nagar, Chennai, Tamilnadu 600106

		24	M/s Centre for Advanced Research in Indian System of Medicine, Unit of Shanmuga Arts, Science, Technology and Research Academy (SASTRA) University, Thanjavur.
10	Uttar Pradesh	25	M/s Amar Pharmaceuticals & Labs (India) Pvt. Ltd., 107-B-2, Industrial Cooperative Estate, Dada Nagar, Kanpur, U.P
11	Uttarakhand	26	M/s Devansh Testing & Research Laboratory, 94, Shiv Ganga Industrial Estate, Lakeshwari, Roorkee, Haridwar, Uttarakhand
		27	M/s Multani Pharmaceuticals Ltd., Khasra No. 37, Village: Makkanpur Mehmood Alam, Pargana Bhagwanpur, Roorkee-247667
		28	AYUSH Drug Testing Laboratory, IMPCL, Mohan Nagar, Almora
1	Gujarat	29	Jai Research Foundation, Post Box No.:30, GIDC, Vapi - 396 195.
2	Karnataka	30	Rallis Research Centre, Plot No. 21 & 22, Phase-2, Peenaya Industrial Area, Bangalore - 560 058.
3	Tamilnadu	31	International Institute of Bio-technology (IIBAT), Kanchipuram District, Padappai - 601 301.

The DTLs of states were contacted during the fieldwork of the present study. The years of establishment of the Drug Testing Laboratories that were covered during the survey show that the first laboratory was established as early as in the year 1987 in Uttar Pradesh and others during the initial years of 21st century. This reveals that these laboratories were set up before the launch of National AYUSH Mission (NAM).

Table 10.50: (Data from question no. 2.1)

Drug Testing Laboratories: Amount of grant received and utilized

No.	Financial Year	Amount received (in lakhs)			Amount utilized (in lakhs)	Purposes
		Centre	State	Total		
1	2014-15	26.16	5.25	31.41	10.14	Salary, purchase of chemicals and glassware

No.	Financial Year	Amount received (in lakhs)			Amount utilized (in lakhs)	Purposes
		Centre	State	Total		
2	2015-16	112.00	49.00	161.00	75.00	Salary, purchase of chemical and glassware, sample testing and manpower, purchasing equipment
3	2016-17	23.06		23.06	0.00	
4	Total	161.00	54.25	215.47	85.14	
5	Number of states reporting	4			4	

Table 10.51: (Data from question no. 2.5) Drug Testing Laboratories: Stage of construction

No.	Stage of construction	Number of States	Names of states	Remarks/Details
1	Completed & functional	6	Assam, Uttarakhand, Tamilnadu, Punjab, Arunachal Pradesh, Mizoram	All the laboratory buildings were constructed with grants received from the central or state government before NAM was launched.
2	Under construction			
3	Under renovation			
4	Completed but not functional	1	Uttar Pradesh	
5	Any other (please specify)			
	Total	7		

It is reported that Drug testing Laboratories were constructed before the launch of National AYUSH Mission (NAM) through the grants received from the central or the state government. This applies for all the seven reported states. Except for the laboratory in U.P., other six laboratories are functional.

Table 10.52: (Data from question no. 2.6-2.11) Drug Testing Laboratories: If incomplete then stage and date of completion

No.	State	Stage of completion	Did you get sufficient funds to complete the work?	Remarks
1	Odisha	Completed	No	There is no internal permanent setup.
2	Arunachal Pradesh	Completed	No	
3	Assam	Completed	No	The amount granted was insufficient for a full-fledged laboratory.
4	Punjab	Completed	Yes	More funds are required for renovation in laboratory like setting of micro laboratory, Aluminium doors and window panes, and renovation of the rest of laboratory.
	Total		4	

*No construction fund was reported to have received from NAM. However some states have put forward the need for more funds.

Four states among the total surveyed have responded and mentioned the constraints experienced in the laboratories that have been established before the formation of NAM. Three states mentioned that the funds received for construction of laboratory were insufficient for a full-fledged

laboratory. While Punjab reported that though the funds were sufficient for construction, more funds are required in order to renovate the laboratory.

Table 10.53: (Data from question no. 3.1-3.4)

Drug Testing Laboratories: Do you have sufficient qualified scientists in all Sections?

No.	State	AYUS H Section	Botany Section	Chemistry Section	Microbiology & Toxicology section	Any other section	Remarks
1	Mizoram	1	-	1	1	1 (Pharmacognosy)	
2	Tamilnadu	No AYUS H section	1	2	1	-	
3	Punjab	-	1	1	Not sufficient	Not sufficient	The quality of work is affected due to this. There is a requirement of analyst in the microbiological section.
4	Assam	1	3	3	Not sufficient	-	Microbiological section is yet to establish.
5	Arunachal Pradesh	1	1	-	Not sufficient	-	There is a lack of technically qualified staffs and fund

No.	State	AYUS H Section	Botany Section	Chemistry Section	Microbiology & Toxicology section	Any other section	Remarks
	h						shortage.
6	Odisha	2	1	1	Not available	Not available	Without adequate manpower, complete testing procedure is not possible.
	Total	5	7	8	2	1	

The table presented above displays the number of staff members present in different branches of laboratories as well as the constraints they face. The chemistry section is found to have the maximum number of staff with eight in total from the five states reported. No laboratories reported of having sufficient staffs in all sections, mostly in microbiology and toxicology section. Insufficiency of staff has reportedly affected the quality of work. Other constraints include fund shortage, qualified staff, and have also deterred drug testing procedures.

Table 10.54: (Data from question no. 3.5)

**Drug Testing Laboratories: Whether government analysts have been notified
(declared/announced) by state government?**

No.	Government analysts have been notified?	Number of states	Name of States
1	Yes	4	Odisha, Arunachal Pradesh, Punjab, Tamilnadu
2	No	2	Assam, Mizoram
3	Total	6	

It can be deduced from the table that majority of the states reported have been notified of government analyst by the state government. Only two states Assam and Mizoram reported otherwise.

Table: 10.55 (Data from question no. 4-4.1)

Drug Testing Laboratories: Whether lab functional?

No.	Is the lab functional?	Number of states	Name of States (if no, date of becoming functional)	Reasons for Non-functional
1	Yes	6	Tamilnadu, Mizoram, Punjab, Assam, Arunachal Pradesh, Odisha	NA
2	No	0		
3	Total	6		

It is reported that all the six states responded have a functional laboratory.

Table 10.56: (Data from question no. 4.3-4.4)

Drug Testing Laboratories: Number of tests performed before and after receiving funds

No.	Name of State	How many tests were performed annually on an average before availing the grant?						How many tests are performed annually on an average after availing the grant when infra structured facilities increased?					
		0-100	100-200	200-300	300-400	400-500	>500	0-100	100-200	200-300	300-400	400-500	>500
1	Odisha	1											1
2	Arunachal	NA						1					

No.	Name of State	How many tests were performed annually on an average before availing the grant?						How many tests are performed annually on an average after availing the grant when infra structured facilities increased?					
		0-100	100-200	200-300	300-400	400-500	>500	0-100	100-200	200-300	300-400	400-500	>500
	Pradesh												
3	Assam	NA							1				
4	Punjab					1							1
5	Mizoram	1								1			
5	Tamilnadu					1							1

Drawing from the table, the number of tests performed annually on an average after availing the grant is found to be relatively higher than that of the number of tests performed before availing the grant. In some cases the number of tests is exceedingly higher, as in the case of Odisha where the number rose from a range of 0-100 to more than 500 tests after grants. Three states have witnessed number of tests beyond 500 in number after grants were received.

Table 10.57: (Data from question no. 4.5)

Drug Testing Laboratories: Number of pass tests and fails tests conducted annually

No.	Name of State	Number of fail tests conducted annually						Number of pass tests conducted annually					
		0-10	10-50	50-100	100-200	200-400	>400	0-10	10-50	50-100	100-200	200-400	>400
1	Tamilnadu				1								1

No.	Name of State	Number of fail tests conducted annually						Number of pass tests conducted annually					
		0-10	10-50	50-100	100-200	200-400	>400	0-10	10-50	50-100	100-200	200-400	>400
2	Mizoram	1										1	
3	Punjab				1								1
4	Assam	1									1		
5	Arunachal Pradesh	1								1			

The table projects a clear view of tests failed as well as tests passed in various states. Although the disparity between the former and later differs from one state to another, all the five states reported shows that the number of tests passed is relatively higher than that of the tests which failed.

Table 10.58: (Data from question no. 4.6)

Drug Testing Laboratories: What action taken, if found drugs found adulterated / spurious / substandard?

No.	State	Actions taken when drugs found spurious/adulterated
1	Arunachal Pradesh	The drug would be marked as failed/ not of standard quality and is also informed to the drug inspector for further necessary course of action.
2	Assam	Drug Licensing Authority is being informed by the incharge.
3	Punjab	The copy of the report is being sent to Drug Inspector and State Licensing authority for necessary action to be taken.
4	Mizoram	Information and order to halt the manufacturing and selling in the market.
5	Tamilnadu	State Licensing Authority will initiate action against the management per Drugs and Cosmetic Act 1940 and Rules 1945.

Five laboratories stated they have taken penal action on the issue of drugs when these were found adulterated, spurious or substandard. Some of them mark those drugs as failed or below the standard quality and almost all the laboratories are found to report such cases to the authorities for necessary action such as halting the manufacturing and sell, and take action as per Drugs and Cosmetic Act 1940 and Rules 1945.

Table 10.59: (Data from question no. 4.7)

Drug Testing Laboratories: Which kinds of tests are conducted in your lab?

No.	State	Microbial test	Heavy metal test	Pesticide residue test	Test of identity, purity & strength of ingredients	Any other (please specify)
1	Tamilnadu	1	1	-	1	-
2	Mizoram	1	-	-	1	-
3	Punjab	-	1	-	1	1 (colour, odour, pH value, uniformity of weight, tablet disintegration, assay, identification of TLC, refractive index, iodine index, saponification value, peroxide value, melting point, volatile oil, foreign matter, L.O.D, total ash value, acid insoluble ash, water and alcohol soluble ash, powder characteristic, L.O.I)
4	Assam	-	-	-	1	1
5	Arunachal Pradesh	-	-	-	1	-
6	Odisha	-	-	-	1	1 (TLC, saponification value, acid

						value)
	Total	2	2	-	6	3

The table displays the kind of tests conducted in various states including, microbial test, heavy metal test, pesticide residue test, test of identity, purity and strength of ingredients and various others. Test of identity, purity and strength seem to be the most common test being conducted in all the six states while pesticide residue has not been conducted in a single state. Punjab is found to conduct the maximum number of test amongst the states reported.

Table 10.60: (Data from question no. 4.8-4.9)

Drug Testing Laboratories: Do you have facilities to conduct all kinds of identity, purity and strength testing of drugs in your lab?

No.	Do facilities exist?	Number of states	Name of States (if no, date of becoming functional)	Reasons for Non-existence
1	Yes	2	Assam, Arunachal Pradesh	
2	No	4	Mizoram, Tamilnadu, Punjab, Odisha	<p>Mizoram: Due to unavailability of equipment.</p> <p>Tamilnadu: There is no GC-MS to perform pesticide residue test.</p> <p>Punjab: Instruments like HPTLC, HPLC and GC- Head space is required.</p> <p>Odisha: There is a lack of technical and non-technical manpower, and insufficiency of chemicals and reagents, inadequacy of instruments and equipment.</p>
	Total	6		

Among the six laboratories, four reported that there is insufficiency of identity, purity and strength of drug facilities such as GC-MS, HPTLC, and HPLC, GC- Head space in Mizoram, Tamilnadu, Punjab and Odisha as well as lack of technical and non-technical manpower, and chemicals and reagents in the state of Odisha.

Table 10.61: (Data from question no. 4.10)

Drug Testing Laboratories: What parameters of quality standards are followed for testing?

No.	Parameters of quality standards followed for quality testing	Number of states	Name of States
1	Yes	4	Arunachal Pradesh (per Ayurvedic Pharmacopoeia of India- API), Odisha, Assam (per the monograph), Punjab (per API),
2	No	0	-
	Total	4	

Four states have found to have followed certain parameters of drug testing quality standards; Arunachal Pradesh and Punjab followed parameters under Ayurvedic Pharmacopoeia of India (API), and Assam followed the monograph.

Table 10.62: (Data from question no. 4.11-4.15)

Drug Testing Laboratories: Process check

No.	State	Are there adequate Standard Operating Procedures for the functioning of the laboratory?	Do you keep proper records of the work done in the office?	Is there strict adherence to protocols for making accurate observations?	Is there regular supervision or inspection of activities of laboratory to ensure the integrity of the activity?
1	Mizoram	1	1	1	1
2	Tamilnadu	1	1	1	1
3	Punjab	0	1	1	1
4	Assam	1	1	1	1
5	Odisha	1	1	1	0
6	Arunachal Pradesh	1	1	0	1
	Total	5	6	5	5

This table presents an overview of process in the drug testing laboratories located in various states. It is drawn that all the six states reported maintaining proper records of the work undertaken in the office while in case of the existence of standard functioning procedures, strict adherence to protocols and the presence of regular activity supervision, each of the laboratories reported of its absence; Punjab, Arunachal Pradesh and Odisha respectively.

Table 10.63: (Data from question no. 4.16)

Drug Testing Laboratories: Do you have separate facility for?

No.	State	Pharma cognosy / Botany	A Photo chemi stry Depar tment	Microbi ology	Pharma cology wing	A museu m	Herbarium and a reference library/repositor y	Herbal garden	Any other (please specify)
1	Arunac hal Prades h	1	1	1	0	0	0	0	0
2	Assam	1	1	0	0	0	0	1	1 (Chemistry)
3	Punjab	1	1	1	0	0	1	0	1 (conference room, failed samples store room)
4	Tamiln adu	1	1	1	0	0	0	0	0
5	Mizora m	1	0	1	1	0	1	0	0
	Total	5	4	4	1	0	2	1	2

The table shows different facilities available separately in the drug testing laboratories in five states reported. Among others, pharmacognosy/ botany are found to have its separate facility in all these states. No separate museum is available in any laboratory. Only one pharmacology wing located in Mizoram is reported and one herbal garden in Assam. No state is found to have all the facilities given in the table head separately in the laboratory.

Table 10.64: (Data from question no. 4.17)

Drug Testing Laboratories:

Are Standard operating procedures established in respect of which of the following?

N o.	State	Sample handling & maintenance of records	Foreign matters and adulterants	Methods of testing of drugs	Powder fineness and sieve size	Ash determination	Extratable matter determination	Receipt identification, Storage, mixing and method sampling of the test	Record keeping, reporting, storage and retrieval of data	Any other (please specify)
1	Arunachal Pradesh	-	1	1	-	1	1	-	-	-
2	Mizoram	1	1	1	1	1	-	1	1	-
3	Tamilnadu	1	1	1	1	1	1	1	1	1
4	Assam	1	1	1	-	1	1	1	1	-
	Total	3	4	4	2	4	3	3	3	1

Standard procedures to operate laboratories are established in four states viz. Arunachal Pradesh, Mizoram, Tamilnadu, and Assam. Foreign matters and adulterants, methods of testing drugs, ash determination are all established in these states. It is also important to note that Tamilnadu is the only state which has the entire standard operating procedure.

Table 10.65: (Data from questions 6-6.1)

Drug Testing Laboratories: Do you think there is any improvement in the quality of work due to the provision of grants

No.	Is there any an improvement in the quality of work?	Number of states	If yes, explain the increase
1	Yes	5	<p>Assam: Laboratory is functioning.</p> <p>Punjab: The number of samples is increasing every year with the grants as required chemicals are purchased.</p> <p>Tamilnadu: Adequate and advanced equipment enhances the work.</p> <p>Mizoram: New drug testing and more number of tests are done.</p> <p>Arunachal Pradesh: the funds improve the function of DTL by providing more reagents and increase the sample of tests.</p>
2	No	0	NA
3	Total	5	

Improvements in the quality of work due to the provision of grants have been recorded in all five states reported. Three of the states, Punjab, Mizoram and Arunachal Pradesh cited the same. Other impact includes the required chemicals, equipment, reagents being purchased and have also improved the functioning of DTL.

Table 10.66: (Data from questions 6.2-6.4)

Drug Testing Laboratories: Whether the number of tests being conducted in the laboratory increased after availing the grant?

No.	Number of tests increased?	Number of states	If yes or no, explain the increase
1	Yes	6	Arunachal Pradesh: Reagents and instruments are being procured, and have increased the number of tests being conducted. Mizoram, Punjab, Assam, Odisha. Tamilnadu: Screening has become faster.
2	No	0	NA
3	Total	6	

Six states have reported of increment in the number of tests being conducted after availing the grant. Laboratory in Arunachal particularly stated that reagents and instruments procured from grants have contributed to the increase. Screening is found to have become faster in Tamilnadu.

Table 10.67: (Data from question no. 7)

Drug Testing Laboratories: What are the bottlenecks / constraints of the existing scheme?

No.	Bottlenecks / constraints of the existing scheme (if any)?	Number of States
1	Shortage of adequate qualified personnel	4
2	Inadequate or incomplete monitoring of studies/tests conducted	0
3	Delayed preparation and analysis of study results	0
4	Absence of trained personnel's in the concerned departments	2

5	No timely payment of funds	3
6	Inadequate funds	3
7	Any other (please specify)	0
8	Total number of states reported	5

The given table presents the constraints faced in regards to National AYUSH Mission (NAM). Out of five states reported viz. Arunachal Pradesh, Tamilnadu, Punjab, Assam, and Odisha, four of them mentioned the shortage of adequate qualified personnel. While other constraints includes, delayed fund release, inadequate funds, and absence of trained personnel in the concerned departments, there is no report of constraint regarding inadequate or incomplete monitoring of studies and tests conducted, and delayed preparation and analysis of study results in any state.

Table 10.68: (Data from questions 8.1-8.1.1)

Drug Testing Laboratories: Is the grant in aid given for DTL under the scheme sufficient?

No.	Is grant in aid sufficient?	Number of states	If no, what should be the quantum of grant in aid
1	Yes	1	Mizoram
2	No	5	Odisha: Rs 5 crores demanded for infrastructure development and deployment of adequate manpower. Assam: Rs 5 crores are demanded, Punjab, Tamilnadu has demanded: Rs 5 crores, Arunachal Pradesh about Rs. 4 crores
3	Total	6	

Laboratories were being enquired of the sufficiency of grant in aid, to which five among six responded that the funds were not sufficient. Moreover, three states have suggested the ideal

amount as Rs 5 crores while another suggests Rs 4 crores. Mizoram is the only state which has reported the sufficiency of funds.

Table 10.69: (Data from questions 8.2-8.2.1)

Drug Testing Laboratories: Is the available manpower in the DTL sufficient?

No.	Number of tests increased?	Number of states	If no, what additional manpower is required?
1	Yes	1	Mizoram
2	No	5	Odisha: three analysts, four laboratory attendant, two sweepers, two watchmen, one scientific microbiology officer, and one scientific/ Ayurvedic officer. Assam: at least one staff in category like microbiology and others. Tamilnadu, Arunachal Pradesh Punjab: two clerical staffs (computer operator), technical staffs (three analysts, one each in chemistry lab, botany lab and microbiology, and three lab assistant)
3	Total	6	

Among the six laboratories reported, Mizoram is the only state that has reported sufficiency of manpower in the laboratory while other five mentions each staff requirement such as analysts, laboratory attendants, officers in various branches, clerical staffs, sweepers, watchman etc.

Table 10.70: (Data from questions 8.3-8.3.1)

Drug Testing Laboratories: Is the State government providing sufficient funds allocated to manage the manpower?

No.	Is state govt. providing sufficient manpower?	Number of states	If no, please explain?
1	Yes	4	Tamilnadu, Mizoram, Punjab, Assam
2	No	2	Arunachal Pradesh. Odisha: No regular posts and have not recruited three scientific officers.
3	Total	6	

Four laboratories out of six reported that sufficient funds are allocated to manage manpower in the laboratory. Arunachal Pradesh and Odisha stated that the funds are insufficient and that in the latter, no regular post have been recruited and three scientific officers have not been recruited.

Table 10.71: (Data from questions 8.4-8.4.1)

Drug Testing Laboratories: Are additional funds required from the Central Government on a recurring basis for managing the manpower?

No.	Are additional funds required from central govt.?	Number of states	If yes, what should be the quantum of annual grant?			
			5-8 Lakhs	8-10 Lakhs	10-15 Lakhs	Any other
1	Yes	4	0	1	3	0
2	No	1				

No.	Are additional funds required from central govt.?	Number of states	If yes, what should be the quantum of annual grant?			
			5-8 Lakhs	8-10 Lakhs	10-15 Lakhs	Any other
3	Total	5				

Four states stated that additional funds are required from the central government on a recurring basis to manage manpower while Mizoram mentioned otherwise.

Table 10.72: (Data from questions 9)

Drug Testing Laboratories: Suggestions / modifications to improve the scheme and to make it more effective?

No.	Suggestions / modifications to improve the scheme and to make it more effective	Number of states
1	In order to improve the quality control of AYUSH drugs and effective testing of drugs, more advanced equipment is required.	1
2	More technical manpower is required to screen more samples	1
3	Require more clerical staff, technical staffs, and sweeper.	1
4	Salary should be given per the work; equal salary for equal work to all.	1
	Total	3

Three states have given suggestions for the improvement of the scheme for improving its effectiveness. These include provision of availability of advanced equipment in the laboratory, more of technical manpower, and equal salary for equal work role irrespective of contractual or permanent employment.

Table 10.73: (Data from questions 10)

Drug Testing Laboratories: What are the other requirements of the DTL from GOI?

No.	Requirements of the DTL from GOI	Number of states
1	Need enough space to construct separate sections of laboratory	1
2	More sophisticated instruments	1
3	There should be a major clause included by the time of scheme implementation in the state that the state government may regularize the service of the staff appointed in DTL within a bound period of time so that the working of DTL's can be proper and streamlined in the states.	1 (Punjab states that the staffs has been working on contract basis facing financial difficulties)
4	Total	2

Two states, Punjab and Mizoram have mentioned other requirements for DTL from GOI. These include the former strongly proposing introduction of a clause in the guidelines of the scheme so that the state government may regularize the staff after the staff completes working on contract basis for certain duration. Mizoram laboratory requires enough space for the construction of various facilities separately in the laboratory.

10.5 Component: Establishment, Support and Strengthening of Pharmacies in the states

In addition to assistance to States for the above purposes, a provision was also made for providing back ended subsidy to Ayurveda, Siddha and Unani manufacturing units to become Good Manufacturing Practices compliant. There are 30 States/UTs that took assistance for strengthening of State Drug Enforcement Mechanism and 67 Ayurveda, Siddha, Unani units have been assisted for becoming Good Manufacturing Practices compliant. It is expected that the strengthening and upgradation of the pharmacies will lead to improved availability of quality ASU &H drugs through increase in the number of quality Pharmacies and Drug Laboratories and enforcement mechanism of ASU&H drugs. Under this component, Grant-in-aid is provided to State/Govt. ASU&H Pharmacies/ State Govt. ASU&H Cooperatives, State Govt. ASU&H PSUs.

Funding:

- i. Grant in Aid to New State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Building & Equipment (One-time) - Rs. 350.00 Lakhs (i.e. 70% of Rs. 500 Lakhs)
- ii. Grant in Aid to New State Govt. ASU&H Pharmacies/State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Manpower, Reagents, Chemical etc. (Recurring)–Rs. 150.00 Lakhs (i.e. 30% of Rs. 500 Lakhs)
- iii. Grant in Aid to Existing State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Building & Equipment (One-time) - 150.00 Lakhs (i.e. 30% of Rs. 500 Lakhs)
- iv. Grant in Aid to Existing State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Manpower, Reagents, Chemical etc. (Recurring) - Rs. 150.00 Lakhs (i.e. 30% of Rs. 500 Lakhs as Recurring Grant was not provided earlier)
- v. Grant in Aid to Existing State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Building & Equipment (One-time)- Rs. 150.00 Lakhs (i.e. 30% of Rs. 500 Lakhs)
- vi. Grant in Aid to Existing State Govt. ASU&H Pharmacies/ State Govt. ASU&H Co-operatives, State Govt. ASU&H PSUs - Manpower, Reagents, Chemical etc.(Recurring) - 150.00 Lakhs (i.e. 30% of Rs. 500 Lakhs as Recurring Grant was not provided earlier)

Through a Centrally Sponsored Scheme implemented since 9th Plan, Ministry of AYUSH provided grant-in-aid to 46 State Pharmacies and 27 Drug Testing Laboratories of Ayurvedic, Siddha, Unani & Homoeopathy systems to strengthen their infrastructural and functional capacities. In 12th Five Year Plan, the scheme has been merged in to National AYUSH Mission, through which 18 States were supported during the year 2015-16 for 9 pharmacies and 10 Drugs Testing Laboratories.

Table 10.74: List of Government ASU Pharmacies

1	Andhra Pradesh	1	Sri Srinivas Ayurvedic Pharmacy, Srinivas Mangapuram, Chandragiri Mandal, Chittor
2		2	Govt. Indian Medicine Pharmacy (Ayu), Kattedan, Hyderabad –
3		3	Govt. Homoeopathic Hospital, Kothapet, Hyderabad-35.
4		4	Govt. Indian Medicine Pharmacy (Unani), Kattedan, Hyderabad-
5	Arunachal	5	Government Ayurvedic Pharmacy, Itanagar
6	Assam	6	Govt. Ayurvedic College, Guwahati - 781014
7	Bihar	7	State Ayurvedic & Unani Pharmacy, Patna
8	Chhattisgarh	8	Govt. Ayurvedic Pharmacy, G.E. Road, Raipur
9	Gujarat	9	Pharmacy Dept., Gujarat Ayurvedic University, Victoria Jubilee Compound, Jamnagar
10			Govt. Ayurvedic Pharmacy, Vadia Palace, Compound, Rajpipla, Distt. Narmada
11			Govt. Ayurvedic Pharmacy, Ajwa Road, Baroda -390019.
12	Haryana	12	Govt. ISM Pharmacy, Shri Krishna Govt. ISM College & Hospital, Kurukshetra.
13	Himachal Pradesh	13	Govt. Ayurvedic Pharmacy, Jogindernagar, Dist. Mandi
14			Govt. Ayurvedic Pharmacy, Majra, Dist. Sirmour
15			Govt. Ayurvedic Pharmacy, Paprola, Dist. Kangra-176115.
16	Jammu & Kashmir	14	
17	Jharkhand	17	Govt. Ayurvedic Hospital Pharmacy, Jammu Tawi
18	Karnataka	18	Govt. ISM Pharmacy, Rajkiya ISM Mahavidyalaya, Chaibasa, West Singh Bhumi, Ranchi.
19	Kerala	19	Govt. Central Pharmacy, Jayanagar I Block, Near Ashoka Pillar, Bangalore
20		20	The Kerala State Homoeopathic Co-operative Pharmacy Ltd., Pathinapalli, P.O. Alappuzha -688521
21	Madhya Pradesh	21	The Pharmacopoeia! Corp. (I.M.) Kerala Ltd., P.O.Box-174, Trichur-680001
22		21	Govt. Unani Pharmacy, Marwari Road, Ibrahimipura, Bhopal-462001
23		22	Govt. Homeopathic Pharmacy, Homeopathic Medical College & Hospital, Bhopal
24	Maharashtra	24	Govt. Ayurvedic Pharmacy, Gwalior
25	Nagaland	25	Govt. Ayurvedic & Unani Pharmacy, Vazirabad, Nanded - 431602.
			State Govt. Pharmacy for ASU&H Drugs, Kohima

26	Odisha	26	Govt. Ayurvedic Hospital, Nagarwartangi, P.O. BJB Nagar, Bhubaneswar – 751014
27		27	Govt. Ayurvedic Pharmacy, Sagarpara, P.O. and Distt. Bolangir,
28		28	Dr. Abin Chandra Homeopathic Medical College & Hospital Pharmacy Unit III, Bhubaneswar
29	Punjab	29	Govt. Central Pharmacy and Stores, Patiala
30	Rajasthan	30	Govt. Ayurvedic Pharmacy, Ajmer
31		31	Govt. Ayurvedic Pharmacy, Ashta Dhatu Gate, Fort, Bharatpur
32		32	Govt. Ayurvedic Pharmacy, Gulab Bagh, Udaipur
33		32	Govt. Ayurvedic Pharmacy, Basni, Jodhpur
34	Tamilnadu	34	Govt. Siddha Medical College Pharmacy, Palayamkottai, Thirunelveli Distt.
35		35	Arignar Anna Govt. Hospital of Indian Medicine, Arumbakkam, Chennai-106
36		36	Tamilnadu Medical Plant Farms & Herbal Medicine Corp. Ltd.,
37	Tripura	37	State Govt. Ayurvedic Disp. (Mfg.), Hariganga Basak Road, Agartala -799001
38	Uttar Pradesh	38	State Ayurvedic & Unani Pharmacy, Tikat Rai Talab, Mohan Road, Lucknow
39			Ayurvedic Pharmacy, IMS Faculty of Ayurveda, BHU, Varanasi
40			Davakhana Tibbia College, AMU, Near Civil Court, Aligarh
41			L.H. State Ayurvedic College & Hospital, Pilibhit
42	Uttarakhand	42	Rishikul State Ayurvedic College Pharmacy, Haridwar
43		43	Indian Medicine Pharmaceutical Corporation Ltd, Mohan, Via Ram Nagar, Almora -244715
44			State Ayurvedic College Pharmacy, Gurukul Kangri, Uttarakhand, Haridwar.
45	West Bengal	45	State Pharmacopoeia! Laboratory & Pharmacy for Indian Medicine, Kalyani, Nadia
46			State Homeopathic Pharmacy, State Pharmacopoeia! Laboratory & Pharmacy For Indian Medicine Complex, Kalyani, Nadia

As part of the fieldwork for Phase 2 of the present study, pharmacies in 12 states were contacted for gathering information.

Table 10.75: (Data from question no. 2)**Pharmacies: Year of establishment of pharmacy**

No.	Year of establishment	Number of Pharmacies
1	Before 2012-13	12
2	FY 2012-13	
3	FY 2013-14	
4	FY 2014-15	
5	FY 2015-16	
6	FY 2016-17	
7	FY 2017-18	

All the 12 pharmacies covered under the Phase – 2 Mid-Term evaluation of National AYUSH Mission (NAM) were established before the year 2012-13.

Table 10.76: (Data from question no. 2.1)**Pharmacies: Stage of construction**

No.	Stage of construction	Number of States	Names of states	Remarks/Details
1	Completed & functional	12	Arunachal Pradesh, Assam, Uttarakhand, Tamilnadu, Telangana, Andhra Pradesh, Gujarat, Haryana, HP, Karnataka, Kerala,	

No.	Stage of construction	Number of States	Names of states	Remarks/Details
			Madhya Pradesh	
2	Under construction			
3	Under renovation			
4	Completed but not functional			
5	Any other (please specify)			
	Total	12		

All the 12 states have Pharmacies which are completely constructed and are functional.

Table 10.77: (Data from questions 4.1-5.1)

Pharmacies: Status check

No.	Name of State	Valid license obtained for the Pharmacy (Y/N)	Pharmacy set up is as per GMP norms (Y/N)	Separate & adequate space/area for manufacturing, labeling and packing of all groups (Y/N)	Own In house Quality Control Laboratory
1	Uttarakhand	Y	Y	Y	Y
2	Telangana	Y	Y	Y	Y
3	Arunachal Pradesh	Y	Y	Y	Y

No.	Name of State	Valid license obtained for the Pharmacy (Y/N)	Pharmacy set up is as per GMP norms (Y/N)	Separate & adequate space/area for manufacturing, labeling and packing of all groups (Y/N)	Own In house Quality Control Laboratory
4	Assam	Y	Y	Y	N
5	Tamilnadu	Y	Y	Y	Y

All the surveyed pharmacies have been set up according the GMP norms and have a valid license. All the states, also had own in-house quality control laboratory and separate & adequate space/ area for manufacturing, labeling and packing for all groups. All the pharmacies have in-house quality control laboratory but the ones in Assam and Telangana were not found to be functional. The machines need upgradation as these are old and use technology of the past even as they are compliant with standard GMP norms.

Table 10.78: (Data from questions)

Pharmacies: Status check

No.	Name of State	Whether tests performed in the In-house lab? (Y/N)	No. of staff members in the In-house Quality Control Lab	Whether the In-house lab is following respected pharmacopoeia?
1	Uttarakhand	N	0	Y
2	Telangana	N	3	Y
3	Arunachal	N	0	N
4	Assam	N	0	N
5	Tamilnadu	Y	10	Y

Four states (Uttarakhand, Telangana, Arunachal Pradesh and Assam) reported that tests are not performed in the In house lab; on the other hand, Tamilnadu does perform tests at the In-house lab. Tamilnadu has 10 members in the in-house quality control lab and Telangana has 3, all the other states have no staff at present. All the states' in-house lab except Arunachal Pradesh and Assam following the respected pharmacopoeia.

All the states reported the need of qualified manpower and training of existing manpower for adequate production of high quality drugs.

The pharmacies in Uttarakhand, Tamilnadu, Kerala, Gujarat, Haryana and HP maintain a master schedule sheet of all activities of the In-house laboratory while other do not do so regularly. Uttarakhand, Tamilnadu, Kerala, Gujarat, Haryana and HP do maintain copies of all protocol pertaining to all the activities of the In house laboratory while pharmacies in other states do not maintain the same regularly. Except Assam, all the other states' licensee ensures that the samples are drawn from the duly tested bulk before the drugs are packed and labeled.

Pharmacies in all the 12 states reported that the manufacturing operations carried out under the supervision of technical staff approved by the licensing authority. They also showed that vessels and containers used in manufacture and storage during manufacturing stages are labeled properly. The labels on vessels during manufacturing are initialed & dated by authorized technical staff in all states. They also recheck the printing of batch numbers or expiry dates at regular intervals. In all the states, the staff strength was less than what was approved and vacancies existed in many positions.

Table 10.79: (Data from question no. 10.2-10.3)

Pharmacies: 100% supply of medicines as per need of the state government

No.	Are you able to make 100% supply of medicines as per need of the state government	Number of states	Name of State?	If No, then reasons for non-supply
1	Yes	11	Arunachal Pradesh, Uttarakhand, Tamilnadu, Telangana, Andhra Pradesh, Gujarat, Haryana, HP, Karnataka, Kerala, Madhya Pradesh	
2	No	1	Assam	Assam(lack of machineries)
3	Total	12		

Out of the 12 states, 11 had reported that they are able to make 100% supply of medicines as per the needs of the state government. The only state which is not able to meet the supply is Assam. It is reported that Assam does not have the sufficient machinery to meet the supply.

Table 10.80: (Data from question no. 12)

Pharmacies: Bottlenecks and constraints reported by pharmacies on different states

No.	Bottlenecks/Constraints	Number of states	Name of State?
1	Availing grant from the state Government	1	Uttarakhand
2	Releasing funds from health societies		
3	Lack of trained personnel	2	Telangana, Assam,

No.	Bottlenecks/Constraints	Number of states	Name of State?
4	Lack of adequate machinery	2	Telangana, Assam,
5	Lack of adequate fund	3	Arunachal Pradesh, Assam, Uttarakhand

Three states have reported (Arunachal Pradesh, Assam and Uttarakhand) lack of adequate funds as the constraint they are facing. Two states (Telangana and Assam) reported lack of adequate machinery as the reason. Telangana and Assam also reported lack of trained personnel as their bottleneck in the smooth running of the project. Uttarakhand has reported difficulty in availing of grant from the state Government as their constraint. Other states did not respond to this question despite repeated efforts.

Nine states require additional funds from the Central Government on a recurring basis for managing the manpower. Seven states opted for an annual grant of Rs 8 lakhs-Rs 10 Lakhs while two states requires Rs 5 lakhs-Rs 8 Lakhs for managing manpower.

Table 10.81: (Data from question no. 13.1-13.2)

Pharmacies: Sufficiency of grant for the pharmacy

No.	Is the grant in aid given for Pharmacy under the scheme sufficient?	Number of states	Name of State?	If No, then what should be the grant? 5 crore/6 crore/6.5 crore/any other
1	Yes	1	Assam	
2	No	2	Arunachal Pradesh, Uttarakhand	6.5 crore, 5 crore (Uttarakhand)
3	Total	3		

The pharmacy in Assam confirms the grant in aid given for Pharmacy under the scheme as sufficient. While Arunachal Pradesh and Uttarakhand want more fund. While Arunachal Pradesh wants 6.5 crores, Uttarakhand mentioned Rs. 5 crores as its requirement. Other states did not respond to this question.

Table: 10.82 (Data from question no. 13.2-13.2.1)

Pharmacies: Sufficiency of manpower for the pharmacy

No.	Is the available manpower for the Pharmacy sufficient?	Number of states	Name of State?	If No, how many additional manpower is required?
1	Yes	1	Uttarakhand,	
2	No	11	Arunachal Pradesh, Assam, Tamilnadu, Telangana, Andhra Pradesh, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh	Assam(10 no.s of Skill & Semi-skill manpower) Arunachal Pradesh (machine operator – 2, Electrician -1, Store Keeper – 1, Pharmacists – 2, MTS – 4, Accountant cum cashier – 1) Telangana (All the sanctioned list of vacancies need to be filled)
	Total	12		

Except Uttarakhand, all the other states report that the available manpower for the Pharmacy is not sufficient. The requirements of various states are as follows; Assam(10 no.s of Skill & Semi-skill manpower), Arunachal Pradesh (machine operator – 2, Electrician -1, Store Keeper – 1, Pharmacists – 2, MTS – 4, Accountant cum cashier – 1) and Telangana (All the sanctioned list of vacancies need to be filled)

Table 10.83: (Data from question no. 13.3-13.3.3)

Pharmacies: Sufficiency of funds from state govt.

No.	Is the State government providing sufficient funds to manage the manpower?	Number of states	Names of States
1	Yes	3	Assam, Uttarakhand, Telangana,
2	No	9	Arunachal Pradesh, Tamilnadu, Andhra Pradesh, Gujarat, Haryana, HP, Karnataka, Kerala, Madhya Pradesh
	Total	12	

Three states (Assam, Uttarakhand and Telangana) reported that the State government is providing sufficient funds to manage the manpower. On the other hand, nine states reported otherwise.

Table 10.84: (Data from question no. 13.4-13.4.1)

Pharmacies: Requirement of additional recurring funds from Central govt.

No.	Are additional funds required from the Central Government on a recurring basis for managing the manpower?	Number of states	Name of State?	If yes, how much additional funds is required? 2-5 Lakhs/5-8 Lakhs/8-10 Lakhs/any other
1	Yes	11	Assam, Telangana, Arunachal Pradesh, Tamilnadu, Andhra Pradesh, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh	8-10 Lakhs, Assam (8-10 Lakhs) Arunachal Pradesh (8-10 Lakhs), Telangana (8-10 Lakhs)
2	No	1	Uttarakhand	
	Total	12		

10.6 Major findings regarding Quality Improvement and Control component of NAM

- i) **Absence of Government Analyst and inadequate number of Drug inspectors in ASU&H Drug control framework:** As per the provisions of the Drug and Cosmetics Act 1940, Government has to appoint Government Analysts and Drug inspectors for controlling the process and product quality of ASU&H drugs and to enforce quality standards in the state. Our fieldwork indicated that this has not been done in most states. There is a shortage in numbers of drug inspectors and this may be the cause of suboptimal enforcement of drug control for AYUSH system in almost all the states.
- ii) **Quality Improvement and Control under NAM has received funding only recently in many states:** The release of funds to SASs has been much delayed in the first two years of

NAM implementation. Therefore, it was found that the impact of this component is yet to acquire significance in most states.

- iii) **Difficulty in recruiting and deputing suitable person:** States/UTs which have applied for funding under this component are finding it difficult to recruit qualified personnel especially for the quality control laboratories. This has led to sub-optimal functioning of laboratories and slowdown in testing activities. There also is a problem in recruiting Drug Inspectors as per the numerical and qualification norms. The salaries being offered under NAM for qualified quality testers (of different streams) and drug inspectors are lower than general expectations in the market. In almost all the cases, the progress of this component has been hampered due to absence of quality and inspection professionals in the AYUSH implementation machinery. This leads to a compromise not only in achievements of outcomes but also poor quality maintenance. This has led to poor utilisation of funds allotted and disbursed by MoA till 31st March 2017.

10.7 Recommendations regarding Quality Improvement and Control component of NAM

- i) **Engagement of trained and experienced quality testing and inspection professionals like drug analyst and drug inspectors to man the Quality Improvement and Control component:** It is suggested that in order to improve the quality of outcomes and increase the effectiveness of Quality Improvement and Control, the salaries and terms of engagement for competent people qualified in different streams of AYUSH pharma testing and inspection services must be reviewed. The state must appoint competent, qualified and experienced Government Drug analysts and also immediately recruit adequate number of Drug Inspectors as per the norms given in the act, rules and the guidelines specified. This will contribute significantly to improving quality of ASU&H medicines and increase the faith of people in AYUSH.

Chapter 11

Establishment and Upgradation of AYUSH Educational Institutions

The promotion and wider acceptance of AYUSH is dependent on establishment of a supportive ecosystem for it. One of the key aspects of the ecosystem is to prepare well qualified AYUSH doctors and other service professionals. Upgradation, strengthening and standardization of AYUSH educational institutions are aimed at preparing a pool of AYUSH doctors and health professionals who can then be utilised to extend healthcare services through AYUSH in the country. It is because of this reason that AYUSH Educational Institutions are one of the four mandatory components of National AYUSH Mission scheme. The expected outcome is an improvement in AYUSH education through enhanced number of upgraded AYUSH Educational Institutions.

In many States there are no educational institutions available. This affects the growth of AYUSH systems of medicine in these States. Therefore, it is proposed to support the efforts of States to set up AYUSH colleges in their States in Government sector with 75% or 90% funds as Grant in aid from Government of India and 25% or 10% funds as state share as the case applicable to general category states/UTs and NE & Hilly States respectively.

Funding:

- i. Infrastructural development of AYUSH Under-Graduate Institutions: Construction of OPD/IPD/Teaching Departments/Library/Laboratories/Girls' Hostel/Boys' Hostel, etc. : Rs. 210.00 Lakhs
- ii. Equipment, Furniture, and Library books: Rs. 90.00 Lakhs
- iii. Infrastructural development of AYUSH Post-Graduate Institutions/add on PG Pharmacy/Para Medical Courses: Construction of OPD/IPD/Teaching Departments/Library/Laboratories/Girls' Hostel/Boys' Hostel, etc.: Rs. 280.00 Lakhs
- iv. Equipment, Furniture, Library books & Payment of stipend to students for new PG institutes: Rs. 120.00 Lakhs
- v. Setting up of new AYUSH educational Institutions in the States where it is not available in Government sector: Construction of OPD/IPD/Teaching Departments/Library/

vi. Laboratories/Girls' Hostel/Boys' Hostel, etc.: Rs. 900.00 Lakhs Equipment, Furniture, and Library books:Rs. 150.00 Lakhs

vii. From 20% Flexi Pool: Interest Subsidy to a private AYUSH Institution at the rate of 6%.

Maximum limit of total subsidy admissible will be Rs.25 Lakhs per INR Crore of loan from Nationalized Bank to be repaid over a period upto 7 years for infrastructure upgradation.

There are 318 Ayurveda, 10 Naturopathy & Yoga, 45 Unani, 10 Siddha and 218 Homoeopathy Colleges at Under-graduate and/or Post-graduate levels in AYUSH. Ayurveda, Siddha and Unani institutions are regulated by a Central Council of Indian Medicine (CCIM) constituted under the Indian Medicine Central Council (IMCC) Act, 1970. Homoeopathy institutes are regulated by a Central Council of Homoeopathy (CCH) constituted under the Homoeopathy Central Council (HCC) Act, 1973. The number of students taking up education in AYUSH institutes at Under-graduate level is 26790 (11927 Ayurveda, 385 Naturopathy & Yoga, 1757 Unani, 350 Siddha and 12371 Homoeopathy) and Post-graduate level is 2384 (1110 Ayurveda, 75 Unani, 126 Siddha and 1073 Homoeopathy).

Table 11.1: Status of approval for setting up of AYUSH educational institution under National AYUSH Mission (NAM) during 2014-15, 2015-16 and 2016-17

(Rs. in Lakhs)

S. No.	Name of State	Name of Institute	Grant-in-Aid approved as central share		
			2014-15	2015-16	2016-17
1	Andhra Pradesh	Govt. Naturopathy and Yoga Medical College, (New)	0	0	320.00
2	Arunachal Pradesh	Govt. Ayurvedic Medical College & Hospital, Tezu	0	222.22	0

S. No.	Name of State	Name of Institute	Grant-in-Aid approved as central share		
			2014-15	2015-16	2016-17
3	Karnataka	Govt. Nature cure & Yoga College, Mysore	139.38	254.26	200.00
4	Manipur	Homoeopathic Medical College at Lamphelpat	0	272.22	0
5	Karnataka	Men-Tsee-Khang (Sowa Rigpa) College, Sheshagirihalli, Mysore Road, Bidadi Hobali, Ramanagara Distt.	0	0	333.33
	Sikkim	Namgyal Inst. of Technology, Gangtok for Sowa Rigpa	0	0	708.66
		Total	139.38	748.70	1561.99

Table 11.2: Status of funds for Educational Institutes approved under NAM

S. No.	State/UT	Approved 2014-15	Approved 2015-16	Approved 2016-17
		Rs. in Lakhs	Rs. in Lakhs	Rs. in Lakhs
1	Andhra Pradesh	26.679	23.205	320.00
2	Arunachal Pradesh	-	222.220	-
3	Assam	235.680	195.240	90.39
4	Chhattisgarh	644.558	15.000	-
5	Gujarat	20.000	30.000	40.00
6	Haryana	18.845	18.380	21.25
7	Jammu & Kashmir	-	10.280	16.16
8	Karnataka	139.380	254.258	533.74
9	Kerala	22.000	21.930	29.39
10	Madhya Pradesh	594.365	387.880	907.00
11	Manipur	-	272.220	-
12	Maharashtra	230.250	25.000	-
13	Odisha	318.720	139.714	487.51
14	Puducherry	-	3.478	4.020
15	Punjab	94.860	16.000	26.23
16	Rajasthan	150.000	-	592.72
17	Sikkim	-	-	708.66
18	Tamilnadu	-	-	163.79
19	Telangana	108.000	120.000	262.00

S. No.	State/UT	Approved 2014-15	Approved 2015-16	Approved 2016-17
		Rs. in Lakhs	Rs. in Lakhs	Rs. in Lakhs
20	Tripura	10.109	6.387	9.45
21	Uttar Pradesh	-	424.780	665.01
22	Uttarakhand	-	60.568	182.00
23	West Bengal	442.160	31.320	286.63
	Total	3055.606	2277.860	5345.945

The approval of funds for this component has seen an upswing with each passing year. The funds have been released for capital work involving construction of new infrastructure, addition of infrastructure like class rooms, libraries, laboratories etc., strengthening of infrastructure, purchase of books, computers, furniture and fixtures, etc. There have been funds allocated for establishment of new AYUSH colleges as indicated in the table above. The utilisation of funds has lagged behind because there has been delay in receipt of funds by the State AYUSH societies from their respective State Governments.

AYUSH institutions in the following 15 states were visited during the fieldwork for gathering information about implementation under NAM:

1. Andhra Pradesh
2. Assam
3. Gujarat
4. Haryana
5. Jammu & Kashmir
6. Karnataka
7. Kerala
8. Madhya Pradesh
9. Odisha
10. Puducherry
11. Punjab

12. Telangana
13. Uttar Pradesh
14. Uttarakhand
15. West Bengal

The findings from the fieldwork are presented in the sections that follow.

As per the data, it can be seen that the Govt. Ayurvedic College, Patiala, Punjab was the first to establish its institution in 1952. It took about a decade and a half after the establishment that the second institution JSPS Government in Andhra Pradesh followed the same in 1967. It is also noted that the latter acquired its recognition by the Government in the same year prior to the recognition of the former. Thereafter other institutions are set up in the subsequent years with the latest being Pt. KLS Govt. Ayurveda College, Madhya Pradesh set up in 1996 which also covers the largest area of land with 40 acres while most institutions range between 10 to 15 acres. It is known that 14 institutions among the 15 who responded are run by the Government and offer graduate courses with an exception of Mother Teresa Post Graduate Research Institute of Health Science, Indram Nagar, Gori Medu in Puducherry which is being aided by the Government and got its recognition in 2013, the last recognition among all institutions recorded. The institution also offers different branches of diploma course in Pharmacy; Ayurveda, Siddha and Homeopathy unlike others. Three institutions are found to provide post graduate courses in addition to graduate courses. Govt. Homeopathic Medical College, in Kerala is set apart from others as it also provides certificate course in pharmacy. Located in Madhya Pradesh, the youngest institution per the establishment year is also found to have the highest number of staff with 75 teaching faculties as well as 75 non-teaching faculties amounting to the total of 150 in number. Whereas the institution having the least number of faculties is the Govt. Ayurvedic College Patiala in Punjab with 24 number in total, a significantly low number compared to the highest.

Table 11.3: (Data from question no. 8-12) AYUSH Institutions surveyed: Key Parameters

	Name of AYUSH Institution surveyed and State	No. of UG seats per year	No. of PG seats per year	Completed 5 years of UG and PG (Y/N)	No. of batches passed out	Rate of stipend of PG students	Following Prescribed syllabus CCIM/CH/GOI (Y/N)	Attached hospital (Y/N) with bed capacity if yes
1	Govt. Homeopathic Medical College Ayranimuttom Kerala	50	18	Yes	29	25,000/ Month	Yes	Yes, 75 Bed capacity
2	JSPS Govt. Homeo Medical College, Ramanthapur, Telangana	100	30	Yes		26,450/ Month	Yes	Yes, 80 Bed capacity
3	Rishikul campus, Uttarakhand Ayurvedic University	60	54	Yes	24	47250/ Month	Yes	Yes, 200 bed capacity

	Name of AYUSH Institution surveyed and State	No. of UG seats per year	No. of PG seats per year	Completed 5 years of UG and PG (Y/N)	No. of batches passed out	Rate of stipend of PG students	Following Prescribed syllabus CCIM/CH/GOI (Y/N)	Attached hospital (Y/N) with bed capacity if yes
	Haridwar, Uttarakhand							
4	Srikrishna Govt. & Hospital Haryana	50	50	Yes	30		Yes	Yes 60 bed capacity
5	Pt. KLS Govt. Ayurveda College , Madhya Pradesh	60	37	Yes	16	23,000/ Month	Yes	Yes, 150 bed capacity
6	Govt. Ayurvedic College, Patiala, Punjab	40	-	Yes	56	-	Yes	Yes, 106, Bed Capacity
7	Dr. Abhin Chandra Homeopathic Medical	50	30	Yes	40	11,000/ mon	Yes	Yes 50 bed capacity

	Name of AYUSH Institution surveyed and State	No. of UG seats per year	No. of PG seats per year	Completed 5 years of UG and PG (Y/N)	No. of batches passed out	Rate of stipend of PG students	Following Prescribed syllabus CCIM/CH/GOI (Y/N)	Attached hospital (Y/N) with bed capacity if yes
	college & hospital, Bhubaneswar, Odisha					th		city
8	Mother Teresa Post Graduate Research Institute of Health Science, Indram Nagar, Gori Medu, Puducherry.	-	-	No	2	-	No	Yes, 700 Bed Capacity
9	Shahid Jadav Nath Homeopathic Medical college & Hospital, Panjabani, Guwahati,	50	-	Yes	17	-	Yes	Yes, 25 Bed Capacity

	Name of AYUSH Institution surveyed and State	No. of UG seats per year	No. of PG seats per year	Completed 5 years of UG and PG (Y/N)	No. of batches passed out	Rate of stipend of PG students	Following Prescribed syllabus CCIM/CCH/GOI (Y/N)	Attached hospital (Y/N) with bed capacity if yes
	Assam							
10	Govt. Ayurvedic Medical college, J&K	-	-	-	-	-	-	Yes, 60 Bed Capacity

In continuation of the preceding table, the current table presents further key parameters of the institutions including the yearly number of undergraduate and post graduate seats, whether the institutions have completed five years of UG and PG and follow the prescribed syllabus of CCIM/CCH/GOI and the number of batches passed out till present, the rate of undergraduates stipend, and finally on the existence of hospital and bed capacity in the respective institutions.

It can be deduced that the undergraduate seats from among the states reported, JSPS Govt. Homeo Medical College in Andhra Pradesh holds the largest number with 100 intake, whereas seven other institutions reported offers about 40-60 seats. The number of institutions offering post graduate courses as well as seats available in the institutions is comparatively lesser to that of the undergraduate seats with the highest being offered with 54 seats in Rishikul campus of Uttarakhand Ayurvedic University in Haridwar, Uttarakhand to as less as 18 seats in Govt. Homeopathic Medical College in Kerala. The former also provides the highest amount of post graduate stipend with Rs. 47, 250/- per month. The table also informs that eight states are reported to have completed five years of under graduate and post graduate courses, while the Mother Teresa

Post Graduate Research Institute of Health Science in Puducherry is in its fifth year with only 2 batches of students passed out; the least among the eight institutions reported and the only institution which has not adopted the syllabus prescribed by CCIM/CCH but follows the syllabus of the Board of Medical education (BOME), Puducherry. On the other hand, the Govt. Ayurvedic College in Patiala, Punjab has the maximum number of batches passed out with 56 batches till present, followed by 40 batches in Dr. Abhin Chandra Homeopathic Medical College & Hospital, Bhubaneswar, Odisha.

It is significant to note that all ten institutions are reported to have their own hospital attached. Mother Teresa Post Graduate Research Institute of Health Science in Puducherry has maximum number of beds with 700 in total while the lowest bed capacity of 20 beds is available at Shahid Jadav Nath Homeopathic Medical College & Hospital in Guwahati, Assam.

Table 11.4: (Data from question no. 14-16, 20-21) AYUSH Institutions surveyed: Key Parameters

	Name of AYUSH Institution surveyed and State	No. of medical and paramedical staff in hospital	No. of lecture theatres	Capacity of lecture theatres	Area of exam hall	Capacity of exam hall	Seating capacity of central library	Seating capacity of Main canteen
1	Govt. Homeopathic Medical College, Ayrani mutto	41	6	50	300 sq. m.	100	100	60

	Name of AYUSH Institution on surveyed and State	No. of medical and paramedical staff in hospital	No. of lecture theatres	Capacity of lecture theatres	Area of exam hall	Capacity of exam hall	Seating capacity of central library	Seating capacity of Main canteen
	m, Kerala							
2	JSPS Govt. Homeo Medic al Colleg e, Raman thapur, Andhr a Prades h	30	5	60	300 sq. m.	10 0	50	10
4	Srikris hna Govt. & Hospit al Haryan a	111	8	44 0	300 sq. m	1 0 0	10 0	150

	Name of AYUSH Institution on surveyed and State	No. of medical and paramedical staff in hospital	No. of lecture theatres	Capacity of lecture theatres	Area of exam hall	Capacity of exam hall	Seating capacity of central library	Seating capacity of Main canteen
5	Pt. KLS Govt. Ayurveda College, Madhya Pradesh	145	3	180	250 sq. m	300	100	70
6	Govt. Ayurvedic college Patiala Punjab	18	5	200	214 sq. m	120	60	40
7	Dr. Abhin Chandra Homeo pathic Medic	42	5	150	82 sq. m	50	50	-

	Name of AYUSH H Instituti on surveye d and State	No. of medical and paramedical staff in hospital	No. of lecture theatres	Capacity of lecture theatres	Area of exam hall	Capacity of exam hall	Seating capacity of central library	Seating capacity of Main canteen
	al college & hospita l, Bhuba neswar , Odisha							
8	Mother Teresa Post Gradua te Resear ch Institut e of Health Scienc e Indram Nagar Gori	16	3	60	279 sq. m	200	100	50

	Name of AYUSH Institution on surveyed and State	No. of medical and paramedical staff in hospital	No. of lecture theatres	Capacity of lecture theatres	Area of exam hall	Capacity of exam hall	Seating capacity of central library	Seating capacity of Main canteen
	Medu Puducherry							
9	Shahid Jadav Nath Homoeopathic Medical college & Hospital, Panjab ani, Guwahati, Assam	20	5	250	-	-	20	25
10	Govt. Ayurvedic Medical al	19	-	-	-	-	-	-

	Name of AYUSH H Instituti on surveye d and State	No. of medical and paramedical staff in hospital	No. of lecture theatres	Capacity of lecture theatres	Area of exam hall	Capacity of exam hall	Seating capacity of central library	Seating capacity of Main canteen
	college , J&K							

Of the states reported, Pt. KLS Govt. Ayurveda College in Madhya Pradesh has the maximum number of 45 medical and para-medical staff followed by Rishikul campus, Uttarakhand Ayurvedic University in Haridwar, Uttarakhand and Srikrishna Govt. & Hospital in the state of Haryana with 123 and 111 staffs respectively, both having the highest number of 8 lecture theatres with 240 and 440 capacity respectively, the later having the maximum capacity across states. The remaining seven states have staffs with a number less than 50. Looking at the area of exam hall, Rishikul campus, Uttarakhand Ayurvedic University Haridwar in Uttarakhand has the maximum coverage of 632 sq. m. while the lowest is 82 sq. m. in Dr. Abhin Chandra Homeopathic Medical College & hospital, Odisha. Other six institutions cover more than an area of 200sq. m. Moreover, most states reported to have its respective exam halls with a capacity equaling or exceeding 100 heads. In case of seating capacity of central library, four states are reported with 100 seats and the least as 20 seats in the institution in Shahid Jadav Nath Homeopathic Medical college & Hospital, Panjabani, Guwahati, Assam while the seating capacity of canteen ranges from 10 to 150, reported by JSPS Govt. Homeo Medical College Ramanthapur, in Andhra Pradesh and Srikrishna Govt. & Hospital, Haryana respectively.

Table 11.5: (Data from question no. 17-19) AYUSH Institutions surveyed: Grant receipt and utilisation

N o.	Name of AYUSH Institution surveyed and State	Whether grant recd from state Govt.? (Y/N)	Amount of grant recd from state Govt. with year	Purpose for which grant recd.	Utilisation amount and date of grant
1	Govt. Homeopathic Medical College Ayranimuttom, Kerala	Yes	-	-	-
2	JSPS Govt. Homeo Medical College Ramanthapur, Andhra Pradesh	Yes	-	For constr uction of OPD	80,00,000 Lakh in 2014-15
3	Rishikul campus, Uttarakhand Ayurvedic University Haridwar, Uttarakhand	Yes	10,56000 Sanctioned in 2016-17	For purcha sing of equip ment	Amount yet to utilised
4	Srikrishna Govt. Ayurvedic college Kurukshetra, Haryana	Yes	Rs. 45,59385 2016-17	For instru ments and equip ment &	Rs 4438243 (2016-17)

N o.	Name of AYUSH Institution surveyed and State	Whether grant recd from state Govt.? (Y/N)	Amount of grant recd from state Govt. with year	Purpose for which grant recd.	Utilisation amount and date of grant
				furnitu re, for library & book, for mobili ty	
5	Pt. KLS Govt. Ayurveda College, Madhya Pradesh	No	-	-	-
6	Govt. Ayurvedic college Patiala, Punjab	No	-	-	-
7	Dr. Abhin Chandra Homeopathic Medical college & hospital, Bhubaneswar, Odisha	NO	-	-	-
8	Mother Teresa Post Graduate Research Institute of Health Science Indram Nagar	Yes	2015-16- Rs 9,37500 2014-15	For contin uing Diplo ma in	2015-16 Rs 937500 latter no 19514/D

N o.	Name of AYUSH Institution surveyed and State	Whether grant recd from state Govt.? (Y/N)	Amount of grant recd from state Govt. with year	Purpose for which grant recd.	Utilisation amount and date of grant
	Gori Medu Puducherry		Rs 7,50000	Pharm acy	HFWS/B OME/201 3/78 2014-15 Rs 7,50,000
9	Shahid Jadav Nath Homeopathic Medical college & Hospital, Panjabani, Guwahati, Assam	No	-	-	-
1 0	Govt. Ayurvedic Medical college, J&K	No	-	-	-

The above table displays the grants received and the utilisation by 10 AYUSH institutions reported. Among these, five institutions are reported to have received funds from the state government pertaining to the grants on institutions while the other five did not receive any. Two institutions located in Haryana and Uttarakhand among the three reported received fund in the year 2016-17 with higher amount of grant than the institution in Puducherry which had received consecutively in two years, 2014-15 and 2015-16. The amount received totals Rs. 45, 59,385/- and Rs. 10, 56,000/- in Haryana and Uttarakhand respectively to purchase equipment and instruments as well as furniture for the institutions, while Puducherry received a lesser amount of Rs 16, 87,500/- in total and have been utilized for the continuation of diploma course in pharmacy. The funds in Andhra Pradesh

were solely to construct OPD. As a result 80 lakhs has been utilized for the same purpose in 2014-15. The amount sanctioned for the institution in Uttarakhand has not been utilised till date while about 97% of funds received have been utilized in Haryana.

Table 11.6: (Data from question no. 22-24) AYUSH Institutions surveyed: Status of Hostels and treatment facilities

No	Name of AYUSH Institution surveyed and State	Capacity of PG Boys hostel	Capacity of PG Girls hostel	Capacity of UG Boys hostel	Capacity of UG Girls hostel	Status of Panchkarma room (good /not good)	Status of OT (good/ not good)	Status of Labour room (good/ not good)
1	Govt. Homeopathic Medical College Ayranimuttom, Kerala	296	296	-	128	-	Yet to be functional	Yet to be functional
2	JSPS Govt. Homeo Medical College Ramanthapur Andhra Pradesh	50	50	80	80	Not Available	Good	Good

No	Name of AYUSH Institution surveyed and State	Capacity of PG Boys hostel	Capacity of PG Girls hostel	Capacity of UG Boys hostel	Capacity of UG Girls hostel	Status of Panchkarma room (good /not good)	Status of OT (good/ not good)	Status of Labour room (good/ not good)
3	Rishikul campus, Uttarakhand Ayurvedic University Haridwar, Uttarakhand	104	120	100	120	Good	Good	Good
4	Srikrishna Govt. Ayurvedic college Kurukshetra, Haryana	100	-		96	Good	Good	Good
5	Pt. KLS Govt. Ayurveda College , Madhya Pradesh	37	34	37	34	Good	Good	Good
6	Govt. Ayurvedic college	-	-	108	86	Good	Good	Good

No	Name of AYUSH Institution surveyed and State	Capacity of PG Boys hostel	Capacity of PG Girls hostel	Capacity of UG Boys hostel	Capacity of UG Girls hostel	Status of Panchkarma room (good /not good)	Status of OT (good/ not good)	Status of Labour room (good/ not good)
	Patiala Punjab							
7	Dr. Abhin Chandra Homeopathic Medical college & hospital, Bhubaneswar, Odisha	20	-	40	100	Not Available	Good	Good
8	Mother Teresa Post Graduate Research Institute of Health Science Indram Nagar Gori Medu Puducherry	-	150	-	150	Not Available	Not Available	Not Available
9	Shahid Jadav Nath Homeopathic Medical college &	-	-	-	-	Not Available	Good	Good

N o	Name of AYUSH Institution surveyed and State	Capacity of PG Boys hostel	Capacity of PG Girls hostel	Capacity of UG Boys hostel	Capacity of UG Girls hostel	Status of Panchkarm a room (good /not good)	Status of OT (go od/ not goo d)	Status of Labour room (good/ not good)
	Hospital, Panjabani, Guwahati, Assam							
1 0	Govt. Ayurvedic Medical college, J&K	-		-	-	Not Avail able	Not Av aila ble	Not Availa ble

The present table displays information on the hostel facilities in various AYUSH institutions as well as treatment facilities available. Drawn from the data, Govt. Homeopathic Medical College, in Kerala has the highest accommodating capacity of PG boys as well as PG girls' hostel with strength of 296 each. Whereas, Dr. Abhin Chandra Homeopathic Medical College & Hospital, Bhubaneswar in Odisha has the lowest strength of 20 in PG boys hostel. Govt. Ayurvedic College Patiala Punjab is found to hold the highest UG boys hostel capacity of 108 and the lowest being Pt. KLS Govt. Ayurveda College, Madhya Pradesh with capacity of 37 among the five states reported of its existence. In case of UG girl's hostel, out of Mother Teresa Post Graduate Research Institute of Health Science in Puducherry has the highest capacity of 150 persons while Pt. KLS Govt. Ayurveda College in Madhya Pradesh holds the lowest with 34 persons. Govt. Ayurvedic Medical College, in J&K and Shahid Jadav Nath Homeopathic Medical College & Hospital, in Assam are found to have neither PG hostel nor UG hostel while others are reported to have at least one hostel.

The status of Panchkarma in five institutions among the nine reported do not have the facility of Panchkarma, while the facility is available and its status described as good at the institutions of

Punjab, Haryana, Uttarakhand and Madhya Pradesh. The status of these states in case of Operation Theatre (OT) and labor room remains the same throughout. It is found that wherever the facilities of Panchkarma, OT and Labor room are reported of its existence, the functioning and status of the same is found to be in good condition. Some institutions do not have any of these facilities; these are Mother Teresa Post Graduate Research Institute of Health Science in Puducherry, and Govt. Ayurvedic Medical College in J&K. Govt. Homeopathic Medical College, in Kerala have these facilities but are yet to be functional.

Table 11.7: (Data from supplementary question no. 1) AYUSH Institutions surveyed: Status of utilization of ‘Capital Grant’ in each of the years

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
1	Govt. Homeopathic Medical College Ayranimuttom Kerala	Not Received			14 lakh	14 lakh	ENT Sravya Project, Bronchial Asthma Project	Not Received		
2	JSPS Govt. Homeo Medical College Ramanthapur Andhra	80 lakh	80 lakh	Construction of OPD BLOCK	Not Received			Not Received		

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
	Pradesh									
3	Rishikul campus, Uttarakh and Ayurvedic University Haridwar , Uttarakh and	Not Received			Not Received			10.56 lakhs	Yet to be utilized	
4	Srikris hna Govt. Ayurv edic college	Not Received			18.84 lakh	18.84 lakh	For equipment	45.59 lakhs	Yet to utilise d	For instruments, for library

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
	Kuruks hetra, Haryana									books
5	Pt. KLS Govt. Ayurveda College, Madhya Pradesh	Not Received			Not Received			Not Received		

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
	h									
6	Govt. Ayurvedic college Patiala Punjab	Not Received			Not Received			Not Received		
7	Dr. Abhin Chandra Homeopathic Medical college &	Not Received			Not Received			1367000	Yet to utilise d	Construction of Auditorium & classrooms

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
	hospital, Bhubaneswar, Odisha									
8	Mother Teresa Post Graduate Research Institute of Health Scienc	Not Received			Not Received			Not Received		

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
	e Indram Nagar Gori Medu Puduc herry									
9	Shahid Jadav Nath Home opathi c Medic al colleg e &	Not Receiv ed			Not Recei ved			Not Rec eive d		

No.	Name of AYUSH Institution surveyed and State	2014-15			2015-16			2016-17 (Apr-June)		
		Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose	Amount Received	Amount spent	Purpose
	Hospital, Panjabani, Guwahati, Assam									
10	Govt. Ayurvedic Medical college, J&K	Not Received			10.28 lakh	10.28 lakh	For books	16.16	unutilized	

The table presented above shows the grants received from the capital as well as its utilization. Among the 10 states reported, JSPS Govt. Homeo Medical College, Ramanthapur in Andhra Pradesh is the only state which has received grant allotted for AYUSH institutions in 2014-15. The institution received an amount of Rs. 80 lakhs and has also reported to have utilized the whole amount in the construction of OPD block. In the second financial year, 2015-16, only three institutions in different states including Kerala, Haryana and Jammu & Kashmir received funds of about 14 lakhs, 18.84 lakhs and 10.28 lakhs respectively for the purpose of utilization in running various health projects, purchase of equipment and books for the institutions. The total amount of funds has been reported to have utilized in all the three states. Furthermore, in the third year 2016-17 seems to have added one more institution in the list as it is revealed that four among ten received grants from the capital; Srikrishna Govt. Ayurvedic College, Kurukshetra in Haryana received the highest amount of about Rs. 45.54 lakhs. The other three includes AYUSH institutions in Uttarakhand, Odisha and Jammu & Kashmir. These funds were distributed in order to purchase equipment and books, build infrastructure. However, as of now no state has commenced the utilisation. Across the years from 2014-2017, majority of the states are found to have receive no grants from the capital, hence no implementation is marked pertaining to this.

11.1 Major findings regarding AYUSH Educational Institutions component of NAM

- i) **The fund utilisation for AYUSH Educational Institutions has been at a low level:** Due to the delay in release of funds to the institutions in most states/UTs, there has been delay in utilizing the funds in AYUSH Educational Institutions component. The impact of this component is diffused and unless measures are pre declared and baseline data collected, the inducing of a greater impact will be difficult to determine.
- ii) **Positive impact of AYUSH Educational Institutions component as stated by the stakeholders:** The Principals, the Librarians, the students and the teachers when contacted during the field survey did mention that even though the assistance received under NAM could be more than what is currently being provided, there is certainly some impact due to augmentation of institute's college's resources.

11.2 Recommendations regarding AYUSH Educational Institutions component of NAM

- i) **Expansion and Construction of hostels may be assisted under NAM:** There is a serious shortage of proper hostels and hostel rooms in the educational institutions. The possibility must be explored to support construction of hostels and addition of hostel rooms in good educational institutions of AYUSH which need this facility. It will help attract talented students.

- ii) **Standards of AYUSH Educational Institutions should be firmly enforced:** As part of the NAM assistance, the improvement in quality standards of the institutes as well as the education within these institutes must be supported with funds. There must be an attempt to shortlist some of the notably good institutes and other institutes may be supported with funds to come upto their standards using these as benchmarks.

- iii) **Explore possibility of supporting Educational Visits, sessions by notable AYUSH practitioners in the educational institutes:** In order to improve the educational avenues of students, activities like educational visits and lectures by eminent practitioners may be funded at institute level.

ANNEXURE I

(Statewise Photographs of AYUSH establishments captured during fieldwork)

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Glimpses from the state of

Andhra Pradesh

AYUSH Services in Andhra Pradesh.



*Dr. Archanta Lakshmipathi
Government Ayurvedic Hospital
Building, Vijayawada.*



*Upgradation of AYUSH Hospital,
Vijayawada.*



AYUSH Dispensary, Guntur.

Drug storage at AYUSH Dispensary, Guntur





*Interaction of field researcher with
Chief Medical Officer (CMO) and
Doctors during field visit at
Government Ayurvedic Hospital,
Vijayawada.*

*Interaction of field researcher with
the Commissioner, AYUSH
Department.*



Glimpses from the state of

Arunachal Pradesh

AYUSH Services in Arunachal Pradesh



*Health Sub-Centre at
Chimpu, Itanagar.*



*Community Health Centre (CHC) at Itafort,
Itanagar.*





*Ayurvedic and Homeo Medicines at
Community Health Centre (CHC), Itafort,
Itanagar.*



*Homeo OPD at
State Hospital*





Homeo Pharmacy at State Hospital



*Patient being examined by a
doctor at the Unani OPD at State
Hospital*



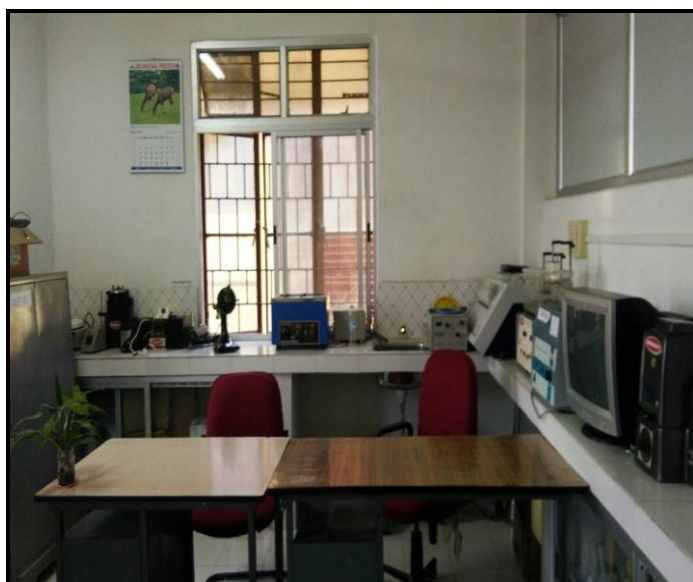


*Entrance to AYUSH Society
and DTL block.*



ASU & H Drugs, Arunachal Pradesh

Government Ayurvedic Pharmacy at Naharlagun.







State Drug Testing Laboratory, Arunachal Pradesh.



Glimpses from the state of

Assam

AYUSH Institution in Assam.



Government Ayurvedic College, Guwahati



Medicine storage at Ayurvedic Pharmacy





Raw material storage at

Ayurvedic Pharmacy



ASU & H Drugs, Assam

State Ayurvedic Pharmacy at Govt. Ayurvedic College, Guwahati.

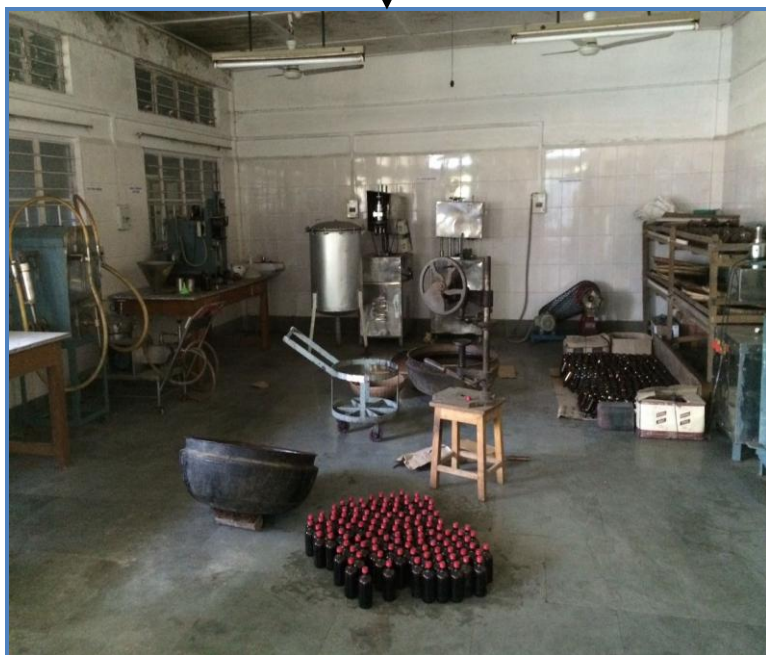
State Ayurvedic Pharmacy Building



Pulverizer Machine



Machines at manufacturing unit



Autoclave Machine





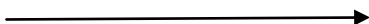
Drug Testing Laboratory, Guwahati, Assam.

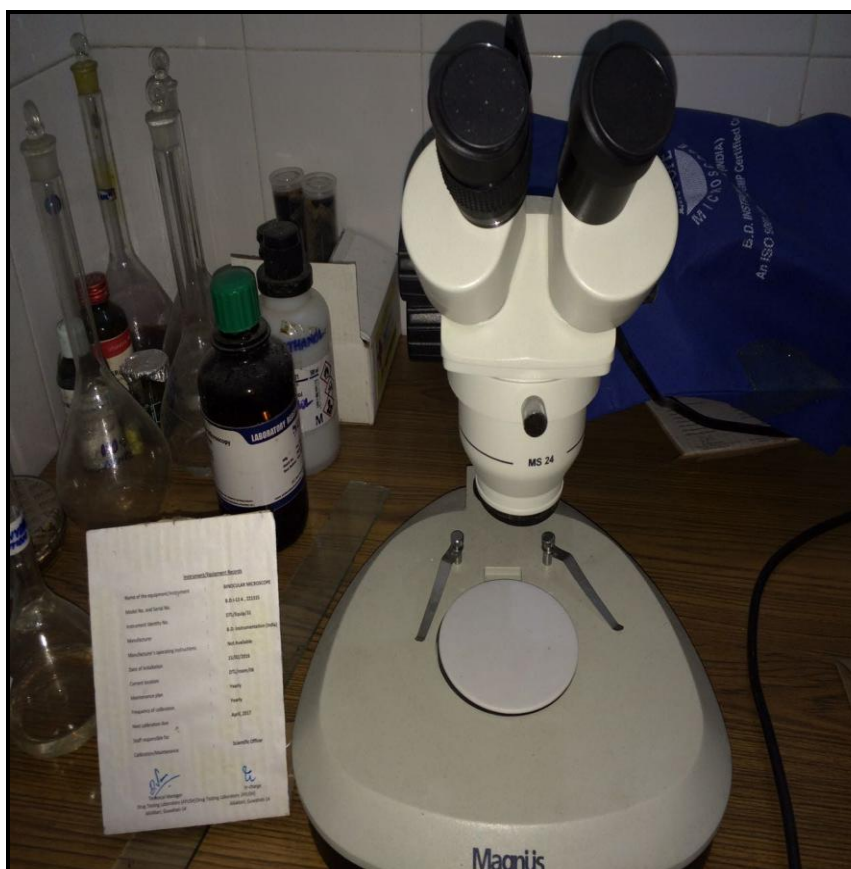


Drug storage



B.O.D Incubator





Digital PH Meter



Spectrophotometer

Primary Health Centre (PHC) - AYUSH OPD Centre at Azara, Kamrup.



Glimpses from the state of

Gujarat

AYUSH Services in Gujarat.



*Signage at the hospital entrance of
Government Ayurvedic Hospital, Sahibaug,
Ahmedabad*

**Signage of Centre of Excellence
in Neurological Disorders at
Government Ayurvedic Hospital,
Ahmedabad**



**Display showing treatment of
different diseases at the
Government Ayurvedic Hospital,
Ahmedabad.**

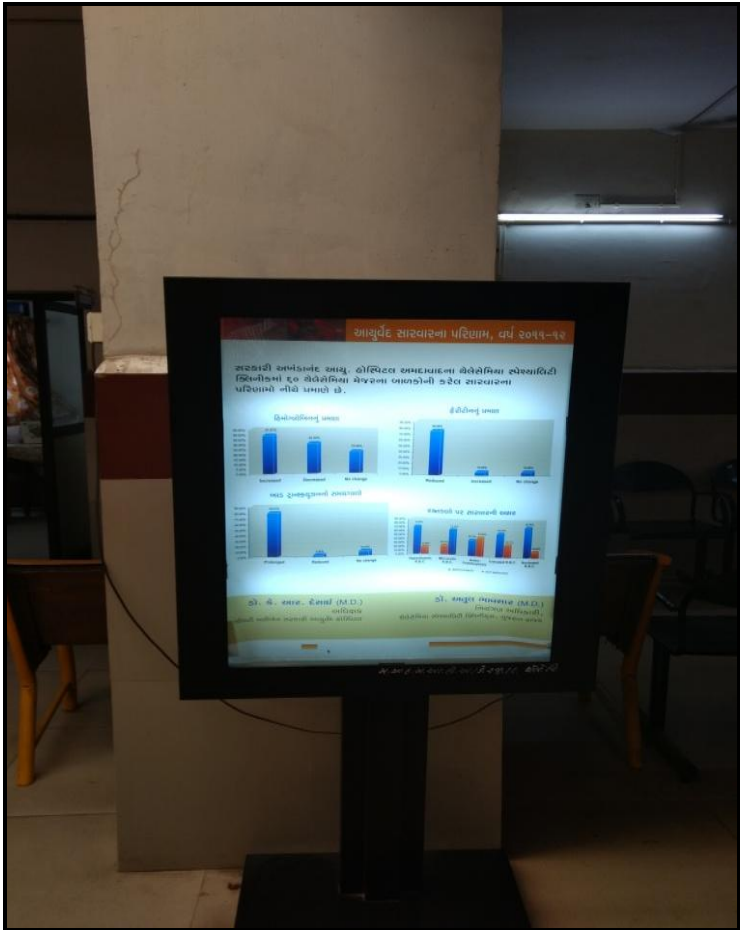


Signage giving information of Osteoarthritis at the Government Ayurvedic Hospital, Ahmedabad.



Lobby at the Government Ayurvedic Hospital, Ahmedabad.





*Electric display showing information
at the lobby of Government
Ayurvedic Hospital, Ahmedabad.*





*Patients in the waiting area at the
Government Ayurvedic hospital*



*Operation Theatre at the
Government Ayurvedic Hospital.*



*Gents Physiotherapy room at the
Government Ayurvedic Hospital,
Ahmedabad*



***The new Dispensary building at Navrangpura,
Ahmedabad
to be commissioned shortly,
wherein two rooms will be allotted for AYUSH.***



Glimpses from the state of

Haryana

AYUSH Services in Haryana



AYUSH wing in District Hospital, Ambala



CHC building in Chaurmastpur, Ambala



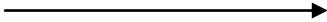
View of PHC building in Daultabad, Gurgaon



OPD at Garhi Harsaru PHC, Gurgaon



OPD at Kirmach PHC



Patient waiting room at Urban PHC at

Krishna Nagar, Gamri



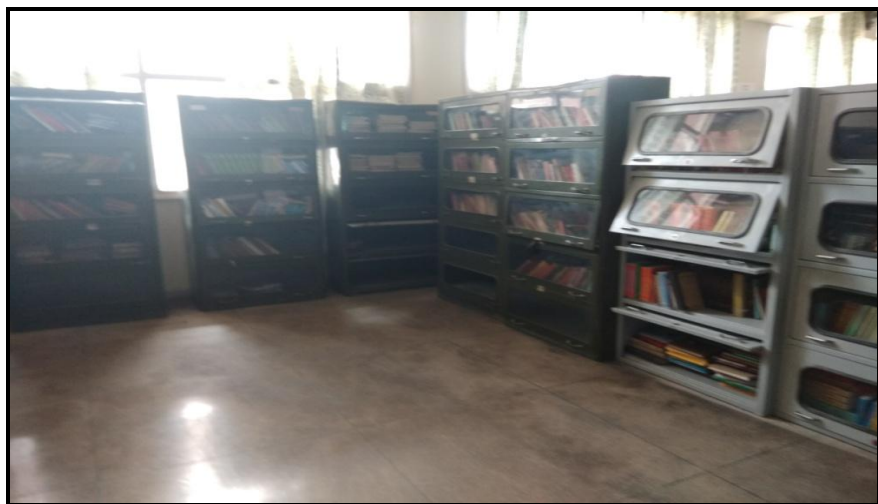
Patient room at Ayurvedic Dispensary, Panchkula



AYUSH Educational Institution, Haryana



*Entrance to the Government
Ayurvedic College and Hospital,
Kurukshetra, Haryana.*



*Library at Government Ayurvedic
College, Kurukshetra*



*Reading room at Government
Ayurvedic college, Kurukshetra*



*Panchkarma room at Ayurvedic
Hospital.*





*Operation Theatre at Ayurvedic
Hospital.*



State Drug Testing Laboratory Building



Machinery at Drug Production Unit





Store house of raw materials



Programmes and Trainings in Haryana



Basant Panchmi Camp



Ayurveda Camp





Ambedkar Martyrdom Camp



Glimpses from the state of

Himachal Pradesh

AYUSH Services in Himachal Pradesh

Regional Ayurvedic Hospital Building at Shimla



Registration Desk at the Entrance of the Regional Ayurvedic Hospital



Outpatient Department (OPD) at Regional Ayurvedic Hospital





Laboratory room at Regional Ayurvedic

Hospital, Shimla



Machine at the Laboratory





Machine at the Laboratory



IPD patient room at Regional Ayurvedic Hospital, Shimla



Special Ward



Panchkarma Ward at Regional Ayurvedic Hospital, Himachal Pradesh

Panchkarma Room



Panchkarma Equipment



Performing Panchkarma and Shirodhara



Surgical Machine at Operation Theatre



Surgical Equipment at Operation theatre



Pharmacy inside the Regional Ayurvedic Hospital



Ayurvedic medicine store nearby the

Regional Ayurvedic Hospital



Glimpses from the state of

Jammu & Kashmir

AYUSH Services in Jammu & Kashmir



**Government 50 bedded
Unani Hospital, Shalteng**

*Government 50 bedded
Unani Hospital, Shalteng*



Glimpses from the state of

Karnataka

AYUSH Services in Karnataka

District Government Ayurvedic Hospital Buildings, Mandya





Panchkarma Room



IEC materials on display at the hospital



Drugs at the Ayurvedic hospital



Therapy room



Equipment in therapy room



Frontview of AYUSH Hospital Building, Magadi



Patient bed in IPD at AYUSH Hospital, magadi



IPD ward at AYUSH Hospital, Magadi



Laboratory room at AYUSH Hospital, Magadi



Drug storage shelf at AYUSH Hospital, Magadi



Drug storage shelf at AYUSH Hospital, Dodaballapura



Drug Testing laboratory equipments at Bangalore, Karnataka





Glimpses from the state of

Kerala

AYUSH Services in Kerala



State AYUSH Society, Kerala.



Directorate of Indian Systems of Medicine and Homeo





Abhishegapakkam PHC, Ayurveda Unit



AYUSH Dispensary, Trivandrum, Kerala





Govt. Ayurvedic Hospital Muvattupuzha



District hospital Alappuzha





Gorimedu Homeo unit



PHC Ayurveda, Kottucheri



Sooramangalam Siddha unit



AYUSH Educational Institutions in Kerala



*Government Homeopathic
Medical College Hospital*





*Government V & HSS AYUSH
Health Programme School,
Trivandrum.*



Programmes and Trainings in Kerala



Participants attending awareness session at the

Ayurveda Medical Camp in Malayinkeezhu

Gram Panchayat, Trivandrum

*Distribution of Ayurvedic Medicines (Kashayams, powders and
tablets) at Ayurveda Medical camp, Malayinkeezhu,*

Trivandrum





*People of Ithikkara Gram Panchayat attending
inauguration function of AYUSH Gram, Ithikkara.*



Free Yoga Training conducted by NAM, Kerala



Yoga Sessions at the Government School



*Localites participating Yoga Session at the
Panchayat office Building*

Glimpses from the state of

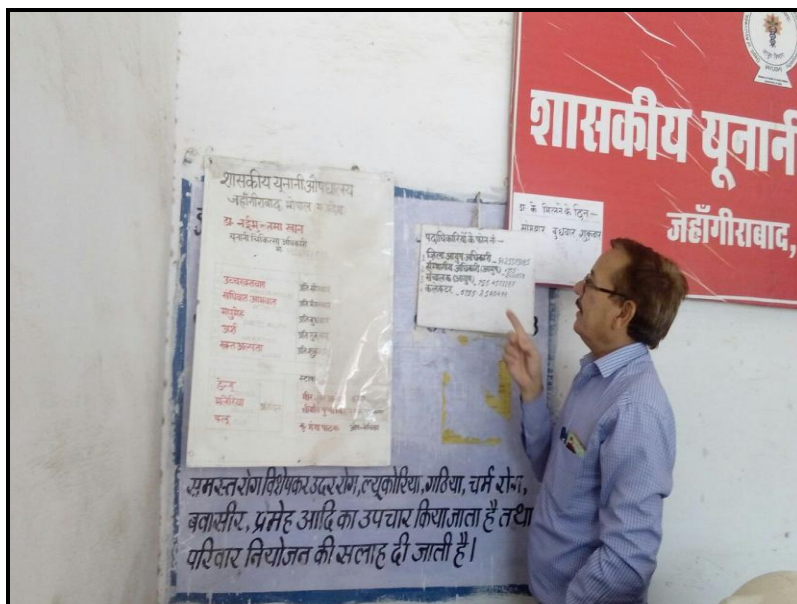
Madhya Pradesh

AYUSH Services in Madhya Pradesh

District Hospital, Bhopal, Madhya Pradesh.



AYUSH Dispensary, Bhopal, Madhya Pradesh.



Glimpses from the state of

Manipur

AYUSH Services in Manipur

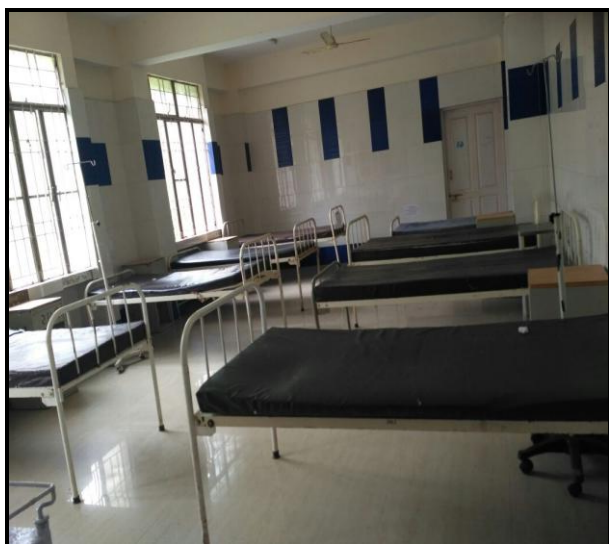
District Hospital, Senapati



Integrated AYUSH Hospital Building, Lamphelpat



IPD in Senapati District Hospital



Drugs stored at Bishnupur District Hospital



Therapy room at integrated AYUSH Hospital, Lamphelpat



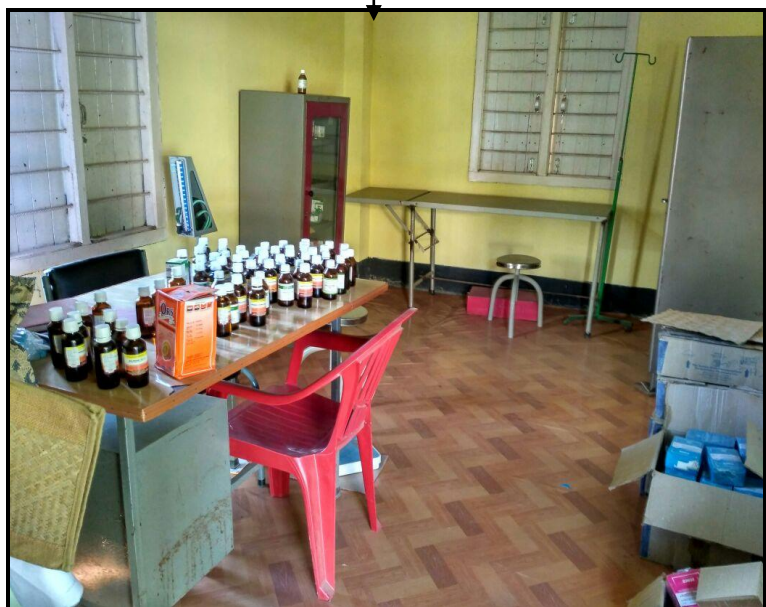
Kakching CHC



Mooirang CHC



Nambol CHC



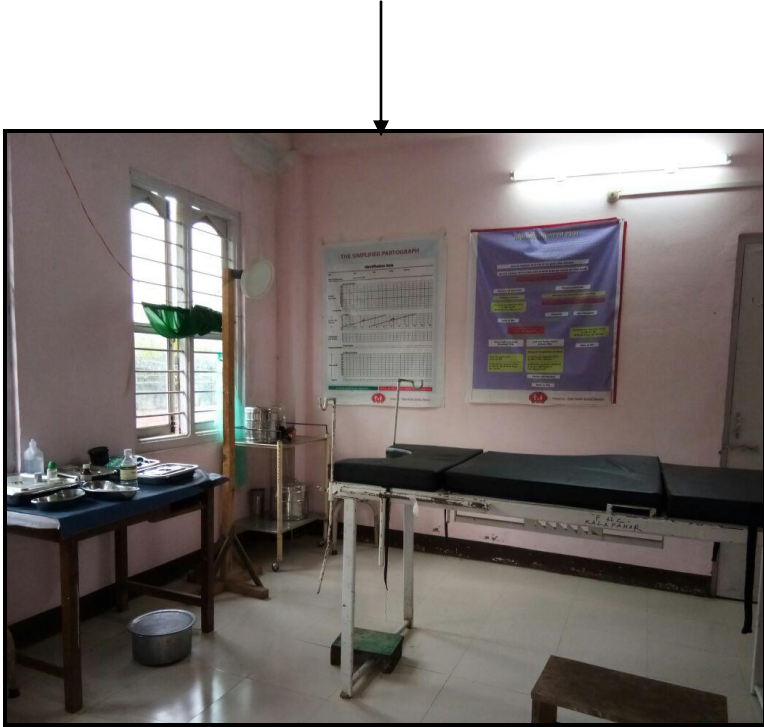
Noney PHC



Saikot PHC



Kalapahar PHC



Heingang PHC



Programmes and Trainings in Manipur

Medical camp at Keishampat Keisham



Community people attending medical camp at Keishampat Keisham



Free medical checkup at Keishampat Keisham Medical camp



Glimpses from the state of

Maharashtra

Programmes and Trainings on medicinal plants, Maharashtra.



*Awareness Programme on
medicinal plants- Indoor session at
Ayurvan Foundation, Nagpur.*





***Awareness Programme on
medicinal plants- Outdoor Session at
Ayurvan Foundation, Nagpur.***





***Workshop on Medicinal Plants at
S.P. Pune University.***



***Training Programme on
Medicinal Plants at
Jnana Prabhodhani, Pune.***





*Training Programme on
Medicinal Plants at
Jnana Prabhodhani, Pune.*



*Essay Writing Competition at
KVK, Shindudurg.*



*Poster Painting Competition at
KVK, Shindudurg.*



Glimpses from the state of

Mizoram

AYUSH Services in Mizoram



Office of NAM & SMPB, Government of Mizoram



AYUSH Wing in Lunglei District Hospital





Drug storage at Lunglei District Hospital



PHC, Sairang and its staffs



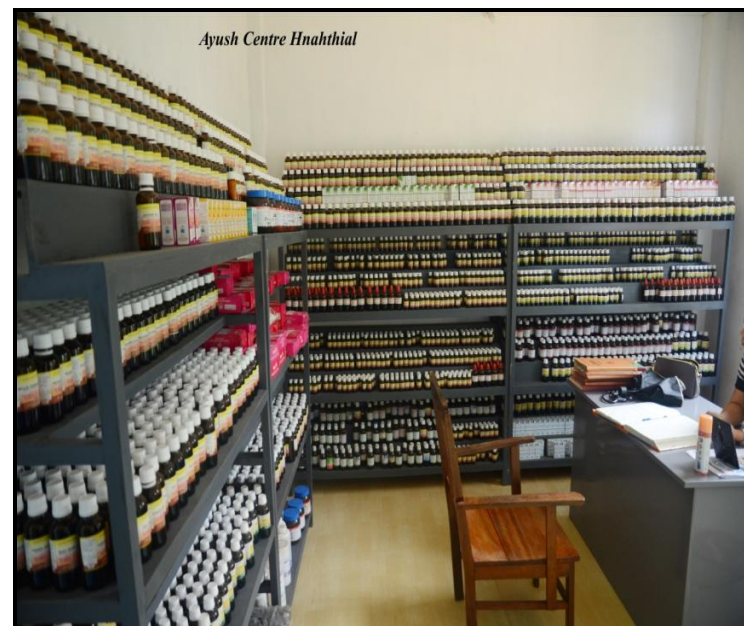
Thingsulthiah CHC



North Vanlaiphai PHC



Hnahthial PHC



AYUSH Programme; AYUSH Gram, Mizoram

Sihhmui Village where AYUSH Gram is implemented



Glimpses from the state of

Nagaland

AYUSH Services in Nagaland.



Integrated AYUSH

Hospital, Dimapur

*Homeopathic Medicines at Integrated
AYUSH Hospital, Dimapur*



AYUSH Wing Building at

District hospital

***Medicines stored at AYUSH Wing
in District Hospital***





Botsa PHC, Kohima



Out Patient Department (OPD) room at Botsa PHC



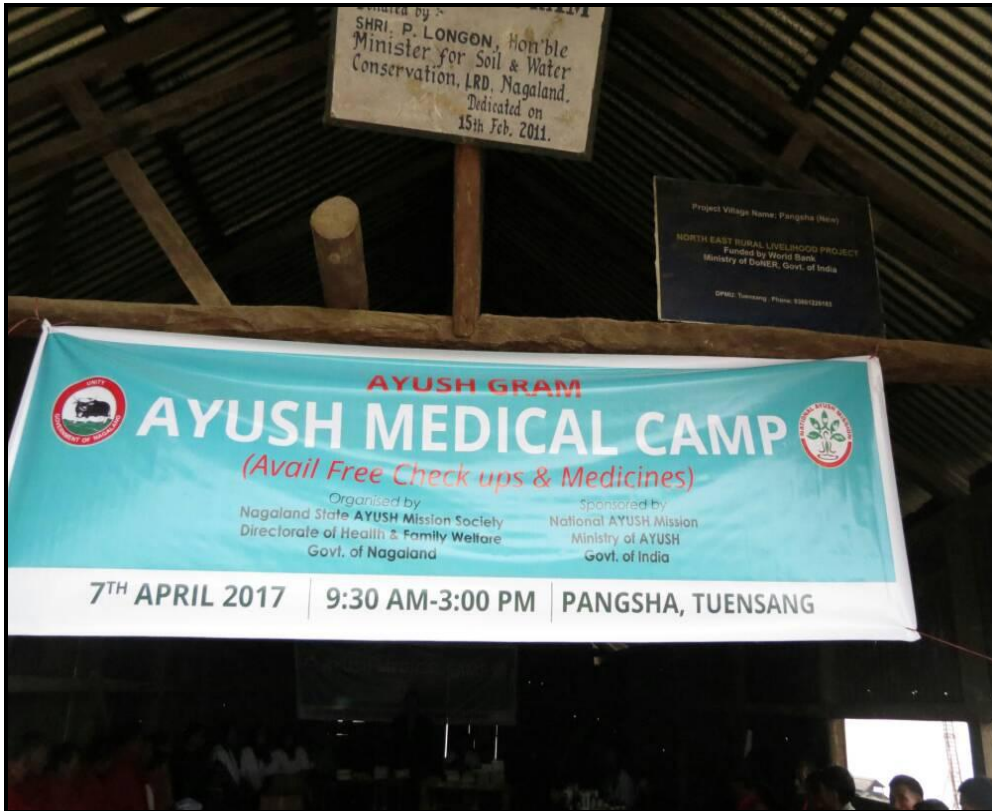
Programmes and Camps



*School Health Programme,
Nagaland*



*Yoga session during
School Health
Programme*



*Signage of AYUSH Medical Camp,
Tuensang.*



*Section of crowd to avail
free AYUSH Health Check-
up and Medicines at
AYUSH medical camp in
Tuensang*



Glimpses from the state of

Odisha

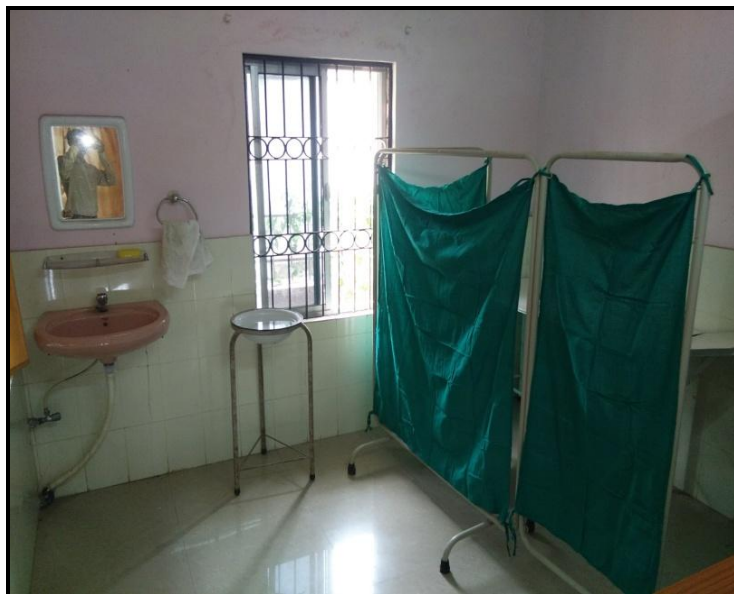
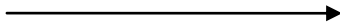
AYUSH Services in Odisha.



Dispensary Building at Retang



Dispensary Room at Retang





Medicines at Retang Dispensary



Upgraded Dispensary at Paikrapur



Medicines and Equipment at Paikrapur dispensary



Interaction of field researchers with Medical Officer and DAMO

Government Ayurvedic Hospital, Bhubaneshwar, Odisha.

Government Ayurvedic Hospital Building



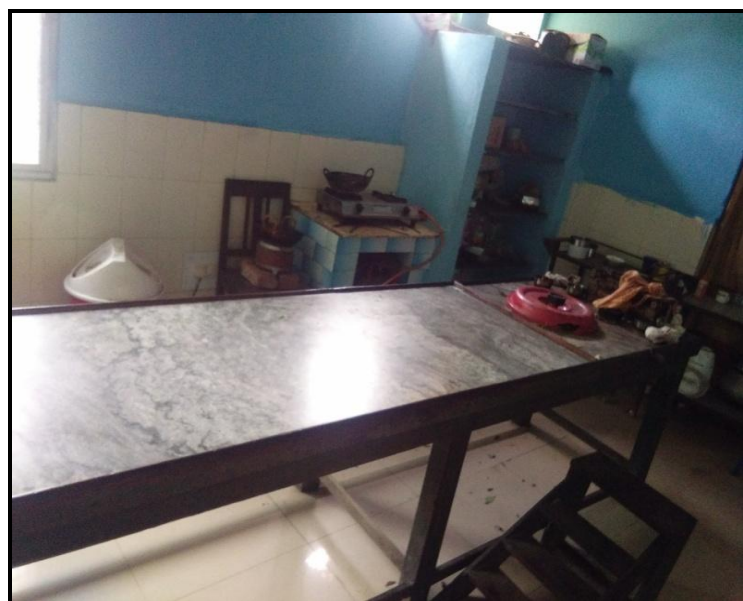
Panchkarma Centre



Patient Room in IPD



Panchkarma Therapy room



Medicine Unit at the Government Ayurvedic Hospital, Bhubaneswar



Inpatient Department (IPD)



Operation Theatre



Toilet



Primary Health Centre (PHC), Mahidharpada, Cuttack, Odisha.

Mahidharpada PHC signage



Primary Health Centre (PHC) Building



IEC/BCC room



Outpatient Department (OPD)



ASU & H Drugs, Odisha.

Drug Testing Laboratory Building, Bhubaneswar



Laboratory Rooms



Glimpses from the state of

Puducherry

AYUSH Services in Puducherry.



OPD in Siddha Unit, District Hospital

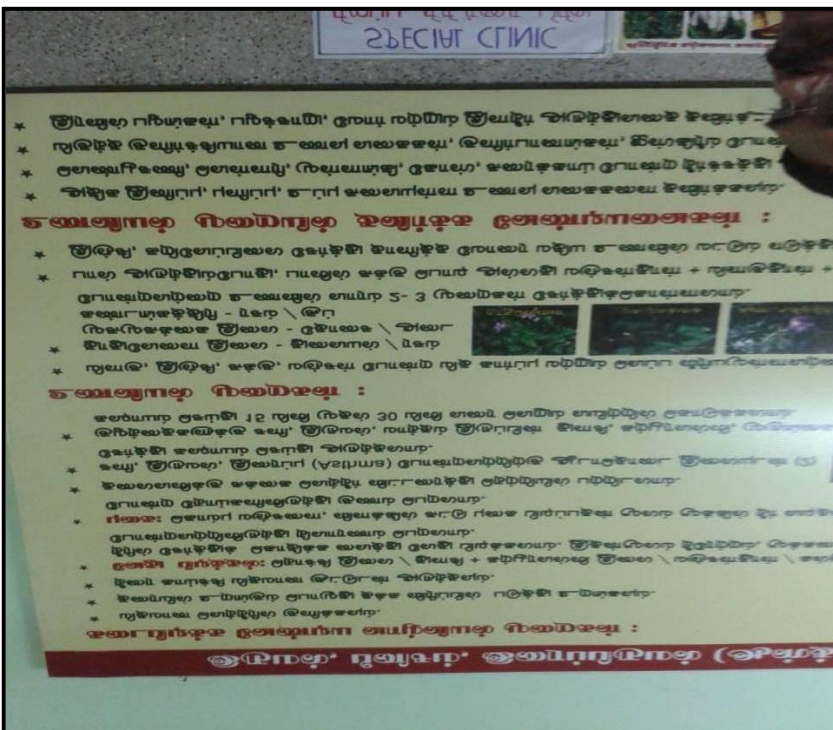


Ayurveda Pharmacy at District Hospital





Kashayam Vending Machine at Siddha Dispensing Counter, District Hospital



List of Medicinal Plants available in the community on display at District Hospital.



*Doctor performing Tokkanam Treatment on a
Mentally Challenged child at District Hospital.*





Homeopathy OPD at Puducherry CHC



Doctor performing Tokkannam Treatment

at OPD in CHC



OPD at PHC, Puducherry



Siddha Dispensary



***Government Primary School: Siddha Doctors distributing Kashayam at
during Dengue outbreak at Puducherry.***



Physical Therapy session at AYUSH Wellness Centre, Puducherry.



AYUSH Educational Institution & State AYUSH Office, Puducherry.

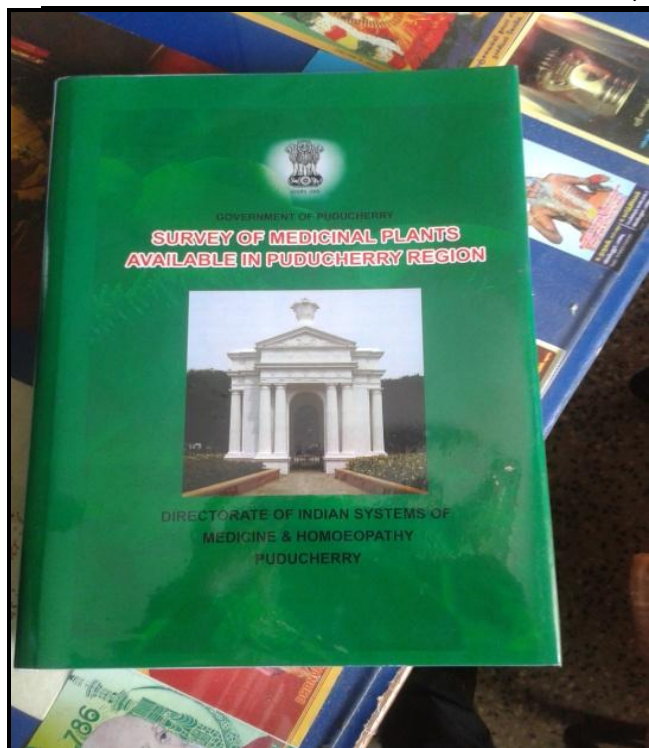


*Mother Teresa Post Graduate and
Research Institute of Health Sciences.*



*Office of the Directorate of Indian Systems of
Medicine & Homeopathy.*





Survey of Medicinal plants available in
Puducherry region.



Glimpses from the state of

Punjab

AYUSH Services in Punjab.

Ayurvedic Hospital, Ludhiana



OPD in CHC, Ghuar



Patient Waiting area at Ghuar CHC



Medicine Store at Ghuar
CHC



Panchkarma room at Ghuar CHC





*Interaction with Doctor and Patient
at District Hospital, Chandigarh*



*Therapy Room at District
Hospital, Chandigarh*





*Grinder machine at Drug Production unit,
Patiala*



*Medicine Containers for storage at Drug
Production Unit, Patiala*





*Bhatti where the medicines are
prepared in the initial stage*



*Drug Testing
Laboratory Room, Patiala*



*Example of Samples ready to be Tested in
Laboratory, Patiala*



*Atomic Absorption Spectrophotometer at Drug
Testing laboratory, Patiala*

Microscope at drug Testing Laboratory, Patiala



Boiler at Drug Testing Laboratory, Patiala



Glimpses from the state of

Rajasthan

AYUSH Services in Rajasthan.

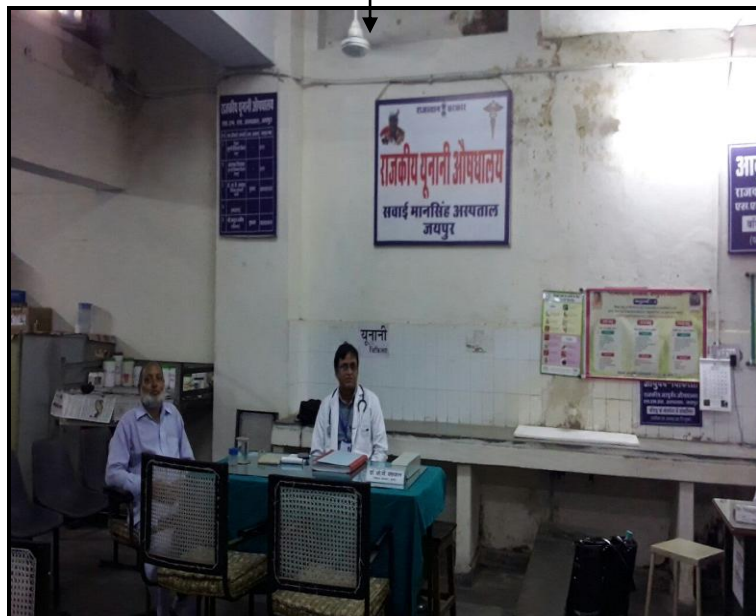
AYUSH Wing Signage at Jaipur District Hospital



Ayurveda & Homeopathy OPD



Unani OPD



Ayurveda Hospital, Pratap Nagar, Jaipur, Rajasthan.

Ayurveda Hospital, Jaipur signage at the entrance



Patient room in Ayurveda Hospital



Patient room in Ayurveda Hospital



Display of information about the treatment of different diseases

provided at the Ayurveda Hospital.



Information on Panchkarma at the Ayurveda Hospital



IEC materials being displayed at the Ayurveda Hospital



Jaipur Ayurveda Dispensary Building



Medicines at Jaipur Ayurveda Dispensary



Wellness Centre signage



Yoga Session at Wellness centre



Medicine Storage at Wellness Centre

Glimpses from the state of

Sikkim

AYUSH Services in Sikkim.

Department of AYUSH at Namchi District Hospital



10 bedded AYUSH Hospital, Gangtok



Pharmacy at AYUSH hospital, Gangtok →



Patient room at AYUSH Hospital, Gangtok



Yoga and Naturopathy Section at AYUSH Hospital, Gangtok



Soreng PHC



Medicines at Soreng PHC



50 bedded AYUSH Hospital under Construction



Doctor examining a patient in OPD at Soreng PHC



Interaction of field researcher with Doctor, Engineer and supervisors during field visit to 50 bedded AYUSH Hospital which is under construction



Programmes and Trainings, Sikkim

Sir Tashi Namgyal Sen. Sec. School Health Programme



Health

Awareness session

Yoga session





Medicines for free checkup



Glimpses from the state of

Tamil Nadu

AYUSH Services & Institution, Tamil Nadu

Government Yoga & Naturopathy Medical College & Hospital, Chennai, Tamil Nadu.



IEC material displayed at the Govt. Yoga & Naturopathy Medical College & Hospital.



Siddha Unit





IEC material displayed at Siddha unit.



Siddha Dispensary.



*Inpatient Department (IPD) at
Siddha Unit.*

Yoga and Naturopathy centre.



ASU & H Drugs, Tamil Nadu

Drug Production Unit, Tampcol, Alathur



Thailam Production Unit.



Impact Pulveriser





Tablet and Capsule Section





Capsule Filling Section



Drug Storage room



Drug Testing Laboratory, Tampcol, Tamil Nadu.



In-house Drug Testing Laboratory room



Drug Testing Laboratory Team





*Drug Testing Laboratory terrace: its team
wishes to expand the laboratory due to
current limited space.*





Machine at Drug Testing Laboratory.



Equipment at Drug Testing laboratory





Library books at Drug Testing laboratory.



Glimpses from the state of

Telangana

AYUSH Services in Telangana



*Upgradation of Government Ayurvedic Hospital,
Toopran, Medak district.*



Govt.Homeo dispensary,Yellareddy,Nizamabad





Government Unani Dispensary, Mustaidpura

Govt. Ayurveda dispensary, Budharaopet, Warangal, Telangana



Government Ayurvedic Dispensary, Kothawada





Medicines at Government Ayurvedic hospital, Bibinagar



Yoga session at AYUSH Wellness Centre, Ramanthapur



AYUSH Wellness Centre, Ramanthapur, Hyderabad



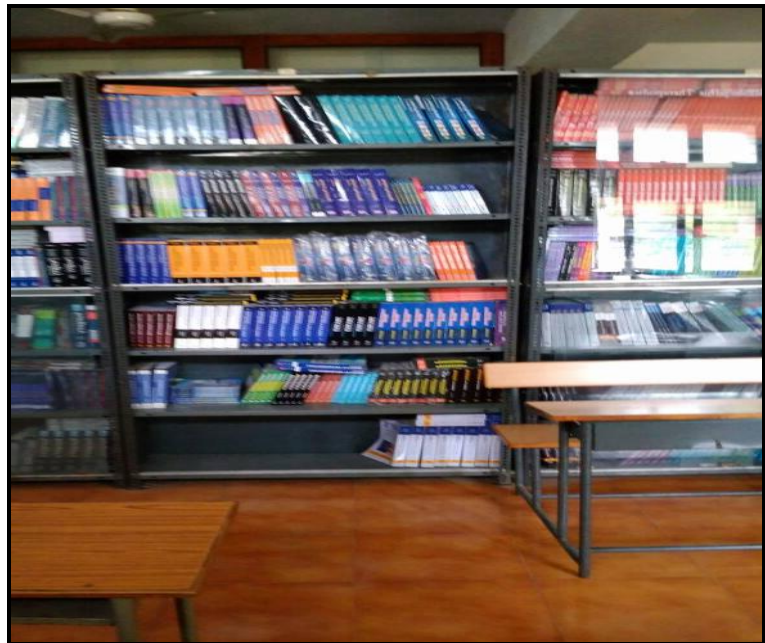
AYUSH Institution, Telangana

Government Homeopathic Medical College Ramanthapur, Hyderabad

Government Homeopathic Medical College entrance



Library with AYUSH NAM funds



Drug Section



Upgradation of AYUSH Education Institution

ASU & H Drugs, Telangana

AYUSH Pharma Drug Production Unit, Katted, RR District,

Hyderabad, Telangana.

Government Ayurveda Pharmacy



Machinery



Raw Drug Store, Unani



Packing Section at AYUSH drug pharma production unit

Unani, Katted, RR district, near Hyderabad.



Tablets machine 36 punches at AYUSH drug pharma

production unit Unani, Katted, RR district, near Hyderabad.



Camp and AYUSH Gram

Health Outreach Camp at wargal



AYUSH Gram, Begumpet



Glimpses from the state of

Uttarakhand

AYUSH Services in Uttarakhand



District Hospital, Dehradun



AYUSH Wing at Dehradun District Hospital





*Interaction of Field Researcher with
the State Officials during field visit.*



Dehradun CHC



Operation Theatre at Dehradun CHC



Therapy room at Dehradun CHC



Medicine Store Room at PHC, Nehru Gram.



Government Ayurvedic Hospital, Majra, Dehradun.



Lecture room in AYUSH Institution, Haridwar.



Library at AYUSH Institution, Haridwar.



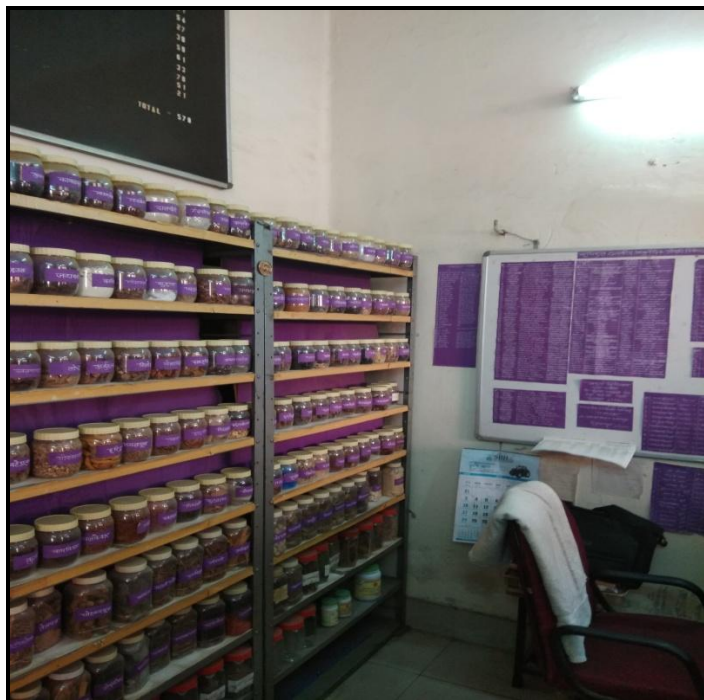


Machines used in Production of Medicines at drug production unit, Haridwar

Packaging of medicines



Drug Samples



Drug Testing Laboratory, Haridwar, Uttarakhand.





Drugs storage at Haridwar

Glimpses from the state of

Uttar Pradesh

AYUSH Programme in Uttar Pradesh

School Health Programme, Lucknow, Uttar Pradesh.

Students being examined by the doctors



Students posing with a doctor



Students attending session on health



Glimpses from the state of

West Bengal

AYUSH Services, West Bengal

View of Kolkata District Hospital



AYUSH Unit in Kolkata District Hospital



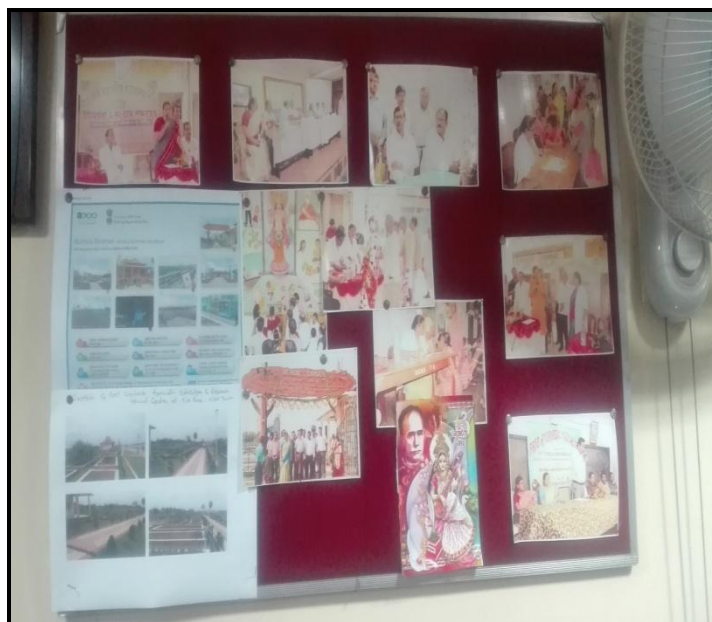
Patients being examined by the doctor



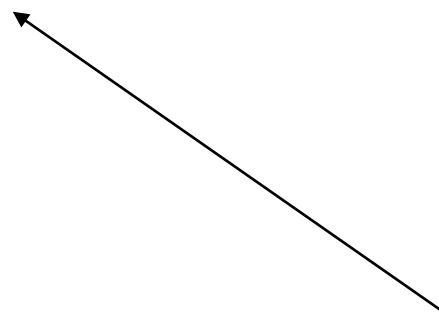
50 bedded AYUSH Hospital, West Bengal



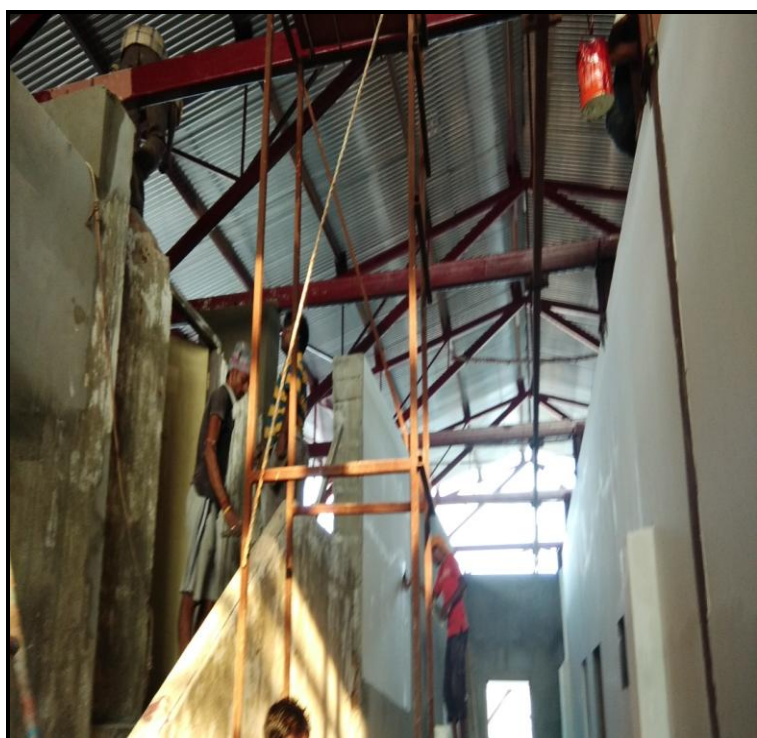
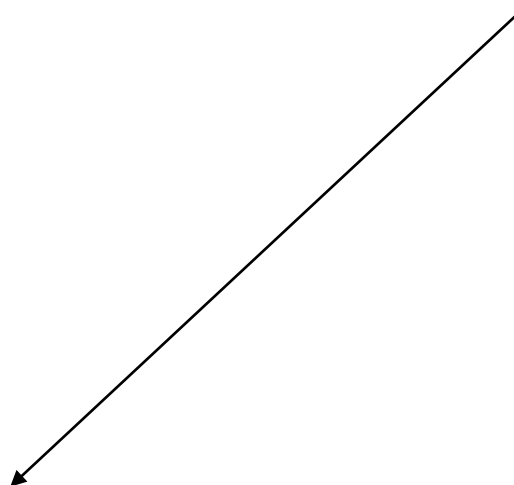
Laboratory



AYUSH Institution, West Bengal



*Kolkata College under
construction*



YUSH Programmes in West Bengal

AYUSH Mela in Sundarbans Blocks.



Haroa (North)



Sandeshkhali (North)





**Mathurapur
(South)**



Joynagar (South)



Annexure- II

Questionnaires and Schedules used during the fieldwork

CONTENTS

Sl. No	Questionnaires	Page No.
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National AYUSH Mission (NAM)

1. AYUSH OPD in Primary Health Centre (PHC):

1.	Location	Block: Sub-Division: District: State: Phone number:			
2.	When was AYUSH co-location in the Health Centre?				
3.	What is /are the Primary stream of AYUSH used by the Health Centre?				
4.	Was new OPD constructed or an existing OPD was altered for AYUSH?				
5.	What was the amount of one time grant you received for addition/alteration of OPD for AYUSH from Centre?				
6.	Did you receive any grant from the State Government?	Yes/No			
7.	If answered 'Yes' to the previous question what is the amount of grant received by you from the State Government?	Year	One Time grant	Recurring grant	
2014-15					
2015-16					
2016-17					

8.	What are the present facilities available in the Health centre for AYUSH	Clinical lab: X-ray Room: Panchakarma Therapy: Ksharsutra Room: Regimental Therapy Room: Any other:																				
9.	How the one-time grant was utilized?	Premises Furniture Equipments Any other																				
10.	Are the facilities shared between AYUSH and Allopathy?	Yes/No																				
11.	Is there any cross reference in Health Centre i.e. from AYUSH to Allopathy or Allopathy to AYUSH.	Yes/No																				
12.	If yes, in the previous question, how is reference made?	Reference by order General Practice of referring Others																				
13.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM during 2014-15). Please provide the details?	<table border="1"> <thead> <tr> <th>Year</th><th>Medicine</th><th>Contingency</th><th>salary</th><th>Others</th></tr> </thead> <tbody> <tr> <td>2014-15</td><td></td><td></td><td></td><td></td></tr> <tr> <td>2015-16</td><td></td><td></td><td></td><td></td></tr> <tr> <td>2016-17</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Year	Medicine	Contingency	salary	Others	2014-15					2015-16					2016-17				
Year	Medicine	Contingency	salary	Others																		
2014-15																						
2015-16																						
2016-17																						
14.	From where AYUSH medicines	IMPCL:																				

	procured?(percentage wise)	Public Sector Undertaking: Pharmacies under State Government: Pharmacies under Co-operative: Any other:														
15.	Do you get any State contribution towards procurement of AYUSH Medicines in the Health Centre?	Yes/No														
16.	If your answer is 'yes' to the previous question, please mention the amount received?	<table border="1"> <thead> <tr> <th>Year</th><th>Medicine</th></tr> </thead> <tbody> <tr> <td>2014-15</td><td></td></tr> <tr> <td>2015-16</td><td></td></tr> <tr> <td>2016-17</td><td></td></tr> </tbody> </table>	Year	Medicine	2014-15		2015-16		2016-17							
Year	Medicine															
2014-15																
2015-16																
2016-17																
17.	AYUSH Staff available with names and phone number	AYUSH doctors Pharmacist for AYUSH Supporting staffs Others														
18.	Is the AYUSH staffs on contractual or regular basis	<table border="1"> <thead> <tr> <th>Name of the post</th><th>Regular (No.)</th><th>Contractual (No.)</th></tr> </thead> <tbody> <tr> <td>AYUSH doctors</td><td></td><td></td></tr> <tr> <td>Pharmacist for AYUSH</td><td></td><td></td></tr> <tr> <td>Supporting staffs</td><td></td><td></td></tr> </tbody> </table>	Name of the post	Regular (No.)	Contractual (No.)	AYUSH doctors			Pharmacist for AYUSH			Supporting staffs				
Name of the post	Regular (No.)	Contractual (No.)														
AYUSH doctors																
Pharmacist for AYUSH																
Supporting staffs																

		Others		
19.	Do you conduct any training programme of AYUSH Medical officer(s)/paramedics?	Yes/No		
20.	If your answer is 'yes' to the previous question what kind of training?	Medical Officer for mainstreaming of AYUSH Skilled Birth Attendant		
21.	Is AYUSH doctor involved in any National Health Programme?	Integrated Management of Neonatal and Childhood Illnesses(IMNCI) Other Training(specify): No/Yes: If Yes then, Village Health Nutrition Day (VHND) School Health Programme Immunization Mobile Medical Unit Others(Please specify) No/Yes: If Yes then,		
22.	Is AYUSH doctor a member of any health society	Rogikalyan Society District Health Society		

Others(Please specify)

Male

patients:

(young

less than

40 and

old more

than 40

years):

Female

Patients

(young

less than

40 and

old more

than 40

23. What is the average daily patients for

years):

AYUSH system?

24. Do you have any system of record keeping of patients? (yes or No)

25. If yes, how the record is maintained?

Register

Software

26. What are the common diseases which

are treated with AYUSH?

Please mention the diseases that are		Children
27. found common		Adult Male
		Adult Female
28.	What categories of patients are more for AYUSH?	Elderly Children Adult Male Adult Female Elderly
29.	Was any special disease treated with AYUSH? Describe when and how	
30.	What medicines are prescribed for the common disease?	
		No. of patients who came for the treatment

31. How successful is the AYUSH system

No. of patients who were cured.

in the Health Centre? Please mention

No. of patients continuing treatment

on an average monthly basis

No. of patients who are not continuing

.

Infrastructure(Physical/Financial)

32. Do you require any other support

Equipment(Physical/Financial)

Medicine/drugs/contingency

Any other

33. Did you face any problem in submission of utilization certificate? If yes, please specify.

34.	Did you face any problem to procure AYUSH medicines? If yes, please specify.	
35.	Did you face any other problem to implement the NAM scheme? If yes, please specify.	

Observations:

1. Is there a separate dispensary for AYUSH in the PHC?
2. Is there a separate counter for AYUSH medicines in the same dispensary with allopathy?
3. Are all the AYUSH medicines available ?
4. How often are the new AYUSH medicines received?

5. Is the AYUSH doctor also practicing Allopathy?
6. If yes, is he doing so with oral instruction by PHC incharge?
7. If yes, is he doing so without any instruction?
8. Is the AYUSH part of PHC easily visible?
9. Is there a separate sign for AYUSH part in PHC?
10. How regular is the AYUSH doctor (ask patients)?
11. From where is the salary for AYUSH doctor received (National Health Mission or National AYUSH Mission)?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION

AYUSH IPD in Community Health Centre (CHC):

1.	Location	Sub-Division: District: State: Phone No.:
2.	When was AYUSH co-location in the Health Centre established?	
3.	What is /are the Primary streams of AYUSH used by the Health Centre?	Ayurveda Yoga & naturopathy Unani Siddha Homeopathy Sowa-Rigpa
4.	Was new IPD constructed or an existing IPD was changed for AYUSH?	
5.	What are the present facilities available in the Health centre for AYUSH	Clinical lab: X-ray Room: Panchakarma Therapy Room: Ksharsutra Room: Regimental Therapy Room: Tokkanam Room Any other:
6.	How the one-time (Non-recurring) grant was utilized?	Premises Furniture Equipments

		Any other				
7.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	Medicine	Contingency	salary	Others
		2014-15				
		2015-16				
		2016-17				
8.	From Where are AYUSH medicines procured? (percentage wise)	IMPCL: Public Sector Undertaking: Pharmacies under State Government: Pharmacies under Co-operative: Any other:				
9.	Whether State share contributed?	Yes/No				
10.	AYUSH Staff available with names and phone numbers	AYUSH doctors Pharmacist for AYUSH Supporting staffs Others				

11.	Is the AYUSH staffs on contractual or regular basis	Name of the post	Regular (No.)	Contractual (No.)
		AYUSH doctors		
		Pharmacist for AYUSH		

		Supporting staffs		
		Others		
12.	Do you conduct any training programme of AYUSH Medical officer(s)/paramedics?	Yes/No		
		Medical Officer for mainstreaming of AYUSH Skilled Birth Attendant Integrated Management of Neonatal and Childhood Illnesses(IMNCI)		
13.	If your answer is 'yes' to the previous question what kind of training?	Other Training(specify):		
14.	Is AYUSH doctor involved in any National Health Programme?	No/Yes: If Yes then, Village Health Nutrition Day (VHND) School Health Programme Immunization Mobile Medical Unit Others(Please specify)		
15.	Is AYUSH doctor a member of any health society	No/Yes: If Yes then, Rogikalyan Society District Health Society Others(Please specify)		
16.	Is AYUSH doctor involved in any National Health Programme? If Yes which one?			

17.	What is the average daily patients for AYUSH system?	Total: Male Patients: Female Patients
18.	Are the facilities shared between AYUSH and Allopathy?	Yes/No
19.	Is there any cross reference in Health Centre i.e. from AYUSH to Allopathy or Allopathy to AYUSH	Yes/No
20.	If yes, in the previous question, how is	Reference by order

	reference made?	General Practice of referring Others
21.	Do you have any system of record keeping of patients?	Register
22.	If yes, how the record is maintained?	Software
23.	What are the common diseases which are treated with AYUSH?	Children
Centre for Market Research and Social Development		

24. Please mention the diseases that are

Adult Male

found common

Adult Female

Elderly

Children

25. What categories of patients are more for

Adult Male

AYUSH?

Adult Female

Elderly

26. Was any special disease treated with AYUSH? If yes describe the case please

27. What medicines are prescribed for the common disease?

No. of patients who came for the treatment

28. How successful is the AYUSH system in

No. of patients who were cured.

the Health Centre? Please mention on

No. of patients continuing treatment

an average monthly basis

No. of patients who are not continuing

Infrastructure(Physical/Financial)

29. Do you require any other support?

Equipment(Physical/Financial)

Medicine/drugs/contingency

Any other

30. Did you face any problem in submission of utilization certificate? If yes, please specify.

31. Did you face any problem to procure AYUSH medicines? If yes, please

specify.

32.	Did you face any other problem to implement the scheme? If yes, please specify.	
33.	Condition of the facility (Good, Fair, Bad)	

34. Behaviour of the staff (Good, Fair, Bad)

Observations:

12. Is the IPD of AYUSH currently functioning?

13. If not functioning what is the reason?

14. Is there any interaction between Allopathic Medical Head and AYUSH doctors?

15. How is the cleanliness and Hygiene in AYUSH IPD?

16. How is the meals in AYUSH IPD?

17. What is the number of beds in AYUSH IPD?
18. Are there separate sections for males and females?
19. Is there a separate facility for Panchkarma? If yes go and see it and take pictures.
20. Is there a separate dispensary for AYUSH in the CHC?
21. Is there a separate counter for AYUSH medicines in the same dispensary with allopathy?
22. Are all the AYUSH medicines available ?
23. How often are the new AYUSH medicines received?
24. Is the AYUSH doctor also practicing Allopathy?
25. If yes, is he doing so with oral instruction by CHC incharge?
26. If yes, is he doing so without any instruction?
27. Is the AYUSH part of CHC easily visible?
28. Is there a separate sign for AYUSH part in CHC?
29. How regular is the AYUSH doctor (ask patients)?
30. From where is the salary for AYUSH doctor received (National Health Mission or National AYUSH Mission)?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**AYUSH Wing in District Hospital (DH):**

1.	Location	District: State: Incharge of AYUSH Wing: Phone Number
2.	When was AYUSH co-location in the Hospital established?	
3.	What is /are the Primary stream of AYUSH used by the Hospital? (put a circle around the choices)	Ayurveda, Yoga & naturopathy, Unani, Siddha Homeopathy, Sowa-Rigpa
4.	Was new AYUSH Wing constructed or an existing AYUSH Wing was changed for AYUSH?	
5.	What are the present facilities available in the Hospital for AYUSH	Clinical lab: X-ray Room: Panchakarma Therapy Room: Ksharsutra Room: Regimental Therapy Room:

		Tokkanam Room				
		Any other:				
		:				
6.	How the one-time (Non-recurring) grant was utilized?	Premises Furniture Equipments Any other				
7.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	Medicine	Contingency	salary	Others
		2014-15				
		2015-16				
		2016-17				
8.	From where are AYUSH medicines procured?	IMPCL: Public Sector Undertaking: Pharmacies under State Government: Pharmacies under Co-operative: Any other:				

9.	Whether State share contributed	Yes/No
10.	AYUSH Staff available with names	AYUSH doctors Pharmacist for AYUSH

		Supporting staffs		
		Others		
11.	Is the AYUSH staffs on contractual or regular basis	Name of the post	Regular (No.)	Contractual (No.)
		AYUSH doctors		
		Pharmacist for AYUSH		
		Supporting staffs		
		Others		
12.	Do you conduct any training Programme of AYUSH Medical officer(s)/paramedics?	Yes/No		
13.	What kind of training programme is conducted?			
14.	If your answer is 'yes' to the previous question what kind of training?	Medical Officer for mainstreaming of AYUSH Skilled Birth Attendant Integrated Management of Neonatal and Childhood Illnesses(IMNCI) Other Training(specify):		
15.	Is AYUSH doctor involved in any National Health Programme?	No/Yes: If Yes then, Village Health Nutrition Day (VHND)		

		School Health Programme Immunization Mobile Medical Unit Others(Please specify)
16.	Is AYUSH doctor a member of any health society?	No/Yes: If Yes then, Rogikalyan Society District Health Society Others(Please specify)
17.	Is AYUSH doctor involved in any National Health Programme?	
18.	What is the average daily number of patients that come to OPD for AYUSH system?	Total: Males: Females:
19.	No. of AYUSH IPD beds	
20.	Average AYUSH IPD bed occupancy (how many bed-days in a month)	
21.	Are the facilities shared between AYUSH and Allopathy?	Yes/No

22.	Is there any cross reference in Health Centre i.e. from AYUSH to Allopathy or Allopathy to AYUSH?	Yes/No
23.	If yes, in the previous question, how is reference made?	Reference by order General Practice of referring Others
24.	Do you have any system of record keeping of patients?	
25.	If yes, how the record is maintained?	Register Software
26.	What are the common diseases which are treated with AYUSH?	
27.	Please mention the diseases that are found common	Children Adult Male Adult Female Elderly
28.	What categories of patients are more for AYUSH?	Children Adult Male Adult Female Elderly

29.	Was any special disease treated with AYUSH? If yes please describe the case	
30.	What medicines are prescribed for the common disease?	

31.	How successful is the AYUSH system in the Health Centre? Please mention on an average monthly basis	No. of patients who came for the treatment No. of patients who were cured. No. of patients continuing treatment No. of patients who are not continuing treatment
32.	Do you require any other support?	Infrastructure(Physical/Financial) Equipment(Physical/Financial) Medicine/drugs/contingency Any other

	Did you face any problem in	
33	submission of utilization certificate? If yes, please specify.	
34	Did you face any problem to procure AYUSH medicines? if yes, please specify	
35	Did you face any problem to Implement the scheme? if yes, please specify	
36	Condition of Facility(Good, Fair, Poor)	
37	Behaviour of the staff(Good, Fair, Poor)	

Observations:

1. Is the IPD and OPD of AYUSH wing currently functioning?
2. If not functioning what is the reason?
3. Is there any interaction between Allopathic Medical Head and AYUSH doctors?
4. How is the cleanliness and Hygiene in AYUSH wing?
5. How is the meals in AYUSH IPD?
6. What is the number of beds in AYUSH IPD?
7. Are there separate sections for males and females?
8. Is there a separate facility for Panchkarma? If yes go and see it and take pictures.
9. Is there a separate dispensary for AYUSH in the District Hospital?
10. Is there a separate counter for AYUSH medicines in the same dispensary with allopathy?
11. Are all the AYUSH medicines available ?
12. How often are the new AYUSH medicines received?
13. Is the AYUSH doctor also practicing Allopathy?
14. If yes, is he doing so with oral instruction by Hospital incharge?
15. If yes, is he doing so without any instruction?
16. Is the AYUSH wing of District Hospital easily visible?
17. Is there a separate sign for AYUSH wing in District Hospital?
18. Are adequate number of AYUSH Doctors (as per sanctioned strength) available?
19. Are adequate number of AYUSH Paramedical support staff (as per sanctioned strength) available?
20. Are adequate number of AYUSH Pharmacist (as per sanctioned strength) available
21. Are adequate number of AYUSH Panchkarma Assistant (as per sanctioned strength) available

22. Are adequate number of AYUSH Therapist (as per sanctioned strength) available
23. Are adequate number of AYUSH Nurses (as per sanctioned strength) available
24. How regular is the AYUSH doctor (ask patients)?
25. From where is the salary for AYUSH doctor received (National Health Mission or National AYUSH Mission)?
26. Are the AYUSH personnel being used for National Health Mission Camps etc.?
27. How often does it happen? (Describe)

Time of Visit:

Date of Visit:

Signature and Name of Field Researcher

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**Supply of Essential drugs for AYUSH Hospitals/Dispensaries:**

1.	Location	Block:				
		Sub-Division:				
		District:				
		State:				
		Phone No.:				
2.	How is/was the recurring grant being	Year	Medicine	Contingency	salary	Others
	utilized during the Plan period (since	2014-15				
	inception of NAM i.e. 2014-15). Please	2015-16				
	provide the details?	2016-17				
1.	From where are AYUSH medicines	IMPCL:				
	procured?	Public Sector Undertaking:				
		Pharmacies under State Government:				
		Pharmacies under Co-operative:				

Any other:

4. Whether State Government gives its share ? Yes/No

5. No. of AYUSH Staff available	Name of the post	Regular	Contractual
		(No.)	(No.)
	AYUSH doctors		
	Pharmacist for		
	AYUSH		
	Supporting staffs		
	Others		

32. What are the common disease for which demand of drugs are high?

33. How often do you stay out of stock of essential medicines? Please specify the reason.

Clinical lab:

8. What are the present facilities available				
X-ray Room:				

in the Hospital for AYUSH

Panchakarma Therapy Room:

		Ksharsutra Room		
		:		

		Regimental Therapy Room:			
		Tokkanam Room			
		Any other:			
9.	Do you have any system of record the				
	stock of medicines				
10.	If yes, how the record is maintained?	Register			
		Software			
11.	Whether the level at which fresh order is to be made maintained? Yes/Never/ Rarely/Mostly				
12.	How successful is the AYUSH system				
	in the Hospital/Dispensaries? Very successful/Somewhat successful/Not so successful/Unsuccessful				
13.	Disease for which medicines/drugs are				
	always available?				
14.	Disease for which medicines/drugs are				
	Always in shortage?				
15.	Whether delivery of medicine is being				
	done on time by pharmacy?				
	If not, please specify the reason				

16.						
17.	Whether satisfied with quality of					
	AYUSH medicine/drugs?					
18.	Do you require any support in					
	procurement of AYUSH medicine?					
19	Are you satisfied with the procurement guideline under NAM? if not please specify					

Time of Visit:

Date of Visit:

Signature and Name of Field Researcher

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**Upgradation of existing AYUSH Hospital:**

1.	Location	District: State: Phone No.(land and mobile) Email ID:
2.	When was AYUSH Hospital established?	
3.	What is /are the Primary stream of AYUSH used by the Hospital?	Ayurveda Yoga & naturopathy Unani Siddha Homoeopathy
4.	What are the present facilities available in the Hospital for AYUSH	Clinical lab: X-ray Room: Panchakarma Therapy Room:

		Ksharsutra Room: Regimental Therapy Room: Tokkanam Room Any other:				
5.	How the one-time (Non-recurring) grant was utilized?	Premises Furniture Equipments Any other				
6.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	Medicine	Contingency	salary	Others
		2014-15				
		2015-16				
		2016-17				
7.	From where AYUSH medicines procured?	IMPCL: Public Sector Undertaking: Pharmacies under State Government:				

		Pharmacies under Co-operative: Any other:				
8.	Whether State Govt. has given its share	Yes/No				
9.	AYUSH Staff available with names	AYUSH doctors Pharmacist for AYUSH Supporting staffs				

		Others		
10.	Is the AYUSH staffs on contractual or regular basis	Name of the post	Regular (No.)	Contractual (No.)
		AYUSH doctors		
		Pharmacist for AYUSH		
		Supporting staffs		
		Others		
11.	Do you conduct any training programme of AYUSH Medical officer(s)/paramedics?	Yes/No		
12.	What kind of training programme is conducted?			
13.	What is the average daily number of patients in OPD for AYUSH system	Total Male Female		
14.	No. of AYUSH IPD beds			
15.	Average AYUSH IPD bed occupancy			
16.	Do you have any system of record keeping of patients?			
17.	If yes, how the record is maintained?	Register Software		
18.	What are the common diseases which			

	are treated?	
19.	Please mention the diseases that are found common in	Children Adult Male Adult Female Elderly
20.	Which categories of patients are more?	Children Adult Male Adult Female Elderly
21.	Was any special disease treated?	
22.	What medicines are prescribed for the	

	common disease?	
23.	How successful is the hospital? Please	No. of patients who came for the treatment No. of patients who were cured.
24.	Do you required any other support	No. of patients continuing treatment No. of patients who are not continuing . Infrastructure(Physical/Financial) Equipment(Physical/Financial)

Medicine/drugs/contingency

Medical Officer (MO)

Paramedics

Any other

25. Did you face any problem in submission of utilization certificate? If yes, please specify.

26. Did you face any problem to procure AYUSH medicines? If yes, please specify.

27. Did you face any other problem to implement the scheme? If yes, please specify.

Condition of the hospital Good/Fair/Poor

28.

Behaviour of the staffs Good/Fair/Poor

29.

Observations:

28. Is the IPD and OPD of AYUSH hospital currently functioning?

29. If not functioning what is the reason?

30. How is the cleanliness and Hygiene in AYUSH hospital?

31. How is the meals in AYUSH IPD?

32. What is the number of beds in AYUSH IPD?

33. Are there separate sections for males and females?

34. Is there a separate facility for Panchkarma? If yes go and see it and take pictures.
35. Are all the AYUSH medicines available ?
36. How often are the new AYUSH medicines received?
37. Are adequate number of AYUSH Doctors (as per sanctioned strength) available?
38. Are adequate number of AYUSH Paramedical support staff (as per sanctioned strength) available?
39. Are adequate number of AYUSH Pharmacist (as per sanctioned strength) available
40. Are adequate number of AYUSH Panchkarma Assistant (as per sanctioned strength) available
41. Are adequate number of AYUSH Therapist (as per sanctioned strength) available
42. Are adequate number of AYUSH Nurses (as per sanctioned strength) available
43. How regular is the AYUSH doctor (ask patients)?
44. Are the AYUSH personnel being used for National Health Mission Camps etc.?
45. How often does it happen? (Describe)

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**Upgradation of existing AYUSH Dispensaries:**

1.	Location	District: State: Name of incharge: Phone:
2.	When was AYUSH Dispensary established?	
3.	Status of place of dispensary	Rented Owned
4.	What is /are the Primary stream of AYUSH used by the Dispensary?	Ayurveda Yoga & naturopathy Unani Siddha Homoeopathy
5.	What are the present facilities available in the Dispensary	Clinical lab: X-ray Room: Panchakarma Therapy Room: Ksharsutra Room: Regimental Therapy Room: Tokkanam Room Any other:
6.	How was the one-time (Non-recurring) grant	Premises Furniture

	was utilized?	Equipments		
		Any other		
7.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	Contingency	
		2014-15		
		2015-16		
		2016-17		
8.	Whether State share contributed	Yes/No		
9.	AYUSH Staff available with names and phone numbers	AYUSH doctors Pharmacist for AYUSH Supporting staffs Others		
10.	Is the AYUSH staffs on contractual or regular basis	Name of the post	Regular (No.)	Contractual (No.)
		AYUSH doctors		
		Pharmacist for AYUSH		

		Supporting staffs		
		Others		
11.	Do you conduct any training Programme of AYUSH Medical officer(s)/paramedics?	Yes/No		
12.	What kind of training programme is			

	conducted?	
13.	What is the average daily number of patients in the OPD for AYUSH system	Total: Males: Females: Children: Elderly:
14.	Do you have any system of record keeping of patients?	Yes No
15.	If yes, how the record is maintained?	Register Software
16.	What are the common diseases which are treated?	
17.	Please mention the diseases that are found common in the area	Children Adult Male Adult Female Elderly
18.	Which categories of patients are more?	Children Adult Male Adult Female Elderly

19.	Was any special disease treated? Please describe the case	
20.	What medicines are prescribed for the common diseases? Mention Disease and medicine	
21.	How successful is the dispensary? Please mention on an average monthly basis	No. of patients who came for the treatment No. of patients who were cured. No. of patients continuing treatment No. of patients who are not continuing
22.	Do you required any other support	Infrastructure(Physical/Financial) Equipment(Physical/Financial) Contingency

Any other

23. Did you face any problem in submission of utilization certificate? If yes, please specify.
24. Did you face any problem to procure AYUSH medicines? If yes, please specify.
25. Did you face any other problem to implement the NAM scheme? If yes, please specify.
26. Condition of the dispensary Good/ Fair/Poor

27. Behaviour of the staffs Good/Fair/Poor

Observations:

1. How is the cleanliness and Hygiene in AYUSH dispensary?
2. Are all the AYUSH medicines available ?
3. How often are the new AYUSH medicines received?
4. Are adequate number of AYUSH Doctors (as per sanctioned strength) available?
5. Are adequate number of AYUSH Paramedical support staff (as per sanctioned strength) available?
6. Are adequate number of AYUSH Pharmacist (as per sanctioned strength) available
7. Are adequate number of AYUSH Panchkarma Assistant (as per sanctioned strength) available
8. Are adequate number of AYUSH Therapist (as per sanctioned strength) available
9. Are adequate number of AYUSH Nurses (as per sanctioned strength) available
10. How regular is the AYUSH doctor (ask patients)?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**Setting up of 50 bedded integrated AYUSH Hospital:**

1.	Location	District: State: Name, designation n and phone number of the Head:
2.	When was AYUSH Hospital established?	
3.	What is /are the Primary stream of AYUSH used by the Hospital?	Ayurveda Yoga & naturopathy Unani Siddha Homoeopathy
4.	What are the present facilities available in the Hospital for AYUSH	Clinical lab: X-ray Room: Panchakarma Therapy Room: Ksharsutra Room: Regimental Therapy Room: Tokkanam Room

		Any other:				
5.	How the one-time (Non-recurring) grant was utilized?	Premises Furniture Equipments Any other				
6.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	Medicine	Contingency	salary	Others
		2014-15				
		2015-16				
		2016-17				

7.	From where AYUSH medicines procured?	IMPCL: Public Sector Undertaking:
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		Pharmacies under State Government: Pharmacies under Co-operative: Any other:
8.	Whether State Govt. has contributed its share of funds?	Yes/No
9.	AYUSH Staff available with names	AYUSH doctors Pharmacist for AYUSH Supporting staffs

		Others		
10.	Is the AYUSH staffs on contractual or regular basis	Name of the post	Regular (No.)	Contractual (No.)
		AYUSH doctors		
		Pharmacist for AYUSH		
		Supporting staffs		
		Others		
11.	Do you conduct any training Programme of AYUSH Medical officer(s)/paramedics?	Yes/No		
12.	What kind of training programme is conducted?			
13.	What is the average daily number of OPD patients for AYUSH system	Males: Total: Females:		
14.	No. of AYUSH IPD beds			
15.	Average AYUSH IPD bed occupancy			
16.	Do you have any system of record keeping of patients?			
17.	If yes, how the record is maintained?	Register Software		
18.	What are the common diseases which			

	are treated?	
19.	Please mention the diseases that are found common in	Children Adult Male Adult Female Elderly
20.	Which categories of patients are more?	Children Adult Male Adult Female

		Elderly
21.	Was any special disease treated? If yes, please describe the cases	
22.	What medicines are prescribed for the common diseases?	Diseases Medicines
23.	How successful is the hospital? Please mention on an average monthly basis	No. of patients who came for the treatment No. of patients who were cured No. of patients continuing treatment No. of patients who are dropping.
24.	Do you required any other support	Infrastructure(Physical/Financial) Equipment(Physical/Financial)

		Medicine/drugs/contingency MO Paramedics Any other
25.	Did you face any problem in submission of utilization certificate? If yes, please specify.	
26.	Did you face any problem to procure AYUSH medicines? If yes, please specify.	
27.	Did you face any other problem to implement the NAM scheme? If yes, please specify.	
28.	Condition of the hospital Good/ Fair/Poor	
29.	Behaviour of the staffs Good/Fair/Poor	

Observations:

1. Was Non recurring grant for Capital Expenditure was given?
2. What is status of completion of Civil construction ? Is it behind schedule or on schedule?
3. Has equipment been bought with Non-Recurring Funds?
4. Is the equipment procurement and installation on schedule or behind schedule?
5. What is the condition of equipment bought with non-recurring money ?
6. Is the Doctor aware of the project sanction status?
7. IF yes, is doctor aware of the completion schedule status?
8. Is the IPD and OPD of AYUSH hospital currently functioning?
9. If not functioning what is the reason?
10. How is the cleanliness and Hygiene in AYUSH hospital?
11. How is the meals in AYUSH IPD?
12. What is the number of beds in AYUSH IPD?
13. Are there separate sections for males and females?
14. Is there a separate facility for Panchkarma? If yes go and see it and take pictures.
15. Are all the AYUSH medicines available ?

16. How often are the new AYUSH medicines received?
17. Are adequate number of AYUSH Doctors (as per sanctioned strength) available?
18. Are adequate number of AYUSH Paramedical support staff (as per sanctioned strength) available?
19. Are adequate number of AYUSH Pharmacist (as per sanctioned strength) available
20. Are adequate number of AYUSH Panchkarma Assistant (as per sanctioned strength) available
21. Are adequate number of AYUSH Therapist (as per sanctioned strength) available
22. Are adequate number of AYUSH Nurses (as per sanctioned strength) available
23. How regular is the AYUSH doctor (ask patients)?
24. Are the AYUSH personnel being used for National Health Mission Camps etc.?
25. How often does it happen? (Describe)

Signature and Name of Field Researcher

Time of Visit:

Phone Number:

Date of Visit:

Email ID:

NATIONAL AYUSH MISSION

8. Public Health Outreach:

		State:												
1.	Location	Block:												
		District												
		Name, designation and phone number of Incharge												
2.	How is/was the grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Year</th> <th style="width: 45%;"></th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td>2014-15</td> <td></td> <td></td> </tr> <tr> <td>2015-16</td> <td></td> <td></td> </tr> <tr> <td>2016-17</td> <td></td> <td></td> </tr> </tbody> </table>	Year			2014-15			2015-16			2016-17		
Year														
2014-15														
2015-16														
2016-17														
3.	Whether Community based Surveillance System (CBSS) established? Please provide the details													
4.	The no. of Medical/awareness camps organized.													
5.	The no. of peripheral OPD.													
6.	Do you have any system of record keeping?													
7.	If yes, how the record is maintained?	Register Software												

8. Is it helpful to reduce the disease burden of communicable or non-communicable in the selected geographical area during specific time?

9. Achievement after pre and post uses of this activity

Did you face any problem in submission of utilization certificate? If yes, please specify.

10. Did you face any problem to implement the scheme? If yes, please specify.

1. From where did the doctor come for Public Health Outreach programme?
2. What is the material being used to generate awareness?
3. Is screening being held? With what material is the screening done?
4. Are medicines being given during outreach programme?
5. Are follow up visits being recommended?
6. Are home remedies being suggested?
7. Is Yoga demo and awareness being held during Public Health Outreach?
8. Which other staff in addition to the doctor is conducting the Public health Outreach?
9. Who among these are involved: ANM, Aanganwadi Worker (AWW), Village health Worker (VHW)
10. Has the programme been held with Village Health & Nutrition Day?

Signature and Name of Field Researcher:

Time and Date:

NATIONAL AYUSH MISSION**Behaviour Change Communication (BCC):**

1.	Location	State: Block: District Name, designation and phone number of Incharge									
2.	How is/was the grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	<table border="1"> <tr> <td>Year</td> <td></td> </tr> <tr> <td>2014-15</td> <td></td> </tr> <tr> <td>2015-16</td> <td></td> </tr> <tr> <td>2016-17</td> <td></td> </tr> </table>	Year		2014-15		2015-16		2016-17		
Year											
2014-15											
2015-16											
2016-17											
3.	What Mass media communication strategy has been taken for incorporating AYUSH strengths in early prevention of diseases?										
4.	The No. of blocks covered in each district?										
5.	Do you have any system of record keeping?										
6.	If yes, how the record is maintained?	Register Software									
7.	Achievement after pre and post uses of										

	this activity	
8.	Did you face any problem in submission of utilization certificate? If yes, please specify.	
9.	Did you face any problem to implement the scheme? If yes, please specify.	

Also ask and note down how State Directorate has used Rs. 20 Lakhs given for BCC?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION

AYUSH Gram:

1.	Location	State: Block: District: Name and Phone Number of incharge:	
2.	How is/was the grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	
		2014-15	
		2015-16	
		2016-17	
3.	The No. of blocks covered in each district?		
4.	Do you have any system of record keeping?		
5.	If yes, how the record is maintained?	Register Software	
6.	Achievement after pre and post uses of this activity		
7.	Did you face any problem in submission of utilization certificate? If yes, please specify.		
8.	Did you face any problem to implement the scheme? If yes, please specify.		

Other:`

1. In case programme is arranged during survey, please contact Sarpanch of AYUSH Gram and ask him what he feels about the programme? Which activities are good? Which are not so good?
2. Please ask Local AYUSH Medical officer connected with AYUSH Gram about what is good about the programme? What improvements can be done?
3. Are Home remedies being recommended/advised during camps?
4. Is screening conducted during the Camps?
5. How many people are screened?
6. Are the ASHA worker involved? Are the ANM involved? Are the Aanganwadi worker (AWW) involved?
7. Are any NGOs involved? If yes, name and phone number of NGO:

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**School Health Programme through AYUSH:**

1.	Location	State: Block: District: Name, Designation and phone number of Incharge:									
2.	How is/was the grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details	<table border="1"> <tr> <td>Year</td> <td></td> </tr> <tr> <td>2014-15</td> <td></td> </tr> <tr> <td>2015-16</td> <td></td> </tr> <tr> <td>2016-17</td> <td></td> </tr> </table>	Year		2014-15		2015-16		2016-17		
Year											
2014-15											
2015-16											
2016-17											
3.	How many nodal teachers for AYUSH School Health Programme identified?										
4.	The No. of blocks covered in each district										
5.	Do you have any system of record keeping? Yes/No										
6.	If yes, how the record is maintained? Achievement after pre and post uses of this	Register Software									

7.	activity	
8.	Did you face any problem in submission of utilization certificate? If yes, please specify.	
9.	Did you face any problem to implement the scheme? If yes, please specify.	

Others:

1. If there is any School health programme being organized during the survey, please note the number of students who attend it?
2. Please interview the students and take their comments about what they felt about the School Health programme.

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**State Programme Management Unit (SPMU):**

1.	Location	State:		
2.	When was SPMU established?			
3.	Staff available with names and phone numbers	Programme Manager Consultant Finance Manager Accounts Manager HMIS Manager Data Entry Operator Any other		
4.	How is/was the grant being utilized during the Plan period (since inception of NAM i.e. 2014-15). Please provide the details?	Year	Office and Administration Expenses and others	Manpower
		2014-15		
		2015-16		
		2016-17		

5. Did you face any problem in submission of utilization certificate? If

yes, please specify.

-
6. Did you face any problem to recruit the manpower? If yes, please specify.
-

7. Did you face any other problem to implement the scheme? If yes, please specify.
-

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**AYUSH Wellness Centre including Yoga & Naturopathy**

1.	Location	Block: Sub-Division: District: State: Phone No.:
2.	Was new OPD constructed or an existing OPD was changed for Wellness Centre?	
3.	What are the present facilities available in the for Wellness Centre	Yoga Hall: Any other:
4.	How the one-time grant was utilized?	
5.	Is there any cross reference in Health Centre i.e. from AYUSH to Allopathy or Allopathy to AYUSH	Yes/No
6.	If yes, in the previous question, how is reference made?	Reference by formal order General Practice of oral referring Others

7.	How is/was the recurring grant being utilized during the Plan period (since inception of NAM during 2014-15). Please provide the details?	Year	Manpower	Maintenance
		2014-15		
		2015-16		
		2016-17		
8.	Staff available with names	AYUSH doctors Yoga Trainers Supporting staffs Others		
9.	Is the AYUSH staffs on contractual or regular basis	Name of the post	Regular (No.)	Contractual (No.)
		AYUSH doctors		
		Yoga Trainers		
		Supporting staffs		
		Others		
10.	Do you conduct any training programme of AYUSH Medical	Yes/No		

	officer(s)/paramedics?	
11.	What kind of training programme is conducted?	
12.	Is AYUSH doctor involved in any National Health Programme?	
13.	What is the average daily patients for	

	AYUSH system	
14.	Do you have any system of record keeping of patients? Yes/ No	
15.	If yes, how the record is maintained?	Register Software
16.	What are the common diseases which are treated?	
17.	What categories of patients are more for AYUSH?	Children Adult Male Adult Female Elderly
18.	Was any special disease treated through Yoga?	
19.	How successful is the AYUSH system in the Health Centre? Please mention on an average monthly basis	No. of patients who came for the treatment No. of patients who were cured. No. of patients continuing treatment No. of patients who are dropping.
20.	Do you required any other support	Infrastructure(Physical/Financial) Equipment(Physical/Financial) Any other
21.	Did you face any problem in submission of utilization certificate? If yes, please specify.	
22.	Did you face any other problem to implement the activity? If yes, please specify.	

Other:

1. Is there an increased importance given to Yoga? If yes, Please describe.
2. Is there an increased importance given to Naturopathy? If yes, please describe.
3. What has been done with the Rs. 6 Lakhs (0.60 :lakhs for equipment and Rs. 5.40 Lakhs for Manpower) given specially for promotion of Yoga and Naturopathy. Please submit documents.
4. Is there adequate space given for Yoga?
5. How regular are the yoga experts in taking Yoga session? Very regular, Somewhat regular, Irregular.
6. How is the publicity being done to promote Yoga sessions for people in the in the local area.

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION

Feedback from patients

1.	Name	:	
2.	Address	:	
3.	Contact Info	:	Email: Landline Phone (if any): Mobile:
4.	What treatment were you taking before? (Allopathy, Any other)	:	
5.	How did you come to know about this treatment?	:	Advertisement Family Friend Others(please mention)
6.	Name of the Doctor (s) who attended to you	:	
7.	How many days have you been given Medicines?	:	
8.	Were the medicines given by Hospital/dispensary or asked to purchase from outside?	:	
9.	After how many days of starting the treatment did you get relief?	:	
10.	How was the behavior of the doctor	:	

	who attended you?		
11.	Will you refer this treatment to others?	:	Yes No May be
12.	If you answered ‘No/Maybe’ to the previous question then please specify your reason	:	

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION**Development of AYUSH Institutions' under National AYUSH Mission (NAM)**

1.	Name of the Institute with full postal address	
2.	Year of establishment of Institute	
3.	Land area available with the Institute	
4.	Status of the Institute & the college with which associated	(i) Govt. (ii) Govt. aided (iii) Private
5.	Details of courses run by the college	(i) Graduate (ii) Post-Graduate (No. of Deptts.) (iii) Others
6.	Sanctioned teaching faculty and number of available teaching faculty and number of non-teaching staff. Details thereof.	
7.	Year and month of recognition of the Institute by CCIM/CCH/ Govt. of India, as the case may be.	
8.	Number of UG seats per year and No. of PG specialities with No. of seats	(a) U.G..... (b) P.G. in each deptt.
9.	Whether the college has completed 5 years And	(a) U.G.....

	how many batches of students passed out	(b) P.G. in each deptt.
10.	Rate of stipend of the P.G. Students	
11.	Whether the Institute is following the syllabus prescribed by the CCIM/CCH and if Yes, since when.	
12.	Whether the institution has its own attached hospital? if so, the No. of bed capacity. And average bed occupancy during last 3 year	
13.	Infrastructure available with the Institute and attached hospital	
14.	Available medical staff and para-medical staff in the attached hospital	

-
4. No. of existing lecturer theatre with their seating capacity

5.	Area of examination hall with their seating Capacity	
6.	Whether any grant received from the State Govt.	
	If so; the details thereof (how much grant	
	received, when, for what purpose? If possible get the sanction letter numbers and date and amount	
Centre for Market Research and Social Development		

18 in each case.

V. What is the time frame and manner of Implementation/ utilization of the grant?
(How and when do you plan to use it?)

W. Area of Central Library and its sitting Capacity

X. Canteen and sitting capacity

PG Hostel – for boys? Number of rooms. and for
~~girls, number of rooms. How many boys and girls~~

Y. can be accommodated?

5. UG hostel- boys and girls, number of rooms
Available for boys? For girls? How many boys
and girls can be accommodated?

24. Status of essential departments like

6. Panchakarma,

7. Operation Theatre (OT),

8. Labour room etc.

Other: Status of use of capital grant received under NAM in 2014-15, 2015-16. And April-June 2017

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

QUESTIONNAIRE FOR AYURVEDA, UNANI, SIDDHA AND HOMEOPATHY PHARMACIES

STATE _____

I PARTICULARS OF CONTROLLING OFFICE

1.1 Name of Controlling Officer: _____

1.2 Complete Address: _____

Telephone No: _____

Mobile No. _____ E-

mail id: _____

Name of Supervisor / Manager of the pharmacy

1.3 Sex: (1: Male, 2: Female)

1.4 Age :

1.5 Education:

1 Graduate,

2.Post Graduate,

3 Doctorate

Any other (Pl

4.specify)

II ORGANISATION

2 Date of establishment of Pharmacy:

2.1 What is the status of the building constructed?

1. Completed & functional 2. Under construction 3. Under renovation
4. Completed but not functional 5. Any other (please specify)

2.2 If not completed, then the building is in which stage & when is it expected to complete?

2.3 Whether the possession of the building handed over by the PWD?

1. Yes 2. No

2.4 If yes, please specify the date of handover of the building.

2.5 Whether the possession of the building has been taken over by the concerned authorities?

1. Yes 2. No

2.6 If yes, please specify the date of take over of the building.

2.7 What is the area of the building?

Total Area	Built up Area	Carpet Area	Production / Manufacturing Area	No. of Rooms	Any other (please specify)

III HUMAN RESOURCE

7. Please provide the details of the Sanctioned Manpower (Scientific, Labourer, Temporary, etc.)

3.1 How many staff are there in the pharmacy?

1. Scientific personnel: _____

Labourer's: _____

DETAILS OF

3.2 MANPOWER

3.2.1 Breakup of Sanctioned Manpower

		Skilled	Unskilled					
Name								
Designation								Scientific
Qualification								personnel
Experience								
Monthly Salary								

3.2.2 Available Manpower

	Scientific	Labourer		Trained	Untrained	Regular	Temporary	Contractual
	personnel							
		Skilled	Unskilled					
Name								

Designation

Qualification

Experience

Monthly

Salary

IV. FINANCIAL DETAILS

4. When did you apply for the central government assistance?

Date of application	Date of approval	Date of receipt	Amount received		Amount spent	Purpose
			Central	State		

--	--	--	--	--	--	--

4.1 Whether a valid license obtained for the Pharmacy?

1. Yes

2. No

4.2 If yes, please mention the date of obtaining the license.**4.3 Is the pharmacy set up is as per GMP norms?**

1. Yes

2. No

9. FACILITIES**X. Do you have separate & adequate space/area for manufacturing, labeling and packing of all groups of Ayurveda, Unani, Siddha and Homeopathy drugs?**

1. Yes

2. No

5.1 Whether the pharmacy has established its own In house Quality Control Laboratory?

1. Yes

2. No

5.2 Is there any mechanism to ensure that the production department strictly follows Good Manufacturing Practices and does not make any short cuts?

1) Yes

2) No

5.3 If yes, please explain.

VI. MACHINERY / EQUIPMENTS

- 10. Do you have adequate machineries for manufacturing of Ayurveda, Unani, Siddha and Homeopathy drugs as per GMP norm? (Please provide the list of machineries and equipment available)**

1. Yes 2. No

☐

- 6.1 If no, please explain the reason.**

- 6.2 Whether all machines fully functional or non-functional in the pharmacy?**

1. Fully Functional

2. Non Functional

Any other(pl.

specify)

a Yes B No

a) Yes

b) No

6.3 If no, please explain the reason.

VII. FUNCTIONING OF INHOUSE QUALITY CONTROL LAB**12 Whether in house quality control lab functional?**

1. Yes 2. No

7.1 How many staff are there in the Inhouse Quality Control Lab?

7.1 DETAILS OF MANPOWER

	Scientific	Labourer	Trained	Untrained	Regular	Temporary	
		Contractual					
	personnel						
		Skilled	Unskilled				
Name							

Designation

Qualification

Experience

Monthly

Salary

7.2 Whether tests performed in the Inhouse lab?

1. Yes 2. No

7.3 Whether the Inhouse lab is following respected pharmacopoeia?

1. Yes 2. No

7.4 Do you have sufficient qualified manpower for adequate production of drugs?

1. Yes 2. No

7.5 Did the staff properly trained for assuring high quality work?

1. Yes 2. No

7.6 If yes, please provide the details of training provided.

7.7 If no, do you think proper training at regular intervals can enhance the quality of work?

1. Yes 2. No

VIII. RECORDS

8.1 Do you maintain copies of all protocol pertaining to all activities of the In house laboratory?

13. Yes

No

IX. PROCEDURES FOLLOWED

15. Whether the licensee ensures before packing and labeling of a given batch of drug that the samples are drawn from the duly tested bulk?

1. Yes 2. No

9.1 Is there any self inspection team in the pharmacy supplemented with a quality audit procedure for assessment of the system?

1. Yes 2. No

9.2 Whether the manufacturing operations carried out under the supervision of technical staff approved by the licensing authority?

1. Yes 2. No

9.3 Whether all vessels and containers used in manufacture and storage during manufacturing stages are labeled properly?

1. Yes 2. No

9.4 Whether all labels on vessels during manufacturing are initialed & dated by authorized technical staff?

1. Yes 2. No

9.5 Is printing of batch numbers or expiry dates rechecked at regular intervals.?

1. Yes 2. No

I PRODUCTION OF DRUGS

2. How many groups of medicines are manufactured here? Please enclose the list of drugs with their quantity produced.

10.1 Which groups of medicines are manufactured here?(Please tick Mark)

Sr. No.	Ayurveda	Siddha	Unani
1.	Churna, KwathaChurna	Karpam	Habb (Pills)
2.	Gutika, (vati-Gutti,Pills,Tablets except Gutika with Rasa)	Cunnam	Qurs (Tablets)
3.	1 Gutika Tablet containing Kasth aushadhi 2 Gutika,Tablet containing Kasthaushdhi and Rasa, Uprasa, Metallic Bhasamas and Guggulu.	Kalanku	Majoon / Dawa
4.	Rasaushadhies	Kattu	Khamira
5.	Asava Arista	Parpam	Itrifal
6.	Avaleha	Centuram	Tiryag
7.	Guggulu	Karuppu	Laoog
8.	Mandura-Lauha	Patankam	Laboob
9.	Ghrita	Kulampu	Halwa
10.	Taila	Meluku	Mufarreh / Yaqooti
11.	Arka	Tinir	Burood / Surma / Kohal
12.	Dravaka, Lavana, Ksara	Tiravakam	Kushta
13.	LepaChurna	Mattirai	Raughaniyat
14.	DantManjan Powder	Tailam	Marham / Zimad / Qairooti

15.	DuntManjan Paste	Ilakam	Ayarji / Sufoof
16.	Lepaguti	Iracayanaam	Safoof (Namakwala / containing salt)
17.	LepaMalahar (Ointment/Liniment/Gels/Lotion/Creams)	Ney	Sharbat / Sikanjabeen
18.	Varti	Manappaku	Jawarish
19.	Ghana Vati	Venney	Capsule
20.	KupipakvaRasayan	Vatakam	Arq
21.	Parpati	Curanam	Qutoor
22.	Svetaparpati	PuraMaruntukal	Nabeez
23.	Pisti and Bhasma		Murabba
24.	Svarna, Rajata, Lauha, Mandura, Abhraka bhasma, Godanti, ShankhaBhasma, etc.		Tila
25.	Naga bhasma, VangaBhasma, Tamra Bhasma		
26.	capsules made of soft gelatin (depending upon the content material) for Kastha aushdhi		
27.	Capsules of hard gelatin (depending upon the content material)-containing Kasth aushdhi with Rasa, Bhasma, Parad- Gandhak		
28.	Syrup / liquid oral		
29.	(Karna / NasaBindu) Ear / Nasal drops Eye drops		
30.	Khand / Granule / Pak		

3.	Dhoopans-Inhalers		
4.	Pravahi Kwatha (with preservatives)		

10.2 Are you able to provide 100% supply of medicines as per the need of the state government?

1. Yes 2. No

10.3 If no, what remedial measures should be included in the scheme to bridge the shortfall in the production as per requirement of the state? Please explain.

10.4 What is your annual turnover? (Please provide the details for two years before and after the receipt of the grant under the scheme).

XI. REGISTRATION COMPLAINTS

4. Whether state government has seized any group of medicines produced by you in the last three years?

1. Yes 2) No

11.1 If yes, for what reason / what kind of complaint?

1. Adulteration 2. Spurious 3. Presence of toxic substance

4. Any other reason specify

11.2 If yes, have you taken immediate corrective action on the complaints?

- 1) Yes 2) No

11.3 If yes, please explain

XII. BOTTLENECKS/ CONSTRAINTS

1. What are the bottlenecks / constraints of the existing scheme (if any)?

Availing grant from the state Government
Releasing funds from health societies

Lack of trained personnel
Lack of adequate machinery
Lack of adequate fund

Inadequate subsidy.
Any other (please specify)

12.1 Is there any changes to be made in the parameters of the scheme? 1. Yes 2. No

12.2 If yes, what are the changes to be made?

XIII. SUGGESTIONS/ RECOMMENDATIONS FOR NEXT 5 Year PLAN

1. Related to NAM Scheme

13.1 Is the grant in aid given for Pharmacy under the scheme sufficient 1. Yes 2. No

13.1.1 If No, What should be the quantum of grant in aid (Give Justification)

1. Rs 5 crores 2. Rs 6 crores 3. Rs 6.5 crores 4. Any other

13.2 Is the available manpower in the Pharmacy sufficient

1. Yes 2. No

13.2.1 If No, How many additional manpower is required, Please specify

13.3 Is the State government providing sufficient funds to manage the manpower 1. Yes 2. No

13.3.3 If No, Please specify

13.4 Are additional funds required from the Central Government on a recurring basis for managing the manpower

1. Yes 2. No

13.4.1 If Yes, What should be the quantum of grant in aid for managing manpower (on an annual basis)

1. Rs 2 lakhs-Rs 5 Lakhs 2. Rs 5 lakhs-Rs 8 Lakhs 3. Rs 8 lakhs-Rs 10 Lakhs 4. Any other

Please give suggestions / modifications to improve the scheme and to make it

5. more

effective, if there is any.

1. Remark

Date:

Place:

Signature of the In charge of Pharmacy

Name and Signature of Investigator

NATIONAL AYUSH MISSION

QUESTIONNAIRE FOR STATE DRUG TESTING LABORATORY (AYUSH)

STATE _____

I PERSONAL PARTICULARS

1.1 Name of the Incharge of State Drug Testing Laboratory (SDTL):

1.2 Designation: _____

Complete Address: _____

Telephone No: _____

Mobile No. _____

E-mail Id: _____

1.3 Sex: (1: Male, 2: Female)

2: 31-40 years, 3: 41 -50 yrs., 4: 51-60

1.4 Age : (1: >20 - 30 years, years)

1.5 Education:

1. Under Graduate,

2. Graduate

3. Post Graduate,

4: Doctorate

5. Any other (Pl specify)

☐☐☐

BUILDING COMPONENT**2 When was the laboratory established?**

2.1 When did you apply for the central government assistance?

Date of Application	Date of Approval	Date of Receipt	Amount Received		Amount Spent	Purpose
			Center	State		

2.2 What was the purpose of applying for the building grant?

1. Only for construction
2. Only for renovation
3. For both construction and renovation
4. Any other (please specify)

2.3 How much funds you got for the construction of the building. Please provide the details and the sanction orders.

2.4 How much funds you got for the improvement of the building. Please provide the details and the sanction orders.

2.5 What is the status of the building constructed?

1. Completed & operational
2. Under construction
3. Under improvement
4. Completed but not operational
5. Any other (please specify)

2.6 If not completed, then the building is in which stage & when is it expected to be complete?

2.7 If not completed, do you need additional funds to complete the work?

☐

1. Yes 2. No

2.9 If yes, please explain.

2.10 Did you get sufficient funds for fulfilling your purpose of an appropriate building?

☐

1. Yes 2. No

2.11 If no, please explain the reasons for that.

HUMAN RESOURCE

5. How many staff are there in your office? (Please provide the list of staff of your office with their designation, qualification and salary structure)

3.1 Do you have sufficient qualified scientists in all sections?

1. AYUSH section 1. Yes 2. No 1.1 If yes How many ____

2. Botany section 1. Yes 2. No 1.1 If yes How many ____

3. Chemistry section 1. Yes 2. No 1.1 If yes How many ____

☐

4. Microbiology & Toxicology Section 1. Yes 2. No 1.1 If yes How many____

5. Any other section 1. Yes 2. No 1.1 If yes How many ____

3.2 If no, can you explain the reason?

3.3 If no, is the quality of work affected due to this?

☐

1. Yes 2. No

3.4 If yes, please explain.

—

3.5 Whether government analysts have been notified (declared/announced) by state government?

1. Yes 2. No

FUNCTIONING OF LAB

4. Is the lab functional?

☐

1. Yes
2. No

4.1 If no, please explain the reason and when it will be functional?

4.2 How many drugs are tested in the lab yearly?

					5. Any
Year	1.Ayurveda	2. Unani	3. Homeopathy	4. Siddha	other
2014-15					

2015-16

2016-17

4.3 How many tests were performed annually on an average before availing the grant?

1. 0 to 100 2. 100 to 200 3. 200-300
 4. 300-400 5. 400-500 6. >500 (specify)

☐
4.4 How many tests are performed annually on an average after availing the grant when infra structured facilities increased?

1. 0 to 100 2. 100 to 200 3. 200-300
 4. 300-400 5. 400-500 6. >500 (specify)

☐
4.5 How many tests fail and how many pass/ conducted successfully annually?**Fail**
☐

1.0 to 10 2.10 to 50 3.50-100

4.100-200 5. 200-400 6.>400

Pass

1.0 to 10 2.10 to 50 3.50-100

4. 100-200 5.200-400 6.>400

☐

4.6 What action taken, if found drugs found adulterated / spurious / substandard? Please specify

4.7 Which kinds of tests are conducted in your lab?

☐

1.Microbial test

2. Heavy metal test

3. Pesticide residue test

4.Test of identity, purity & strength of ingredients

5. Any other (please specify)

4.8 Do you have facilities to conduct all kinds of identity purity and strength testing of drugs in your lab?

1. Yes 2. No

☐

4.9 If no, please provide the reasons?

4.10 What parameters of quality standards are followed for testing?

Is there adequate Standard Operating Procedures for the functioning of the 4.11 laboratory?

- 1) Yes 2) No

☐

4.12 Do you keep proper records of the work done in the office?

- 1) Yes 2) No

☐

4.13 Is there strict adherence to protocols for making accurate observations?

- 1) Yes 2) No

☐

4.14 If yes, please explain.

4.15 Is there regular supervision or inspection of activities of laboratory to ensure the integrity of the activity?

1) Yes

2) No

4.16 Do you have separate facility for?

- 6. Pharmacognosy / Botany
- 7. A Phytochemistry Department
- 8. Microbiology
- 9. Pharmacology wing
- 10. A museum
- 11. Herbarium and a reference library/repository
- 12. Herbal garden
- 8. Any other (please specify)

☐
4.17 What Standard operating procedures are established in respect of which of the following?

- 2. Sample handling & maintenance of records
- 3. Foreign matters and adulterants
- 4. Methods of testing of drugs
- 4. Powder fineness and sieve size

☐

- 8. Ash determination
- 9. Extractable matter determination
- 10. Receipt identification, Storage, mixing and method sampling of the test
- 11. Record keeping, reporting, storage and retrieval of data
- 12. Any other (please specify)

4.18 During the inspection of a sample, the main characteristics tested are

- 10. Organoleptic characteristics
(Color, texture & odour)

Presentation of the material

(Raw, cut, crushed, compressed)

- 3. Presence of adulterants, foreign matter

(Sand, glass particles, dirt, metal) mould or signs of decay

- & Presence of insects
- & Any other (please specify)

4.19 During sample testing, the main characteristics tested are

- 4 Degree of fragmentation (sieve test)
- 5 Differential macro & microscopic studies
- 6 Identity and level of impurities and types of adulteration.
- 7 Moisture and ash content.
- 8 Presence of active ingredients
- 9 Any other (please specify).

EQUIPMENT

5. Please provide the list of equipment you have with the date of purchase, its cost and its use.

Name of Machine	Date of Purchase	Cost of machine	State fund	Central Government fund	Use of machine/ Name of tests conducted

ENFORCEMENT

5.1 Did you purchase any vehicle under the grant provided by the Ministry?

1. Yes 2.No

☐

5.2 If yes, when did you purchase the vehicle?

5.3 What was the purpose of purchasing the vehicle and what for it is used

5.4 Whether the purpose of purchasing the vehicle is satisfactory?

1. Yes 2.No

5.5 Is there any increase in the survey or collection of samples after purchasing the Vehicle?

☐

1. Yes 2.No

☐

5.6 If yes, please explain the improvement noticed?

5.7 Whether grant allotted for vehicle purchase sufficient?

1. Yes 2. No

5.8 If no, please explain.

IMPACT OF THE SCHEME

1. Do you think there is any improvement in the quality of work due to the provision of grants?

1: Yes 2: No

6.1 If yes, please explain.

6.2 Whether the number of tests being conducted in the laboratory increased after availing the grant?

1. Yes 2.No

6.3 If no, then please explain the reasons for that.

6.4 If yes, please explain the increase in the number of tests being conducted, with details.**DIFFICULTIES FACED****7. What are the bottlenecks / constraints of the existing scheme (if any)?**

- 1 Shortage of adequate qualified personnel.
6. Inadequate or incomplete monitoring of studies/tests conducted.
7. Delayed preparation and analysis of study results
8. Absence of trained personnel's in the concerned departments.
9. No timely payment of funds.
10. Inadequate funds.
7. Any other (please specify).

**SUGGESTIONS/ RECOMMENDATIONS**

VIII. SUGGESTIONS/ RECOMMENDATIONS FOR NEXT 5 Year PLAN**8. Related to Scheme Structure**

8.1 Is the grant in aid given for DTL under the scheme sufficient 1. Yes 2. No

☐

8.1.1 If No, What should be the quantum of grant in aid (Give Justification)

1. Rs 4 crores 2. Rs 5 crores 3. Rs 6 crores 4. Any other

8.2 Is the available manpower in the DTL sufficient 1. Yes 2. No

☐

8.2.1 If No, How many additional manpower is required, Please specify

8.3 Is the State government providing sufficient funds allocated to manage the manpower

1. Yes 2. No

☐

8.3.1 If No, Please specify

—

8.4 Are additional funds required from the Central Government on a recurring basis for managing the manpower

1. Yes 2. No

8.4.1 If Yes, What should be the quantum of grant in aid for managing technical manpower (on an annual basis, Give Justification)

1. Rs 5 lakhs-Rs 8 Lakhs 2. Rs 8 lakhs-Rs 10 Lakhs 3.Rs 10 lakhs-Rs 15 Lakhs 4. Any other

Please give suggestions / modifications to improve the scheme and to make it more effective, for the next plan if there is any.

7. What are the other requirements of the DTL from the Government of India

8. Remarks:

Date:

Place:

Signature of the Respondent

Name and Signature of Investigator

NATIONAL AYUSH MISSION

**QUESTIONNAIRE FOR STATE OFFICIALS ON AYUSH (DRUGS CONTROL
FRAMEWORK)**

I PERSONAL PARTICULARS

1.1 Name of State:

_____ **1.2 Name
of the Respondent & Designation :**

_____ **1.3 Office
Address:**

Telephone No: _____

E-mail id: _____

SATISFACTION WITH THE SCHEME

Is this scheme appropriate?

1. Yes 2. No

☐

2.1 If no, please explain why?

2.2 Do you need any change in the existing scheme?

1. Yes 2. No

☐

If yes, please explain what changes you need so that the scheme can perform in a

8. effective way.

IMPLEMENTATION OF THE SCHEME

3 Did you face any problems with the provisions/rules of the scheme?

☐

1. Yes

2. No

3.1 If yes, what are the problems you came across?

3.2 Did you face any problem in implementation of the scheme?

☐

1. Yes

2. No

3.3 if yes, please explain the problems you faced

3.4 Did you face any problem in approval of proposal?

1. Yes

2. No

FINANCIAL DETAILS

9. Please provide the details of grant received during the last 3 years, year wise and Component wise.

	Centre for Market Research and Social Development							

							Remarks
Components	Date of applying	Date of approval	Date of Sanction	Date of Receipt	Amount recd Central State	Amount spent	Purposes
Pharmacies							
Drug Testing Laboratory (DTL)							
Enforcement Mechanism (Drug Control Framework)							

4.1 Was there any undue delay in getting the grants from the ministry?

1. Yes 2. No

4.2 If yes, please explain the reason.

4.3 Was the funds received adequate?

1. Yes 2. No

4.4 Are you satisfied with the current channel of flow of funds?

1. Yes 2. No

4.5

If no, what should

4.6 Do you want to increase the number of DTLs or Pharmacies in the state?

☐

- | DTL | | PHARMACY | |
|--------|-------|----------|-------|
| 1. Yes | 2. No | 1. Yes | 2. No |

ENFORCEMENT MECHANISM (Drugs Control Framework)

☐

- 9. Did you purchase any vehicle under the grant provided by the ministry?**
Yes 2.No

5.1 If yes, when did you purchase the vehicle?

5.2 What was the purpose of purchasing the vehicle?

12. To collect the survey sample and to send it to the laboratory for testing.

13.Any other (specify)

5.3 Whether the purpose of purchasing the vehicle is satisfied?

1. Yes 2.No

5.4 Is there any increase in the survey or collection of samples after purchasing the vehicle?

1. Yes 2.No

5.5 If yes, please explain the improvement noticed?

☐

5.6 Who is the custodian of the vehicle?

5.7 Under which official is the vehicle allocated and used?

5.8 Whether grant allotted for vehicle purchase sufficient?

1. Yes

2. No

5.9 If no, please explain.

13. How many applied for GMP certification during the last 3 years (pls. provide year wise data)

Year)	No. of applications received	No. of certification issued	No. of Applications Rejected	No. of applications pending	Reasons for rejection
2014-15					
2015-16					
2016-17					

6.1 Who is the licensing authority for the state to issue the GMP certification?

6.2 How much time do you take, after the receipt of application, to complete the formalities for providing the GMP certification?

6.3 Which certificates are issued by the certifying authority in your state?

1. Certificate of pharmaceutical products.
2. Model statement of licensing status of pharmaceutical products.
3. Unit WHO GMP certificate.
4. Any other (please specify)

6.4 Whether you collect any inspection fee for issuing certificates by the certifying authority?

1. Yes
2. No

6.5 If yes, please provide the details

6.6 What is the validity of the certificates issued?

- 1) 1 year 2) 2 years
 3) 3 years 4) more than 3 yrs. (pls. specify)

6.7 Is there any case of cancellation of the certificates issued?

1. Yes 2. No

6.8 If yes, what are the possible reasons for that?**ACHIEVEMENTS****7. Please provide the details of**

Year	No. of buildings constructed in the last 3yrs (year wise)	Total no. of DTLs in the state	Total no. of pharmacies in the state	No. of proposals for strengthening the enforcement mechanism, if any (Drugs Control Framework)
2014-15				
2015-16				
2016-17				

7.1 Please provide the details of funds distributed year wise and component wise.

Year	Funds received	Funds utilized	Date of issuing	Purpose of	Reasons of time	Targets	Achievem ents	Any other
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	in the last 3 years		/transferring it to the institutions	issuing	lag/delay , if there is any			(pls. specify)
2014-15								
2015-16								
2016-17								

IMPACT OF THE SCHEME

8. Do you think that the capacity and quality of production of drugs increased due to the implementation of this scheme?

1) Yes 2) No

8.1 If no, can you please provide the reasons for that?

8.2 Whether the number of samples tested in DTLs in your state increased after availing the grant?

1. Yes 2.No

8.3 If no, then please explain the reasons for that.

8.4 If yes, please explain the increase in annual turnover with details.

8.5 In your opinion, which of the following changes can improve the quality of the scheme performance?

1. Increasing the limit of assistance to Drug Testing Laboratories.
2. Increasing the limit of assistance to Pharmacies
3. Strengthening the SDTLs
4. Strengthening the Pharmacies
5. Any other (please specify)

DIFFICULTIES FACED

9. What are the bottlenecks / constraints of the existing scheme (if any)?

1. Shortage of adequate qualified personnel.
2. Inadequate or incomplete monitoring of studies/tests conducted.
3. Delayed preparation and analysis of study results
4. Absence of trained personnel in the concerned departments.
5. No timely payment of funds.
6. Inadequate funds.
7. Any other (please specify).

SUGGESTIONS/ RECOMMENDATIONS

9. RELATED TO SCHEME STRUCTURE FOR PHARMACIES

10.1 Is the grant in aid given for Pharmacy under the scheme sufficient 1. Yes

2. No

10.1.1 If No, What should be the quantum of grant in aid (Give Justification)

1. Rs 5 crores 2. Rs 6 crores 3. Rs 6.5 crores 4. Any other

10.2 Is the available manpower in the Pharmacy sufficient

1. Yes

2. No

10.2.1 If No, How many additional manpower is required, Please specify

10.3 Is the State government providing sufficient funds to manage the manpower

☐

1. Yes 2. No

10.3.1 If No, Please specify

10.4 Are additional funds required from the Central Government on a recurring basis for managing the manpower

1. Yes 2. No

10.4.1 If Yes, What should be the quantum of grant in aid for managing manpower (on an annual basis, Give Justification)

1. Rs 2 lakhs-Rs 5 Lakhs 2. Rs 5 lakhs-Rs 8 Lakhs 3. Rs 8 lakhs-Rs 10 Lakhs 4. Any other

11. RELATED TO SCHEME STRUCTURE FOR DTLs

11.1 Is the grant in aid given for DTLs under the scheme sufficient 1. Yes 2. No

☐

11.1.1 What should be the quantum of grant in aid (Give Justification)

1. Rs 4 Crores 2. Rs. Five Crores 3. Rs. 6 Crores 4. Any other

11.2 Is the available manpower in DTL sufficient 1. Yes 2 No

☐

11.2.1 If No, How many additional manpower is required, Please specify

11.3 Is the State government providing sufficient funds to manage the manpower 1.Yes 2.No

11.3.1 If No, Please specify

11.4 Are additional funds required from the Central Government on a recurring basis for managing the manpower

1. Yes 2. No

11.4.1 If Yes, What should be the quantum of grant in aid for managing manpower (on an annual basis, Give Justification)

1.Rs 25 lakhs-Rs 30 Lakhs 2.Rs 35 lakhs-Rs 40 Lakhs 3.Rs 45 lakhs-Rs 50 Lakhs 4. Any other

For quality testing of ASU&H drugs Is the grand in aid of Rs.5.00 lakh given for testing of 500 survey/statutory sample in NE states & UTs except Assam is adequate? Please give justification and Rs.15.00 lakh for 1500 samples for other states.

12. RELATED TO SCHEME STRUCTURE FOR Enforcement/ Drug Control Framework

12.1 Is the grant in aid given for Enforcement (purchase of vehicles) under the scheme sufficient 1. Yes 2. No

☐

12.1.1 If No, What should be the quantum of grant in aid (Give Justification)

1. Rs 50 lakhs 2. Rs 60 lakhs 3. Rs 80 lakhs 4. Any other

12.2 Is the available manpower for Enforcement Drug Control Framework sufficient

1. Yes 2. No

☐

12.2.1 If No, How many additional manpower is required, Please specify

12.3 Is the grant in aid given for sample collection and testing under the scheme sufficient

1. Yes 2. No

12.3.1 If No, What should be the quantum of grant in aid (Give Justification)

1. Rs 5 lakhs 2. Rs 6 lakhs 3. Rs 7 lakhs 4. Any other

13. Grant in aid to State Licensing Authority of ASU&H drugs for documentation, publication and dissemination of quality control material for states.

13.1. Is the state utilize the grant of Rs.80.00 lakh for documentation, Publication & dissemination of quality control material to educate the people of the State or not? If yes, give detail, if not give the reasons.

13.2 Whether the grant in aid is sufficient 1. Yes 2. No.

14. Remarks if any:

Date:

Place:

Signature of the Respondent

Name and Signature of the Investigator

Nurseries of Medicinal Plants (Make three)

1.	Name of the State -	
2.	Total no. of nurseries during the year	2014-15 2015-16 2016-17
3	Total no. of nurseries	Model Nursery 14-15 15-16 16-17 Small Nursery 14-15 15-16 16-17
(i)	No. of Model Nursery	Public Sector 14-15 15-16 16-17 Private Sector 14-15 15-16 16-17
(ii)	No. of Small Nursery	Public Sector 14-15 15-16 16-17

		Private Sector 14-15 15-16 16-17
4.	Specific information of sample Nursery	
(i)	Location of Nursery (village / District) Type of Nursery	Model/ Small
(ii)	Name of owner (with contact details)	
(iii)	(get from GPS Location SMPB)	
5	Name of species raised (Details to be provided)	
6	Mother plants received from	

	(species-wise)	
7	Survival % Saplings supplied to	
8	(i) Whom (name of person)	
	(ii) Purpose	
9	Technology used	
10.	Amount of grant received	
11.	Extension/ Dissemination activities (i) Stake holders involved (ii) No. of participants	
12	Planting material / saplings supplied marketed (Within State / outside State	
Constraints / suggestions		
13		

In addition, please get answers to following questions from state medicinal plants official (attach a separate sheet for answers given):

1. How are the funds being paid to Nurseries? By Cheque, By Cash or In Kind.
2. How much delay is caused by State AYUSH Society in releasing funds to Mission Directors for Medicinal Plants activities?
3. What are the problems faced by Medicinal Plants Mission in working with State AYUSH Society
4. Have the medicinal plant species being cultivated remained the same or have they changed in the last 10 years?
5. What are the steps taken by State Medicinal Plants officials to motivate more farmers to cultivate Medicinal Plants ?
6. What are the steps taken by Medicinal Plant officials to increase the area under cultivation of medicinal plants?
7. What steps have been taken to improve the post harvest infrastructure for medicinal plants in the state?
8. What steps have been taken to reduce the cost of cultivation of medicinal plants?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

Cultivation of Medicinal Plants

1	Name of State		
2	Districts/villages covered for cultivation of Medicinal Plants during the year (Details to be Provided in a separate sheet)	No. and name (Details to be provided in separate sheet for 2014-15, 2015-16, 2016-17 Apr-June	
3.	Name of Species and Area under each of species	Details to be provided for each species in separate sheet for 2014-15, 2015-16, 2016-17 Apr-June	
4	GPS location of cultivation sites	Details to be provided in separate sheet for 2014-15, 2015-16, 2016-17 (Apr-June)	

5	Sources of planting material		
6	Total no. of farmers engaged during the year(Details to be provided in separate sheet for 2014-15, 2015-16, 2016-17- Apr- June)		
7	Category of farmers engaged(Details to be provided in separate sheet for 2014-15, 2015-16, 2016-17 April-June))	Small Marginal Large	General SC/ST Women
8	No. and Area of clusters / Species(Details to be provided in separate sheet for 2014-15, 2015-16, 2016-17)	No. of cluster – district wise Area of cluster – 2 -6 hac. 7-12 hac. 13-25 hac. More	

9	No. of farmers / cluster (Name, address, and contact no. of each farmer to be provided) for each	3-10 no. 11-16 no.
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	year 2014-15, 2015-16, 2016-17 Apr-June	More
10	Amount of assistance received	14-15, 15-16, 16-17 Apr-June Central Share State Share
11	Type of growers who received Subsidy (Numbers of each type for each year 14-15, 15-16, 16-17 Apr-June)	Individual growers / farmers / cultivators Grower Association Cooperative Societies SHGs
12	Mode of payment of subsidy to cultivators	Cash DD Chequ Other (Mention)
13	Production of each species Cluster(Production of each cluster for each year 14-15, 15-16, 16-17 Apr-June)	Quantity of produce (Kg.)
14	Information on Post-Harvest Management facilities	(Please provide individual

	(Information of each Post Harvest Unit for each year 14-15, 15-16, 16-17 Apr-June)	information)
15	Information on any other value addition activities carried out in each year	
16	Information on training provided in each year	
17	Information on marketing support provided	(if yes, please elaborate)
18	How is the Marketing of Medicinal Plants done?	On farm Whole sale market / mandi Retail outlet Others
19	Income generated (total for all farmers year wise as well as average per acre for each year)	
20	Employment generated (Man-days) For each year	
21	Constraints / suggestions, if any	

In addition, please get answers to following questions from state medicinal plants official (attach a separate sheet for answers given):

1. How are the funds being paid to Cultivators? By Cheque, By Cash or In Kind.
2. How much delay is caused by State AYUSH Society in releasing funds to Mission Directors for Medicinal Plants activities?
3. What are the problems faced by Medicinal Plants Mission in working with State AYUSH Society
4. Have the medicinal plant species being cultivated remained the same or have they changed in the last 10 years?
5. What are the steps taken by State Medicinal Plants officials to motivate more farmers to cultivate Medicinal Plants ?
6. What are the steps taken by Medicinal Plant officials to increase the area under cultivation of medicinal plants?
7. What steps have been taken to improve the post harvest infrastructure for medicinal plants in the state?
8. What steps have been taken to reduce the cost of cultivation of medicinal plants?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION (NAM)**Post –Harvest Management**

1	Name of the State/year	
2	No. of Units (please give in separate sheet for each type mentioned in the right box for 2014-15, 2015-16, 2016-17)	Drying Sheds Storage Godown Collection Center
3.	Processing unit (please give in separate sheet for each type mentioned in the right box for 2014-15, 2015-16, 2016-17)	Primary Processing Unit Complete Processing Unit. Value addition
4	Amount Received for Post Harvest Unit	2014-15, 15-16, 16-17 (Apr-June)
5.	What percentage of final product is marketed within state and outside state (Year wise)	Within State Outside State

6	Income generated(Total by all units in each year)	2014-15, 15-16, 16-17 (Apr-June)
7.	% of profit(Year wise)	Raw Material 2014-15 15-16 16-17 After processing 2014-15 15-16 16-17
8	Employment generated (Man-days) Total for the Post Harvest units for each year	2014-15 2015-16 2016-17
9	Constraints / suggestions, if any	

NATIONAL AYUSH MISSION**D. Administrative Expenditure**

1	Name of State	
2	How the one time grant utilized For each of the years 2014-15, 2015-16, 2016-17)	Implementation of the project Nursery cultivation Post Harvest Managment Management cost Staff Furniture / Equipment Transportation
3	State share in funding (%)	2014-15 2015-16 2016-17
4	Details of staff (nos.) 2014-15, 2015-16, 2016-17	(i) Regular (ii) Contractual
5	Any training programme Conducted (2014-15, 2015-16, 2016-17)	Kind of training Location No. of farmers participated

6	Problem faced by implementing agency, if any	
7	Impact of the scheme *Attach separate sheet and write down impact of the NAM scheme under each head	(i) Promotion of Medicinal Plants (ii) Income generation (iii) Upliftment of livelihood (iv) Employment generation (v) Supply of Raw material to AYUSH Industry.
8	Constraints / suggestions, if any	

In addition, please get answers to following questions from state medicinal plants official (attach a separate sheet for answers given):

1. How are the funds being paid to Nurseries, Post Harvest Units, Cultivators? By Cheque, By Cash or In Kind.
2. How much delay is caused by State AYUSH Society in releasing funds to Mission Directors for Medicinal Plants activities?
3. What are the problems faced by Medicinal Plants Mission in working with State AYUSH Society
4. Have the medicinal plant species being cultivated remained the same or have they changed in the last 10 years?
5. What are the steps taken by State Medicinal Plants officials to motivate more farmers to cultivate Medicinal Plants ?
6. What are the steps taken by Medicinal Plant officials to increase the area under cultivation of medicinal plants?
7. What steps have been taken to improve the post harvest infrastructure for medicinal plants in the state?
8. What steps have been taken to reduce the cost of cultivation of medicinal plants?

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID:

NATIONAL AYUSH MISSION

State AYUSH Society Officials

1. For each of the funds sanctioned under NAM for years 2014-15, 2015-16 and 2016-17, please track the funds sanctioned and released from Government of India to the Field (add additional sheets if you require)

S.No..	Proposal Receipt Date by Centre	Sanction Letter No., Amount & date from Centre	Purpose	Recurrin g (R)/Non Recurrin g (NR)	Funds Disbursed to State(Amount & date)	Funds withdraw by State AYUSH Society (Amt& Date)	Funds disbursed to beneficiary (Amount & Date) & Funds utilized by Beneficiary (Amount & Date)

S.No..	Proposal Receipt Date by Centre	Sanction Letter No., Amount & date from Centre	Purpose	Recurrin g (R)/Non Recurrin g (NR)	Funds Disbursed to State(Amount & date)	Funds withdraw by State AYUSH Society (Amt&	Funds disbursed to beneficiary (Amount & Date) & Funds utilized by Beneficiary
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						Date)	(Amount & Date)

S.No..	Proposal Receipt Date by Centre	Sanction Letter No., Amount & date from Centre	Purpose	Recurrin g (R)/Non Recurrin g (NR)	Funds Disbursed to State(Amount & date)	Funds withdraw by State AYUSH Society (Amt& Date)	Funds disbursed to beneficiary (Amount & Date) & Funds utilized by Beneficiary (Amount & Date)

S.No..	Proposal Receipt Date by Centre	Sanction Letter No., Amount & date from Centre	Purpose	Recurrin g (R)/Non Recurrin g (NR)	Funds Disbursed to State(Amount & date)	Funds withdraw by State AYUSH Society (Amt&	Funds disbursed to beneficiary (Amount & Date) & Funds utilized by Beneficiary

5. What is the mechanism and process/procedure of reporting from the field level to State AYUSH Society Level? (Please provide the formats and explain each format and how this works in practice)
Dist. Ayurveda officer- monthly- email.
6. Have district level nodal officer been assigned for all the districts of the state? (please give the list of District Nodal officers and their contact numbers separately)
7. See the sanction letter of each of the projects sanctioned during this period and examine if changes have been made locally to the facilities that were sanctioned and why?

For each sanction made under NAM for the period 2014-15, 2015-16 and 2016-17, please mention where the changes have been made to the items sanctioned so as to suit the local conditions. (Attach separate sheet)

8. How are the Utilization certificates (UCs) of NAM prepared? Who prepares it? How many UCs have been submitted by State AYUSH Society against the sanctioned amounts for 2014-15, 2015-16 and 2016-17 (April-June) during this period? In each case

what was the Ideal date of submission of each UC? What was the Actual date of submission of each UC? (Attach separate sheet if necessary)

9. What is the reporting system followed from State to Centre regarding NAM? Please give the formats? How regularly are the reports submitted? What are the problems being faced in submitting these reports?

monthly. Email.regular.

10. What is the method of coordination between State AYUSH Society and State Medicinal Plant Board? (Meetings, how frequent, any other forum)

Meetings - infrequent

11. What is the method of coordination between State AYUSH Society and State Horticultural Mission?

12. What is the system of making proposals within the resource pool?

13. What is the system of giving priority to different proposals?

14. Any challenges being faced with the current NAM scheme?

15. Any suggestions for the current NAM scheme.

Name, designation and phone number of officer visited:

Time of Visit:

Signature and Name of Field Researcher

Date of Visit:

Phone Number:

Email ID: