NATIONAL AYUSH MISSION (NAM)

OPERATIONAL GUIDELINES

Ministry of Ayush
Government of India

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OPERATIONAL GUIDELINES OF NATIONAL AYUSH MISSION (NAM)

1. Introduction:

Ministry of Ayush launched the Centrally Sponsored Scheme of National AYUSH Mission (NAM) on 15.09.2014 for implementing through States/UTs. The National AYUSH Mission (NAM) was approved for its further continuation till March, 2020 by Cabinet in 2017. As per the Department of Expenditure's O.M. dated 10th January, 2020, the on-going Schemes were approved for interim extension up to 31.03.2021. Union Cabinet also approved operationalization of 12,500 AYUSH Health and Wellness Centres (AHWCs) component under AYUSHMAN BHARAT for implementation through National AYUSH Mission with a financial outlay of Rs. 3399.35 Crores for a period of 5 years upto 2023-24.

Union Cabinet on 14.07.2021 approved the continuation of National AYUSH Mission (NAM) with financial implication of Rs. 4607.30 crores (Rs. 3000.00 Crore as Central Share and Rs. 1607.30 crores as State Share) with effect from 01.04.2021 to 31.03.2026 excluding AYUSH Health and Wellness Centres (AHWCs) component.

2. Vision:

a. To provide cost effective and equitable AYUSH health care throughout the country by improving access to the services.
b. To strengthen preventive and promotive aspects in primary health care.
c. To provide services of a holistic wellness model based on AYUSH principles and practices.
d. To improve AYUSH educational institutions for imparting quality education.

3. Objectives:

a. To provide AYUSH health care services throughout the country by strengthening and improving AYUSH health care services.

b. To establish a holistic wellness model through AYUSH Health and Wellness Centres focusing on preventive and promotive health care based on AYUSH principles and practices, to reduce the disease burden and out of pocket expenditure.

c. To provide informed choice to the needy public through co-location of AYUSH facilities at PHCs, CHCs and DHs resulting in medical pluralism.

d. To emphasize the role of AYUSH in Public Health as per NHP 2017.

e. To enhance and strengthen the infrastructure of AYUSH educational institutions.

4. Components of the Mission:

4.1 Mandatory Components

a. AYUSH Services
b. AYUSH Educational Institutions

The details are provided in guidelines for individual components of Mission.

4.2 Flexible Component: -

4.2.1 Out of the total State envelop available, 25% of funds will be earmarked for flexible funds which can be spent on any of the items given below:-

a. Yoga Wellness Centres*
b. Tele-medicine
c. Sports Medicine through AYUSH
d. Reimbursement of Testing charges
e. IEC activities
f. Training and capacity building for teaching staffs, Medical Officers and other paramedical staffs working in the educational institution and AYUSH Hospitals/Dispensaries.
g. To meet the mitigation and restorative activities of natural calamities including outbreak of epidemics/pandemics. This is also relevant in the present scenario of COVID-19 pandemic.
h. Incentive to frontline workers of AYUSH:- Multiple AYUSH activities are being added and various AYUSH public health programs can be implemented only by effective community outreach by frontline health workers. Therefore, provision for need-based engagement of frontline workers of AYUSH may be provided in public health programs. State may provide the incentive as per local criteria.
i. In AYUSH Dispensaries, wherever posts have been created but lying vacant due to administrative reasons, the States/UTs may propose 01 AYUSH Medical Officer & 01 Pharmacist for maximum limit upto 2025-26 or till the posts are filled up whichever is earlier on a need basis.
j. Support for HMIS and DBT tracking system- As per the direction of Direct Benefit Transfer Mission, it is required to monitor the benefits being provided to beneficiaries in the States/UTs.
k. States/UTs may propose activities to meet local needs & requirements and Pilot innovation for AYUSH system.

l. Accreditation of AYUSH Healthcare facilities by accreditation agencies like National Accreditation Board Hospitals and Healthcare providers (NABH) or similar accreditation standards.

**The Yoga Wellness Centres are eligible for Rs. 1.00 Lakh as one time assistance for initial furnishing and recurring assistance of Rs.6.00 Lakhs per annum for manpower, maintenance etc.*

4.2.2 The financial assistance from Government of India shall be supplementary in the form of contractual engagements, infrastructure development, Capacity Building and supply of medicines to be provided from Ministry of Ayush. This will ensure better implementation of the programme through effective co-ordination and monitoring. States/UTs shall ensure to make available all the regular manpower posts filled in the existing facilities. The procurement of medicines will be made by the States/UTs as per the existing guidelines of the Mission.

5. Institutional Mechanism:

5.1 National Level:

5.1.A Mission Directorate:

The Mission at National level will be governed by a National AYUSH Mission Directorate, constituted with following members:-

Sl. No.	Designation	Status
1	Secretary (Ayush)	Chairperson
2	AS & FA or his nominee	Member
3	A.S. & M.D., NHM, Department of Health	Member
4	A.S./J.S. dealing with ASU &H drugs/Institutions	Member
5	Drug Controller General of ASU & H Drugs / Sr. Technical Officer dealing with Drug Policy Section	Member
6	Advisers of Ayush system of medicines	Member
7	Joint Secretary in-charge of CSS of NAM	Member Secretary

Any other expert may be co-opted as deemed necessary with the approval of Chairperson. This committee shall be responsible for approving State Annual Action Plan (SAAP) based on recommendation of the appraisal committee.

5.1.B Appraisal Committee:

The Mission at National level will be facilitated by a National AYUSH Mission Appraisal Committee, constituted with following members:-

Sl. No.	Designation	Status

1	Joint Secretary in-charge of NAM	Chairperson
2	A.S./J.S. dealing with ASU &H drugs/Institutions or representative	Member
3	Representative from NHM, Deptt. of Health	Member
4	Representative of IFD	Member
5	Drug Controller General of ASU & H Drugs / Sr. Technical Officer dealing with Drug Policy Section	Member
6	Advisers of Ayush system of medicines	Member
7	Director/Dy. Secretary/equivalent in-charge of NAM	Member Secretary

Any other expert may be co-opted as deemed necessary with the approval of Chairperson. This committee shall be responsible for appraising the State Annual Action Plan (SAAP) and submit to the Mission Directorate for approval.

5.2 State Level:

The Mission at State level will be governed and executed by a State AYUSH Mission Society, constituted with following members.

5.2.A Composition of Governing Body:

The State AYUSH Mission under the Chairmanship of Minister in Charge of AYUSH in the State may review the progress of NAM periodically. Further, the ordinary business of the governing body shall be transacted by the following committee.

Sl. No	Designation	Status
1	Chief Secretary	Chairperson
2	Principal Secretary/Secretary I/C of AYUSH/ (Health & F.W.)	Member Secretary
3	Principal Secretary/Secretary (AYUSH Medical Education)	Member
4	Principal Secretary (Finance)	Member
5	Principal Secretary (Planning)	Member
6	Mission Director, NHM	Member
7	Commissioner (Ayush)/Director General (Ayush)/ Mission Director (NAM)/Director Ayush system of medicines	Member
8	State ASU &H Drug Licensing Authority	Member

Any other expert may be co-opted as deemed necessary with the approval of Chairperson.

5.2.2 Ordinary Business:

Providing AYUSH System overview, review of AYUSH policy and programme implementations, inter-sectoral co-ordination, advocacy measures required to promote AYUSH visibility and approval of State Annual Action Plan (SAAP).

5.2.3 Composition of Executive Body:

Sl. No.	Designation	Status
1	Principal Secretary/Secretary in-charge of AYUSH/ (Health & F.W.)	Chairperson
2	Principal Secretary/Secretary (AYUSH Medical Education)	Vice-Chairperson
3	Commissioner (AYUSH) /Director General (AYUSH)/ Mission Director (NAM)/Director- Ayush system of medicines	Member Secretary
4	Mission Director, NHM	Member
5	Representative of State Finance/Planning Department	Member
6	ASU & H State Licensing Authority	Member
7	Senior Technical officers dealing with Ayush system of medicines	Member
8	State AYUSH Programme Manager	Member

Any other expert may be co-opted as deemed necessary with the approval of Chairperson

5.2.4 Ordinary Business:

Review of detailed expenditure and implementation of Mission, Preparation of State Annual Action Plan and submit for approval for Governing body, Execution of the approved State Annual Action Plan including release of funds as per annual action plan, follow-up action on decision of the Governing body, monitoring and evaluation and maintaining accounts of the society, and administration of the society.

6. Supporting Facilities under Mission: -

6.1 In order to strengthen the AYUSH infrastructure at the Central, State and District levels, financial assistance for setting up of the Programme Management Units (PMUs) will be provided. The PMU will consist of management and technical professionals at Central, State and District level and will be essentially on contract or through service provider.

6.2 The PMU staff will be engaged from the open market on contractual basis or

outsourcing and the expenditure on their salary will be met out of admissible administrative and managerial cost for the mission period. This PMU will provide the technical support to the implementation of National AYUSH Mission in the State through its pool of skilled professionals like Public Health, Finance, I.T., Management Accounts and Technical Specialists etc. All appointments would be contractual and Central Government's liability will be limited only to the extent of Central share admissible for administrative and management costs on salary head for the Mission period.

6.3 The structure of PMU/DPMU & application format is furnished at **ANNEXURE- I(a), I(b) & I(c).**

6.4 In addition to the Manpower cost for PMU, the States/UTs can avail the financial assistance for such administrative costs like office expenditure, travelling expenditure, contingency, Annual Maintenance Cost (AMC) of infrastructure including equipments, 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 is earmarked for States/UTs administrative costs under the Mission.

7. Resource Allocation Framework:-

7.1 **Funding Pattern**:

The funding pattern shall be Centre: 90% and State: 10% for North Eastern States and Himalayan States of Uttarakhand, Himachal Pradesh and Union Territory of Jammu & Kashmir whereas for the rest of the States and UTs with legislature except Jammu & Kashmir this ratio shall be Centre: 60% and State: 40%. UT without legislature 100% funds shall be borne by the Centre.

7.2 **The Resource Pool to the States/UTs from the Government of India under the Mission shall be determined on the basis of following**:

i. Population with 70% weightage and 2 as multiplying factor for Empowered Action Group (EAG) States, Island UTs and Hilly States.

ii. Backwardness determined on the basis of proxy indicator of per capita income will have 15% weightage and

iii. Performance to be determined on inverse proportion of percentage of UCs due and pending as on 31st March of previous financial year will have 15% weightage.

7.3 **Performance-based budgeting-** In order to incentivize good performing States/UTs, performance-based budgeting has been made. For this purpose, 20% of total allocation of Flexipool budget may be earmarked and this fund will be

allocated to good performing States/UTs in the same proportion in which main budget of NAM is allocated. Good performing criteria are as under:

Good performing Criteria

Sl. No.	Name of indicator/ parameters	Sub indicator/ parameters	Points
1	**Progress of Expenditure**	(i) Expenditure reported by State/UT Govt. is 75% and above against the total GIA released.	10
		(ii) Expenditure reported by State/UT Govt. is between 60% to 75% against the total GIA released.	07
		(iii) Expenditure reported by State/UT Govt. is between 50% to 60% against the total GIA released.	05
		(iv) Expenditure reported by State/UT Govt. less than 50% against the total GIA released.	00
2	**Status of Submission of Utilization Certificates**	(i) Utilization Certificate submitted by State/UT Govt. is 75% and above against the total UCs due.	10
		(ii) Utilization Certificate submitted by State/UT Govt. is between 60% to 75% against the total UCs due.	07
		(iii) Utilization Certificate submitted by State/UT Govt. is between 50% to 60% against the total UCs due.	05
		(iv) Utilization Certificate submitted by State/UT Govt. is less than 50% against the total UCs due.	00
3	**Establishment of AYUSH Health & Wellness Centres (supported units of the previous year/years)**	(i) 50% of the supported units of AYUSH HWCs during last year and 100% of the supported AYUSH HWCs during earlier years made fully functional in Category II.	10
		(ii) 50% of the supported units of AYUSH HWCs during last year and 100% of the supported AYUSH HWCs during earlier years made fully functional Category I.	07
		(iii) Minimum 1 to maximum 5 points will be provided based on the no. of AYUSH HWCs made progressively operational.	01 to 05
		(iv) No AYUSH HWC is made	00

		progressively operational.	
4	**Setting up of up to 50 bedded Integrated AYUSH Hospital**	(i) 50 bedded Integrated AYUSH hospitals supported till penultimate year are established and made fully functional	10
		(ii) Completion of 80% and more of the construction work of up to 50 bedded Integrated AYUSH hospital supported till penultimate year.	07
		(iii) Completion of 60% to 80% and more of the construction work of up to 50 bedded Integrated AYUSH hospital supported till penultimate year.	05
		(iv) Completion of less than 60% of the construction work of up to 50 bedded Integrated AYUSH hospital supported till penultimate year.	03
5	**Public Health programs & innovations (Public Health Outreach Activity, AYUSH Gram, School Health Program, Behaviour Change Communication etc.)**	(i) 100% implementation of supported activities for public Health programs with robust documentation.	10
		(ii) 80% to 100% implementation of supported activities for public Health programs with documentation.	07
		(iii) 60% to 80% implementation of supported activities for public health programs.	05
		(iv) Less than 60% implementation of supported activities for public Health programs & no documentation.	00

Note:- 5 indicator/parameters of assessment of States/UTs. Each indicator/ parameters comprises of 4 grading criteria with maximum of 10 points. Accordingly, maximum points will be 50 for 5 indicator/ parameters. The States/UTs who will get 37.5 points (75% of 50 points) or more will be considered as Good performing State/UT. Keeping in view, States/UTs who will achieve 37.5 points will be eligible for additional 20% of total allocation of Flexipool budget.

7.4 Components of National AYUSH Mission will have certain core activities that are essential and other activities that are optional. For core/essential items 75% of the Resource Pool allocated to the States/UTs can be used. For optional items, the remaining 25% of Resource Pool allocated to the States/UTs can be used in a flexible manner.

8. Preparation of State Annual Action Plan (SAAP) by the States/UTs: -

8.1 For preparation of State Annual Action Plan (SAAP) the following steps will be taken:

i. Indication of tentative State/UT allocation by Ministry of Ayush, Government of India: 31st January.
ii. Budget Provision by the State Government along with matching State Share: 28th February.
iii. Preparation of State Annual Action Plan by Executive Committee of the State AYUSH Society: 28th February.
iv. The receipt of State Annual Action Plan in the Ministry of Ayush, Government of India: 15th March.

8.2 The State/UTs shall submit the State Annual Action Plan (SAAP) as per the recommendation format furnished at **ANNEXURE- II**.

9. General Terms & Conditions of Financial Assistance

i) Financial assistance will be provided to the State/ UT Government for the specified components for promotion of AYUSH health care facilities, educational institutions as well as flexible components as per the proposal made in the State Annual Action Plan (SAAP) of National AYUSH Mission.
ii) Funding of different components will be done on a gap-filling basis, based on the State/UT proposals reflected in the State Annual Action Plans (SAAPs). The financial assistance for the components will be limited to the actual requirement, subject to the ceiling prescribed.
iii) SAAP shall have to be submitted through NAM web portal along with requisite information. Before submitting the SAAP through NAM web portal, States/UTs are advised to submit the draft SAAP through email and finalize the SAAP in coordination with Ministry of Ayush for final submission through NAM web portal. States/UTs are advised to submit SAAP between January to March every year.
iv) The grantee organization shall take necessary action to utilize the amount within the financial year provided that in the event of failure to utilize part or full of the amount during the year, details thereof shall be reported to the Ministry for placing before the competent authority for decision.

10. Procedure for release of funds and monitoring of utilization of the funds released:-

The General Financial Rules will be followed regarding release of funds and monitoring of utilization of the released funds.

11. Flow of funds:-

Grant-in-Aid will be transferred through treasury route to State/UT Governments which in turn will transfer the funds to the State AYUSH Society along with State/UT Share.

12. Monitoring and Evaluation:-

12.1 Ministry of Ayush has created a dedicated NAM web portal for submission of the State Annual Action Plans (SAAPs), Physical and financial progress reports of approved activities, submission of UCs etc. The States/UTs are required to ensure for implementing aforesaid activities through NAM portal. Dedicated MIS based monitoring and evaluation can be achieved through this web portal at Centre/ State level. States/UTs shall also carry out evaluation of National AYUSH Mission at regular interval.

12.2 States/UTs are required to report the physical and financial progress on monthly, quarterly and yearly basis to the Ministry of Ayush indicating physical progress of the work, attendance of the patients/ beneficiaries in the AYUSH unit, receptivity & acceptability of the facilities of health care rendered from the unit for specific diseases as well as financial position of expenditure along with relevant documents.

12.3 The concurrent evaluation of the AYUSH Mission shall be carried out to know the implementation progress and bottlenecks and scope for improvement. Third party evaluation will also be carried out by mid of Financial Year 2023-24.

13. Expected Outcome:-

a. Better access to AYUSH healthcare services through increased number of healthcare facilities offering AYUSH services and better availability of medicines and trained manpower.
b. Improvement in AYUSH education through well-equipped enhanced number of AYUSH Educational institutions.
c. To support in reduction of communicable/non-communicable diseases through targeted public health programmes under AYUSH system of medicine.

14. SUPPORTING FACILITIES UNDER NATIONAL AYUSH MISSION

A. Central Programme Management Unit (CPMU):

Sl. No	Post*	Number
1	Senior Programme Manager	1
2	Programme Manager	2
3	Domain Expert-Public Health	10
4	Sr. Consultant	3
5	Jr. Consultant	4
6	Finance Manager	2
7	Accounts Manager	2
8	HMIS Manager	2
9	Data Assistant	5
10	Office Assistant	3

In addition, expenses on account of Office & Administration, Travelling Expenditure, Meetings and Seminars and awareness generation are also kept for Central PMU.

B. State/UT Level:

1. State/UT Programme Management Unit (SPMU)

(i) PMU for UTs

Sl. No	Post*	Number
1	Programme Manager	1
2	Consultant	2

(ii) PMU for NE States

Sl. No	Post*	Number
1	Programme Manager	1
2	Consultants (one for HMIS)	2
3	Finance Manager	1

(iii) PMU for Other States

Sl. No	Post*	Number
1	Programme Manager	1
2	Consultants	2
3	Finance Manager	1
4	Accounts Manager	1
5	HMIS Manager	1
6	Data Entry Operator	1

2. District Programme Management Unit (DPMU)

Sl. No	Post*	Number

1	Programme Manager	1
2	Data Entry Operator	1

In addition, expenses on account of Office & Administration, Travelling Expenditure and contingency required shall be made from administrative head.

*****Note: -There will be provision for flexibility within overall limit for making suitable changes in the proposed posts with the approval of chairperson of NAM

Note: - Clarifications and details on any aspect of the operational guidelines of NAM will be made through advisories issued with the approval of the Chairperson of NAM/Secretary (Ayush), Government of India.

The detailed guidelines for establishment of District AYUSH Society (DAS) under National AYUSH Mission is furnished at **Annexure-VI**

The detailed guidelines for Central and State/ UT Programme Management Unit is furnished at **Annexure-VII**

ANNEXURE-I (b)

Proposal for creating supporting facilities in the State shall be submitted in following format which will be part of State Annual Action Plan (SAAP).

1. Facility to be established: SPMU

2. Location of the unit

3. Infrastructure support required for unit at State level:

(Rs. in Lakhs)

Sl. No.	Component	Unit cost	Number	Total cost
1	Manpower			
1 (a)	Programme Manager			
1 (b)	Consultant			
1 (c)	Finance Manager			
1 (d)	Accounts Manager			
1 (e)	HMIS Manager			
1 (f)	Data Entry Operator			
2	Office and Administration Expenses			
3	Travelling Expenses			
4	Contingency (Recurring)			
5	Others (Specify)			
Total financial implication				

ANNEXURE-I (c)

Proposal for creating supporting facilities in the District shall be submitted in following format which will be part of State Annual Action Plan (SAAP).

1. Facility to be established: DPMU

2. Location of the unit

3. Infrastructure support required for unit at District level:

(Rs. in Lakhs)

Sl. No.	Component	Unit cost	Number	Total cost
1	Manpower			
1 (a)	Programme Manager			
1 (b)	Data Entry Operator			
2	Office and Administration Expenses			
3	Travelling Expenses			
4	Contingency (Recurring)			
5	Others (Specify)			
Total financial implication				

15. Recommendation format for submission of SAAP:-

ANNEXURE-II

Recommendation of the State/UT Government in respect of the State Annual Action Plan (SAAP):

1. The State Annual Action Plan (SAAP) for sanction of financial assistance has been scrutinized by the Office of the……

2. The State Government recommends a grant of Rs ……..……... …… (Rupees ……) for implementation of State Annual Action Plan.

3. The grant is applied for purpose which is in accordance with the norms prescribed by the Ministry of Ayush, New Delhi.

4. It is also certified that:

   (i) The State Government have examined the audited statement of accounts for the last 3 years and are satisfied that the grant-in-aid asked for by them is justified by their financial position and that all previous grants received by them from various sources have been utilized for the purposes for which the grants were sanctioned.
   (ii) There is nothing against the facility or its office bearers/ staff which should disqualify them from receiving the financial assistance from the Government of India. It is also certified that the institution or and of its office bearers is not involved in any corrupt practices and court proceedings.
   (iii) The information provided by the State/UT Government for its application for grant is true and complete in all respect.
   (iv) The States/UTs has furnished utilization certificates due for rendition and related documents in respect of the previous grant (if any received).
   (v) Provision has been kept in the State budget for meeting matching contribution as follows:

   10% in case of North-Eastern States and UT of Jammu & Kashmir, Himachal Pradesh, Uttarakhand and 40% in the other remaining States and UT with legislation except Jammu & Kashmir for meeting the State share. For the UTs without legislation Centrally Sponsored Scheme will be 100% funded by the Central Government.

Date…..…… .

Signature with seal of the Secretary to the Government

NATIONAL AYUSH MISSION (NAM)

AYUSH SERVICES

Ministry of Ayush
Government of India

1. Objectives

The main objective of AYUSH services is to enhance coverage of health care system through cost effective AYUSH Services by focusing on core competency areas of AYUSH through upgrading AYUSH Hospitals and Dispensaries, colocation of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs), District Hospitals (DHs) and Setting up of 10 bedded/ 30 bedded/ 50 bedded Integrated AYUSH Hospitals. Further, it also aims to operationalize a network of AYUSH Health & Wellness Centres to provide services based on holistic wellness model embedded in AYUSH principles and practices, so as to empower masses for "self-care" to reduce the disease burden, and out of pocket expenditure. It is also envisaged in the reduction of communicable/non-communicable diseases through targeted public health programmes under AYUSH system of medicine.

2. Activities of the AYUSH Services under National AYUSH Mission

Financial assistance will be provided to the State/ UT Governments for:-

2.1 Core/Essential Activities:-

I. AYUSH Health & Wellness Centres
II. Co-location of AYUSH facilities at PHCs, CHCs and DHs
III. Supply of essential drugs to Government AYUSH Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional AYUSH Hospitals
IV. Upgradation of existing standalone Government AYUSH Hospitals
V. Upgradation of existing Government/Panchayat/Government aided AYUSH Dispensaries/Construction of building for existing AYUSH dispensary (Rented/ dilapidated accommodation)/ Construction of building to establish new AYUSH dispensary
VI. Setting up of up to 10 bedded/ 30 bedded/ 50 bedded integrated AYUSH Hospitals
VII. AYUSH Public Health Programmes:-
    (i) National Program for Prevention and Management of Osteoarthritis & other Musculoskeletal Disorders
    (ii) Integration of AYUSH with National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
    (iii) SUPRAJA: AYUSH Maternal & Neo-natal Intervention
    (iv) VAYO MITRA: AYUSH Geriatric Healthcare Services
    (v) AYURVIDYA: Healthy lifestyle through AYUSH for School Children
    (vi) AYUSH Mobile Medical Unit
    (vii) KARUNYA: AYUSH Palliative Services

(viii) National Programme on AYUSH for Morbidity Management and Disability Prevention (MMDP) of Lymphatic Filariasis (Lymphoedema)

VIII. Behaviour Change Communication (BCC)

IX. Mobility support at State and District level

X. AYUSH Gram

2.1. Core/Essential Activities: -

I. <u>AYUSH Health & Wellness Centres:</u>

The detailed guidelines for operationalization of AYUSH Health and Wellness Centres under Ayushman Bharat is already separately published and circulated to the States/UTs.

II. <u>Co-location of AYUSH facilities at PHCs, CHCs and DHs:</u>

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

i. One Time grant

Up to Rs. 20.00 lakhs for undertaking addition/ alteration of existing premises; furniture, fixtures, equipments, etc.

ii. Recurring grant

Rs. 0.30 lakhs per annum as lump sum Contingency fund.

Rs. 3.00 lakhs per annum for procurement of drugs, Medicines, Diet and other consumables.

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

i. One Time grant

Up to Rs. 30.00 lakhs for undertaking addition/ alteration of existing premises; furniture, fixtures, equipments, etc.

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.

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

i. One Time grant

Up to Rs. 50.00 lakhs for undertaking addition/ alteration of existing premises; furniture, fixtures, equipments etc.

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.

III. Supply of Essential Drugs to Government AYUSH Hospitals, Dispensaries and Teaching Institutional AYUSH Hospitals:

Rs. 5.00 lakhs per annum for essential drugs for AYUSH Hospitals, Rs. 3.00 lakhs per annum for essential drugs for Dispensaries and Rs. 15.00 lakhs per annum for supply of essential drugs for Teaching Institutional AYUSH Hospitals.

IV. Upgradation of exclusive/standalone Government AYUSH Hospitals (other than PHCs/ CHCs/ DHs)

Financial assistance will be provided for upgradation and improvement of existing AYUSH Hospitals under the State Government/Zila Parishads.

i. One Time grant

Up to Rs. 100.00 lakhs for undertaking construction, renovation of existing premises; furniture, fixtures, equipment, IT provision for AYUSH HMIS etc.

ii. Recurring Grant (per annum)

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.

iii. State may engage the following personnel as per their need and remuneration 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-1/ Thokkanam attendant-1/Homoeopathy attendant-1/Yoga attendant-1

Note- The deployment of the manpower will be 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 to meet the expenditure on remuneration or until regular staff is recruited whichever is earlier.

V. (a) Upgradation of Government/Panchayat/Government aided AYUSH Dispensaries

i. One Time grant

Up to Rs. 20.00 lakhs for undertaking renovation of existing premises; furniture, fixtures, equipments, IT provision for AYUSH HMIS etc.

ii. Recurring Grant (per annum)

Rs. 0.15 lakhs per annum for contingency

V. (b) Construction of building for existing AYUSH dispensary (Rented/ dilapidated accommodation)

i. One Time grant

In those cases where the AYUSH dispensary is running in a rented building or the existing Government building is dilapidated and beyond economical repairs, State/UT Governments may avail up to Rs 30.00 Lakhs for construction of new building & to procure furniture, equipments, IT provision for AYUSH HMIS etc.

ii. Recurring Grant (per annum)

Rs. 0.15 lakhs per annum for contingency

V. (c) Construction of building to establish new AYUSH dispensary in the area where there are no AYUSH facilities available

i. One Time grant

Up to Rs 30.00 lakhs for undertaking construction, furniture, fixtures, equipments, IT provision for AYUSH HMIS etc.

ii. Recurring Grant (per annum)

Rs. 0.15 lakhs per annum for contingency

VI. (a) Setting up of up to 50 Bedded Integrated AYUSH Hospitals :

i. One Time grant

Up to Rs 1500.00 lakhs for undertaking construction with lump sum provision for staff quarters furniture, fixtures, equipments, IT provision for AYUSH- HMIS etc.*

ii. Recurring Grant (per annum)

Rs. 150.00 Lakhs per annum for remuneration of manpower, contingency, medicines.

iii. The Manpower** and infrastructure requirements are furnished at **ANNEXURE- III**

VI. (b) Setting up of up to 30 Bedded Integrated AYUSH Hospitals:

i. One Time grant

Up to Rs 1050.00 lakhs for undertaking construction, with lump sum provision for staff quarters furniture, fixtures, equipments, IT provision for AYUSH- HMIS etc.*

ii. Recurring Grant (per annum)

Rs. 90.00 Lakhs per annum for remuneration of manpower, contingency, medicines.

iii. The Manpower** and infrastructure requirements are furnished at **ANNEXURE-IV**

VI (c) Setting up of up to 10 Bedded Integrated AYUSH Hospitals:

i. One Time grant

Up to Rs. 750.00 lakhs for undertaking construction, with lump sum provision for staff quarters furniture, fixtures, equipments, IT provision for AYUSH- HMIS etc.*

ii. Recurring Grant (per annum)

Rs. 90.00 Lakhs per annum for remuneration of manpower, contingency, medicines.

iii. The Manpower** and infrastructure requirements are furnished at **ANNEXURE- V.**

Note: * State/UT Governments are required to furnish Detailed Project Report (DPR), Land ownership rights and commitment of creation of regular posts for proposed hospital for identified posts while submitting the proposal of 10/30/50 bedded integrated AYUSH hospitals. This would facilitate State/UT for long term running of the hospital beyond schematic assistance from Central Government. Further 50 bedded Integrated AYUSH Hospitals in the district should be located in such a place where adequate connectivity is

available and will function as referral hospitals to the AYUSH Dispensaries, AYUSH Health & Wellness Centres (HWCs), Primary Health Centres etc.

** The deployment of the manpower will be 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 Central Government's liability will be limited to the extent of Central Share admissible to meet the expenditure on remuneration or till regular staff is recruited whichever is earlier.

VII. AYUSH Public Health Programmes:

Background:

The major challenges in healthcare faced today are increase in the ageing population, altered lifestyle and food habits leading to emergence of chronic and new diseases, environmental and climate changes, lack of access and affordability to quality health care. In order to achieve Universal Health Coverage, India needs to strengthen its public health base. AYUSH systems can play a significant role as its health care solutions are safe, effective and cost efficient especially when its lifestyle related self-care model is adopted grossly for preventive primary healthcare. These systems have evidence base of ancient literature evolved through continuous observations, long-term use and contemporary scientific research. The role of AYUSH workforce, therapeutics and principles in strengthening public health services are being more and more recognized under National Health Policy, 2017, programs like NPCDCS and Schemes like National Health Mission (NHM) & National AYUSH Mission (NAM). During the pandemic of Covid-19, it has been demonstrated by the Ayush system that how effectively traditional system of healthcare can respond to the challenges of Public Health.

By considering ever growing health care needs of Indian masses and potentials of Ayush health care systems in providing preventive, promotive, curative and rehabilitative health care as standalone or add on to conventional interventions, some structured public health programmes on Musculoskeletal Disorders particularly Osteoarthritis, Non-communicable diseases, Maternal & Neo-natal care, Mobile Medical services, Geriatric & Palliative Care, and Promotion of healthy lifestyle in Schools have been incorporated under National AYUSH Mission.

Use of evidence based interventions, capacity building of human resources, linkages with National programmes & healthcare institutions, systematic IT enabled

documentation & reporting, gap filling financial assistance to eligible healthcare institutions are the salient features of this programme. These programmes will be implemented within the already established framework of NAM at central, state and district level. Further linkages with line ministries & departments will be developed to successfully plan and carry out public health activities. As per local need and strength of different AYUSH system of medicines, States/UTs may propose such system of medicine for implementation of various Public Health Programmes.

(a) <u>National Program for Prevention and Management of Osteoarthritis & other Musculoskeletal Disorders</u>

1. Introduction

Musculoskeletal disorders (MSDs) including Osteoarthritis are major causes of morbidity and the common causes of disability worldwide, measured by years lived with disability (YLDs). Degenerative changes in the joints such as knee, hip and vertebrae are the commonest cause for restricted movement or immobility, particularly in aged population. MSDs represent a burden on society in both direct costs to the healthcare system and indirect costs through loss of work and productivity. The global prevalence of MSDs ranges from 14% to as high as 42%; on the other hand in India, epidemiological studies indicate the community-based prevalence of about 20% and occupation-specific prevalence found to be as high as 90% in various studies. In addition to this, the World Health Organization (WHO) also estimates that 40% of people over the age of 60 years suffer from MSD and about 80% of the people have had low back pain at some point in their life.

2. Need for AYUSH intervention

Based on available evidence, Musculoskeletal disorders (MSDs) are an important cause of morbidity and disability in India. The Government of India has been supporting the states in prevention and control of the other non-communicable disease (NCDs) under National Health Mission through several programs. However, the management of MSDs including Osteoarthritis is required to receive more focused attention as compared to other NCDs.

The use of alternative therapies is on the rise and according to the reports; about 60-90% of arthritis patients are likely to use the complementary and alternative medicine (CAM) approach for overcoming pain and associated problems. The American College of Rheumatology recommends the careful use of dietary supplement and herbal medicines during early stages of treatment or disease development to limit the degree of joint destruction.

Presently there is no dedicated programme in India to address musculoskeletal disorders. Therefore, there is an urgent need to popularize simple, safe and effective AYUSH interventions in the community for prevention, control and management of musculoskeletal problem in the mode of coordinated programme. This initiative will also address the

national commitment in implementing the Sustainable Development Goals (SDG 3) as well as National Health Policy 2017.

3. Objectives

a. To target the management of Osteoarthritis and other musculoskeletal disorders through AYUSH interventions through an integrative approach.
b. To empower people for self-care through IEC on prevention and rehabilitation of Osteoarthritis and other musculoskeletal problems.

4. Strategy

Based on the lifestyle, occupation, socio-economic status, morbidity, genetic factors etc. the population will be categorized into high risk, medium risk and low risk for onset of musculoskeletal disorders particularly Osteoarthritis for planning the appropriate interventions. The activities will be carried out through AYUSH Health & Wellness Centres (HWCs), AYUSH dispensaries, co-located units, peripheral units of research councils, national institutes, teaching hospitals and other linked health facilities. The major activities will be generating awareness on preventive measures, screening of population, employing yoga, diet, lifestyle, clinical consultations, *Rasayana,* periodical cleansing procedures (*Shodhana*), *Varma* therapy, Natual (irrigation with medicated decoction or oil), Tamrikh (application of medicated oil) referral and follow up.

5. Levels of service delivery

i. At community level

a. Campaigns to create mass awareness on prevention of musculoskeletal diseases including lifestyle practice of daily regimen, Abhyanga/Tamrikh (oil application) as per season as mentioned in Ayurveda/Unani, diet, Yoga (particularly those postures which are likely to cause regeneration of cartilage and bone tissue), exercise, sunlight exposure and use of medicinal plants/ spices for various risk and morbidity groups.
b. Screening, management and referral of cases with Osteoarthritis and other musculoskeletal diseases affecting mobility
c. These activities will be carried out by peripheral health workers, health workers attached to a facility in the catchment area, under-graduate/ post graduate students as a part of their internship or practical experience or any other trained volunteers.

ii. First level health care facility

a. Management of patients by judicious use of various interventions like medication, diet, Yoga, exercises, nutritional supplementation etc. The AYUSH HWCs, AYUSH dispensaries, co-located facilities would cater to primary healthcare needs, however, based on the proximity to the population, units of national institutes, teaching hospitals and other AYUSH facilities may also be considered as first level health care facilities.

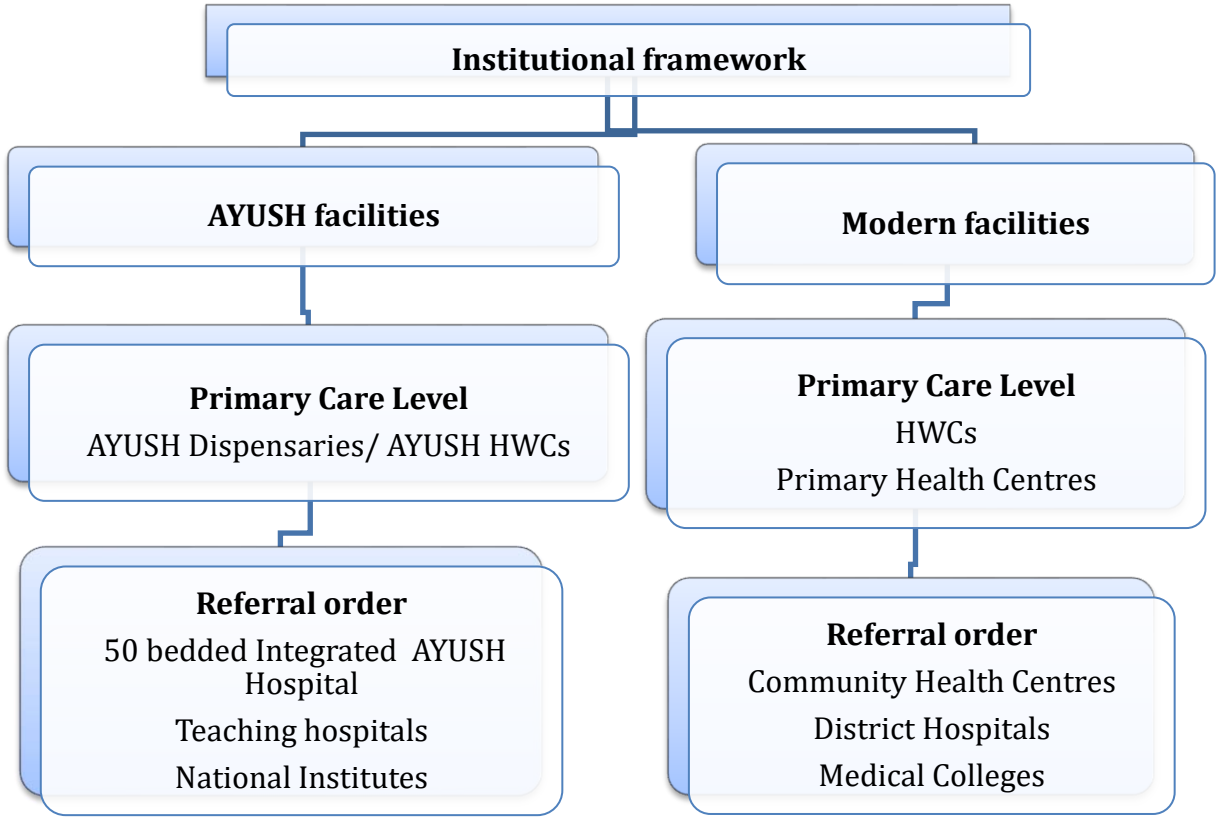
b. The first level health facility may also be an allopathic dispensary or hospital if the person falls in that severity category as per the referral criteria mentioned in **Appendix-I.**

iii. Referral facility

The patients requiring further diagnostics and specialized treatment like *panchakarma/marma*/specialized procedures under Ilāj bil-Tadbīr like Ḥijāma bil Sharṭ (cupping with scarification), Fasd (Venesection), Ta'liq (Leeching)/ physiotherapy or surgery will be referred to AYUSH Hospitals, Teaching Hospitals, National Level Institutions etc. as per the referral criteria mentioned in **Appendix-I.**

a. State may propose the integration of National Program for Prevention and Management of Musculoskeletal Disorders at 50 bedded integrated AYUSH hospitals and other State Govt. owned Hospitals, where the *Panchakarma/* Ilāj bil-Tadbīr facilities are already available and fully functional. Any additional gap filling requirements may be proposed in the State Annual Action Plan of States/UTs under National AYUSH Mission as per applicable provision.
b. For allopathic referral facilities, there is no schematic provision for funding at this stage and therefore the referral mechanism should be worked out through mutual discussions between State AYUSH & Health Departments.
c. Depending on their location, these referral facilities can also provide primary care.

The continuum of care of all the patients will be ensured through referral to higher centers and reverse referral to first level healthcare facility.



Health facility	Norm (Average population to be covered)
AYUSH HWC/AYUSH Dispensary	5000
10/30 bedded Integrated AYUSH Hospital	50000
50 bedded Integrated AYUSH Hospital/ Teaching AYUSH Hospital	200000-500000

6. Modalities of implementation

a. Convergence and logistic support of AYUSH Health service infrastructure, State Department of AYUSH & Department of Health, AYUSH Colleges, PHCs, CHCs existing at local level.
b. Awareness workshops, sensitization training to professionals and health care workers at AYUSH and modern institutions/ facilities on various focal themes which include classification, stage wise management of each disease, referral criteria etc.
c. Health camps and awareness programs in conjunction with the State health facilities to increase the reach of the program.
d. Screening of patients with musculoskeletal disorders in the targeted areas.
e. Advocacy of lifestyle and dietary modifications in the community customized for different age groups with various risk levels for prevention of musculoskeletal disorders.
f. Community mobilization through self-help groups, Panchayat etc.
g. Provision of comprehensive quality assured Ayurveda, Unani, Homoeopathic medicines and therapies (Panchakarma/Marma/ Ilāj bil-Tadbīr) for moderate and severe cases at second level referral facilities such as AYUSH hospitals/Teaching AYUSH Hospitals.
h. Cross referrals between Medical Colleges, CHC's, PHC's, dispensaries and Ayurveda institutes and such other health care facilities in the selected regions will be coordinated.
i. Periodic monitoring and evaluation including data monitoring will be done as part of the other programmes such as AYUSH HWCs/ National AYUSH Mission and also as per the specific indicators.

7. Prioritized conditions

Osteoarthritis (hips, knees, ankles or feet) and other Musculo-skeletal disorders (such as rheumatoid arthritis, gouty arthritis, non-healing fractures, sprains, tendinitis etc.) may also be included wherever possible and reported periodically to Ministry of Ayush.

8. Interventions

a. **Preventive measures:** Healthy diet, lifestyle, yoga, exercises and specific practices such as oil massage, home remedies.
b. **Clinical management:** Single or different customized combination of essential AYUSH medicines would be used as per the individual need and suitability to the patients. Therapeutic procedures will be employed only for moderate to severe cases.

i. Diet and lifestyle Modification: General diet and lifestyle recommendations, home based *snehana* and *swedana* (oil massage followed by hot fomentation) will be advised to the patients.
ii. Ayurveda/Unani/Panchakarma/Thokknam/Ilaj-bil-Tadbir procedure based therapies, *Varma (marma)* therapy. Based on adaptability of individual patients clinical conditions, therapeutic procedures like Upanaha, lepa, pichu, matravasti, parisheka and sthanika abyanga may also be judiciously administered.
iii. Counselling on diet and lifestyle.
iv. Physiotherapy and Yoga.

9. Target population

Approximately 40 % of the total Indian population is middle aged and elderly. It is targeted to focus on the population above middle age in 800 blocks (approximately 5 crore population) over a period of 05 years. The population will be served through AYUSH Health facilities and Hospitals, in a phased manner.

10. Outcome indicators

The programme would be evaluated based on the following parameters. All parameters are numerical and the States/ UTs Institutions shall communicate the quarterly and annual report to the Ministry of Ayush. After the programme is successfully implemented, the monitoring and evaluation may be further strengthened.

a. Number of States/ UTs hospitals/Institutes which initiated National Program for Prevention and management of Musculoskeletal Disorders
b. Number of AYUSH Teaching Institutes which initiated National Program for Prevention and management of Musculoskeletal Disorders
c. Number of outreach camps held by implementing institutions for promotional as well as mass awareness programs
d. Number of persons attending the camps organized by each facility
e. Number of patients enrolled under the program
f. Number of patients who turned up for follow up
g. Number of patients with the improvement in the quality of life with respect to pain, range of movement, WOMAC scale, VAS score, activity, sleep, anxiety
h. No of training programs conducted for Upskilling/ capacity building of healthcare workforce involved in the program

11. Progress reporting

All the health facilities involved in the National Program for Prevention and management of Musculoskeletal Disorders will be required to send quarterly and annual physical/technical progress report to the Ministry of Ayush as per the data reporting format available as **Appendix-II.**

The reporting of financial progress will be as per the NAM guidelines for States/UTs.

12. Data collection and Documentation

The data shall be documented in pre-designed data capturing formats by the facility level Medical Officer and the same shall be recorded in electronic formats. The monthly/quarterly/ annual reports shall be submitted to the State coordinator.

13. Monitoring: The district level and State level coordinator shall monitor the progress of the program under the intimation of central Monitoring unit and progress report may be submitted to the coordinator periodically.

14. Financial Assistance:

The financial assistance will be provided @ Rs. 6.60 lakhs per annum for manpower (@ Rs. 40,000/- per month for AYUSH doctor & @ Rs. 15000/- per month for Multi-Purpose Worker (MPW) and Rs. 2.40 Lakhs per annum for IEC, training and contingency purposes per annum per block.

15. Minimum facilities required

The following minimum infrastructure, equipment and manpower are essential to participate in National Program for Prevention and management of Musculoskeletal Disorders:

Facility	**Infrastructure & Equipment**
First level health care facility (AYUSH HWCs/ dispensaries)	In addition to essential medicines and oils, wherever possible provision for OPD level *snehana, swedana, janubasti*, *katibasti* may be kept, if the manpower is already available to carry out the procedures. In case of Unani systems Ḥijāma bil ā Sharṭ, Naṭūl, Tamrīkh, Dalak may also be considered. A procedure table should also be made available.
Referral facility	Expert consultation, essential medicines, provision for *snehana, swedana, janubasti*, *katibasti, shirodhara basti, nasya.* Ḥijāmabil Sharṭ (cupping with scarification), Fasd (Venesection) Taliq (Leeching). Manpower: Ayurveda/Unani physician, *Panchakarma* technician, masseur and cleaning staff. A procedure table should also be made available.

16. Technical Support team:

A technical support team may be constituted at state level to co-ordinate technical support to the Institutions where the program is being implemented.

Responsibilities:

a. Development of training manual and IEC booklet/brochures as per the Central guidelines.
b. Training to Nodal Officers at District levels
c. Drafting of data collection format for documentation of the data at Institutions as per the data formats made available by the centre.
d. Technical guidance for the implementation of the program at the community levels for promoting preventive strategy and at institutional level for screening, management and self-care
e. Technical support in monitoring of the project at State level at the fixed intervals.
f. Statistical support for data analysis and assessment of progress at fixed intervals.

17. State-level monitoring committee may be constituted with representatives from State AYUSH/ NAM/ teaching institutes with at least one Ayush Physician/Clinical expert for monthly/quarterly/half yearly/ yearly monitoring.

Appendix-I

Referral criteria

Referral is the transfer of care for a patient or person from one health care provider/ facility to another when a person/patient needs expert advice, further investigations, interventions or follow up. An ideal referral mechanism ensures that people receive the best possible care, promotes cooperation & complementation of primary, secondary & tertiary health facilities and offers continuity of treatment.

Health referral involves not only direct patient care but support services such as transportation to transfer patient from one health facility to another. It is a two-way relationship that requires cooperation, coordination and exchange of information between the care providers during the referral so as to maintain the continuum of care. The referral may be done from the community to nearby health centre or from one facility to other higher AYUSH or Allopathic centres as per the following criteria.

Referral criteria to AYUSH facility	**Referral criteria to Allopathic facility**
a. Patient with unclear diagnosis b. Patients contra-indicated for NSAIDs. c. Patients who prefer non-interventional therapies and amenable to successful management of disease by Ayush systems including acute stages d. Further investigations, if facility is available e. Expert's consultation f. Higher level treatment and procedures like • *Panchakarma* • *ʿIlājbiʾl-Tadbīr (for procedures like Hijama- bil shart (cupping with scarification), Taliq (leeching), Fasd (venesection)* • *Marma* therapy • Physiotherapy	a. Patient with unclear diagnosis b. Further investigations c. Associated with infection such as septic arthritis (high fever, puss) d. Suspected for tuberculosis, malignancy e. Exacerbated autoimmune diseases f. Severe reduction of joint space with osteophytes on X-ray not responding to Ayush interventions on pain or range of movements. g. Purely surgical cases h. Suspected fracture i. Certain conditions unresponsive to AYUSH treatment in 3 weeks of treatment or worsening of the condition. j. Co-morbidity such as cardiac / renal ailment, poorly controlled diabetes, hypertension etc. which are un-controlled or worsening. k. Any case presenting as acute exacerbation of chronic condition

The Healthcare provider may take an appropriate decision according to the prevailing situation and ensure that the patient gets the best care without suffering financial hardship.

Appendix-II

Data reporting format

Name of the State/ UT:…….

Sl. No.	Name of Indicators	Status
1	Total number of health facilities who initiated National Program for Prevention and management of Musculoskeletal Disorders	
2	Total number of outreach camps held by each facility (only total numbers and not each facility-wise)	
3	Total number of persons attended the camps	
4	Total number of persons attended the camps during the reporting period	
5	Total number of patients visited health facilities for musculoskeletal problems	
6	Number of patients who turned up for follow up	
7	Continuous supply of medicines for musculoskeletal problems (response should be yes or no)	
8	Number of referral health facilities with Panchakarma/Ilaj-bil-Tadbir	
9	Indicators for clinical improvement	
10	Improvement in signs and symptoms (mention number of patients only)	
10.1	Improvement in the quality of life with respect to pain, range of movement by goniometer, womac scale, vas score, activity, sleep, anxiety (mention number of patients)	
10.2	Reduction in the intake of allopathic medicines (mention number of patients)	
11	Number of patients with overall satisfaction SF6 questionnaire (mention number of patients)	

Reporting period (D/M/Y)

(b) Integration of AYUSH with National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

1. Introduction:

NCD and morbidity associated with them is a cause of concern in public health in India with substantially higher healthcare utilization and Out of pocket expenditure (OOPE). The prevalence of multi-morbidity increased from 1.3% in 18-29 year olds to 30.6% in those aged 70 years and above. In India in 2004, deaths due to non-communicable diseases were twice those from communicable diseases. The four leading chronic diseases in India are: Cardiovascular diseases, (CVDs), Diabetes Mellitus, (diabetes), Chronic Obstructive Pulmonary Disease (COPD) and cancer. OOPE for NCD incurred is twice the costs for visit to an OPD compared to a non NCD. Further the six leading risk factors for developing NCDs, i.e. Tobacco Use, Physical Inactivity, Overweight/Obesity, High Blood Pressure, High Cholesterol Levels, High Blood Glucose Levels decreases quality of life and brings disease burden for NCDs. The primary goal for the above mentioned issues is health promotion through behavior change and early intervention through opportunistic screening for combating and breaking the vicious cycle of its growth.

A pilot project of AYUSH was successfully run from 2016 in collaboration with DGHS in 6 districts of the country through Research Councils of Ministry of Ayush. The evaluation of this project brought out the importance of AYUSH in supporting the control of NCDs in the implementing districts. It is proposed to continue this intervention in a program mode under the Mission in the same 6 states where this programme is running in a pilot mode. The HWCs being operationalized under the Mission will be converged with this program so that primary screening at the grass root level will be co-ordinated through AYUSH HWCs as per availability. The referral services will be catered by the AYUSH units at District and CHC NCD cells.

This program will be implemented in coordination with Ministry of Health & Family Welfare by establishing AYUSH units at District NCD Centres, Community Health Centres and also making alignment with PHCs for outreach activities in six States i.e. Andhra Pradesh, Bihar, Gujarat, Rajasthan, Uttar Pradesh and West Bengal where this programme is already implemented in pilot mode. Further, after completion of Mid Term, same may be explored to extend throughout the country after obtaining the approval of competent authority. This would make possible the integration of AYUSH with NPCDCS.

2. Objectives:

a. Primary prevention of common NCDs through an integrated program of health education and promotion of healthier life styles.
b. Screening of population for detection/diagnosis of NCDs and early intervention.

c. To provide cost effective management of identified conditions of NCDs through AYUSH medicines alone or complimentary to prescribed standard care for established diseases NCDs.
d. To co-ordinate with NPCDCS Cell at District / CHC under cafeteria approach
e. To establish and develop capacity of AYUSH doctors at various levels of health care for NCDs.

3. Implementation Strategy:

The strategies to achieve above objectives will be in line with the operational guidelines of NPCDCS which are:

a. Prevention through behavior change
b. Early Diagnosis
c. Treatment
d. Capacity building of human resource
e. Surveillance, Monitoring & Evaluation

4. Target group

The programme will be covered in all age groups vulnerable to NCDs in 6 States i.e. Andhra Pradesh, Bihar, Gujarat, Rajasthan, Uttar Pradesh and West Bengal

5. Implementation of activities:

(i) Integration of AYUSH in the District NCD Clinic:

a. Strengthening of Lifestyle Clinic at DHs for management of NCDs through AYUSH systems.
b. Organize district level training programme for capacity building of AYUSH doctors and health personal at Lifestyle clinic at CHC
c. Primary prevention; Health promotion through health education, life style counselling and behavior change.
d. Secondary prevention through opportunistic screening of patients for early detection.
e. Management of pre-clinical and clinical conditions of NCDs through AYUSH medicines alone or complementary to prescribed standard care for established diseases NCDs.
f. Supply of IEC material to CHCs for display and distribution amongst the masses to create health awareness
g. Distribution of pamphlets and hand-outs on NCDs to generate health awareness in the people attending the Institute
h. Provide administrative and logistics support to all the units of AYUSH at CHCs under the district.
i. Compile data from all the CHCs /PHCs under the district and coordinate with the NPCDCS Cell
j. Co-ordination with NPCDCS programme and other related departments in the District

(ii) Integration of AYUSH in the Community Health Centre-NCD Clinic

a. Health promotion and prevention through behavior change & lifestyle counselling of patients.
b. 'Opportunistic' Screening of common NCDs (Hypertension, Diabetes, alcohol dependence, drug De-addiction, and obesity.
c. Management of NCDs at early stage through AYUSH intervention alone wherever applicable in clinical stage amenable to AYUSH treatment.
d. Provide AYUSH treatment as adjuvant with conventional treatment & lifestyle modification in established conditions for respective NCDs.
e. Referral of complicated/difficult cases wherever it is necessary for further investigation and management.
f. Monitoring and sustenance of outreach activities at PHC.
g. Regular yoga and meditation practices by yoga instructors for health promotion.
h. The yoga instructor shall impart training to yoga volunteers, who will further hold classes at the PHC for behavioral change and health promotion under outreach activities.
i. Data compilation and timely submission of report of all the camps conducted under Lifestyle Clinic at CHC to the NPCDCS Cell at the Institute.

(iii) Outreach Activities: Awareness programme through Primary Health Centres (PHCs)

a. Awareness programme to be carried out at PHC for awareness generation, lifestyle modification, screening of susceptible population and referral of suspected cases from these camps to the team of Doctors at CHC for detailed screening and treatment etc.
b. Weekend yoga and meditation classes by yoga volunteers (trained by yoga professional at CHC) on Friday, Saturday and Sunday.
c. A yoga therapist shall primarily emphasize upon gaining general well-being by way of integration of body, mind and soul through yoga and meditation. This will have a protective role of arresting the appearance/progression of lifestyle diseases by improving immunity, reducing the process of degeneration, enhancing healing power and thus increasing longevity of life.

7. Financial assistance:

(i). Integration of AYUSH in the District NCD Clinic: The financial assistance will be provided @ Rs. 12.96 lakhs per annum

(a) Manpower :AYUSH doctor having PG qualification-1 @ Rs. 60,000/- Per Month, Yoga professional-1 @ Rs. 28,000/- Per Month and Pharmacist/Dietician- 1 Rs. 20,000/- Per Month

(b) For procurement of AYUSH drugs, medicines, diet and Consumables- State/UT Government is required to seek financial assistance under activity of co-location of AYUSH facilities at DHs- Setting up of AYUSH Wings in District Hospitals

(ii) Integration of AYUSH in the Community Health Centre-NCD Clinic: The financial assistance will be provided @ Rs. 9.00 lakhs per annum

(a) Manpower :AYUSH doctor-1 @ Rs. 40,000/- Per Month, Yoga professional-1 @ Rs. 20,000/- Per Month and Pharmacist- 1 Rs. 15,000/- Per Month

(b) For procurement of drugs, medicines, diet and Consumables- State/UT Government is required to seek financial assistance under activity of co-location of AYUSH facilities at CHCs- Establishment of AYUSH IPDs in Community Health Centres (CHCs)

(iii) Outreach Activities: Awareness programme through Primary Health Centres (PHCs) - The financial assistance will be provided @ Rs. 1.92 lakhs per annum for the cost of communication (Hiring of vehicle etc), TA/DA Local Advertisements including printing cost, Medicine, IEC and Stationary.

8. Roles and responsibilities of manpower:

(i) Manpower at District Hospitals (DH):

S. No.	Man Power (number)	Responsibilities
1	AYUSH doctor (PG qualification)	● Opportunistic screening ● Behavioural change ● Health promotion ● Management of identified conditions ● Treatment of complications related to NCDs with AYUSH medicine as adjuvant ● Training to AYUSH doctors in NPCDS mobile health teams working at PHC ● Monitor functioning and research activities of the Lifestyle Clinic ● Compilation of data from CHCs and PHCs
2	Yoga professional	● To work under the guidance and direction of AYUSH Doctors. ● To generate awareness about role of yoga in prevention of NCDs, harmful effects of alcohol and tobacco ● To help AYUSH doctor of CHC in identifying Yoga volunteers (one male and one female per PHC). ● To impart training to the identified Yoga volunteers on Yoga procedures to enable them to conduct Yoga practices regularly at concerned PHC. ● To prescribe and demonstrate the Yoga -Asanas and other related procedures to the person susceptible for NCDs and patients (disease specific yoga

		procedures) in co-ordination with AYUSH doctors and maintain the records. ● To maintain record of yogic practices in prescribed format. ● To monitor whether the yoga practices is going on regularly to public by the Yoga volunteers. ● To offer brief advice for tobacco cessation. ● Any other duties assigned to him by the competent authority.
3.	Pharmacist	● To work under the guidance and direction of AYUSH doctor. ● To attend the outreach activities and dispense medicine in the health camps with the team as instructed by the AYUSH doctor. ● To dispense medicines as prescribed by the AYUSH doctor at respective Life Style Clinics and camps and to keep all relevant records as required. ● To explain the procedure for taking medicines as advised by AYUSH doctor. ● To counsel patients for better compliance of prescribed medicines, promotion of Health and prevention of diseases. ● To undertake the formalities for procurement of store materials such as preparation of indent, receipt of store materials, recording in stock ledger, verification of stock etc. ● Issuance of store materials, maintaining its formalities and keeping all relevant records. ● To assure the proper storage of drugs to preserve their efficiency. ● To maintain Inventory Control, keeping in view the expiry date of drugs to ensure timely utilization of the drugs. ● To maintain the proper labelling of drugs. ● Any other duties assigned to him/her by the competent authority.

(ii) Manpower at Community Health Centre (CHC):

S. No.	Man Power (number)	Responsibilities
1	AYUSH doctor (UG qualification)	● Opportunistic screening ● Behavioural change ● Health promotion ● Management of identified conditions ● Treatment of complications related to NCD's

		with AYUSH medicine as adjuvant ● Monitor functioning of the Lifestyle Clinic ● Compilation of data from CHC's and PHC's ● To conduct comprehensive examination for diagnosis and management of the NCD cases. ● To rule out complications or advanced stage. ● To refer complicated cases to higher care facility. ● To provide follow up care to the patients. ● Overall supervision of NCD Unit. ● Assist in training of the Health personnel.
2	Yoga professional	● To work under the guidance and direction of AYUSH doctors. ● To generate awareness about role of yoga in prevention of NCDs, harmful effects of alcohol and tobacco ● To help AYUSH doctor of CHC in identifying Yoga volunteers (one male and one female per PHC). ● To impart training to the identified Yoga volunteers on Yoga procedures to enable them to conduct Yoga practices regularly at concerned PHC. ● To prescribe and demonstrate the Yoga - Asanas and other related procedures to the person susceptible for NCDs and patients (disease specific yoga procedures) in co-ordination with AYUSH doctors and maintain the records. ● To maintain record of yogic practices ● To monitor whether the yoga practices is going on regularly to public by the Yoga volunteers. ● To offer brief advice for tobacco cessation. ● Any other duties assigned to him by the competent authority.
3.	Pharmacist	● To work under the guidance and direction of AYUSH doctor. ● To attend the outreach activities and dispense medicine in the health camps with the team as instructed by the AYUSH doctor. ● To dispense medicines as prescribed by the AYUSH doctor at respective Life Style Clinics and camps and to keep all relevant records as required.

		● To explain the procedure for taking medicines as advised by AYUSH doctor. ● To counsel patients for better compliance of prescribed medicines, promotion of Health and prevention of diseases. ● To undertake the formalities for procurement of store materials such as preparation of indent, receipt of store materials, recording in stock ledger, verification of stock etc. ● Issuance of store materials, maintaining its formalities and keeping all relevant records. ● To assure the proper storage of drugs to preserve their efficiency. ● To maintain Inventory Control, keeping in view the expiry date of drugs to ensure timely utilization of the drugs. ● To maintain the proper labelling of drugs. ● Any other duties assigned to him/her by the competent authority.

(c) <u>SUPRAJA: AYUSH Maternal & Neo-natal Intervention</u>

1. INTRODUCTION

Reproduction is through a natural instinct, in humans, it not only means having progeny but also providing a healthy being to the family, society, and nation and to the world. In India, the nutritional and general health status of pregnant and lactating mothers is desired to be much better. Improper nutrition and lack of micro-nutrients in the food is considered to be major precipitating factors for malnutrition. This leads to Anemia and growth retardation of child and other common ailments.

It is proposed to have Holistic healthcare of pregnant ladies, lactating mothers and infants to achieve better physical and mental wellbeing. The interventions like Punanravadi mandura/Jawārish-i-Āmla Sāda for Anemia, month-wise regimen of pregnant ladies, counselling on diet and desired way of personal and social life (Garbhasamskara), BalaTaila vaginal suppository (ready to use) for promoting vaginal delivery, use of Bala Kshirapaka as preventive and strength promoting care, family counselling and Yoga protocol for pregnancy care etc. is proposed to be implemented as specific AYUSH ante-natal care. Similarly, in lactating period Measures and

medicines to feeding mother for augmentation of breast milk like Shatavari, Fenugreek and Moringa will be promoted.

2. Objectives–

- To provide optimum protection to foetus & mother so as to reduce maternal and neonatal morbidity and mortality.
- To ensure continued medical surveillance & prophylaxis for complete development of the fetus.
- To prevent complications, if any and achieve normal delivery at term.

3. PRENATAL CARE THROUGH AYUSH

Prenatal care can be defined as the care provided by skilled health-care professionals to pregnant women in order to ensure the best health conditions for both mother and baby during pregnancy

Pregnancy is a dynamic state, lot of physiological changes take place in hemodynamic and other systems of pregnant woman in order to adopt the increasing demands of the growing fetus. The antenatal care is mainly intended to provide optimum nourishment to mother and fetus; it prepares the reproductive tract of mother to withstand the changes during antenatal and intra-natal periods. It facilitates the metabolism of the growing fetus and prevents the obstetrical complications too. Diet, behaviour and environment of the mother directly affects the health of mother and child. The integrated regimen supports the pregnant women all through the antenatal, Intra-natal and postnatal period. The approach of Indian Systems of Medicine relating to the care of the mother and child namely conception, fetal growth, antenatal, intra natal and post-natal care are holistic in nature, safe and effective. As the incidence of elderly primi gravida is increasing, there is increased incidence of operative/invasive deliveries.

In conventional management, pregnancy is managed by giving folic acid, Iron, and calcium preparations and prophylactic vaccines. Iron helps in maintaining the haemoglobin levels of the mother and fetus. Iron and Calcium help in growth and development of fetus. But these drugs when supplemented with comprehensive antenatal regimen from AYUSH system then it will support the maternal and fetal nutrition, and prepares the mother for normal labour.

Qabl-az-Wilādat Nigahdāsht/Tadābīr-i-Ḥawāmi (antenatal care) in Unani Medicine focuses on modalities for maternal healthcare throughout pregnancy. Simple home

remedies as well as compound formulations are prescribed for management of conditions like morning sickness, hyperacidity, backache anorexia and constipation.

Homoeopathic approach towards management largely focuses on altering the host susceptibility through individualization based on totality of symptoms. Choice of remedy varies according to the phase of the disease and presenting signs and symptoms. The medicines given are frequently indicated in those conditions, however should be used after consulting qualified homoeopathic physician.

(i) SPECIFIC AREAS OF STRENGTH IN PREGNANT WOMEN: The conditions particularly amenable to AYUSH treatment are:

a. **During pregnancy**: morning sickness, cough, urinary tract infections, vaginal itching, anxieties and fears, backache, constipation, cramps in legs, flatulence, heartburn and indigestion, piles, toothache, etc.

b. **After childbirth**: healing of soft tissues, anemia, breast engorgement, deficient secretion of milk, cracked nipples, constipation, retention of urine, painful urination, etc.

(ii) SPECIFIC AREAS OF STRENGTH IN INFANCY AND CHILDHOOD

a. Neonates and infancy: constipation, colic, diaper rash, dentition troubles, eczema, common cold, etc.

b. Childhood: acute infections, cough and cold, fevers, diarrhoea, vomiting, fears and phobias, temper tantrums, warts, tonsillitis, nocturnal enuresis, injuries, childhood asthma, constipation, urinary tract infections, behavioral disorders and learning disabilities, etc.

These complaints can be successfully treated in AYUSH HWCs/Primary Health Centers or Out Patient Departments (OPDs) of hospitals or teaching hospitals/AYUSH hospitals having facilities for maternal health by trained AYUSH practitioners.

(4) ANTE-NATAL CARE

(a) Diagnosis of Pregnancy: In women of reproductive age having normal marital relations and with regular menstrual cycle, amenorrhoea is an important symptom suggestive of pregnancy. However, it may be confirmed with history, urine test and other diagnostic tools (if available) and physical examination.

(b) Schedule of Examination: Examination of pregnant woman is done with two objectives firstly to know physical and psychological health status of woman and secondly to assess the growth and development of the fetus. Minimum four visits should be done as per following schedule:

- 1st visit**:** Within 12 weeks, preferably as soon as pregnancy is suspected for registration of pregnancy and first ante-natal check-up

- 2nd visit: Between 14 and 26 weeks
- 3rd visit**:** Between 28 and 34 weeks
- 4th visit**:** Between 36 weeks and term

(c) Detailed History at First Visit: Personal data, last menstrual period (LMP), complaints with duration, past history of medical illness/surgery, family history, personal history, addiction, drug allergy, immunization status, marital status, menstrual history, contraception, detailed obstetric history.

(d) General Examination: Physical examination covers blood pressure, temperature, respiration rate, lung sounds, heart rate and sounds, pallor, weight of the woman. Total weight gain during the course of pregnancy for a healthy woman on average is 11kgs.

(e) Systemic Examination: Examination of respiratory, cardiovascular, renal, GIT, musculoskeletal and genitourinary system is important to assess the condition of maternal health and growth & development of the fetus.

(f) Local Examination: Local examination is especially paid attention to know about the changes that occur in the genital tract and breasts. Uterus becomes abdominal organ during pregnancy therefore abdominal examination for girth, fundal height, presentation of the fetus and fetal movements is a must.

- **Auscultation:** Fetal heart sound (FHS) should be checked for regularity in rhythm. Normal range is 110-150 beats per minute
- **Per vaginal Examination:** wherever there is facility and expertise

(g) Investigations: After confirmation of pregnancy, following investigations may be done after proper counseling.

1. Complete blood count (CBC) to be done and Haemoglobin (Hb) to be repeated at 20th weeks, 28 weeks, 36 weeks and just before delivery (if anemia is present then the test is repeated as and when required)
2. Blood group with Rh factor, if not known
3. Glucose Tolerance Test (24 – 28 weeks)
4. Blood Sugar (fasting and post- prandial)
5. Thyroid Function Test
6. HIV/ Hepatitis- B
7. VDRL
8. Urine Analysis - routine and microscopic examination.
9. USG abdomen

*Special investigations may be performed as per need at the facility where she is getting her routine ante-natal care.

(h) Immunization for TT: Two injections of T.T. should be given 4 to 6 weeks apart. The first dose should be given at the first visit. Only 1 injection of T.T. should be given, if previous child birth has occurred within 3 years and she has received complete immunization during her previous pregnancy

Following these codes of right conduct helps to enhance positive physical and mental health during pregnancy:-

i. Prenatal advice consists of Dietary advice, Monthly regime, Medicines, Immunization, Lifestyle modifications, Yogasanas, Pranayama, Meditation and others.
ii. Life Style of mother has a pivotal role in the growth and development of foetus. Hence appropriate behaviour in a pregnant mother should be incorporated.
iii. Place of residence: Ventilated, fumigated free from mosquitoes etc.
iv. Recitation of hymns, music, instruments etc in home which can relax her and help to maintain a happy mood and positive impact on foetus.
v. Bowel: Timely bowel and urinal habits.
vi. Daily bath with clean or fragrant water
vii. She should always wear clean, loose, auspicious, light coloured cotton garments.
viii. Pregnant women must be cheerful, relax and pious.
ix. Sleeping and sitting place should be low, covered with soft cushion with support and should be perfect and very comfortable.
x. Mother should take minimum 8 hrs sleep at night and 2 hrs rest at daytime, early to bed and early to rise.
xi. High heel shoes should better be avoided in pregnancy. Constricting belt should be avoided
xii. Good dental and oral hygiene should be maintained.
xiii. Simple home remedies like chewing pomegranate and mint leaves and intake of decanted water of soaked tamarind, decoction of clove, small cardamom and greater cardamom in small quantity can be taken for treatment of morning sickness
xiv. Massage with oils like *Rowghan-i-Bābūna, Rowghan-i-Mālkanganī, and RowghanSurkh can be done to relieve backache*
xv. 6 g of husk of *Aspghol* (*Plantago ovata* Forssk.) can be taken to relieve constipation
xvi. Yogic Practices: Practice of Yogasana and Pranayama under the supervision of expert is advised. Prenatal Yoga can be very helpful in maintaining normal healthy pregnancy and preparing for labour as it teaches the mother to take cues from her body and maximize its natural potential. Some documented benefits of prenatal yoga are reduction of maternal stress and anxiety, reduction of pregnancy related pain, improves quality of sleep during pregnancy and improves overall birth outcomes.

Asanas preferred in Pregnancy are Katichakrasana, Tadasana, Tiryak-Tadasana, Vajrasana, Ardhatitli/Aasana, Purnatitli asana, Vakrasana, Marjarasana, Matsyakrid asana, Shavasana, Pranayama-Anuloma Viloma, Sheethali, sheetkari, Bhramari etc. Yogasana and Pranayam should preferably be done in the morning on empty stomach and not upto 3 hours after full diet. Asanas should be done after emptying of bladder and bowel. Ensure good ambience. Body movements should be slow, natural and easy, avoid harsh and forceful stretching of the body. Maintain regular respiration.

xvii. Maintenance of mental health along with beneficial diet and mode of living is necessary during pregnancy. Mental health not only provides good physique but also Good Sanskara on foetus.

xviii. Meditation plays an important role in pregnancy.

xix. Music Therapy: Vocal or instrumental –Environment can be made pleasant with music therapy

xx. Dietary advice: The primary objectives of dietary regimen are to provide optimum protection to foetus and mother to achieve complete development of the foetus. The diet is planned considering the monthly requirement of fetus for its proper development. The diet of pregnant woman after proper digestion, eventually leads to nourishment of women's body, formation of breast milk, nutrition to the foetus, etc. The diet of a pregnant woman should be pleasant to heart and mind, in appropriate time and quantity.

xxi. Month-wise regimens to be adopted in addition to regular food are indicated below:

□ First month	□ Milk in appropriate quantity (suitable diet modifications may be advised if there is aversion to milk) □ Sweet ,cold and liquid diet
□ Second month	□ Milk medicated with sweet ingredients such as dates □ Sweetened milk treated with Shatavari.
□ Third month	□ Milk with honey and ghee □ Khichdi prepared using sesame, rice and green gram/Bengal gram. Cookies or laddoos made from them also suggested.
□ Fourth month	□ Milk with butter □ Cooked old rice with curd, pleasant food mixed with milk and butter. □ May include goat meat soup in diet (If non-vegetarians) (or moong dal soup)
□ Fifth month	□ Ghee prepared with butter extracted from milk. □ Cooked old rice with milk.
□ Sixth month	□ Sweetened curd □ Ghee medicated with sweet substances like Shatavari,Yashtimadhu etc. □ Mix 2gm of Gokshur (*Tribulusterrestris*) powder in a
□ Seventh month	□ Ghritakhanda (sweet dish prepared from milk medicated with sweet substances)
□ Eighth month	□ Rice gruel cooked with additions of milk and ghee □ Khichdi with ghee.
□ Ninth month	□ Different varieties of cereals □ Add Mulethi (*Glycyrrhizaglabra*) powder to hot milk and drink it. □ Meat soup etc.(moong dal soup in case of vegetarians)

<u>Month wise display calendars with advisories and month wise monitoring aspects like foetal movement, weight etc. may be provided to pregnant ladies.</u>

(5) POST- NATAL CARE

The first six weeks after delivery are considered the post-natal period, which are the most crucial period for the health and survival of both mother and newborn. Main objectives of AYUSH care are to enhance the process of recovery after delivery, prevent complications during puerperal period, early involution of uterus, and improve quality and quantity of the breast milk. Out of very vast knowledge available in AYUSH Systems of medicine, some easily doable post-natal care is mentioned here. Peripheral Health Workers plays a crucial role to provide counseling and services for appropriate care of the mother and newborn at home.

(a) Care of Mother

- Have empathetic approach, talk to woman and her family members about her needs
- Examine pulse, temperature, BP, post-partum haemorrhage, contracted uterus
- Subsequent health checkup includes history about delivery, micturition and motion, sleep, establishment of lactation, any other ailments and pulse, BP, temperature, anemia, breast, involution of uterus, lochia (smell, colour and amount), perineal wound, if any

(b) Advise to Nursing Mother

Breast feeding to be initiated within an hour of birth or earlier

- Breast milk is a complete source of nutrition to the baby for first 6 months
- Helps in developing bonding between mother and baby
- Helps in delaying pregnancy through suppression of ovulation
- Protects baby against infection
- Easily digested by infant

Key messages on breast feeding

- Initiate breast feeding especially colostrums feeding within an hour of birth
- Do not give any pre-lacteal feeds. Pre-lacteal feeds may not be hygienic and can cause intestinal infections in the baby leading to diarrhea
- Ensure good attachment of the baby to the breast
- Exclusively breast feed the baby for six months
- Breast feed the baby whenever he/she demands milk
- Follow the practice of rooming in

Initiation of breastfeeding: Counsel the mother that breastfeeding should ideally be initiated immediately after birth, preferably within one hour, even if the birth has been by caesarean section. Sucking reflexes gradually become weaker over the span of a few hours, thus making breastfeeding difficult later on.

Advantages of initiation of early breastfeeding

- The sucking and rooting reflexes in the newborn are the strongest immediately after delivery, making breastfeeding easier.

- Sucking helps in the release of Oxytocin which helps in contraction of uterus and thus helps in preventing PPH
- The newborn's sucking helps to produce more breast milk.
- The baby receives colostrum, which is very rich in vitamin A and protective antibodies. This protects the baby from infections such as diarrhoea, tetanus and respiratory tract infections.
- Mothers have less bleeding after birth if they breastfeed immediately.
- Early breastfeeding helps the mother and baby to develop a close bond.

Exclusive breastfeeding for six months: Counsel the mother for exclusive breast feeding in the first six months. The mother should be assured that breast milk has enough water to quench the baby's thirst (even in the peak of summer) and satisfy the hunger for the first six months.
The following measures can be adopted in case of insufficient lactation

- **Oil Massage**: Whole body massage with oil especially on back and abdomen every day is found to be beneficial. This relieves pain, helps in early involution of uterus. Medicated oil like BalaTaila or any other locally available oil like mustard, coconut, gingili should be used. This should be followed by exposure to early morning sun rays and bathing with hot water
- **Washing of Genitalia:** washing the vagina with warm water or medicated decoction made of *neem* leaves, turmeric, drying and applying oil aids healing and prevents infection
- **Abdominal Binder:** Binding of lower abdomen with clean, comfortable, broad and of sufficient length provides support. Readymade binders can also be used
- Emphasizing the importance of using contraceptive methods for spacing or limiting the size of the family.

Do's

- Exclusive breast feeding up to 6 months
- Emptying of breasts after feeding to avoid engorgement
- Maintain hygiene
- Bathing - use of water medicated with leaves of Nirgundi (*Vitex negundo*), Eranda (*Ricinus communis*) and Nimba (*Azadirachta indica*) after a whole body oil massage
- Considering the strength and digestive power, she should be advised to take light diet in first 10 days
- Food that stimulates digestion (deepana, pachana) and relieve pain (shulaghna) should be recommended. Freshly cooked, warm nutritious soup, scum of boiled rice, gruel and Dalia for first 3-5 days. Pippali or Shunthi power and ghee should be added. Māʾal-Shaʿīr (barley water) several times in a day can be given to the mother. Ḥalwa prepared with wheat flour, almond, pistachio, raisins, sugar and clarified butter (ghee) is beneficial.
- Should have only boiled water for drinking

- Raw and cold food, food causing flatulence such as potato, bengal gram should be avoided, whole green gram is very good during this period. Should take milk and milk products
- Gradually the women should be introduced to normal diet. Jaggery is recommended as sweetener
- Remain happy and cheerful
- Observe abstinence up to 6 weeks
- May do light exercise and house-hold chores
- Post- natal checkups and immunization schedule

Don’ts

- Should avoid next pregnancy at least for 3 years by adopting a suitable contraceptive for self or spouse
- Avoid constipation with sufficient intake of whole cereals, pulses, vegetables and liquids
- Avoid remaining hungry
- Should avoid strenuous work
- Avoid unnecessary medication
- Exposure to wind, fasting, over eating, over exertion, mental stress

6. Implementation Strategy: The program will be implemented at delivery points like teaching institutions and other State Government AYUSH Hospitals where AYUSH Supraja unit may be established. It will be ensured that the beneficiary will not be deprived of any standard routine care she requires. Eligible assistance may include cost of ante-natal and post–natal check-ups, cost of Post-natal kits containing AYUSH remedies, Capacity building of AYUSH manpower and IEC activities.

(i) Interventions at various stages

Interventions at various stages	**Pregnancy (Antenatal)**	**Childbirth**	**Postnatal (mother)**	**Postnatal (newborn)**
Community Strategies	Mass scale awareness on healthy and happy pregnancy by following month-wise regimen.	Mental support, assurance and awareness about Breast feeding	Awareness about AYUSH based post-natal care	Awareness about AYUSH infant & child – care. Screening for disease, deficiency and disability and referral
	Birth preparedness and complication	Promotion of immediate and routine newborn care	Awareness about Breast feeding	Identification and prompt referral of ‘at risk’ and ‘sick”

	readiness	comprising immediate drying, warming, skin to skin contact and initiation of breast feeding within one hour after delivery.		newborn
Primary	Treat Maternal Anemias(Mild to Moderate cases), morning sickness, cough, urinary tract infections, vaginal itching, anxieties and fears, backache, constipation, cramps in legs, flatulence, heartburn and indigestion, piles, toothache, etc (The Stakeholders may also refer Orientation Guidelines for Community Health Officers published by Ministry of Ayush for detailed interventions)	Care during labor and delivery including identification of maternal and newborn complications and timely referral	Postpartum care (at a health facility for 48 hours) Treatment for healing of soft tissues, anaemia, breast engorgement, deficient secretion of milk, cracked nipples, constipation, retention of urine, painful urination, etc. Detection and management of postpartum sepsis and other complications	Essential newborn care Treatment for constipation, colic, diaper rash, dentition troubles, eczema, common cold, etc.
First Referral	Management of high blood	Care for low birth weight		

	pressure and preeclampsia	new-borns		
All Levels: Community Primary Referral	Information and counselling on sexual reproductive health concerns		Post-partum family planning advice	Immediate thermal care (to keep the baby warm)
	Family planning advice		Nutrition counselling	Initiation of early breast feeding(within the first hour)
	STI/HIV prevention information & Counselling			Hygienic cord and skin care
	Essential preventive and promotive care during pregnancy (antenatal care, nutrition counselling, birth preparedness)			Weighing of the newborn

7. Financial Assistance:-

The financial assistance will be provided @ Rs. 6.60 lakhs per annum for manpower (@ Rs. 40,000/- per month for AYUSH doctor & @ Rs. 15000/- per month for Multi-Purpose Worker (MPW) and Rs.3.00 Lakhs per annum for IEC, training and contingency etc. for teaching hospitals/AYUSH hospitals having facilities for maternal health.

8. Output/Outcome:-

No. of pregnant women screened, No. of campaigns conducted, No. of interventions in the target group & No. of uncomplicated institutional deliveries with better mother and infant health.

(d). VAYO MITRA: AYUSH Geriatric Healthcare Services:

1. Introduction

Elderly people are a valuable resource for the societies and should be feeling valued. The growth in population of senior citizens has put economic stress on the State's working age population. The old age dependency ratio of India as per 2011 census is 142.Due to continuous increase in the life expectancy, there is an increase in the population of senior citizens. Ensuring that the senior citizens lead a secured, dignified and productive life is one of the responsibilities of the State. The National Policy on Older Persons (NPOP), 1999 *inter-alia* envisages State support to ensure health care needs of older persons, and availability of services to improve the quality of their lives. Healthy ageing refers to postponement of or reduction in the undesired effects of ageing. The goals of healthy ageing are maintaining physical and mental health, avoiding disorders and remaining active and independent. Geriatrics is the branch of medicine that specializes in the care of the older people, which often involves managing many disorders and problems at the same time. Geriatric medicine is concerned chiefly with the care of frail elderly people especially when they become ill. AYUSH Geriatric care plan suggests preventive geriatrics for elderly above 60, management of ageing related ailments and also reduction and prevention of chronic NCDs complications.

As per the principle and practice of traditional medical system like Ayurveda based on Swasthavritha (to keep the health of healthy), Rasayana (Rejuvenation) and therapeutic approach of Panchakarma, a healthy ageing can be achieved. Unani medicine has prescribed preventive and therapeutic modalities under Tadbir-i-Shaykhukhat which are aimed at promotion of healthy ageing.

2. Objectives:

(a) To create awareness within the community on different aspects of ageing and measures to reduce morbidity during old age.

(b) To provide specialized and comprehensive AYUSH health care to the senior citizens at various level through AYUSH health care delivery system.

(c) To promote value of the healthy elderly persons to the community and need for maintaining the Quality of Life.

3. Implementing Strategies:

i. **Preventive and promotive care**: The preventive and promotive health care services such as advocacy for adopting regular physical exercise, balanced diet, and stress management as mentioned in AYUSH systems particularly in Dinacharya (Daily Care Regimen), Ritucharya (Seasonal Care Regimen), Sadvritta (good conduct), Yoga - Yama, Niyama, Asana, Pranayama, and information on Adharaneeya Vegas (Non-suppressible natural urges) etc. are provided by expanding access to health practices through domiciliary visits by trained health workers. Measures based on Asbāb Sitta Ḍarūriyya (Six Essential Factors) can be advised by health workers which can help in prevention/delay of several geriatric diseases and lifestyle disorders commonly associated with old age. They will impart health education to old persons as well as their family members on care of older persons. Besides, regular monitoring and assessment of old persons will be carried out for any illness by organizing weekly clinic at HWCs and AYUSH dispensaries.

ii. **Information, Education & Communication (IEC):** It is proposed to start Health education programmes using mass media, folk media and other communication channels to reach out to the target community for promoting the concept of healthy ageing, importance of physical exercise, healthy habits, and reduction of mental stress through Yoga and Rasayanas. Old age people clubs may be formed to focus the interventions in the target group. Camps for regular medical check-up are proposed to be organised at various levels where IEC activities are also specifically promoted. Eligible assistance will be provided for Medicines for Geriatric interventions, Capacity building of AYUSH manpower and IEC activities. The prototype IEC material will be prepared on Health Care of the Elderly to sensitize community about care, promotion of healthy life style and inform about services available through various electronic, print media, and other channels. These will be circulated to implement with adoption and dissemination. Messages through mass media will also be organized through Radio, Television, Internet and Print media.

iii. **AYUSH Man Power Development for Geriatric Services**: To make available trained medical and para-medical professionals in geriatric medicine, in service training will be imparted to the AYUSH manpower using standard training

modules prepared with the help of AYUSH medical colleges and regional institutions under AYUSH research councils.

iv. **Screening of patients**: Primary Screening of patients will be carried out as per specially designed proforma.

v. **Outreach activity** for Screening of patients at AYUSH Health and Wellness Centres/AYUSH Hospitals.

vi. **Management of Illness**: Dedicated outdoor and indoor patients services will be developed at AYUSH Dispensaries/AYUSH HWCs/Hospitals/Teaching Hospitals for management of chronic and disabling diseases by judicious intervention by Panchakarma/Thokkanam Therapy/Ilaj-bil Tadbir, Rasayana Yogas like Amalaki Rasayana, Brahma Rasayana for general health, regular use of Bala Taila or Rowghan Surkh/ Rowghan Babuna for external application in musculoskeletal disorders/ whole body massage/ application on scalp, management of Constipation, Chronic/recurrent urinary tract infection, Haemorrhoids, anal fissure etc. are the areas where AYUSH systems of medicine can effectively be utilized. The holistic care of elderly people as per the existing strengths of AYUSH systems for common GI tract disorders, diseases affecting mobility, depression, insomnia, and benign prostate enlargement are the few important conditions.

vii. The continuum of care of all the patients will be ensured through referral to higher centers and reverse referral to first level healthcare facility.

4. Expected Outcomes:

The major outcomes shall be to enhance the Quality of Life ascertained from Pre and Post intervention in the target area of 800 blocks of the country

5. Package of Services

Health Facility	Packages of services
AYUSH HWC/AYUSH Dispensary	• Health Education related to healthy ageing • Domiciliary visits for attention and care to home bound / bedridden elderly persons and provide training to the family care providers in looking after the disabled elderly persons. • Linkage with other support groups and day care centres etc. operational in the area • Will act as community mobilization institutions

AYUSH Hospitals/ teaching Hospital	• Weekly geriatric clinic run by a trained AYUSH Medical Officer • Maintain record of the Elderly using standard format during their first visit • Conducting a routine health assessment of the elderly persons based on simple clinical examination relating to vision, BP, blood sugar, etc. • Provision of medicines and proper advice on chronic ailments • Public awareness on promotional, preventive and rehabilitative aspects of geriatrics during health and village sanitation day/camps. • Tele consultation • Referral for diseases needing further investigation and treatment to Community Health Centre or the District Hospital as per need.

6. The following activities will be undertaken at facilities:

a. Conducting health assessment of the elderly persons based on simple clinical examination relating to vision, joints, hearing, chest, BP and other investigations including blood sugar, etc. A simple questionnaire will be filled up during the first visit of each elderly and record will be updated and maintained.
b. Proper advice on chronic ailments like Chronic Obstructive Lung Disease, Arthritis, Diabetes, Hypertension, etc. including dietary regulations.
c. Public awareness during health and village sanitation day/camps.
d. Provision of medicine to the elderly for their medical ailments.
e. Referral for further investigations and treatment to Community Health Centre or the District Hospital as per need.
f. Data Compilation: Compilation of data received from all the AYUSH Hospitals and forwarding the same to the State Programme Officer (NCD)

7. Following items will be made available at the AYUSH Hospital/Teaching Hospital:

- Nebulizer
- Pulse Oxymeter
- Glucometer
- Shoulder Wheel
- Walker (ordinary)
- Cervical traction (manual)
- Exercise Bicycle
- Lumber Traction
- Gait Training Apparatus
- Infrared Lamp etc.

8. Financial assistance:

The additional financial assistance of Rs. 2.40 lakhs per annum per block will be provided for IEC material and training purposes. The manpower engaged under National Program for Prevention and Management of Musculoskeletal Diseases activity will be also engaged for this activity. Vayo Mitra activity will be carried out in the same geographical area where National Program for prevention and management of musculoskeletal diseases activity will undertake.

9. Outcome:

No. of geriatric population covered,

No. of campaigns conducted,

No. of interventions in the target group and

No. of geriatric population with Quality of Life (QoL) improved.

Screening form

Date-

Name -

Age/Sex-

Address-

Phone No.-

Marital Status-

Name and Contact No. of the family/Care-giver-

Present complaint-

Known case of –DM/HTN/CA/others (under medication or not?)

Past History-

Family History-

Allergies, if any (Medicinal/food)-

Medicines taken at present:-

Diagnosis-

General Examination

BP:	Pulse:	Temperature:	Blood Sugar Level:

Instructions to be followed

Date of next visit-

(e) <u>AYURVIDYA: Promotion of Healthy Lifestyle through AYUSH for School Children in 75000 Schools</u>

<u>1. Introduction:</u>

AYUSH systems of medicine emphasize factors like hygiene, lifestyle, diet and moral conduct as crucial to good health. For healthy life, the lifestyle should also be considered along with proper diet. Since, the school children are of tender age group, the behavior change modification for adopting healthy lifestyle, dietary pattern and awareness about medicinal plant in lucid, attractive manner that capture the mind of the School children will have more impact in

inculcating positive healthy behaviour as described in traditional system of medicine like Ayurveda. Further, school going children is also required to be educated regarding the importance of medicinal plants and common home remedies. So that, they may understand the strength of AYUSH system and same may be adopted by them in their lifestyle for obtaining good health.

2. Objectives:

a. To focus special emphasis on school children for promotion of healthy lifestyle & integrative diet education encompassing dietary principles from AYUSH System in vulnerable regions where health indicators are poor.
b. To create awareness about medicinal plants and home remedies in lucid, attractive manner that captures the mind of the School children so that they inculcate positive healthy behaviour as described in AYUSH Systems of Medicine.
c. To educate children about the role of yoga for fitness and wellbeing.

3. Implementation Strategy:

a. This programme will be implemented in 300 schools in a year with special emphasis on those districts where health indicators are poor particularly in aspirational districts. A team of one AYUSH Doctor & one Multi-Purpose Worker (MPW) will cater 25 schools in a month.
b. A team may be formed at block level comprising of AYUSH health professionals, Headmasters, PRI members, NGOs working in the area. This trained team may be used to conduct the regular education classes on AYUSH principles and lifestyles as well as on Nutrition as per schedule in every school. The best implemented school may also be rewarded suitably.
c. The instructional content may include videos, power-point presentations, Antakshari, Prashnotari, pamphlets, pictorial description (eg:- in the form of cartoon characters) for easy understanding of students and slogan writing on wall / boundary wall / gate of the school etc. In addition to that, intervention through behavioral change communication techniques may also be adopted.
d. Health Hygiene Campaign may be done in consensus with other stakeholder's namely the local health providers, the local community leaders, local self-government representatives, Self-help groups and NGOs in the area.
e. The AYUSH Medical Officers under the programme implement the health plans and train the school teachers for identification of medicinal plants and utilization of home-remedies. Further, these teachers will educate and train to the students.
f. Organization of Yoga Camps and Plantation of Medicinal Herbs in school 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.

g. Health screening: - Early detection and management of common problems eg;- visual and hearing problems, physical disabilities, common skin problems, anaemia, nutritional status, worm infestation, learning disabilities etc. by associating AYUSH Colleges, AYUSH Hospitals and dispensaries

h. Referral linkages with health services and local remedial action. Referral linkages with AYUSH Medical colleges or AYUSH Hospitals for remedial and preventive measures may also be undertaken.

i. Distribution of Information, Education and Communication (IEC) material in schools like pamphlets, small folders, pictorial graphics, writing on wall / boundary wall / gate of the school about good lifestyle and nutrition practices with logo of 75 years of Independence.

4. Financial assistance:

- To be implemented in 75000 schools for 3 years in tie up with AYUSH HWCs, AYUSH teaching hospitals. Total 300 schools covered in a year (@ 25 schools in a month) by one team of 01 AYUSH Doctor and 01 Multi-purpose and worker.
- The financial assistance will be provided @ Rs. 6.60 lakhs per annum for manpower (@ Rs. 40,000/- per month for AYUSH doctor & @ Rs. 15000/- per month for Multi-Purpose Worker (MPW) and @ Rs. 0.09 lakhs each school per annum for Camps, IEC materials, Training & plantation of medicinal herbs.

5. Outcome :

No. of Schools covered.

No. of awareness programs conducted.

(f) AYUSH Mobile Medical Unit

1. Introduction

The population in unserved regions and under severed tribal population of our country faces a triple burden of diseases. While Malnutrition and Communicable diseases like Malaria and tuberculosis continue to be rampant, rapid urbanization, environmental distress and changing life style has resulted in a rise in the prevalence of Non-Communicable Diseases like Cancer, Hypertension and Diabetes. To add to this is the third burden of mental illnesses and addiction. The persistent challenge of those communities living in different geographical regions & vulnerable populations like tribes etc. are required to be provided with adequate healthcare facilities. This can be addressed by deployment of appropriate AYUSH human resources and designing AYUSH service packages to meet different situations will go a long way in meeting the challenges. AYUSH Mobile Medical Units (MMU) are intended to provide service delivery through a range of preventive, promotive and curative services, and enable referrals. This will enhance the accessibility to generalized healthcare as well as AYUSH based interventions in the far reaching & remote areas of the country.

2. Objectives

(i) To provide AYUSH healthcare to the doorstep of populations in unserved and underserved. Tribal population through outreach activities by Mobile Medical Units.

(ii) It is envisaged to provide screening & management of Common Communicable Diseases, Non-Communicable Diseases & basic OPD care (acute simple illnesses) and provide referral linkage to appropriate higher AYUSH faculties.

3. Implementation Strategy

a. This programme is proposed to be implemented in 150 villages of unserved and underserved tribal regions identified in consultation with district activities.

b. One Medical Officer and One Multipurpose worker may be deployed for minimum of 08 villages. The vehicle for Mobile Medical Unit purpose shall be hired only. It will be branded with the name of the project and logo of NAM.

c. The first step would involve a mapping of villages and village clusters which are inaccessible and underserved with the help of District activities. The deployment of MMUs should be prioritized in those areas where there are no functional facilities. The mapping should also identify referral sites that are the first point of referral for these inaccessible clusters.

d. The local head of village may carry out the function of community mobilization, ensuring that people, who need services, are informed about the MMU schedule and mobilize them for screening.

e. Screening of populations for Non-Communicable/Communicable Diseases and undertake follow-up check-ups during the visit, including providing medicines for patients.

f. Proper entry of data of visits, patients, referrals, and meticulous record keeping should be done on weekly basis. Timely replenishment of medicines should be ensured. Logbook of movement should be maintained.

g. Continuity of care should be assured with the tentative date of next visit to be mentioned on each prescription along with details of follow up. Chronic patients on regular long term medications should be able to collect their medications from MMU. In case of emergency, dedicated emergency contact numbers may be provided to the beneficiaries.

h. IEC/BCC activities will also be undertaken in aspirational districts including tribal unit. The IEC/BCC will focus on AYUSH interventions to deal Mal nutrition, de-addiction, Yoga etc.

i. Capacity building programmes to enhance the health seeking behaviour of aspirational districts including Tribal Population may be conducted.

4. Coverage and Financial assistance:

a. To be implemented in 150 villages of unserved and underserved tribal regions approximately 3 lakh population. A team of one AYUSH Doctor & one Multi-Purpose Worker (MPW) will cover 8 villages in a month on roster basis.

b. Financial Assistance:
The financial assistance will be provided @ Rs. 6.60 lakhs per annum for manpower (@ Rs. 40,000/- per month for AYUSH doctor & @ Rs. 15000/- per month for Multi-Purpose Worker (MPW) and Rs. 2.825 lakhs per annum for Camps, IEC materials, Training & Hiring of vehicle.

5. Outcome:

No. of population covered.
No. of camps conducted.
No. of beneficiaries whose health status improved.

(g) KARUNYA: AYUSH Palliative Services

1. Introduction

'*Palliative care is a way of looking at the incurable patients in a way that improves the quality of life of patients and their families. It helps prevent and relieve suffering by early recognition and treatment of pain and other physical, psychosocial and spiritual problems'.- WHO*

Palliative care is the total, active care of patients suffering from life limiting illnesses along with care of the family. It relieves suffering and improves the

quality of both life and death. It takes care of the physical as well as emotional, social and spiritual needs of the patient and the family. When a patient is suffering, the whole family suffers with him so it looks after the patient as well as the family.

With changing lifestyle, Non-Communicable Diseases (NCDs) are becoming more common. The maximum need is in the developing countries where two thirds of those needing palliative care live but enough resources are not available. There is a huge need for palliative care in India.

2. Vision

Supportive Palliative care can be given anywhere - at home, in the hospital. Homecare is considered better because patients are more comfortable in their own home. It is cheaper and the family can take care without having to travel.

Supportive Palliative care can be provided through AYUSH Dispensaries/Health & Wellness Centres (HWCs), secondary level AYUSH Hospitals or the referral hospitals, along with the patient's regular treatment. It should be a part of existing AYUSH healthcare at all levels of care. Low cost, effective supportive palliative care can be delivered as part of primary care even in far-off areas. Palliative care should be started early, preferably from the time of diagnosis. This helps build trust, plan ahead to prevent symptoms and have timely discussions with the family. It helps plan for good end of life care by making wise, well-informed and timely decisions when the disease is advanced.

3. Beneficiaries

Those with:

a. Cancer
b. Stroke or spinal cord injuries
c. Chronic neurological diseases eg- Parkinson's disease
d. Old age conditions like Alzheimer's disease
e. Children with cerebral palsy or birth defects
f. Psycho social supports for Organ failures like heart failure, lung failure or kidney failure
g. Auto immune diseases like Systemic Lupus Erythematosus, Rheumatoid Arthritis, Multiple Sclerosis
h. HIV/AIDS
i. Any other condition which require palliative care as per the strength of AYUSH systems of medicine

4. Objective

To ensure quality assured, integrated supportive palliative care for the needy patients including chronic diseases like Lifestyle diseases, Geriatric patients, Differentially abled persons, Psychiatric patients, CVS patients etc.

5. Implementation Strategy

a. Domiciliary visits by AYUSH Medical Officer with trained health workers for basic health assessment of palliative patient pre-identified by the existing public health system or as reported by the peripheral health workers like ASHA.
b. As add on to standard treatment for improving the quality of life of people with life-threatening or debilitating illness by providing relief from pain, constipation, insomnia, digestive problems, other physical symptoms including wounds and care for psychosocial needs with a need based Psychosocial counselling by a qualified counsellor.
c. AYUSH HWCs will act as community mobilization institution.
d. Awareness workshops, sensitization training to professionals and health care workers at AYUSH institutions/ facilities.
e. Periodic monitoring and evaluation.

6. Coverage & Financial Assistance

a. To be implemented in 100 blocks in tie up with AYUSH HWCs/AYUSH dispensaries, AYUSH teaching hospitals.

b. **Financial Assistance:** The financial assistance will be provided per annum per block for domiciliary visits, basic screening, and investigations etc (1 Doctor and 1 MPW for each Block).

   The financial assistance will be provided @ Rs. 6.60 lakhs per annum for manpower (@ Rs. 40,000/- per month for AYUSH doctor & @ Rs. 15000/- per month for Multi-Purpose Worker (MPW), as per the requirement qualified psychosocial counsellor (on call) @ Rs.500/- per visit, maximum of 200 visits in a year and Rs 2.4 lakhs per annum for IEC material and training per annum per block.

7. Role of AYUSH MO and Health Worker

a. Palliative care is required in the community and can be done by providing appropriate training to the doctors, community health workers, volunteers and family members. Some patients with difficult symptoms may need to be referred for specialist palliative care.

b. Health worker/ASHA will provide the list of beneficiaries under the palliative care. Initial screening will be done on primary visit to understand the patient, medical & psychosocial condition so that further strategies can be formed. Required provision must be made for referral of patient and data should be compiled by the AYUSH MO and monthly review to know the progress so that further follow-up as per requirement can be carried out. Performa for screening may be seen at **Appendix-III**.

c. Monthly visits, follow-up and referrals have to be carried out and to be recorded.

d. The AYUSH MO should be able to identify the persons who can be benefitted from palliative care. They should be able to find out the physical, social, emotional issues of the patients and family. On a home visit, the team should check the problems they had, the management undergoing, and guidance of family members.

e. The AYUSH MO should have the necessary knowledge and communication skills, intervention and assessment skills. The CHO should have good judgment and decision-making skills to decide the best possible intervention at their level based on the assessment and consultations. Further, the risks and benefits should be effectively communicated to the concerned persons and family members.

f. The AYUSH MO should maintain strict confidentiality with regard to the information they gather about the patient and family.

g. Health workers can be helpful in following manner:

- Identification of patient
- Guiding families for care at home
- To support during referral
- Act as a link between the patient, the family and the palliative team
- Help create awareness and change the wrong beliefs

8. General Measures to Follow:

Patient may be conscious or unconscious. In a bedridden patient, the care includes:

- Health education of the family.
- Involving the family in the care.
- Demonstrate the care and make a follow up plan.
- Regular home visits.
- Airway clearance
- Adequate fluid intake (oral, nasogastric tube feeding)
- Bowel and bladder care
- Personal hygiene- head to foot care
- Prevention and care of pressure sores
- Exercise
- Communication
- Assessment of symptoms, recording and reporting.
- Proper care of eyes, nose and mouth.

Active and passive exercise

Exercise must be integrated into the patient's daily life as it prevents contractures, foot drop and wrist drop. All the joints need physiotherapy/physical exercise. Educate the family on the importance of exercise to prevent joint stiffness. If there is no restriction or bone problems exercise can be given by the patient's family.

Diet

- Diet must be planned according to the needs of patient.
- Serve the food in a good environment.
- In a bedridden patient assemble all the things near the patient and assist if needed.
- Give easily digestible food
- Give time to the patient to eat the food.
- Talking to the patient while he/she is eating will make the patient feel good.
- Before and after food give water for hand washing and oral care.

9. Psychosocial and Spiritual Support in Palliative Care

Palliative Care is incomplete unless we address psychological and spiritual issues of patients and their caregivers.

a. Observe your surroundings when you enter a patient's home
b. Spend adequate time with the patient and family
c. listen for the feelings behind the words
d. Encouraging and reassuring; maintaining realistic hope
e. providing information as and when needed
f. letting them know when and where you can be reached
g. Keeping appointments
h. maintaining confidentiality
i. Listen, identify, acknowledge, offer information, observe, and continue to support.
j. Brief supportive counselling to normalize feelings, mobilize support, and minimize stress
k. Adaptive Coping skills and Cognitive behavior therapy should be applied wherever applicable.
l. Yoga and meditation

As per the advice of physician, according to the signs & symptoms, treatment may be provided with locally available medicines to the patients. In this regard, symptoms at initial stages like pain, constipation, sleeplessness; pressure sores etc may be managed. However, if symptoms do persists/aggravate patients may be advised for referral at higher centers.

10. Outcome

No. of palliative patients covered.

No. of interventions in the target group.

No. of beneficiaries with overall improvement of Quality of Life.

Proforma for Screening

Date……. ….

Name…….. Age…….Sex…….
Place…….Ref.No……

Diagnosis & persistent physical problems

Condition of the patient at the time of home visit

Conscious level: Normal/Different.(mention the details)

Dependence for activities of daily life: describe

Presenting problems:

Primary needs (describe if different)

Food	Normal/different	
Sleep	Normal/different	
Bowel Habits	Normal/different	
Bladder Habits	Normal/different	

Patients /family's emotional/mental/social issues:

Examination

BP:	Pulse:	Temperature:

Check	**Condition**	**Description**
General Hygiene	Normal/different	
Personnel Hygiene	Normal/different	
Oral& Dental Hygiene	Normal/different	
Skin Hygiene	Normal/different	
Any other	Normal/different	

Any special care given for the following :(Ulcers/catheters/tubes/lymphoedema /physiotherapy/bedsore. etc)

Other treatment taken after the last home care visit:

Present medication /care plans:

Interventions/ suggestions/future plans by the visit team:

Rehabilitation or other supports given:

Review date:……. Name:……. Sign……..
Discussion points:……

(h) National Program on AYUSH for Morbidity Management and Disability Prevention (MMDP) of Lymphatic Filariasis (Lymphoedema)

1. Introduction:

Lymphatic filariasis (LF also known as lymphoedema or shleepada in Ayurveda and Daul feel in Unani) is a neglected disease of the poor endemic in over 16 States and 5 Union Territories (257 endemic districts). The Global Programme for the Elimination of Lymphatic Filariasis (GPELF) was setup by WHO to address two major objectives to achieve global elimination of LF through mass drug administration and morbidity control of lymphoedema. In addition, there is a need to develop nationwide public health programme of proven effectiveness to manage lymphoedema caused by LF or other causes.

Central Council for Research in Ayurvedic Sciences, Ministry of Ayush (then Department of AYUSH) conducted community level morbidity control of lymphoedema using self-care and integrative treatment in two lymphatic filariasis endemic districts of South India; Gulbarga and Alappuzha, based on integrative treatment protocol for morbidity reduction of LF by including Ayurveda and yoga developed by Institute of Applied Dermatology (IAD), Kasaragod. These AYUSH based protocols could be followed up in the natural habitat of most LF patients. The study showed that the locally available and trained workers may be trained and deployed to deliver the technical aspects of integrative treatment. Outcomes are published in the Transactions of the Royal Society of Tropical Medicine &Hygiene. 'Lympology' official Journal of International Society of lymphology, Arizona wrote an editorial appealing to developing nations to adapt the treatment to their national MMDP program.

2. Objectives:

- Managing morbidity and preventing disability among people who have already been affected by Lymphatic Filariasis.

3. Target Population:

- People living in endemic districts and suffering from Lymphatic Filariasis.

4. Strategies & Implementation:

The community outreach to the patient from the line list provided by the National Filaria Elimination Programme. AYUSH intervention and regular follow up till the patients are re-habilitated may be undertaken under the supervision of nearby AYUSH teaching hospitals. The AYUSH Health Wellness Centres/AYUSH dispensaries in the endemic region may undertake the screening at AYUSH wellness centres and later it may be linked to patient support at referral AYUSH hospital. The medicines and other logistics for this program may be supported through the existing AYUSH hospitals including teaching hospitals. AYUSH hospitals and AYUSH medical colleges could be developed as regional training centres.

The key steps of the Ayush Public Health Programme for Lymphatic Filariasis will be:

I. Health Promotion Including the use of IEC for Behaviour Change Communication
II. AYUSH Intervention for Morbidity Management and Disability Prevention
III. Implementation & Monitoring
IV. Outcome Assessment of AYUSH Intervention

I. Health Promotion Including the use of IEC for Behavior Change Communication:

a) Promotion of healthy behaviours including the need for adopting appropriate hygienic measures amongst vulnerable communities is a crucial step in prevention of LF and related clinical manifestations.
b) Regional Health Care Workers (HCWs)/ ASHA workers shall be trained to verbally spread awareness about the disease in the allotted communities. They shall also be provided with necessary IEC material/ brochures displaying the need for eliminating mosquito breeding sites, avoidance of mosquito bites, appropriate way of limb washing, wound care, foot care, suitable footwear, the need for regular exercise and limb elevation whenever possible, measures to be taken at home when suffering from acute attacks etc.

c) Stigmatization associated with the disease is another important area that needs addressal at community level in local gatherings, panchayats, religious events etc. Social stigma often leads to hesitation in people and stops them from seeking timely medical advice. Target population shall be encouraged to pay routine visits to the designated medical facility and share their concerns with the treating AYUSH doctor.

II. AYUSH Intervention:

Ayurveda & Yoga:

a. In Ayurveda (a widely used traditional Indian system of Medicine), manifestations resembling elephantiasis are described as Shleepada, from the Sanskrit terms Shlee = elephant skin and Paada =foot. Lower limb filarial lymphedema is proposed to be supportively managed by using yoga exercises, skin care measures using Ayurveda medicines etc. The lymphedema is graded according to the International Society of Lymphology Consensus Statement 2003.

b. Skin care measures: meticulous soap and water wash every day. Following the wash, the affected limb will be immersed in ayurvedic skin care “phanta” solution for 20 minutes. The Phanta may be prepared by selected drugs containing Manjistha, Sariva, Yestimadhu, and Triphala based on the ayurvedic principles of treatment.

c. Unhealthy granulation tissues and slough on the floor of the ulcer will be treated with Jatyadithaila of Ayurveda for chemical debridement to increase the rate of wound healing. Skin care also will be included for regular cleaning and cutting of nails and hair. Patients will be strictly advised to use good, well-fitting, cobbler-made footwear.

d. Swedana, ekanga swedana, udwartana and external lepana are indicated in these conditions. In addition, they may be advised to take oral Ayurvedic preparations based on patients related clinical sign and symptoms.

e. Patients will be advised to avoid weight gain and to observe restrictions in diet. A list of restricted and allowed dietary constituents will be provided. In general, eating a balanced with low fat, low carbohydrate, low salt and low on meat products and curd may be followed.

Unani:

a. According to Unani concept, Daul Feel is produced by Su-i-Mizaj Maddi in which there is a derangement of humours in the body leading to the production of abnormal Balgham and Sauda which accumulates in the affected part. Therefore, the treatment regime comprises of two parts; the first part is the "Munzij-Mushil" therapy, and the second part, involves the administration of the appropriate herbal preparations. The Munzij-Mushil therapy increases the responsive potential of the patients to the herbal preparations.

b. After completion of the Munzij-Mushil Therapy, Musaffiyat and Muqawwiyat are administered orally, followed by external application of Zimad (medicated paste) to the affected part.
c. Patients are advised dressing of the affected part with bandage and also bed rest.
d. Phlegmatic diets are restricted.

III. Implementation & Monitoring:

An AYUSH Medical Officer from the nearby AYUSH teaching Hospital will be designated as the Regional Filariasis Programme Officer. He/ She shall be responsible for overall implementation, monitoring and supervision of the programme including training of ASHA /HCWs, monthly review meetings, field supervision, and data compilation and storage. Monthly assessment of the programme will be made on parameters mentioned under point IV-b and as outlined in Appendix-I.

5. Outcome:

a. Clinical Indicators of improvement: i) changes in the limb circumferential measurements and volume of the limb calculation based on the measuring points in the same way as the measurements are taken for tailor-made compression garment stitching ii) frequency of inflammatory episodes (iii)

bacterial entry points (BEEPs) iv) improvement in the health related quality of life measured using the standard domain for daily activities

b. Number of States/UTs Institutions who initiated Filariasis programme
c. Number of outreach programs conducted in the endemic region.
d. Number of population enrolled for the program
e. Number of patients who turned up for follow up
f. Number of training programs conducted for upskilling/capacity building of AYUSH workforce.

IV. Outcome Assessment of AYUSH Intervention:

a. Programme performance outcome assessment (to be continuous process for state/central team)
    i. Number of States/UTs Institutions who initiated Filariasis programme
    ii. Number of outreach programs conducted in the endemic region
    iii. Number of populations enrolled for the program
    iv. Number of patients who turned up for follow up
    v. Number of training programs conducted for up skilling/capacity building of AYUSH workforce (development of training material/operational manual)
    vi. Identification of bottlenecks and remedial measure
    vii. Financial utilization

b. Individual outcome assessment (each service provider unit)
    i. Clinical data recording (to be provided centrally for uniformity)
    ii. Lymphatic Filariasis Specific Quality of Life Questionnaire (LFSQQ)

c. Programme effectiveness assessment (may be done intermittently as per central programme co-ordinator)
    i. Change in trend of morbidity and disability trend
    ii. Change in people’s attitude and belief for Ayush care
    iii. Resource utilization vs output/ Cost-effectiveness

6. Roles and responsibilities of AYUSH Doctors, Nurses and ASHA:

Responsibilities	Activities required	Person(s) responsible and skills required	Care delivery level
● Identification of patients ● Prevent injuries and entry lesions ● Manage lymphoedema and its complication ● Treat ADLA and Hydrocoele ● Case referral	● Treat patients with individualized intervention ● Regular follow up patients ● Washing limbs and affected area of skin with AYUSH solution ● Proper positioning of affected limbs and exercise for prevention ● Motivate patients and refer patient for further treatment.	Doctors, nurses & ASHA/HCWs– ● Basic principles of management of cases ● Knowledge of predisposing factors ● Facilities available for treatment ● Manage, refer and counsel ● Health promotions	AYUSH Health Wellness Centers, dispensaries, and Referral AYUSH Hospital including AYUSH colleges

7. Financial assistance: In addition to the available pool of institutional resources at AYUSH HWCs/AYUSH dispensaries, teaching institutions, financial assistance will be provided for basic screening, AYUSH medicines and investigations.

The financial assistance will be provided @ Rs. 6.60 lakhs per annum for manpower (@ Rs. 40,000/- per month for AYUSH doctor & @ Rs. 15000/- per month for Multi-Purpose Worker (MPW) and Rs.1.40 lakhs per annum for IEC material and training purposes per annum per district.

Performance Linked Payment for Manpower engaged in Public Health Programmes

Designation of the manpower	Sub heads	Recurring (Rs. in lakh) per annum	Remarks
AYUSH Doctor (PG qualification)	AYUSH doctors - Rs. 60000/- per month. [Rs. 45000/- per month as a fixed remuneration and Rs. 15000/- per month as Performance Linked Payment (PLP)].	7.20	Selection of qualified PG AYUSH physician in the particular stream such as Ayurveda, Unani, Siddha and Homoeopathy. Performances Linked Payment @ Rs.15000 per month may be provided. For regulating the PLP Performa is enclosed in **Appendix.**
AYUSH doctor (UG qualification)	AYUSH doctors - Rs. 40000/- per month. [Rs. 25000/- per month as a fixed remuneration and Rs. 15000/- per month as Performance Linked Payment (PLP)].	4.80	Selection of qualified AYUSH physician in the particular stream such as Ayurveda, Unani, Siddha, Homoeopathy and Sowa Rigpa. Performances Linked Payment @ Rs.15000 per month may be provided. For regulating the PLP Performa is enclosed in **Appendix.**
Yoga instructor	Yoga instructor @ Rs.28000/- per month. [Rs. 20000/- per month as a fixed remuneration and Rs. 8000/- per month as Performance	3.36	Selection of qualified Yoga instructor. Performances Linked Payment @ Rs.8000 per month may be provided. For regulating the PLP Performa is enclosed in **Appendix.**

	Linked Payment (PLP)].		
Pharmacist	Pharmacist @Rs.20000/- per month. [Rs. 15000/- per month as a fixed remuneration and Rs. 5000/- per month as Performance Linked Payment (PLP)].	2.40	Selection of qualified Pharmacist. Performances Linked Payment @ Rs.5000 per month may be provided. For regulating the PLP preform is enclosed in **Appendix.**
MPW	MPW @Rs.15000/- per month. [Rs. 10000/- per month as a fixed remuneration and Rs. 5000/- per month as Performance Linked Payment (PLP)].	2.40	Selection of qualified MPW. Performances Linked Payment @ Rs.5000 per month may be provided. For regulating the PLP preform is enclosed in **Appendix.**

Appendix

Suggestive list of indicators to assess monthly performance of manpower (AYUSH doctor/Yoga Instructor/Pharmacist/MPW) for service utilization

Sl. No.	Assessment Indicator	Source of Verification/ Reporting	30% to 50 % performance	75 % performance	100 % performance
1.	Number of people screened in the month	OPD register/screening form	200 to 300 OPD/month	301 to 400 per month	More than 400 OPD/month
2.	No of patients enrolled under the programme	Registers/case record	30% to 50% of the estimated (100 target)	51 to 70 % of the estimated (100 target)	More than 71 % of the estimated (100 target)
3.	No. of outreach camps conducted	Registers	Defined target/month - 8% of total population in the catchment area shall be the monthly target for activity		
			30% to 50 % of defined target	51% to 70% of the defined target	More than 71 % of the defined target
4.	No. of awareness programmes conducted	Registers	Defined target/month - 8% of total population in the catchment area shall be the monthly target for activity		
			30% to 50 % of defined target	51% to 70% of the defined target	More than 71 % of the defined target
5.	No. of patients turned up for follow up	Registers	Defined target/month - 8% of total population in the catchment area shall be the monthly target for activity		
			30% to 50 % of defined target	51% to 70% of the defined target	More than 71 % of the defined target
6.	People counselled for the life style modification-	Registers	Up to 3 sessions (50% incentives)	At least 4 sessions held (75%	6 sessions held then (100% incentive

	in a year			incentives)	s)

Note:

1. Performance linked incentives are given to AYUSH doctor/Yoga Instructor/Pharmacist/MPW or any other staff identified by the State/UT
2. The target for some indicators may vary from place to place and therefore the State/District authorities will decide the target for each AYUSH public health program.
3. All the above indicators carry equal weightage for deciding individual based payment of incentives.

VIII. Behavior Change Communication (BCC)

i The disease burden of the country is shifting from communicable diseases to non- communicable diseases. Early prevention and case detection is the most important strategy of all non-communicable diseases, which are generally emerged due to life style deviations and ill-healthy diet. AYUSH systems of medicines are thrived in the country with well-founded principles of disease prevention, promotion of health and specific intervention considering the patient as well as environmental & dietary factors.

ii Mass media communication strategy incorporating AYUSH strengths in early prevention of diseases through promotion of healthy diet and life style to be adopted by the community will be advocated by the States/UTs. The financial assistance of Rs. 30.00 Lakh per annum for each State is provided for Behaviour Change Communication (BCC)/IEC activities.

IX. Mobility Support

i. Successful generation of outcome envisaged under the Mission can only be resulted by regular and systematic monitoring. Therefore, provision has been made for financial assistance for limited mobility support to the State and District functionaries for conducting essential monitoring activities. However, purchase of vehicles is not allowed.

ii. The financial assistance of Rs. 5.00 Lakh per annum at State Level and Rs. 1.20 Lakhs per annum at District Level.

X. AYUSH Gram:

i. AYUSH Gram is a concept wherein villages will be selected for adoption of Principles and practice of AYUSH way of life and interventions of health care. 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.

ii. Objectives:

a. To spread awareness within the 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 through 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.

iii Strategies:

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 their utilization, and protection. The members from State 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.

iv. 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, street plays etc. may be conducted.

v. The AYUSH Medical Officers 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 check up camps at schools in and around the selected villages. AYUSH training will also be imparted to ASHAs, Anganwadi workers, school teachers etc. Awareness building activities would be conducted through Gram Panchayats involving schools, anganwadis, self-help groups and other community organizations. The villages near to PHCs having road connectivity will be selected for this program. Treatment for sick people will be provided through the PHC/AYUSH Facilities.

vi. State is required to make a provision for free supply of medicinal plant/seeds. It should be ensured that wherever AYUSH Gram is established, the Yoga wellness centre also should be associated invariably with it for popularising community yoga activities in the catchment area. The possibility of linking of AYUSH Gram with near-by AYUSH Health and Wellness Centres will be explored, so that different activities of AYUSH gram may be carried out in convergent manner with the institutional support of AYUSH HWC staff-team.

vii. 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.

viii. The financial assistance of Rs. 3.00 Lakhs per unit covering 2,000-3,000 population in 1-3 villages in a block.

3. General Terms & Conditions for infrastructure development

(i) The adequate AMC provision should be made for upkeep and maintenance service of the newly constructed building and purchased equipment /instruments out of grant-in-aid.

(ii) Proper Bio-Medical waste management system should be established in the hospital.

(iii) Water harvesting facility should be provided in the hospital building. The building should be environment friendly and may suit to the local culture of the States/UTs.

(iv) State/UT is required to use the logo of NAM in all display board and public communication material. Further, proper signages of NAM may be displayed to have better visibility of the AYUSH facilities funded under NAM.

4. Guidelines for procurement of essential ASU&H medicines under NAM

(i) Essential drugs and medicines required for implementation of the Mission will have to be procured from Essential Drugs List (EDL) of Ayurveda, Unani, Siddha and Homoeopathy published by Ministry of Ayush, Government of India.

(ii) At least 50% or more of the Grant-in-aid provided should be used for procuring medicines from M/s Indian Medicine Pharmaceutical Corporation Limited (a Central Public Sector Undertaking) or from other Central Public Sector Undertakings (CPSUs) or from Public Sector undertakings, Pharmacies and Co-operatives under State/UT Governments manufactured in their own manufacturing units and having Good Manufacturing Practices (GMP) compliance, keeping in view the need for ensuring quality of AYUSH drugs and medicines. If Medical Services Corporation for procurement of medicines are already available in the State/UT, they may also explore the feasibility to procure essential AYUSH medicines through these corporations for seamless supply.

(iii) The remaining Grant-in-aid provided under the Mission for purchase of medicines may be used for procuring medicines as per Essential Drugs List (EDL) of Ayurveda, Unani, Siddha and Homoeopathy published by Ministry of Ayush, Government of India, from other Good Manufacturing Practices (GMP) compliant units having valid manufacturing licenses. States/UTs may also source the essential drugs through GeM or through CGHS rate contract.

(iv) Random samples of 5% of the medicines being supplied by the vendor at a time may be picked up for quality testing.

(v) If the samples are not found of standard quality, the States/UTs may take action against the vendor/manufacturing unit as per the quality control guidelines. Vendor/manufacturing unit may be blacklisted for a year, if more than five medicines supplied by them are found not of standard quality.

(vi) Essential non drug items like dressing items for first aid etc. may be provided out of the amount sanctioned for medicine/ essential drugs under different components required for achieving the desired objectives subject to a ceiling of five percent of the total amount sanctioned for the purpose.

5. AYUSH-Rogi Kalyan Samities (AYUSH-RKS)

AYUSH-Rogi Kalyan Samities (RKSs) / Hospital Management Committees is a forum to improve the functioning and service provision in public health facilities, increase participation and enhance accountability. The present guidelines are intended to be illustrative and serve as a broad framework/ guidance for states with flexibility in adapting the guidelines.

The AYUSH-Rogi Kalyan Samiti, as the name suggests, is a health facility level committee that holds the hospital administration and management accountable for ensuring access to equitable, high quality services with minimal financial hardship to service users. The committee is neither expected to run the day to day administrative functions of the hospital, nor is it to be concerned with management of clinical services. The AYUSH-RKS would play a supportive and complementary role to the hospital administration in ensuring the provision of universal, equitable and high quality services, and in ensuring support services in addition to holding the administration accountable keeping the centrality of patient welfare in mind.

The following are the broad objectives of the AYUSH-RKS: 1) Serve as a consultative body to enable active citizen participation for the improvement of patient care and welfare in health facilities. 2) Decide on the user fee structure for outpatient and inpatient treatment, which should be displayed in a public place and be set at rates which are minimal and do not become financial barrier to accessing healthcare. 3) Ensure that those patients who are Below Poverty Line, vulnerable and marginalized groups and other groups as may be decided

by the state government, do not incur any financial hardship for their treatment, and create mechanisms to cover part/full costs related to transport, diet, and stay of attendant. 4) Develop mechanisms to guard against denial of care to any patient who does not have the ability to pay, especially for services that are being provided at the government's expense. 5) Ensure provision of all non-clinical services and processes such as provisioning of safe drinking water, diet, litter free premises, clean toilets, clean linen, help desks, support for navigation, comfortable, patient waiting halls, security, clear signage systems, and prominent display of Citizens' Charter, 6) Ensure availability of essential drugs and diagnostics, and use of standard treatment protocols/standard operating procedures, patient safety, effective mechanisms for maintaining patient records, periodic review of medical care/deaths, 7) The AYUSH-RKS, as a part of the endeavour to enable assured health services to all who seek services in the government health facility will allow the hospital in charge to procure essential drugs/ diagnostics not available in the health facility out of the AYUSH-RKS funds. Such local purchases must be made only as a short term interim measure. The Executive Committee will review such purchases in each meeting and ensure that the rationale for the purchase is justified and that this is not undertaken repeatedly. 8) Promote a culture of user-friendly behaviour amongst service providers and hospital staff for improved patient welfare, responsiveness and satisfaction through inter-alia organizing training/ orientation/ sensitisation workshops periodically. 9) Operationalize a Grievance Redressal Mechanism including a prominent display of the "Charter of Patient Rights " in the Health facility and address complaints promptly thus building confidence of people in the public health facilities. 10) Create mechanisms for enabling feedback from patients, at least at the time of discharge and take timely and appropriate action on such feedback. 11) Undertake special measures to reach the unreached / disadvantaged groups e.g. Campaigns to increase awareness about services available in the facility. 12) Ensure overall facility maintenance. 13) Supervise, maintain, and enable expansion of hospital building for efficient and rational use and management of hospital land and buildings. 14) Facilitate the operationalization of National and State Health programmes as appropriate for the level of the facility. 15) Proactively seek out participation from charitable and religious institutions, community organisations, corporates for cleanliness and upkeep of the facility. 16) Facilitate participation and contribution from the community in cash/kind (drugs/ equipment/diet), labour including free professional services.

6. AYUSH-Jan Arogya Samities (AYUSH-JAS)

Under AYUSH Health and Wellness Centers (AYUSH HWCs), AYUSH Dispensaries and Sub Health Centres (SHCs) are being transformed to AYUSH Health and Wellness Centres to provide Comprehensive Primary Health Care (CPHC) services. Such a transformation is expected to enable these AYUSH HWCs to provide comprehensive primary healthcare through AYUSH to establish a holistic wellness model based on AYUSH principles and practices focusing on preventive, promotive, curative, rehabilitative healthcare by

establishing integration with existing public healthcare system and to provide informed choice to the needy public by making AYUSH services available. AYUSH HWCs are also expected to play a critical public health role by establishing a holistic wellness model based on AYUSH principles and practices and by empower masses for self-care to reduce the disease burden and out of pocket expenditure and to provide informed choice services to the needy public.

(ii) AYUSH Jan Arogya Samities (AYUSH-JAS) is envisioned as a local level institutional mechanism to enable action for improvement in the availability and quality of healthcare infrastructure and services, and promote a culture of accountability amongst service providers in the public health system. The AYUSH-JAS is also seen as a mechanism for promoting active public participation in health care

(iii) AYUSH-JAS will manage the affairs of AYUSH HWCs in consonance with the principle of decentralization and devolution of administrative and financial powers. Their composition includes members from Panchayati Raj Institutions (PRIs), NGOs, persons of eminence, and officials from Government sector including health who are responsible for proper functioning and management of the facilities. AYUSH-JAS at all facilities have the autonomy to generate and use its funds for smooth facility functioning, maintaining the quality of services and enabling the delivery of patient-centered care. AYUSH-JAS at various levels also receive untied funds as budgetary allocation under NAM

(iv) Under NAM, united fund of Rs. 50,000 is provided to each AYUSH HWCs. This untied fund is expected to be used primarily for supporting the essential requirements for AYUSH HWC.

NATIONAL AYUSH MISSION (NAM)

AYUSH EDUCATIONAL INSTITUTIONS

Ministry of Ayush
Government of India

1. Background

1.1 The educational Standards in AYUSH system of medicine is progressively improving with the vigorous implementation of minimum standards. There are 152 Government/Government-aided educational institutions in the country out of 737 Educational institutions. The onus for creating the required infrastructure and making provision for functional hospital and teaching faculty etc. in accordance with the Minimum Standard Regulations (MSR) lies with the concerned college/State Government/or the organization which has established the college. However, in order to assist the colleges to fill the gaps, this Ministry has been implementing the Scheme for financial assistance to the teaching institutions under NAM.

1.2 The independent evaluation of the scheme undertaken by Ministry of Ayush indicated that AYUSH institutions in the country are required filling up of critical gap areas for meeting the norms of Minimum Standard Regulations (MSR) which are implemented by the Government vigorously. The NAM made provision for financial assistance to the AYUSH Under-Graduate Colleges, Post-Graduate colleges of Government / Government aided institutions and establishment of new AYUSH Colleges.

1.3 Further, in many States/UTs there are inadequate number of AYUSH educational institutions available. This affects the growth of AYUSH systems of medicine in these States/UTs. Therefore, provision has been made to support the efforts of States/UTs to set up AYUSH colleges in their States/UTs in Government sector.

2. Objectives: -

a. To upgrade Government/Government Aided AYUSH UG Educational Institutions.

b. To upgrade Government/Government Aided AYUSH PG Educational Institutions.

c. To provide financial assistance to the states for establishment of new AYUSH colleges in the States where availability of AYUSH teaching institutions is inadequate in Government Sector, State/UT Governments may propose establishment of new AYUSH educational institution subject to the condition that sufficient land should be available as per the provision of MSR in the proposed location and preference shall be given to the region where any AYUSH hospital having minimum 50 beds for Ayurveda, Siddha, Sowa Rigpa & Unani and 25 beds for Homoeopathy is functioning.

3. Activities:

The following activities will be supported under the National AYUSH Mission

a. Infrastructural development of AYUSH Under-Graduate Institutions

b. Infrastructural development of AYUSH Post-Graduate Institutions/add on PG/ Pharmacy/Para-Medical Courses

c. Establishment of new AYUSH Colleges in the States where availability of AYUSH teaching institutions is inadequate in Government Sector. State/UT Governments may propose establishment of new AYUSH educational institution subject to the condition that sufficient land should be available as per the provision of MSR in the proposed location and preference shall be given to the region where any AYUSH hospital having minimum 50 beds for Ayurveda, Siddha, Sowa Rigpa & Unani and 25 beds for Homoeopathy is functioning

3.1.a Infrastructural development of AYUSH Under-Graduate Institutions

State Govt./Govt.-aided institutions duly ***permitted*** by the Central Government for last five years under relevant regulatory bodies of Government of India are eligible. Assistance will be given on a Detailed Project Report for upgradation of the UG Institution.

Pattern of assistance:

i)	Construction of OPD/IPD/Teaching Departments/Library/ Laboratories/Girls' Hostel/Boys' Hostel, etc.	Rs. 350.00 Lakhs
ii)	Equipment, Furniture, and Library books	Rs. 150.00 Lakhs

3.1.b Infrastructural development of AYUSH Post-Graduate Institutions/add on PG/ Pharmacy/Para-Medical Courses

State Govt./Govt.-aided institutions duly ***permitted*** by the Central Government for last five years relevant regulatory bodies of Government of India are eligible. Assistance will be given on a Detailed Project Report for upgradation of the PG institutions or for add on AYUSH Pharmacy/Para-Medical Courses.

Pattern of assistance:

(i)	Construction of OPD/IPD/Teaching Departments/Library/ Laboratories/Girls' Hostel/Boys' Hostel, etc.	Rs. 420.00 Lakhs
(ii)	Equipment, Furniture, Library books & Payment of stipend to students for new PGs	Rs. 180.00 Lakhs

3.1.c Establishment of new AYUSH Colleges by upgrading AYUSH Hospitals.

Introduction:

To address the shortfall of human resource in AYUSH, the State / UT Government may avail grant-in-aid under this activity to establish new AYUSH Educational Institutions (U G College) after assessing the need of AYUSH manpower in the State / UT on long term basis. Since AYUSH College may be proposed at a place which caters to needs in an unserved / uncovered area where such facility is not available and taking into consideration other requirements under Minimum Standard Regulations (MSRs) like availability of a functional hospitals, land for development of infrastructures. The final selection of the site for establishing the AYUSH Educational Institutions shall finalised by a joint team of Ministry of Ayush & concerned State / UT.

Objectives:

The objectives and benefits of the scheme are as follows:-

i) To produce quality manpower at undergraduate level.

ii) To mitigate the shortage of doctors by increasing the number of AYUSH professionals in the equitable AYUSH health care.

iii) To utilize the existing infrastructure of AYUSH hospital for increasing undergraduate seats in a cost effective manner by attachment of new AYUSH College with existing AYUSH hospital.

iv) Additional human resource in health generated by the scheme would meet the health care needs of the growing population and ensure that doctors are available at all healthcare facilities.

v) Broad basing of AYUSH Medical Education in the country by setting up New Colleges, in unserved areas to ensure universal health coverage.

Criteria:

State/UT Governments may propose establishment of new AYUSH educational institutions subject to the condition that sufficient land should be available as per the provision of MSR in the proposed location and preference shall be given to the region where any AYUSH hospital having minimum 50 beds for Ayurveda, Siddha, Sowa Rigpa & Unani and 25 beds for Homoeopathy is already available or already under development from the funds provided for 50 bedded integrated AYUSH hospital by the Ministry of Ayush.

Financial assistance:

Sl. No.	Activity*	Area in Sqr. Mt.	Cost (Rs. in lakhs)
1.	College building	2000	1640.00
2.	Additional facilities for clinical departments in the hospital building	2007	1485.00
3.	Hostel for boys and girls	3000	2220.00
4.	Staff Quarters	1100	814.00
5.	Compound wall & landscaping		209.00
6.	Herbal Garden		142.00
7.	Equipment & Furniture/ OT Instruments/ Library books		490.00
	Total		**7000.00**

***Details are furnished at Annexure - II**

Implementation:

On the basis of shortlisted district/other AYUSH hospitals by the State Governments, Appraisal Committee of Ministry of AYUSH would recommend AYUSH hospitals to be covered under scheme. For this purpose, a dedicated Committee would physically visit the AYUSH hospital and proposed site of the AYUSH College and if required, review the DPR accordingly in consultation with the State Government. The Appraisal Committee would send its recommendations to the Mission Directorate for consideration.

4. Guidelines for submission of application and implementation of Mission:

4.1 Institutions desirous of availing assistance under the Mission are required to forward their Detailed Project Report duly appraised as provided under the component along with Documents/undertaking along with an application format as per Annexure-I through the State AYUSH Directorate which should be included in State Annual Action Plan (SAAP).

4.2 All applications for upgradation shall be accompanied by a copy of the latest permission regarding the continuation of the permission to admit students by the applicant institution.

4.3 An institution would be considered for assistance only for one of the above components. In case an institution has availed of assistance during the 11th and 12th Plan it would be eligible only for the balance of the revised guidelines of assistance.

ANNEXURE-I

APPLICATION FOR GRANT-IN-AID UNDER THE NATIONAL AYUSH MISSION FOR DEVELOPMENT OF AYUSH EDUCATIONAL INSTITUTIONS

A. BASIC INFORMATION

1	Name of the Institute with full postal address Tel. No. Fax No.	
2.	Status of the Institute & the college with which associated	(i) Govt (ii) Govt. aided
3	Details of courses run by the college :- (a) Graduate (b) Post-Graduate (No. of Deptts.) (c) Others	
4.	Name of the University with which the institution is affiliated (Year of affiliation):-	
5	Year and month of recognition of the Institute by relevant regulatory bodies of Government of India, as the case may be. Whether the college has completed 5 years and a batch of students passed out.	
6	Admission capacity allowed by relevant regulatory bodies of Government of India (Please attach copy of permission letter)	(a) U.G…… (b.) P.G. in each deptt…
7	No. of students passed out every year (for last three years)	(a) U.G. (b) P.G. in each deptt…
8	Whether the institute is following the syllabus prescribed by the relevant regulatory bodies of Government of India and if so, since when. Whether the institution has been visited/inspected by relevant regulatory bodies of Government of India, if so, a copy of their latest report may be attached.	
9	A report indicating to what extent deficiencies, if any, pointed out in the last report of relevant regulatory bodies of Government of India have been fulfilled.	
10.	(a) Whether the institution has its own attached hospital? (b) If so, the No. of beds available. (c) Average bed occupancy during the last one year	

PURPOSE

1.	The purpose for which the grant is required (Please give detailed breakup):	
2.	If the application is for capital works, give full details with justification for their plan with estimates of Capital Works; upkeep and maintenance of above facilities duly approved by Architect of PWD, CPWD, HSCC, NBCC or any other Govt. approved agency.	

3. Whether the applicant has received any Assistance for the above purpose from the Central/State Govt./other Govt. agency in the past? If so, the details thereof (year-wise) and photocopies of the utilization certificate and other related documents/ letter of this Department accepting U.C., in respect of previous grants, if any, may be attached.

4. Annual expenditure of the Institute during the last three years (year-wise) statements in this connection duly approved by the audit authority in case of Govt. hospital and Chartered Accountant in case Govt. aided/ Private Institute may kindly be added.

5. Please indicate the details of the teaching staff of each teaching Department

Sl. No.	**Name**	**Qualification**	**Full Time**
(1)	(2)	(3)	(4) Yes/No

Signature of the applicant
(with rubber stamp)
Name in Block Letters
Phone
Date

Building specification and accommodation details of setting up of new AYUSH College:

1. College Building

Sl. No.	Particulars	Plinth Area (in Sqr Mt.)
1	Administrative Section: Administrative section of the college shall include Principal Room, Personal Assistant Room, Reception, Visitor lounge, Staff Committee room, Clerks room, Cash and Accounts section, Record room, Central store and separate toilets for gents and ladies.	150
2	Lecture Halls: There shall be at least five lecture halls, each having the area of not less than eighty square meter area for intake upto sixty seats and one hundred and sixty square meter area for intake from sixty-one to hundred seats, with proper electricity supply, audio-visual teaching aids, fans or coolers and comfortable sitting arrangement preferably theatre type. Separate toilets for boys and girls shall be constructed in each floor.	400
3	Seminar or Conference or Examination Hall: A large hall with sitting capacity for four hundred to five hundred persons shall be available within the college premises for meetings, seminars, conferences, symposia, examination, counseling etc. The hall shall have adequate electrical and sitting arrangement and audio-visual system facilities.	150
4	Central Library: A central library shall have seating capacity for at least fifty persons for up to sixty intake capacity and eighty persons for sixty-one to hundred intake capacity, adequate number of shelves or almirahs, sufficient space for keeping stocks, separate reading room for teachers, librarian's room, photocopier or video room computer with printer and internet facility. The library shall have proper light arrangement, fans or coolers, drinking water arrangement and toilet facilities. The library shall have two thousand five hundred books of different titles of Ayurveda, modern medicine and allied sciences at the time of first admission of students. The number of books shall increase to five thousand before the	100

	admission of second and third batches of students and seven thousand five hundred before the admission of fourth batch of students. The college with existence for five years or more shall have ten thousand books.		
5	Teaching Departments (9)	1000	
6	Teaching Pharmacy and Quality Testing Laboratory: The college shall have a teaching pharmacy with proper training facilities for preparation of different types of Ayurveda medicines such as Churna, Vati, Guggulu, Asava-arishta, Sneha Kalp, Kshar and Lavana, Lauh, Avaleha, Kupipakva Rasayana and like medicines, a raw drug store, and in-house drug identification. Quality Testing Lab of Pharmacy will also be used for teaching.	100	
7	Common Rooms: Separate common rooms for boys and girls with adequate space and sitting arrangement shall be available	50	
8	Canteen: Canteen facility with sitting arrangement for about hundred persons shall be available in the college premises.	50	
	Total Area (Sq mtr)	**2000**	
Sl. No.	**Particulars**	**Rate (Rs. in per square meter)**	**Total cost**
(i)	RCC framed structure	25800	51600000
(ii)	Pile foundation	16000	32000000
(iii)	Basement Floor	31000	62000000
(iv)	Fire Fighting/Alarm system	1200	2400000
(v)	Stilt Portion	8000	16000000
	Total		**164000000**

Total tentative cost of construction for College Building = Rs. 1640.00 lakhs

2. **Hospital along with clinical departments**

Sl. No.	**Particulars**	**Plinth Area (in Sqr Mt.)**	
1	Clinical Departments (9x223)	2007	
	Total Area (Sq mtr)	**2007**	
Sl. No.	**Particulars**	**Rate (Rs. in per square meter)**	**Total cost (In Rs.)**
(i)	RCC framed structure	25800	51780600

(ii)	Pile foundation	16000	32112000
(iii)	Basement Floor	31000	62217000
(iii)	Fire Fighting/Alarm system	1200	2408400
	Total		**148518000**

Total tentative cost of construction for Clinical Department= Rs. 1485.00 lakhs

3. Hostel for boys and girls

Sl. No.	**Particulars**	**Plinth Area (in Sqr Mt.)**	
1	Hostel for boys and girls (1500 + 1500)	3000	
	Total Area (Sq mtr)	**3000**	
Sl. No.	**Particulars**	**Rate (Rs. in per square meter)**	**Total cost (in Rs.)**
(i)	RCC framed structure	25800	77400000
(ii)	Pile foundation	16000	48000000
(iii)	Basement Floor	31000	93000000
(iv)	Fire Fighting/Alarm system	1200	3600000
	Total		**222000000**

Total tentative cost of construction Hostel for boys and girls = Rs. 2220.00 lakhs

4. Staff Quarters

Sl. No.	**Particulars**	**Plinth Area (in Sqr Mt.)**	
1	Staff Quarters	1100	
	Total Area (Sq mtr)	**1100**	
Sl. No.	**Particulars**	**Rate (Rs. in per square meter)**	**Total cost**
(i)	RCC framed structure	25800	28380000
(ii)	Pile foundation	16000	17600000
(iii)	Basement floor	31000	34100000
(iv)	Fire Fighting/Alarm system	1200	1320000
	Total		**81400000**

Total tentative cost of construction for Staff Quarters= Rs. 814.00 lakhs

5. Compound wall & landscaping

Sl. No.	Particulars	Plinth Area (in Sqr Mt.)	
1	Compound wall & landscaping	500	
	Total Area (Sq mtr)	**500**	
Sl. No.	**Particulars**	**Rate (Rs. in per square meter)**	**Total cost**
(i)	RCC framed structure	25800	12900000
(ii)	Pile foundation	16000	8000000
	Total		**20900000**

Total tentative cost of construction for compounding wall & landscaping = Rs. 209.00 lakhs

6. Herbal Garden Area-2500 (in Square Meter)

Sl. No.	Particulars	Specification	Amount (in Rs.)
(i)	Establishment of walking trails, signage's etc.		800000
(ii)	Proper documentation, data collection, harvest and post-harvest management operations		800000
(iii)	No. of species of medicinal plants	250 plants	25000
(iv)	Compound wall & landscaping		8075000
(v)	Irrigation and other instruments		800000
(vi)	Demonstration Room	50 (in Square Meter)	
Cost of Demonstration Room		**Rate (Rs. in per square meter)**	
(a)	RCC framed structure	25800	1290000
(b)	Pile foundation	16000	800000
(c)	Basement Floor	31000	1550000
(d)	Fire Fighting/Alarm system	1200	60000
	Total		14200000

Total tentative cost for Herbal Gardens= Rs. 142.00 lakhs

APPLICATION FORM

Annexure- I

Part-I

1. Name of State / UT

2. Name, designation & address of the contact person including Tele. No., Fax No. and E-mail address:

3. Gist of proposal:

A. <u>Core/Essential Activities:-</u>
<u>AYUSH Services</u>

i) AYUSH Health & Wellness Centres under Ayushman Bharat

(a) Upgradation of AYUSH Dispensary into AYUSH HWC- details given in format at: **I (a)**
(b) Upgradation of Sub-Health Centre into AYUSH HWC- details given in format at: **I (b)**

ii) Co-location of AYUSH units at Public Health Facilities:

S. No.	Public Health Facilities	No. of units sought for One time assistance		No. of units sought for Recurring assistance			Total Amount (Rs.in Lakhs)
		No. of new Units	Amount	No. of New Units	No. of Units assisted previously	Cumulative Amount	
1	**2**	**3**	**4**	**5**	**6**	**7 (5+6)**	**8 (4+7)**
1	PHC						
2	CHC						
3	DH						
	Total						

(a) PHC - details to be given in format at: **II (a)**
(b) CHC - details to be given in format at: **II (b)**
(c) DH - details to be given in format at: **II (c)**

iii) Drugs/ Medicines for AYUSH Hospital/ AYUSH Dispensaries/Teaching AYUSH Hospital:

Total Amount (Rs.in Lakhs)

- Details to be given in format at:
(a) For AYUSH Hospitals: III (a)

(b) For AYUSH Dispensaries: III (b)
(c) For Teaching AYUSH Hospitals: III (c)

iv) **Upgradation of the existing AYUSH Hospitals**

Total Amount (Rs.in Lakhs)

- Details to be given in format at: (IV)

v) (a) Upgradation of existing AYUSH dispensaries

Total Amount (Rs.in Lakhs)

- Details to be given in format at: V(a)

(b) Construction of building for existing AYUSH dispensary (Rented/ dilapidated accommodation)

- Details to be given in format at: V(b)

(c) Construction of building to establish new AYUSH dispensary

- Details to be given in format at: V(c)

vi) Setting up of upto 10/30/50 bedded Integrated AYUSH Hospital:

Total Amount (Rs.in Lakhs)

- Details to be given in format at: (VI)

vii) Public Health Programme:

(a) National Program for Prevention and Management of Osteoarthritis & other Musculoskeletal Disorders

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (a)

(b) Integration of AYUSH with National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (b)

(c) SUPRAJA (AYUSH Maternal & Neo-natal Intervention)

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (c)

(d) VAYO MITRA (AYUSH Geriatric Healthcare Services)

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (d)

(e) AYURVIDYA (Healthy Lifestyle through AYUSH for School Children)

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (e)

(f) AYUSH Mobile Medical Unit Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (f)

(g) KARUNYA (AYUSH Palliative Services) Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (g)

(h) National Program on AYUSH for morbidity management and Disability Prevention (MMDP) of Lymphatic Filariasis (Lymphoedema)

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VII) (h)

viii) Behaviour Change Communication (BCC)/IEC:

Total Amount (Rs.in Lakhs)

-Details to be given in format at: (VIII)

ix) AYUSH Gram:

Total Amount (Rs.in Lakhs)

Details to be given in format at: (IX)

x) Mobility Support:

State/District Level:

Total Amount (Rs.in Lakhs)

B. AYUSH Educational Institutions

Total Amount (Rs.in Lakhs)

(Details to be given separately as per the format for AYUSH Educational Institutions)

C. <u>Flexible Components:-</u>

S N:	Component*	Per unit cost	Units	Total cost
i.	Yoga Wellness Centre			
ii.	Tele-medicine			
iii.	Sports Medicine through AYUSH			
iv.	Reimbursement of Testing charges			
v.	IEC activities			
vi.	Training and capacity building for teaching staff, Medical Officer and other paramedical staff working in the educational institution and AYUSH Hospitals/Dispensaries.			
vii.	To meet the mitigation and restorative activities of a natural calamity/ outbreak of epidemics/pandemics happened in State. This is also relevant in the present scenario of COVID-19 pandemic.			
viii.	Incentive to frontline workers of AYUSH- Multiple AYUSH activities is being added and various AYUSH Public Health Programs can be implemented only by effective community outreach by frontline health workers. Therefore provision for need based engagement of frontline workers of AYUSH may be utilized in Public Health Programs. State may provide the incentive as per local criteria.			
ix.	In AYUSH Dispensaries, wherever posts have been created but lying vacant due to administrative reasons, the States/UTs may propose 01 AYUSH Medical Officer & 01 Pharmacist for maximum limit upto the plan period or till the posts are filled up whichever is earlier on a need basis.			
x.	Support for HMIS and DBT tracking system- As per the direction of Direct Benefit Transfer Mission, it is required to monitor the benefits being provided to beneficiaries in the States/UTs.			
xi.	States/UTs may propose activities to meet local			

	needs & requirements and Pilot innovation for AYUSH system.			
xii.	Accreditation of AYUSH Healthcare facilities by National Accreditation Board Hospitals and Healthcare providers (NABH) or similar accreditation standards.			
xiii.	others			

For above mentioned Activities, the remaining 25% of Resource pool allocated to the States can be used in a flexible manner

(*Details to be furnished separately)

4. Grand Total of State Annual Action Plan:

5. Whether grant-in-aid of similar nature has been received from any other source, if so, the details thereof:

6. Name of the authority responsible for submitting the utilization funds related documents and progress report:

7. Any other relevant information:

Signature with seal of the Commissioner/Director General/
Mission Director (NAM)/Director (AYUSH)

Format-I (a)

Upgradation of AYUSH Dispensary into AYUSH HWC

(Amount in Rs.)

Sl. No.	Head	Sub-head	Unit Cost per year		No. of Units proposed	Total amount proposed	
			Non-recurring	Recurring		Non-recurring	Recurring
1	Infrastructure strengthening	Infrastructure including civil work, repair, renovation, addition, alteration, equipment and furniture	500,000	0			
2	Man power (remuneration of HWC Team)	Community Health Officer (CHO) @ Rs. 40000/- per month. [Rs. 25000/- per month as a fixed remuneration and Rs. 15000/- per month as Performance Linked Payment (PLP)].	0	480,000			
		Yoga Instructor (Part time)-1 male @ Rs.8000/-per month	0	96,000			
		2nd Yoga Instructor (Female) for conducting Yoga classes for women	0	60,000			

3	Man Power (performance linked payment)	Team based incentives (for HWC team)	0	100,000			
		ASHA incentives for maximum up to 5 ASHAs/ HWC @ Rs.1000 per ASHA/ month	0	60,000			
4	Training & capacity building	Certificate Course/Training on the Standard Treatment Protocol Rs.30000 per trainee.	30,000	0			
		Refresher training of physician.	0	5,000			
		Multi-skilling of MPWs and ASHAs	0	20,000			
5	Laboratory services	To establish and successfully run the laboratory	100,000	30,000			
6	IT Networking -HWC	Cost of one Laptop (Tablets for ASHA/ANM are already provided through NHM and duplication is avoided)	35,000	5,000			
7	IEC	Creating awareness among the masses through audio-visual means, posters/ booklets/ slogan-writing/ street plays.	0	25,000			
8	Promotion of Medicinal plants / home remedies	Establishment of herbal garden in HWCs or within available place in catchment areas.	20,000	6,000			

9	AYUSH medicines	To be borne from NAM	0	0			
10	Contingency	Untied fund	0	50,000			
	Sub-total						
	Total (Non-recurring + Recurring)						

Format-I (b)

Upgradation of Sub-Health Centre into AYUSH HWC

(Amount in Rs.)

Sl. No.	Head	Sub-head	Unit Cost per year		No. of Units proposed	Total amount proposed	
			Non-recurring	Recurring		Non-recurring	Recurring
1	Infrastructure strengthening	Infrastructure including civil work, repair, renovation, addition, alteration, equipment and furniture	500,000	0			
2	Man power (remuneration of HWC Team)	Community Health Officer (CHO) @ Rs. 40000/- per month. [Rs. 25000/- per month as a fixed remuneration and Rs. 15000/- per month as Performance Linked Payment (PLP)].	0	480,000			
		Yoga Instructor (Part time) - 1 @ Rs.2500/- per month. Max. 10 classes in a month @ Rs. 250/- per hr.	0	30,000			

3	Man Power (performanc e based incentive of HWC team)	Team based incentives for HWC team	0	100,000			
		ASHA incentives for maximum upto 5 ASHAs/ HWC @ Rs.1000 per ASHA/ month	0	60,000			
4	Training & capacity building	Certificate Course/ Training of CHO on the standard treatment protocol.	103,400 Per trainee	0			
		Refresher training of physician/ CHOs.	0	10,000			
		Multi-skilling of MPWs/ ASHAs.	0	20,000			
5	Laboratory services	To establish and successfully run the laboratory	100,000	30,000			
6	IT Networking	Cost of one Laptop (Tablets for ASHA/ANM are already provided through NHM and duplication is avoided).	35,000	5,000			
7	IEC	Creating awareness among the masses through audio-visual means, posters/ booklets/ slogan-writing	0	25,000			

		/ street plays.					
8	Promotion of Medicinal plants / home remedies	Establishment of herbal garden in HWCs or within available place in catchment areas.	20,000 Establishment of herbal garden	6,000 Maintenance of herbal garden including honorarium for Safai Karmachari/ identified staff			
9	AYUSH medicines	To be borne from NAM	0	0			
10	Contingency	Untied fund	0	50,000			
	Sub-total						
	Total (Non-recurring + Recurring)						

Note: The maximum unit cost for upgradation of AYUSH Dispensary is Rs. 16.22 lakhs and for upgradation of the sub health centre is Rs. 15.744 lakhs.

Format- II (a)

	For assistance to Primary Health Centre (PHC)											
S. No.	Location Block Sub Division District	Co-location of AYUSH System		Average Daily OPD attendance	Facilities available			Support required*				
		Year	System of medicine (Stream)		Staff		Infrastructure/ Equipment / Furniture	Infrastructure		Equipment / Furniture		Medicine / Drug / Contingency
					M.O.	Supporting Staff		Physical	Financial	Physical	Financial	Financial
1	2	3	4	5	6	7	8	9	10	11	12	13

Format- II (b)

	For assistance to Community Health Centre (CHC)													
S. No.	Location Sub Division District	Co-location of AYUSH System		Average OPD attendance	No. of IPD beds	IPD (average Bed occupancy)	Facilities available			Support required*				
		Year	System of medicine (Stream)				Staff		Infrastructure/ Equipment / Furniture	Infrastructure		Equipment / Furniture		Medicine / drug/ Contingency
							M.O.	Supporting Staff		Physical	Financial	Physical	Financial	Financial
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Format- II (c)

	For assistance to District Hospital (DH)													
S. No.	Location District	Co-location of AYUSH System if already made		Average OPD attendance	No of beds	IPD (average bed occupancy)	Facilities available			Support required*				
		Year	System of medicine (Stream)				Staff		Infrastructure/ Equipment / Furniture	Infrastructure		Equipment / Furniture		Medicine / drug/ Contingency
							M.O.	Supporting Staff		Physical	financial	Physical	Financial	Financial
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

*

For co-location at PHCs, CHCs, and DHs the State should not avail of funds from Department of Health, Government of India for same units, except for Manpower.

Format- III (a)

For essential drugs to AYUSH Hospitals									
S. No.	Location District	System of medicine (Stream)	Average Daily OPD	No. of Beds	IPD (average bed occupancy)	Facilities available			Support required
						Staff		Medicines available	Medicine / drug
						M.O.	Supporting Staff		Amount
1	2	3	4	5	6	7	8	9	10 10

Format- III (b)

For essential drugs to AYUSH Dispensaries							
S. No.	**Location** **Block** **Sub Division** **District**	**System of medicine (Stream)**	**Average Daily OPD**	**Facilities available**			**Support required**
				Staff		**Medicine available**	**Medicine / drug**
				M.O.	**Supporting Staff**		**Amount**
1	**2**	**3**	4	5	6	7	8 **8**

Format- III (c)

For essential drugs to AYUSH Teaching Hospitals									
S. No.	**Location** **District**	**System of medicine (Stream)**	**Average Daily OPD**	**No. of Beds**	**IPD (average bed occupancy)**	**Facilities available**			**Support req**
						Staff		**Medicines available**	**Medicine /**
						M.O.	**Supporting Staff**		**Amount**
1	**2**	**3**	4	5	6	7	8	9	10

Format- IV

Upgradation of exclusive/stand-alone AYUSH Hospitals other than PHCs/ CHCs/ DHs

S. No.	Name Location District	System of Medicine (Stream)	Average OPD attendance	No. of IPD beds	IPD (Bed occupancy) during previous year	Facilities available			Support required						
						Staff			Staff				Infrastructure/ Equipment / Furniture		Medicine / drug/ contingency
						M.O.	Supporting Staff	Infra - structure	M.O.		Supporting Staff		Physical	Financial	Financial
									Physical	Financial	Physical	Financial			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

1. **The full justification for which the grant is required (Please give detailed break-up):**

2. Give the specific details for their requirement with estimates of Capital Works; upkeep and maintenance of above facilities.

3. Whether the applicant has received any assistance for the above purpose from the Central/State Govt/other Govt. Agency in the past? If so, the details thereof (year wise).

Format- V (a)

Upgradation of existing AYUSH Dispensaries

S. No.	Name, Location & District	Status of Building(Rented/ own)	System of Medicine	Average OPD attendance	Facilities available			Infrastructural Support required		Contingency	Total
					Staff		Infra - structure				
					M.O.	Supporting Staff		Building alteration/ renovation	Equipment/ furniture		
1	2	3	4	5	6	7	8	9	10	11	12

1. The full justification for which the grant is required (Please give detailed break-up):

2. Whether the applicant has received any assistance for the above purpose from the Central/State Govt/other Govt. agency in the past? If so, the details thereof (year-wise).

Format- V (b)

Construction of building for existing AYUSH Dispensaries (Rented/dilapidated accommodation)

S. No.	Name, Location & District	Status of Building(Rented/ own)	System of Medicine	Average OPD attendance	Facilities available			Infrastructural Support required		Contingency	Total
					Staff		Infra - structure				
					M.O.	Supporting Staff		Building construction	Equipment/ furniture		
1	2	3	4	5	6	7	8	9	10	11	12

1. The full justification for which the grant is required (Please give detailed break-up):

2. Whether the applicant has received any assistance for the above purpose from the Central/State Govt/other Govt. agency in the past? If so, the details thereof (year-wise).

Format- V (c)

Construction of building to establish new AYUSH Dispensaries

S. No.	Name Location District	System of Medicines (Streams)	Facilities available		Support Required		
			Land (State Share)		Building Construction/ Equipment /Furniture		Contingency
			Area	Approximate cost	Physical (Summary List)	Financial	Financial
1	2	3	4	5	6	7	8

Format- VI

Setting up of upto 10 bedded/ 30 bedded/ 50 bedded Integrated AYUSH Hospital

S. No.	Name Location District	System of Medicines (Streams)	Proposed No. of IPD beds	Facilities available		Support required						
				Land (State Share)		Staff				Building Construction/ Equipment / Furniture		Medicine / drug/ contingency
				Area	Approximate cost	Details of M.O.		Supporting Staff		Physical	Financial	Financial
						No.	Financial	No.	Financial			
1	2	3	4	5	6	7	8	9	10	11	12	13

1. The full justification for which the grant is required (Please give detailed break-up):

2. Whether the applicant has received any assistance for the above purpose from the Central/State Govt/other Govt. agency in the past? If so, the details thereof (year-wise).

Format- VII (a)

National Program for Prevention and Management of Osteoarthritis & other Musculoskeletal Disorders

S. No.	Name, Block, District of Location of the Proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Support Required					Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline		Contingency/IEC/Others		
					No.	Financial	No.	Financial	Financial		
	2	3	4	5	6	7	8	9	10	11	12

Format- VII (b)

Integration of AYUSH with National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
1	2	3	4	5	6	7	8	9	10	11

Format- VII (c)

SUPRAJA (AYUSH Maternal & Neo-natal Intervention)

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
	2	3	4	5	6	7	8	9	10	11

Format- VII (d)

VAYO MITRA (AYUSH Geriatric Healthcare Services)

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
1	2	3	4	5	6	7	8	9	10	11

Format- VII (e)

AYURVIDYA (Healthy Lifestyle through AYUSH for School Children)

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
1	2	3	4	5	6	7	8	9	10	11

Format- VII (f)

AYUSH Mobile Medical Unit

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
1	2	3	4	5	6	7	8	9	10	11

Format- VII (g)

KARUNYA (AYUSH Palliative Services)

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
1	2	3	4	5	6	7	8	9	10	11

Format- VII (h)

National Program on AYUSH for Morbidity Management and Disability Prevention (MMDP) of Lymphatic Filariasis (Lymphoedema)

S. No.	Name of the Block/sub-division/District/ of the proposed Public Health Programme	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Salary of Manpower				Per Unit Cost	Total Cost
					AYUSH Doctor		Supporting staff as per guideline			
					No.	Financial	No.	Financial		
1	2	3	4	5	6	7	8	9	10	11

Format- VIII

BCC:

S. No.	Name, Block, District of Location of the proposed outreach activity	Details of Activity Proposed	Per Unit Cost	Total Cost
	2	3	4	5

S. No.	Name, Block, District of Location of the proposed outreach activity	Details of Activity Proposed	Number of expected beneficiaries	Outcome expected	Per Unit Cost	Total Cost
1	2	3	4	5	6	7

Format-IX

AYUSH Gram:

Annexure- III

1. Building specification and accommodation details of 50 bedded Integrated AYUSH Hospital

Sl. No.	Particulars	Plinth Area (in Sqr Mt.)
1	Medical Superintendent	30
2	RMO	20
3	Administrative Office & Record Room	96
4	Sanitary block (M/F) (20x2)	40
5	SMO office room with attached toilet (15x2)	30
6	Canteen, Kitchen & Store	91
7	Statistics Deptt. with computer facilities with Central Medical Record section	22
8	Clinical Laboratory for Investigation	50
9	OT Complex (1 theatres + side Theatres + wash + changing + autoclave + staff + recovery room)	115
10	Labor room + Duty room (30+20)	50
11	Panchakarma/ Thokkanam/ Ilaj -bid- Tabdir Theatre (Therapy block) (Toilet, bath & circulation area)	135
12	Central store for linen etc.	25
13	Medicine store for Ayurveda/ Homoeopathy/ Unani/ Siddha/Sowa Rigpa.	70
14	Dispensing Room for Ayurveda/ Homoeopathy/ Unani/ Siddha/ Sowa Rigpa.	30
15	Resident Doctors Duty Rooms with Toilets (12.5x4)	50
16	4 wards of 10 beds each and Private Rooms (10 Nos.) [270 (60x4.5) + 81.25 (5x16.25)]	352
17	Nurses duty room	15
18	Laboratory for pathological examinations	22
19	Store room for linen and equipment	22
20	Accommodation for Rehabilitation therapies including Physiotherapy and Occupational Therapy, Electrotherapy, Diathermy, Ultraviolet and Infrared treatment, Hydrotherapy.	22
21	Separate adequate area for Yoga and Naturopathy practice + Toilets (36 + 9)	45
22	Registration & Record room	17.62

23	Waiting Hall for patients and attendants	50
24	Examination rooms (Cubicles) and case demonstration room in the outdoors [14 each x 6]	84
25	Staff room with lockers	55
26	Dressing Room	10
27	Audiometry Room	20
28	Optometry Room	36
29	Central Casualty Department accommodation for Resuscitation services (2 Beds)	70
	Total Area (Sq mtr)	**1674.62**

Sl. No.	Particulars	Rate (Rs. in per square meter)	Total cost
(i)	RCC framed structure	27100	45382202
(ii)	Pile foundation	16000	26793920
(iii)	Basement Floor	31000	51913220
(iv)	Fire Fighting/Alarm system	1200	2009544
(v)	Stilt Portion	8000	13396960
	Total		**139495846**
Total tentative cost for construction = Rs. 1395 lakhs			

2. Equipments/Instruments required for 50 bedded Integrated AYUSH Hospital

Sl. No.	Particulars	Required Quantity
A.	**Panchakarma**	
1.	Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or fiber)	2
2.	Appropriate stand to fix droni: 2.5 ft. height	2
3.	Swedana/Sudation chamber and Nadi swedan yantra	2
4.	Footstool	2
5.	Stool	2
6.	Arm Chair	2
7.	Heating facilities	2
8.	Heating Pan	2

9.	Shirodhara stand and Shirodhara table	2
10.	Basti yantra	4
11.	Uttara Basti Yantra for males and females	4
12.	Bedpan (male and female)	4
13.	Vamana set	4
14.	Kidney trays	2
15.	Nasyakarma set	2
16.	Stethoscope	2
17.	Sphygmomanometer	1
18.	Thermometer	1
19.	Hot water – bath	1
20.	Pressure cooker (5 litres) – 1	1
21.	Small pillows covered with rexin sheet	2
22.	Small almirah	2
23.	Knife and scissor	2
24.	Clock	2
25.	Stop watch	2
26.	Hot water facility	2
27.	Exhaust fans	2
28.	Autoclave equipment for sterilization	1
B.	**Ksharasutra**	
1.	Ksharasutra Cabinet	1
2.	Autoclave	1
3.	OT instruments	As required

4.	OT table	1
5.	OT light	1
6.	Consumables	As required
C.	**Uttarabasti**	
7.	Hot water bag	1
8.	Kidney tray	2
9.	Sims speculum	2
10.	Anterior vaginal wall retractor	2
11.	Vulsellum	2
12.	Uterine sound	2
13.	Swab holder	2
D.	**Raktamokshana**	
1.	Syringe for Raktamokshana	
2.	Storage Aquarium for fresh leeches : 20-25 liters capacity	1
3.	Glass container (1 litre capacity)	2
4.	Leeches	As required
5.	Surgical table	1
6.	Surgical trolley	2
7.	Surgical tray	5
8.	Different types of Forceps, Scissors, Needles, Suturing material etc.	As required
9.	Dressing tray with gloves, bandage etc.	As required
10.	Materials: Turmeric, Saindhava lavan, Jatyadi Ghrita, Honey	As required
E.	**Agnikarma**	
1.	Agnikarma Shalaka	5

2.	Dressing tray with gloves, bandage etc.	As required
3.	Consumables	As required
F.	**Physiotherapy**	
1.	Shoulder cum Elbow Cycle	1
2.	Shoulder Pulley Set	1
3.	Iron Dumbbells of different weight	5
4.	Static Cycle Exerciser	1
5.	Leg Exerciser	1
G.	**Laboratory**	
1.	Refrigerator	1
2.	Auto analyzer	1
3.	Auto clave	1
4.	Test tube	20
5.	Test tube holder	2
6.	Haemoglobinometer	2
7.	Glucometer	2
8.	Urinometer	2
9.	Consumables	As required
H.	**Others**	
1.	X-Ray view box	4
2.	Phototherapy Set	2
3.	Beds	35
4.	Office Chairs	25
5.	Tables	12

6.	Almirah	6
7.	Chairs for patients and attendants	40
8.	Patient stool	20
9.	Rack	4
10.	Colour coded Dust bin	As required

Total tentative cost for Equipments/Instruments = Rs. 105 lakhs

3. Manpower required for 50 bedded integrated AYUSH Hospital

Sl. No.	**Name of the Post**	**No. of post**
1.	Medical Superintendent	1
2.	SMO (Specialist for Panchkarma/ Ksharsutra/ Homoeopathy/Ilaj-bid Tadbir/Thokkanam)	3
3.	Medical Officer	6 (3+3)
4.	Resident Medical Officer	1
5.	Accounts Officer	1
6.	Assistant Matron	1
7.	Nursing Staff	12(6 + 6)
8.	Panchkarma Technician	2(1+1) M/F
9.	Yoga instructor	1
10.	Pharmacist/Dispenser	3(1 + 2)
11.	Laboratory Technician	2
12.	Store Keeper/Clerk	2
13.	Registration Clerk	1
14.	Chowkidar	3
15.	Ward boys/Aayah	8
16.	Cook	2
17.	Peon	4
18.	Dresser	2
19.	Masseur	4(2+2)
20.	Sweeper/Jamadars	6
21.	Midwife	4

22. Following specialists services may be utilized on call:

Name of the posts	No. of posts required
1. Anaesthetist	1
2. Radiologist	1
3. Pathologist	1
4. Ophthalmologist	1
5. General Surgeon	1
6. Gynaecologist	1
7. Paediatrician	

Posts 1 and 2 should be regular to be employed by the State Government.
Posts No. 3 to 13 may be contractual staff on consolidated salary.

Posts No. 14 to 22 staff may be outsourced.

Note: The proposed manpower for integrated Ayush Hospital shall be based on the services being provided in the hospital. Further, it is also required that monthly OPD/IPD figures shall be furnished to the NAM division of Ministry of Ayush.

1. Building specification and accommodation details of 30 bedded integrated AYUSH Hospital

Sl. No.	Particulars	Plinth Area (in Sqr Mt.)	
1	Medical Superintendent	30	
2	RMO	20	
3	Record room & Administrative Office	90.25	
4	Sanitary block (M/F) (10*4)	40	
5	Canteen, Kitchen & Store	60	
6	Central Medical Record Section with Computer Facilities	22	
7	OT Complex (1 theatre + wash + Changing + Autoclave + Staff + recovery room)	80	
8	Labor room +Duty Room (40+20)	50	
9	Panchakarma/Thokkanam/Ilaj-bil-Tadbir Therapy block (Toilet, bath & circulation area) (55.50*2)	120	
11	Central store for linen etc	25	
12	Medicine store with Dispensing room	80	
13	Resident Doctors Duty Rooms with Toilets	33	
14	3 wards of 9 beds with Toilets 180 (60*3) + 3 Private Rooms 48.75 (3 x16.25)]	228.75	
15	Nurses duty room	15	
16	Laboratory for pathological examinations	22	
17	Yoga and Naturopathy room	40	
18	Rehabilitation & Physiotherapy room	20	
19	Waiting hall for patients and attendants	40	
20	Examination cum case demonstration room (Cubicles) in the OPD (14*4)	56	
21	Staff room with lockers	50	
22	Dressing Room	10	
23	Casualty department	50.3	
	Total Area (Sq mtr)	**1172.3**	
Sl. No.	**Particulars**	**Rate (Rs. in per square meter)**	**Total cost**
(i)	RCC framed structure	27100	31769330
(ii)	Pile foundation	16000	18756800
(iii)	Basement Floor	31000	36341300
(iv)	Fire Fighting/Alarm system	1200	1406760
(v)	Stilt Portion	8000	9378400
	Total		**97652590**
Total tentative cost for construction = Rs. 976.50 lakhs			

2. Equipments/Instruments required for 30 bedded Integrated AYUSH Hospital

Sl. No.	Particulars	Required Quantity
	Panchakarma	
1.	Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or fiber)	2
2.	Appropriate stand to fix droni: 2.5 ft. height	2
3.	Swedana/Sudation chamber and Nadi swedan yantra	2
4.	Footstool	2
5.	Stool	2
6.	Arm Chair	2
7.	Heating facilities	2
8.	Heating Pan	2
9.	Shirodhara stand and Shirodhara table	2
10.	Basti yantra	4
11.	Uttara Basti Yantra for males and females	4
12.	Bedpan (male and female)	4
13.	Vamana set	4
14.	Kidney trays	2
15.	Nasyakarma set	2
16.	Stethoscope	2
17.	Sphygmomanometer	1
18.	Thermometer	1
19.	Hot water – bath	1
20.	Pressure cooker (5 litres) – 1	1
21.	Small pillows covered with rexin sheet	2
22.	Small almirah	2
23.	Knife and scissor	2
24.	Clock	2
25.	Stop watch	2
26.	Hot water facility	2

27.	Exhaust fans	2
28.	Autoclave equipment for sterilization	1
	Ksharasutra	
29.	Ksharasutra Cabinet	1
30.	Autoclave	1
31.	OT instruments	As required
32.	OT table	1
33.	OT light	1
34.	Consumables	As required
	Uttarbasti	
35.	Hot water bag	1
36.	Kidney tray	2
37.	Sims speculum	2
38.	Anterior vaginal wall retractor	2
39.	Vulsellum	2
40.	Uterine sound	2
41.	Swab holder	2
	Raktamokshana	
42.	Syringe for Raktamokshana	1
43.	Storage Aquarium for fresh leeches : 20-25 liters capacity	1
44.	Glass container (1 liter capacity)	2
45.	Leeches	As required
46.	Surgical table	1
47.	Surgical trolley	2
48.	Surgical tray	5
49.	Different types of Forceps, Scissors, Needles, Suturing material etc.	As required
50.	Dressing tray with gloves, bandage etc.	As required
51.	Materials: Turmeric, Saindhava lavan, Jatyadi Ghrita, Honey	As required
	Agnikarma	
52.	Agnikarma Shalaka	5
53.	Dressing tray with gloves, Bandage etc.	As required

54.	Consumables	As required
	Physiotherapy	
55.	Shoulder cum Elbow Cycle	1
56.	Shoulder Pulley Set	1
57.	Iron Dumbbells of different weight	5
58.	Static Cycle Exerciser	1
59.	Leg Exerciser	1
	Laboratory	
60.	Refrigerator	1
61.	Auto analyzer	1
62.	Auto clave	1
63.	Test tube	20
64.	Test tube holder	2
65.	Haemoglobinometer	2
66.	Glucometer	2
67.	Urinometer	2
68.	Consumables	As required
	Others	
69.	X-Ray view box	4
70.	Phototherapy Set	2
71.	Beds	35
72.	Office Chairs	25
73.	Tables	12
74.	Almirah	6
75.	Chairs for patients and attendants	40
76.	Patient stool	20
77.	Rack	4
78.	Colour coded Dust bin	As required
Total tentative cost for Equipments/Instruments = Rs. 73.5 lakhs		

3. Manpower required for 30 bedded integrated AYUSH Hospital

Sl. No.	Name of the Post	No. of post
1.	Medical Superintendent	1
2.	SMO (Specialist for Panchkarma/ Ksharsutra/ Homoeopathy/Ilaj-bid Tadbir/Thokkanam)	3
3.	Medical Officer	6(3+3)
4.	Resident Medical Officer	1
5.	Accounts Officer	1
6.	Assistant Matron	1
7.	Nursing Staff	8(4 + 4)
8.	Panchkarma Technician	2(1+1) M/F
9.	Yoga instructor	1
10.	Pharmacist/Dispenser	3(1 + 2)
11.	Laboratory Technician	2
12.	Store Keeper/Clerk	2
13.	Registration Clerk	1
14.	Chowkidar	3
15.	Ward boys/Aayah	6
16.	Cook	2
17.	Peon	3
18.	Dresser	2
19.	Masseur	4(2+2)
20.	Sweeper/Jamadars	4
21.	Midwife	4

22. Following specialists services may be utilized on call:

Name of the posts	No. of posts required
1. Anaesthetist	1
2. Radiologist	1
3. Pathologist	1
4. Ophthalmologist	1
5. General Surgeon	1
6. Gynaecologist	1
7. Paediatrician	1

Posts 1 and 2 should be regular to be employed by the State Government.
Posts No. 3 to 13 may be contractual staff on consolidated salary.

Posts No. 14 to 22 staff may be outsourced.

<u>Note:</u> The proposed manpower for integrated Ayush Hospital shall be based on the services being provided in the hospital. Further, it is also required that monthly OPD/IPD figures shall be furnished to the NAM division of Ministry of Ayush.

(1) Building specification and accommodation details of 10 bedded integrated AYUSH Hospital

Sl. No.	Particulars	Plinth Area (in Sqr Mt.)
1	Medical Superintendent	30
2	RMO	20
3	Record room & Administrative Office	70
4	Sanitary block (M/F) (11*2)	22
5	Canteen, Kitchen & Store	37
6	Central Medical Record Section with Computer Facilities	22
7	Minor OT Complex (1 theatre + wash + Changing + Autoclave + Staff + recovery room)	56
8	Labor room +Duty Room (22+17)	39
9	Panchakarma/Thokkanam/Ilaj-bil-Tadbir Therapy block including Panchakarma Medicine preparation room (Toilet, bath & circulation area) (55.50*2)	120
10	Central store for linen etc	20
11	Medicine store with Dispensing room	56
12	Resident Doctors Duty Rooms with Toilets	22
13	2 wards of 5 beds with Toilets (35*2)	70
14	Nurses duty room	15
15	Laboratory for pathological examinations	22
16	Yoga and Naturopathy room	30
17	Rehabilitation & Physiotherapy room	20
18	Waiting hall for patients and attendants	40
19	Examination cum case demonstration room (Cubicles) in the OPD (14*4)	56
20	Staff room with lockers	40
21	Casualty department	30.35
	Total Area (Sq mtr)	**837.35**

Sl. No.	Particulars	Rate (Rs. in per square meter)	Total cost
(i)	RCC framed structure	27100	22692185
(ii)	Pile foundation	16000	13397600
(iii)	Basement Floor	31000	25957850
(iv)	Fire Fighting/Alarm system	1200	1004820
(v)	Stilt Portion	8000	6698800
	Total		**69751255**

Total tentative cost for construction = Rs. 697.5 lakhs

2. Equipments/Instruments required for 10 bedded Integrated AYUSH Hospital

Sl. No.	Particulars	Required Quantity
	Panchakarma	
1.	Droni/Massage Table: Minimum 7ft.X2.5 ft. (wood or Fiber)	2
2.	Appropriate stand to fix droni: 2.5 ft. height	2
3.	Swedana/Sudation chamber and Nadi swedan yantra	2
4.	Footstool	2
5.	Stool	2
6.	Arm Chair	2
7.	Heating facilities	2
8.	Heating Pan	2
9.	Shirodhara stand and Shirodhara table	2
10.	Basti yantra	4
11.	Uttara Basti Yantra for males and females	4
12.	Bedpan (male and female)	4
13.	Vamana set	4
14.	Kidney trays	2
15.	Nasyakarma set	2
16.	Stethoscope	2
17.	Sphygmomanometer	1
18.	Thermometer	1
19.	Hot water – bath	1
20.	Pressure cooker (5 litres) – 1	1
21.	Small pillows covered with rexin sheet	2
22.	Small almirah	2
23.	Knife and scissor	2
24.	Clock	2
25.	Stop watch	2
26.	Hot water facility	2
27.	Exhaust fans	2
28.	Autoclave equipment for sterilization	1
	Ksharasutra	
1.	Ksharasutra Cabinet	1
2.	Autoclave	1
3.	OT instruments	As required
4.	OT table	1
5.	OT light	1

6.	Consumables	As required
	Uttarabasti	
7.	Hot water bag	1
8.	Kidney tray	2
9.	Sims speculum	2
10.	Anterior vaginal wall retractor	2
11.	Vulsellum	2
12.	Uterine sound	2
13.	Swab holder	2
	Raktamokshana	
1.	Syringe for Raktamokshana	1
2.	Storage Aquarium for fresh leeches : 20-25 liters capacity	1
3.	Glass container (1 liter capacity)	2
4.	Leeches	As required
5.	Surgical table	1
6.	Surgical trolley	2
7.	Surgical tray	5
8.	Different types of Forceps, Scissors, Needles, Suturing material etc.	As required
9.	Dressing tray with gloves, Bandage etc.	As required
10.	Materials: Turmeric, Saindhava lavan, Jatyadi Ghrita, Honey	As required
	Agnikarma	
1.	Agnikarma Shalaka	5
2.	Dressing tray with gloves, Bandage etc.	As required
3.	Consumables	As required
	Physiotherapy	
1.	Shoulder cum Elbow Cycle	1
2.	Shoulder Pulley Set	1
3.	Iron Dumbbells of different weight	5
4.	Static Cycle Exerciser	1
5.	Leg Exerciser	1
	Laboratory	
1.	Refrigerator	1
2.	Auto analyzer	1
3.	Auto clave	1
4.	Test tube	20
5.	Test tube holder	2
6.	Haemoglobinometer	1
7.	Glucometer	1

8.	Urinometer	2
9.	Consumables	As required
	Others	
1.	X-Ray view box	4
2.	Phototherapy Set	1
3.	Beds	12
4.	Office Chairs	20
5.	Tables	10
6.	Almirah	4
7.	Chairs for patients and attendants	20
8.	Patient stool	10
9.	Rack	4
10.	Colour coded Dust bin	As required

Total tentative cost for Equipments/Instruments = Rs. 52.5 lakhs

3. Manpower required for 10 bedded integrated AYUSH Hospital

Sl. No.	**Name of the Post**	**No. of post**
1.	Medical Superintendent	1
2.	SMO (Specialist for Panchkarma/ Ksharsutra/ Homoeopathy/Ilaj-bid Tadbir/Thokkanam)	3
3.	Medical Officer	6 (3+3)
4.	Resident Medical Officer	1
5.	Accounts Officer	1
6.	Assistant Matron	1
7.	Nursing Staff	6 (3 + 3)
8.	Panchkarma Technician	2(1+1) M/F
9.	Yoga instructor	1
10.	Pharmacist/Dispenser	3
11.	Laboratory Technician	2
12.	Store Keeper/Clerk	2
13.	Registration Clerk	1
14.	Chowkidar	3
15.	Ward boys/Aayah	4
16.	Cook	2
17.	Peon	2
18.	Dresser	2

19.	Masseur	4(2+2)
20.	Sweeper/Jamadars	3
21.	Midwife	3

22. Following specialists services may be utilized on call:

Name of the posts	**No. of posts required**
1. Anaesthetist	1
2. Radiologist	1
3. Pathologist	1
4. Ophthalmologist	1
5. General Surgeon	1
6. Gynaecologist	1
7. Paediatrician	1

Posts 1 and 2 should be regular to be employed by the State Government.
Posts No. 3 to 13 may be contractual staff on consolidated salary.

Posts No. 14 to 22 staff may be outsourced.

Note: The proposed manpower for integrated Ayush Hospital shall be based on the services being provided in the hospital. Further, it is also required that monthly OPD/IPD figures shall be furnished to the NAM division of Ministry of Ayush.

Note: 1. State/UT Governments are required to furnish Detailed Project Report (DPR), Land ownership right and commitment of creation of regular post for proposed hospital while submitting the proposal of 10/30/50 bedded integrated AYUSH hospitals.

2. 10/30/50 bedded Integrated AYUSH Hospitals in the district should be located in such a place where adequate connectivity available and will also function as referral hospital to the AYUSH Dispensaries, AYUSH Health & Wellness Centres (HWCs), Primary Health Centres etc.

Guideline for establishment of District AYUSH Society (DAS) under National AYUSH Mission

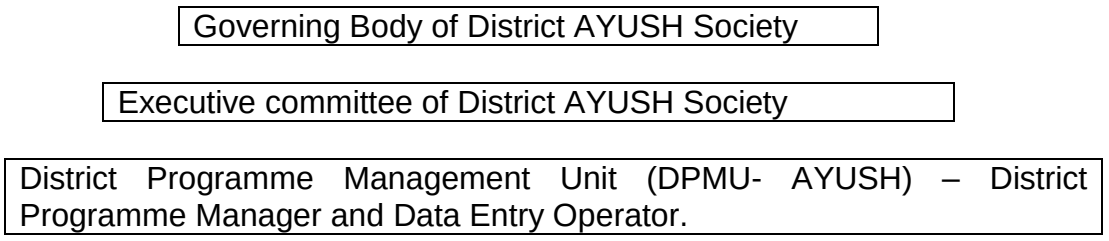
Background

National AYUSH Mission (NAM) launched during 2014 by the Ministry of Ayush is being implemented through States/UTs in centrally sponsored scheme mode. The NAM is successful in promoting AYUSH medical systems through healthcare services, strengthening of educational systems and quality control of drugs, which was further approved for continuation beyond 2017. Further, the Union Cabinet approved a proposal for developing 12,500 AYUSH Health & Wellness centres under Ayushman Bharat by upgrading AYUSH dispensaries and sub-health centres by the year 2023-24 within NAM scheme.

For successful implementation of NAM, the State AYUSH Societies have been formed at all States/UTs as implementing agencies. However, from the past experiences with public health activities, it has been observed that the decentralization is necessary for successful planning and implementation of programmes. For proper planning and execution of activities of National AYUSH Mission, every district should have a District AYUSH Society with a Governing Body headed by the District Collector (DC)/District Magistrate (DM)/Chief Executive Officer (CEO)Zilla Parishad. The District AYUSH Society (DAS), constituted under this Governing body will be responsible for planning and managing all programmes in the district, both in the rural as well as urban areas. There are two important implications of this requirement. Firstly, DASs planning will have to take note of both treasury and non-treasury sources of funds, even though it may not be handling all sources directly. Secondly, its geographical jurisdiction will be greater than those of the Zilla Parishad and /or Urban Local Bodies (ULBs) in the district for NAM activities.

Following are the indicative guidelines for establishing DAS, drawn in line with District Health Society established under National Health Mission. The States/UTs shall make necessary arrangements for forming the society and establishment of District Programme Management Unit (DPMU- AYUSH), recruitment and posting of required staff. Being a legal entity, the DAS can set up its own office which has adequate staff and experts and can evolve its own rules and procedures for hiring the staff and experts both from the open market as well as on deputation from the Government.

Figure 1 Governance Structure of the District AVUSH Society



A. Governing Body

Chair	District Collector (DC)/District Magistrate (DM)/Chief Executive Officer (CEO)Zilla Parishad
Co-Chair	Dy. District Collector (DDC)/ CEO, Zilla Parishad /Addl. D.C.
Chief Executive Officer	District AYUSH Officer (DAO) to be nominated by the State/UT govt. among District Officers of Ayush systems of medicine
Members	Project Officer (DRDA), District Programme Managers for AYUSH/ Health, Water and Sanitation, ICDS, education, social welfare, Panchayati Raj, a State representative, Sub-Divisional Officer, representatives of AYUSH Medical Association/NGO/ AYUSH educational institutions/ And Development Partners

B. Executive Committee	
Chair	DDC CEO Zilla Parishad/Addl.Collector
Chief Executive Officer and Convener	District AYUSH Officer
Members	Superintendent-District Hospital, District Programme Manager AYUSH/ Health, ICDS, Water and Sanitation, Education, Forest dept. Panchayati Raj and representative of SMPB, Horticulture mission, drug inspector incharge of the district, principal/faculty of AYUSH teaching institutes from the district, In-charge of units of AYUSH Research Centre! National Institute under Ministry of AYUSH if any in the District

District Programme Manager

To manage every activity of District AYUSH Society, a qualified person should be designated as District Programme Manager. The specific responsibilities of the District Programme Manager, DAS will include, but not be limited to the following:

A: **Management of DAS Secretariat**

• Facilitate the working of the DAS as per the bye-laws of the Society.
• Organise recruitment of personnel for the DAS.
• Maintain records of the Society.
• Organise meetings of the Governing Body and Executive Committee including preparation of agenda notes, circulation of minutes and compilation of action taken reports etc.
• Organise audit of the Society funds and preparation of annual report of the DAS as required under the Bye-laws.
• Plan and monitor the district AYUSH Health activity under National AYUSH Mission.

B: Planning, Monitoring and Evaluation

• Assist in developing the District Annual Action Plan based on the National & State goals including infrastructure development, HR strengthening, community-based programmes, IEC, clinical services, cultivation of medicinal plants, strengthening of drug control division, intersectoral convergence, monitoring & evaluation etc.
• Develop partnership with other sectors working for health related activities in the District.
• Create and maintain district resource database for the health sector including manpower, trainings, buildings, equipment and other support infrastructure.
• Undertake regular monitoring of initiatives being implemented in the district and provide regular report and feedback to the Society and others who are entitled to receive Annual Report of the Society (District Collector, Chairperson, Zila Parishad, designated authority State Government).
• Ensure compilation, analysis & presentation of relevant information in meaningful formats.
• Develop strategies/plans to improve the quality of services and present to the Society for approval.
• Map and operationalize all AYUSH Health and Wellness Centres as per the operational guidelines released by Ministry of AYUSH and other guidelines from time to time.
• In coordination with local health department, plan six months training course for the Community Health Officer (CHO) deployed at sub-centres upgraded as AYUSH HWC and 15 days course for the CHO at upgraded AYUSH dispensaries under Ayushman Bharat.
• With local coordination of local Health department, conduct routine training of front line health workers time to time as a part of continuous capacity building.
• Strengthen the District programme Management Unit for the implementation of AYUSH related activities at the district level.

C: Inventory management, Procurement & Logistics

- Facilitate preparation of District Logistics Plan for optimal allocation of resources at each facility.
- Ensure timely collection and compilation of demands and their timely dispatch.
- Coordinate for procurement of medicine and other logistics at district level.

• Coordinate with the State medicinal plant board / implementing agencies for maintaining Herbal garden at all the Health and Wellness centres.

DAS Secretariat

Initially, the Society Secretariat will have a core team of 2 full time/contractual persons, consisting of the following:
• District Programme Manager
• Data Entry Operator

Registration and Memorandum of Association

The DAS should be registered under Societies Registration Act, 1860 and rules& regulations contained in the act shall be applicable to DAS. Model Memorandum of Association for the District AYUSH Society is as follows:

1	Name of the Society	The Name of the Society shall be District AYUSH Society, District or DAS (district name).
2	Area of operation	The area of operation of the Society shall be whole of district (district name)
3	Location	The Society shall have its office at the office of District AYUSH officer situated at.....(postal address)
4	Objectives	The Society shall assist district AYUSH administration in the implementation of various AYUSH programmes and projects in the district.
5	Scope of functions	To achieve the above objectives, the Society shall direct its resources towards performance of the following key tasks: ● To act as the nodal forum for all stake holders line departments such as Health, PRI and NGOs to participate in planning, implementation and monitoring of AYUSH related activities. ● To receive, manage and account for the funds received from the State Government for implementation of Centrally Sponsored Schemes in the district. ● To strengthen the technical / management capacity of the District AYUSH Administration through recruitment of individual / institutional experts from the open market. ● To facilitate preparation of integrated district AYUSH specific plans. ● To mobilise financial and non-financial resources for complementing/supplementing the AYUSH activities in the district. ● To assist AYUSH hospital management societies in the district. ● To carry out intra and inter-sectoral convergence.

NATIONAL AYUSH MISSION

Guidelines for Central (CPMU), State/ UT (SPMU) and District Programme Management Units (DPMU)

SUPPORTING FACILITIES UNDER NATIONAL AYUSH MISSION

A. Central Programme Management Unit (CPMU):

Sl. No.	Post*	Numbers
1	Senior Programme Manager	1
2	Programme Manager	2
3	Domain Expert-Public Health	10
4	Sr. Consultants	3
5	Jr. Consultants	4
6	Finance Managers	2
7	Accounts Managers	2
8	HMIS Manager	2
9	Data Assistant	5
10	Office Assistant	3

In addition, expenses on account of Office & Administration, Travelling Expenditure, Meetings and Seminars, Awareness Generation also kept for Central PMU.

B. State Level:

(i) PMU for UTs

Sl. No	Post*	Numbers
1	Programme Manager	1
2	Consultant	2

(ii) PMU for NE States

Sl. No	Post*	Numbers
1	Programme Manager	1
2	Consultants (one for HMIS)	2
3	Finance Manager	1

(iii) PMU for Other States

Sl. No	Post*	Numbers
1	Programme Manager	1
2	Consultants	2
3	Finance Manager	1
4	Accounts Manager	1

5	HMIS Manager	1
6	Data Entry Operator	1

(iv) PMU for District of States/ UTs

Sl. No	Post*	Numbers
1	Programme Manager	1
2	Data Entry Operator	1

In addition, expenses on account of Office & Administration, Travelling Expenditure and contingency required shall be made from Administrative Head.

*****Note:- There will be provision for flexibility within overall limit for making suitable changes in the proposed posts with the approval of chairperson of NAM

Proposal for creating supporting facilities in the State shall be submitted in following format which will be part of State Annual Action Plan (SAAP).

1. Facility to be established: SPMU
2. Location of the unit
3. Infrastructure support required for unit at State level:

(Rs. In Lakhs)

Sl. No.	Component	Unit cost	Number	Total cost
1	Manpower			
1 (a)	Programme Manager			
1 (b)	Consultant			
1 (c)	Finance Manager			
1 (d)	Accounts Manager			
1 (e)	HMIS Manager			
1 (f)	Data Entry Operator			
2	Office and Administration Expenses			
3	Travelling Expenses			
4	Contingency (Recurring)			
5	Others (Specify)			
Total financial implication				

TERMS OF REFERENCES

COMMON CRITERIA FOR ALL THE POSITIONS OF CENTRAL PROGRAMME MANAGEMENT UNIT (CPMU):

a) Age limit for all positions: 21 years to 60 years.

b) Status of Employment: Contractual basis

c) TA/DA Entitlements for Programme Management Manpower on Tour as per existing rules:

d) Leave: Programme Management Unit Manpower shall be eligible for 12 days Leave in a calendar year on pro-rata basis and thereafter remuneration would be deducted on pro - rata basis. Un-availed leave in a calendar year cannot be carried forward to next year.

e) Allowance: Except TA/DA on tour, no transport, mobile or medical allowance shall be admissible.

f) Selection Procedure: A Selection Committee headed by an officer in the rank and pay of Joint Secretary to the Govt. of India and consisting of at least three members including an expert outside the concerned division shall be formed to make selection after following due procedures.

g) The continuous working on contractual assignment shall not confer any preferential right of claiming regularization/ permanent absorption against the position.

h) The contractual Manpower shall be appointed after fulfilling the statutory requirements of antecedent verification, signing of “privacy agreement”, etc.

i) The provisions regarding Income Tax / other taxes shall apply as per rules.

TERMS OF REFERENCE

CENTRAL LEVEL PROGRAMME MANAGEMENT UNIT

POSITION WISE CRITERIA FOR ESSENTIAL QUALIFICATION, EXPERIENCE AND ROLE & RESPONSIBILITIES:

1. Name of Position: Senior Programme Manager

Essential Qualification and Experience:

Post Graduate Diploma in Public Health Administration /Post Graduate Diploma in Management (Two years) / MBA-Human Resource Management from AICTE recognized institute with more than 15 years working experience in Government sector. Exposure in social sector schemes/missions of Govt. at national, state and district level and knowledge of computer including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons having experience of working in Health sector including AYUSH.

Responsibilities:

1. To provide overall support for planning and implementation of National AYUSH Mission Scheme including AYUSH Health Wellness component in the States.
2. Overall coordination with CPMU team regarding examination of State Annual Action Plans (SAAP) and preparation of comments on them and also coordinate between State AYUSH Society/NHM/AYUSH Directorate.
3. To coordinate and facilitate the States for effective implementation of AYUSH Health & Wellness Component& AYUSH Public Health programs and analyze the actual bottlenecks as faced during implementation of the activity. As per the analysis detailed strategy is required to be designed along with support of other staff of NAM division, so that smooth implementation of the AYUSH HWCs activity may be carried out for better outcome.
4. To coordinate and facilitate the States along with support of CPMU team for maintenance of database for the AYUSH sector including manpower, co-location under NHM, AYUSH Hospitals & Dispensaries, Educational Institutions, AYUSH Health & Wellness Centers.
5. To liaison and brief officers of MOHFW/ States AYUSH/ Health Departments on successes, problems and issues on implementation of National AYUSH Mission.
6. To coordinate with CPMU team regarding submission of technical reports (including when necessary brief action points) on status of National AYUSH Mission.
7. To take a lead role in preparation different training modules and training material curriculum and guidelines etc. in consultation with the State and Central Govt. officials.
8. To help Centre & State Directors/ Nodal Officers of AYUSH to organize TOTs, Expert Committee meetings and other meetings and workshops as required from time to time.
9. To coordinate with CPMU team regarding preparation of Screening Committee agenda & Minutes.

10. To coordinate with CPMU team for providing information regarding Cabinet, Parliament Questions /Committees, assurances, VIP references/ RFD from time to time.
11. Any other work assigned by officers from time to time.

Remuneration: Rs. 100,000/-per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee /Competent authority.

2. Name of Position: Programme Manager

Essential Qualification and Experience:

MBA-Human Resource Management/ Post Graduate Diploma in Management (Two years) from AICTE recognized institute with more than 10 years working experience in Government sector. Exposure in social sector schemes/missions of Govt. at national, state and district level and knowledge of computer including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons having experience of working in Health sector including AYUSH.

Responsibilities:

1. To provide support for planning and implementation of National AYUSH Mission in the State.
2. Examination of State Annual Action Plans (SAAP) and preparation of comments on them and coordinate between State AYUSH Society/ NHM/ AYUSH Directorate.
3. To coordinate and facilitate the States for maintenance of database for the AYUSH sector including manpower, co-location under NRHM, AYUSH Hospitals & Dispensaries, Educational Institutions, ASU & H Drug Enforcement mechanism and Medicinal Plants.
4. To liaison and brief officers of MOHFW/ States AYUSH/ Health Departments on successes, problems and issues on implementation of National AYUSH Mission.
5. To submit technical reports (including when necessary brief action points) on status of National AYUSH Mission.
6. To assist in preparing different training modules and training material curriculum and guidelines etc in consultation with the State and Central Govt. officials.
7. To help Centre & State Directors/ Nodal Officers of AYUSH to organize TOTs, Expert Committee meetings and other meetings and workshops as required from time to time.
8. Preparation of Screening Committee agenda & Minutes.
9. Provide information regarding Parliament Questions/Committees, assurances, VIP references/ RFD from time to time.
10. Any other work assigned by officers from time to time.

Remuneration: Rs. 80,000/- per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority.

3. Name of Position: Domain Expert-Public Health

Essential Qualification and Experience:

Minimum bachelor degree (BAMS/BUMS/BHMS/BSMS/BYNS) from recognized university alongwith Master Degree in Public Health Programme / Post Graduate Diploma in Public Health Administration from AICTE recognized institute with minimum 05 years working experience in Government Sector/Private Sector. Exposure in social sector schemes/missions of Govt. at national, state and district level and knowledge of computer including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons having excellent communication and interpersonal skills and experience of working in Public Health sector including AYUSH.

Responsibilities:

1. To provide support to the Program Manager and other CPMU staff in planning and implementation of the scheme of AYUSH Health and Wellness Centers and other Public Health activities in the States/UTs
2. To coordinate with State Govt. officials and CPMU staff regarding smooth implementation of the scheme of AYUSH Health and Wellness Centers and other Public Health activities in the States/UTs
3. To liaison and brief the officers of MOHFW, States AYUSH/Health Departments and other Ministries on successes, problems and issues on implementation of AYUSH Health and Wellness Centers and other Public Health activities
4. To examine the State Annual Action Plans (SAAP) and preparation of comments on them and coordinate between CPMU staff/State AYUSH Society/AYUSH Directorate.
5. To assist in preparing different training modules and training material, curriculum and guidelines etc. in consultation with the State and Central Govt. officials
6. To submit technical reports (including brief action points, when necessary) on status of AYUSH HWCs
7. To plan and organize ToT for CHOs, ASHA, ANMs, Yoga instructors etc.
8. To help State Directors/Nodal Officers of AYUSH to organize different trainings at State/District level and also support in organizing Expert Committee meetings and other meetings and workshops as required from time to time.
9. To coordinate and facilitate the States/UTs in Family empanelment, CBAC survey, Prakriti Parikshan, Yoga sessions etc.
10. To undertake periodic field visits to states and districts to review program implementation in the States, identify implementation challenges and support states in charting appropriate solutions or enable linkages with appropriate public health/research/academic/technical/support institutions for technical support at the State/District Level
11. To get monthly/quarterly/yearly report of implementation of the scheme of AYUSH Health and Wellness Centers and other Public Health activities from the States/UTs and analyzing the data
12. To facilitate States/UTs in uploading the data of AYUSH Health and Wellness Centers and other Public Health activities on NAM Portal for better monitoring
13. To provide information regarding Parliament Questions/Committees, assurances, VIP references.
14. Any other work/assignment assigned by officers from time to time

Remuneration:

Rs. 75,000/- per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority

4. Name of Position: Consultant-NAM

Essential Qualification and Experience:

Minimum bachelor degree (BAMS/BUMS/BHMS/BSMS/BYNS) from recognized university with minimum 05 years working experience in case of Junior Consultant and 07 years working experience in case of Senior Consultant in Public Health Programmes of Government organization/organizations working in public health. Exposure in social sector schemes/Mission of Government at national, state and district level and knowledge of computers including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons having PG qualification in AYUSH stream and experience of working in Health sector including AYUSH.

Responsibilities:

1. To examine State AYUSH Annual Action Plan/ NHM PIP with mainstreaming of AYUSH.
2. To provide the technical inputs and submit technical reports (including brief action points as per requirements) on status of National AYUSH Mission.
3. To coordinate & liaison and brief the officers of MOHFW/ States AYUSH/ Health Departments on successes, problems and issues on implementation of National AYUSH Mission.
4. To assist the higher officers in preparation of guidelines for Public health outreach activity through AYUSH, AYUSH School Health programme, AYUSH Gram, Behaviour Change Communication programmes etc.
5. To assist in preparing different training modules and training material curriculum and guidelines etc. in consultation with the State and Central Govt. Officials.
6. Any other work assigned by officers from time to time.

Remuneration: Up to Rs. 60,000/- for Junior Consultant and up to Rs. 65,000/- for senior Consultant per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority.

5. Name of Position -Finance Manager

Essential Qualification and Experience:

MBA- Finance/M. Com/ICWA/C.A. from AICTE recognized institute or university with Minimum 5 years experience in government or any other reputed organization in finance management of major programme/project. Exposure to financial

management operations, Government accounting, funds flow management, utilization certificates and scheme-wise expenditure reporting in a Govt. set up and development of accounting packages will be an added advantage. Exposure in social sector schemes/Missions of Government at national, state and district level and knowledge of computer including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. To handle all financial matter of the National AYUSH Mission.
2. Financial management, tracking and monitoring of funds for AYUSH up to the lower level.
3. To ensure timely receipt of Financial Monitoring Report (FMR), Statements of Funds position from the States and coordinate with State PMU on all aspects of financial issues.
4. Devising financial MIS.
5. To prepare and pursue of sanction orders and liaison with PAO to release of funds.
6. All matters related to finance as budget preparation, performance budget, outcome budget, financial status, detail of expenditure, Zero base budgeting, gender budgeting, audit etc. will be dealt.
7. Replies of various paras raised by C&AG or Audit parties.
8. Any other work assigned by officers from time to time.

Remuneration: Rs. 60,000/- per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority.

6. Name of Position: Accounts Manager

Essential Qualification and Experience:

MBA- Finance/ M. Com/ ICWA (Inter)/ CA (Inter) from recognized institute with Minimum 3 years experience in a government or any other reputed organization in account management. Exposure in social sector schemes at national, state and district level and knowledge of Tally accounting package, MS Office, MS Word, MS Power Point and MS Excel would be desirable. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. Managing the accounts of National AYUSH Mission.
2. Coordinate with State AYUSH Societies/ AYUSH Directorate for expenditure and proper maintenance of accounting procedure of the Grant-in-aid.
3. Assist the Programme manager/ Finance manager in ensuring proper flow of funds and in all financial matters.
4. Maintaining the database of updated UCs status of all states and periodically follow up.
5. To examine the Audit reports submitted by the States.
6. To ensure timely submission of SoE and Utilization Certificate (UCs) from

the States.

7. Coordination & reconciliation with budget section & PAO.
8. Monitor expenditure and assess the balance/ requirement of funds in the scheme.
9. To keep the all records related to State AYUSH societies through which funds are transferred to the States.
10. To assist the Programme Manager in planning & budgeting for different components for the Scheme.

Remuneration: Rs. 50,000/- per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority.

7. Name of Position: HMIS Manager

Essential Qualification and Experience:

MBA-IT/ MCA/ M.Sc.-IT/BCA from recognized institute with 5 years experience in a government or any other reputed organization. Exposure in social sector schemes at national, state and district level and knowledge of computer including MS Office, MS Word, MS Power Point and MS Excel, MS access would be essential. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. To create the data base software related to Health Information Systems relevant to AYUSH Sector.
2. To collect the data from all departments of Hospitals & Dispensaries (in terms of OPD & IPD data), Educational Institutions, Drug Enforcement mechanism, Medicinal Plants and to be managed separately. Data from the field level to be created & maintained as State resource database for the AYUSH Sector.
3. Extracting the information from State Annual Action Plans/ HMIS-NAM related to progress of collocation, up gradation of Hospitals & Dispensaries and supply of medicines to AYUSH Hospitals and Dispensaries and maintains the database. Performance statistics on Mainstreaming AYUSH / AYUSH to be culled from various database sources.
4. To maintain the Health Statistics Information Portal facilities, the flow of physical and financial performance from the field level to the State H.Q. and will provide periodic reports on the status of the AYUSH sector.
5. To meet the HMIS (AYUSH) requirements through close coordination with PMU (AYUSH & NRHM), National/ State Health & Family Welfare institute and National/ State Health System Resource Centre to get and provide data regarding AYUSH sector.
6. Data handling of software (HMIS-AYUSH), data incorporation, retrieval of data.
7. Maintaining the records/files of Mainstreaming of AYUSH under NRHM along with compilation of relevant information received from different

sector time to time.

8. Any other work assigned by officers from time to time.

Remuneration: Rs. 45,000/- per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority.

8. Name of Position: Data Assistant

Essential Qualification and Experience:

MBA-IT/ MCA/ M.Sc.-IT/BCA from recognized institute with 3 years experience in a government or any other reputed organization. Exposure in social sector schemes at national, state and district level and knowledge of MS Office, MS Word, MS Power Point and MS Excel, MS access would be essential. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. To collect the data from all departments of Hospitals & Dispensaries (in terms of OPD & IPD data), Educational Institutions, Drug Enforcement mechanism, Medicinal Plants and to be managed separately. Data from the field level to be created & maintained as State resource database for the AYUSH sector.
2. Extracting the information from State Annual Action Plans/ HMIS-NAM related progress of collocation, up gradation of Hospitals & Dispensaries and supply of medicines to AYUSH Hospitals and Dispensaries and maintain the database. Performance statistics on Mainstreaming AYUSH / AYUSH to be culled from various database sources.
3. To maintain the Health Statistics Information Portal facilitates, the flow of physical and financial performance from the field level to the State H.Q. and will provide periodic reports on the status of the AYUSH sector.
4. To meet the HMIS (AYUSH) requirements through close coordination with PMU (AYUSH), National/ State Health & Family Welfare institute and National/ State.
5. Health System Resource Centre to get and provide data regarding AYUSH sector.
6. Data handling of software (HMIS-AYUSH), data incorporation, retrieval of data.
7. Maintaining the records/files of Mainstreaming of AYUSH under NRHM along with compilation of relevant information received from different sector time to time.
8. Any other work assigned by officers from time to time.

Remuneration: Rs. 35,000/- per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of Ayush Selection Committee/Competent authority.

9. Name of Position: Office Assistant

Essential Qualification and Experience:

Graduation in Computer Application/ IT/ Business Administration/ B.Tech (C.S) or (I.T)/ BCA/ BBA/ BSC – IT/ Graduation with one year diploma/ certificate course in computer from recognized institute or University. Minimum 1 – 2 years of experience in government sector. Exposure in social sector schemes at National, State and District level and knowledge of computer including MS Office, MS Word, MS Power Point and MS Excel, MS access would be essential. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities: -

1. To provide assistance in maintaining periodic reports on the status of the AYUSH Sector.

To provide assistance in Data handling of software, data incorporation, retrieval of data, maintaining the records/ files of National AYUSH Mission (NAM) along with compilation of relevant information received from different sector time to time.

To enter data and maintain data related to Centrally Sponsored Scheme of National AYUSH Mission.

Close Coordination with PMU (AYUSH & NHM), National/ State Health & Family Welfare institute and National State Health System Resource Centre to get and provide data regarding AYUSH sector.

On line communication and Coordination among the State/ UT Govt. with respect to issues related to Centrally Sponsored Scheme of National AYUSH Mission.

Any other work assigned by officers from time to time or any other work related to the concerned State/ UT.

Remuneration: Rs. 30,000/- per month consolidated along with provision of annual enhancement of 05% based on satisfactory performance to be decided by the Ministry of AYUSH Selection Committee/ Competent Authority. The Office Assistant shall not be exempt from taxation or entitled to reimbursement of any taxes which may be levied as per existing rules on the remuneration received.

Note: The annual enhancement and extension of the contractual services at the end of financial year of the manpower engaged in CPMU shall be linked with performance level of individual to be evaluated on measurable parameters. A committee of officers to be headed by Joint Secretary shall objectively assess the performance at end of each year and based on its report further action shall be taken. This is to ensure a performance based accountability framework for efficient working of CPMU in the Ministry.

PERFORMANCE PARAMETERS FOR ASSESSING THE LEVEL OF PERFORMANCE OF MANPOWER UNDER VARIOUS CATEGORIES (CPMU)

Name of Position	Measurable Performance Criteria	Performance grade
Senior Programme Manager	1. To provide overall support for planning and implementation of National AYUSH Mission Scheme including AYUSH Health Wellness component in the States/UTs. 2. To coordinate and facilitate the States for effective implementation of AYUSH Health & Wellness Component & AYUSH Public Health programs and analyze the actual bottlenecks as faced during implementation of the activity. 3. Detailed strategy is required to be designed along with support of other staff of NAM division, for smooth and effective implementation of the AYUSH HWCs activity & AYUSH Public Health programs in the States/UTs. 4. To coordinate and facilitate the States along with support of CPMU team for maintenance of database for the AYUSH sector including manpower, co-location under NHM, AYUSH Hospitals & Dispensaries, Educational Institutions, AYUSH Health & Wellness Centers etc. 5. To take a lead role in preparation of different training modules and training material curriculum and guidelines etc. in consultation with the State and Central Govt. officials and also take leading role for organizing TOTs, Expert Committee meetings and other meetings and workshops as required from time to time.	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.
Programme Manager	1. Examination of State Annual Action Plans (SAAP)/PIP as received from NHM and preparation of comments on them and coordination between State AYUSH Society/NHM/ AYUSH Directorate. 2. Ensuring maintenance of all the data related to National AYUSH Mission including preparation of minutes of Appraisal Committee meeting and mission Directorate meeting. 3. Pursue with the State Govt. and different implementing agencies to roll out the approved activities. 4. Providing relevant information time to time to the higher officer of Ministry as per the	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.

	requirement. 5. Leadership and Proper Co-ordination with different division of Ministry including other PMU Manpower and State/UT Governments.	
Domain Expert-Public Health	1. Examination of State Annual Action Plans (SAAP) and preparation of comments on them and coordination between State AYUSH Society/NHM/ AYUSH Directorate 2. Preparation and submission of technical inputs and technical reports with respect to AYUSH HWC activity and AYUSH Public Health Programmes. 3. Pursue with the State Govt. and different implementing agencies to roll out the approved activities of AYUSH HWCs and AYUSH Public Health Programmes. 4. Identifying technical operational issues and bringing solutions and to resolve in case of activities of AYUSH HWCs and AYUSH Public Health Programmes 5. Ensuring maintenance of all the data related to AYUSH HWCs activities and also provide active support in preparation of minutes of Appraisal Committee meeting and Mission Directorate meeting.	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.
Senior Consultant & Junior Consultant	1. Examination of State Annual Action Plans (SAAP)/PIP as received from NHM and preparation of comments on them and coordination between State AYUSH Society/NHM/ AYUSH Directorate. 2. Preparation and submission of technical inputs and technical reports. 3. Pursue with the State Govt. and different implementing agencies to roll out the approved activities. 4. Identifying technical operational issues and bringing solutions and to resolve in case of Public Health outreach activity, School Health Programme, AYUSH gram, Behaviour Change communication programme. 5. To provide support in preparation of minutes of Appraisal Committee meeting and mission Directorate meeting.	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.
Finance Manager	1. Financial management, tracking and monitoring of funds for AYUSH on PFMS.	Less than 50% will not be

	2. To ensure timely preparation of Financial Monitoring, Statements of Funds position. 3. Pursue with State Govt. treasury, finance departments etc. for early release of funds and maintain the database of funds lying at various level. 4. Prompt maintenance of data of all matters related to budget. 5. Timely preparation of IFD note and financial sanction order.	considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.
Accounts Manager	1. Examination of Utilisation Certificates as per provisions of GFR in time bound manner. 2. Periodical updation of U.C. Statements and preparation of monthly Statements on outstanding U.Cs and its reconciliation with States. 3. Maintenance of records of expenditure and accounting procedure of the released Grant-in-aid. 4. Examination of various Audit reports. 5. To provide support in preparation of IFD note and financial sanction order.	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.
HMIS Manager	1. Collection, compilation, and maintenance of data related to NAM through proper coordination with States/UTs and different divisions of Ministry. 2. Preparation and maintenance of MIS formats for reporting the baseline information and progress under NAM and Preparation of data related to SAAP approved unit wise, component wise & year wise. 3. Maintenance of Health Statistics Information Portal facilities the flow of physical and financial performance from the field level to the State H.Q. 4. Maintenance of Direct Benefit Transfer (DBT) database of National AYUSH Mission. 5. Contribution in Miscellaneous assignments.	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.
Data Assistant and Office Assistant	1. Providing assistance in Maintaining periodic reports on the status of the AYUSH Sector. 2. Providing assistance Maintenance of data related to Centrally Sponsored Scheme of National AYUSH Mission. 3. Providing assistance in Data handling of software, data incorporation, retrieval of data, maintaining the records/ files. 4. Providing assistance to other PMU manpower as per the requirement. 5. Contribution in Miscellaneous assignments.	Less than 50% will not be considered for extension. For annual enhancement of remuneration, not less than 75% will be considered.

Note:- The performance assessement at each level shall be made by according equitable weightage to each of the 5 measurable performance parameters.

TERMS OF REFERENCES
COMMON CRITERIA FOR ALL THE POSITIONS OF STATE PROGRAMME MANAGEMENT UNIT & DISTRICT PROGRAMME MANAGEMENT UNIT:

a) Age limit for all positions: 21 years to 60 years.

b) Status of Employment: Contractual basis

c) TA/DA Entitlements for Programme Management Manpower on Tour as per existing rules:

d) Leave: Programme Management Unit Manpower shall be eligible for 12 days Leave in a calendar year on pro-rata basis and thereafter remuneration would be deducted on pro - rata basis. Un-availed leave in a calendar year cannot be carried forward to next year.

e) Allowance: Except TA/DA on tour, no transport, mobile or medical allowance shall be admissible.

f) The continuous working on contractual assignment shall not confer any preferential right of claiming regularisation / permanent absorption against the position.

g) The contractual Manpower shall be appointed after fulfilling the statutory requirements of antecedent verification, signing of “privacy agreement”, etc.

h) The provisions regarding EPF, Income Tax / other taxes shall apply as per rules.

TERMS OF REFERENCE

I. STATE/UT LEVEL PROGRAMME MANAGEMENT UNIT

POSITION WISE CRITERIA FOR ESSENTIAL QUALIFICATION, EXPERIENCE AND ROLE& RESPONSIBILITIES:

1. Name of Position: Programme Manager

Essential Qualification and Experience:

Graduation degree in any discipline including AYUSH and MBA in Healthcare Management/Human Resource (HR)/ Masters in health/hospital administration/Post Graduation diploma in Hospital & healthcare management (Two years) from AICTE recognized institute with minimum 5 years working experience in Public health programmes in Government / PSU or reputed private sector organizations. Exposure in social sector schemes/Govt. missions at national, state and district level and computer knowledge including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference may be given to persons having experience of working in Health sector including AYUSH.

Responsibilities:

The Programme manager shall be the overall in charge in administering /supervising the work & monitoring performance of manpower of SPMU and DPMUs of state /UT and shall work as a team leader. The Main responsibilities shall be:

1. To provide support for planning, implementation, monitoring and evaluation of activities of National AYUSH Mission including AYUSH Health & Wellness Centres as well as AYUSH Public Health Programs in the entire State/UT.
2. To play a lead role in Preparation and finalization of State Annual Action Plans (SAAP) in coordination with relevant program divisions /Field functionaries, its vetting from state NAM head / State AYUSH Society and timely submission to Ministry.
3. To assist and coordinate at various levels for timely communication with field functionaries for taking implementation of Plan activities, release of funds, monitoring of expenditure, timely reporting of Physical /financial returns on monthly / quarterly basis to state and Central ministry.
4. Maintenance of profile of AYUSH sector for the State / UT as an annual document.
5. Maintenance and submission of the financial sanctions, expenditure statement as well as utilization certificates to Govt. of India with the assistance of finance manager and accounts manager.
6. Data validation of the information before uploading on the National AYUSH Mission website with the support of HMIS Manager and other PMU Manpower.
7. Periodical field visits to monitor and evaluate different activities approved under NAM.

8. To provide relevant information time to time to Govt. of India as per the requirement regarding Parliament Questions, Parliament assurances, Parliament Standing committee, etc.
9. To assist in planning and organizing IEC activities in various parts of State/UT.
10. To facilitate 3rd party evaluation team/ central monitoring team etc. as and when required.
11. To maintain regular liaison with manpower of Central Programme Management Unit of NAM division for close coordinated working.
12. Any other work assigned by officers of the State Govt.

Remuneration: Upto Rs. 65,000/- in small States/UTs and upto Rs. 75,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

2. Name of Position: Consultant-NAM

Essential Qualification and Experience:

Minimum bachelor degree (BAMS/BUMS/BHMS/BSMS/BYNS) from recognized university with minimum 03 years working experience in Public Health Programmes of Government / PSUs or reputed private organization. Exposure in social sector schemes/Mission of Government at national, state and district level and knowledge of computers including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons having PG qualification in AYUSH stream and experience of working in Health sector including AYUSH.

Responsibilities:

Consultant (NAM) shall work as a technical support to PMU team. Main Responsibilities are:

1. To provide technical inputs and support for planning, implementation, monitoring & outcome analysis of National AYUSH Mission including AYUSH Health & Wellness Centres as well as AYUSH Public Health Programs in the State/UT.
2. To provide assistance / technical inputs in preparation of State Annual Action Plans (SAAP) as per NAM guidelines.
3. To assist & provide technical support in capturing data related to NAM, its analysis and usage in Policy planning, impact analysis etc.
4. To assist in conducting training /short duration orientation courses for manpower to enhance capacity.
5. Assist in preparation of operational guidelines for Public health outreach activity through AYUSH School Health programme, AYUSH Gram, Behaviour Change Communication programme or other IEC related activities.
6. To assist in updating AYUSH profile document.
7. Conducting field visits periodically in order to monitor and evaluate different activities approved & being implemented under NAM
8. To coordinate and assist with3rd party evaluation team/ central monitoring

team etc as and when required.

9. Assist in Data validation of the information to be uploaded on the National AYUSH Mission website with the support of HMIS Manager and other PMU Manpower.
10. To have liaison with Central Programme management unit Manpower of NAM division for desired coordination and follow up.
11. Any other work assigned by authorities of the State / UT Govt.

Remuneration: Up to Rs. 55,000/- in small States/UTs and up to Rs. 60,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

3. Name of Position - Finance Manager

Essential Qualification and Experience:

MBA- Finance/M.Com/C.A/ICWA from AICTE recognized institute or university with Minimum 3 years experience in government or any other reputed organization in finance management of major programme/project. Exposure to financial management operations, Government accounting, funds flow management, utilization certificates and scheme –wise expenditure reporting in a Govt. set up and development of accounting packages will be an added advantage. Exposure in social sector schemes/Govt. Missions at national, State and district level and computer knowledge including MS Office, MS Word, MS Power Point, and MS Excel would be desirable. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. To handle all financial matters of the National AYUSH Mission.
2. Financial management, tracking and monitoring of funds for AYUSH up to the lower level.
3. To ensure timely preparation of Financial Monitoring Report (FMR), Statements of Funds position in the States and coordinate with CPMU on all aspects of financial issues.
4. Operationalization of financial MIS.
5. To pursue with State Govt. treasury, finance department etc. for early release of funds and maintain the database of funds lying at various level to be shared with CPMU monthly basis.
6. All matters related to budget preparation, performance budget, out come budget, financial status, detail of expenditure, Zero base budgeting, gender budgeting, audit etc. to be dealt.
7. To have expertise in Public Financial Management System (PFMS), Budget Estimate/ Revised Estimate etc.
8. To prepare the sanction – wise, year wise & component wise status of grant in aid received from Govt. of India and its expenditure as well as utilization certificate for timely submission to Govt. of India.
9. Periodical updation of U.C. Statements and preparation of monthly Statements on outstanding U.Cs
10. Preparation of Replies of various paras raised by Audit parties.
11. To facilitate 3rd party evaluation team/ central monitoring team etc. on

financial matters as and when required.

12. Data validation of all the information to be uploaded on the National AYUSH Mission website with the support of HMIS Manager and other PMU Manpower.
13. To maintain regular liaison with Ministry's NAM Division for close coordination & timely reporting.
14. Any other work assigned by officers of the State Govt. time to time.

Remuneration: Upto Rs. 45,000/- in small States/UTs and Upto Rs. 50,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

4. Name of Position: Accounts Manager

Essential Qualification and Experience:

MBA- Finance/ M. Com/ ICWA (Inter)/ CA (Inter) from recognized institute with Minimum 2 years experience in a Government or any other reputed organization in account management. Exposure in social sector schemes at national, state and district level and knowledge of Tally accounting package and MS Office, MS Word, MS Power Point and MS Excel would be desirable. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. Managing the accounts of National AYUSH Mission.
2. To prepare Utilization Certificates to be submitted to the Central Govt. in the prescribed format and ensuring its timely submission.
3. Pursue with the Central Govt. with submissions of UCs etc.
4. To assist the Finance Manager in Preparation of all the financial data/MIS related to sanction – wise, year wise & component wise status of grant in aid received from Govt. of India and its expenditure as well as utilization certificate submitted to Govt. of India.
5. Periodical updation of U.C. Statements and preparation of monthly Statements on outstanding U.Cs and Reconciliation of same with Central Govt.
6. Coordinate with State/District AYUSH Societies/ AYUSH Directorate/ state treasury/ finance department for monitoring and reconciliation of expenditure and proper maintenance of accounting procedure of the Grant-in-aid.
7. Assist the Finance manager in ensuring proper flow of funds and in all financial matters.
8. To examine the Audit reports submitted by the various Auditing agencies and assist the finance manager in taking follow up action.
9. Attending the work of Reconciliation of UCs with Central Govt.
10. To assist the Programme Manager in planning & in budgeting for different components for the Scheme.
11. Any other work assigned by officers of the State Govt. from time to time.

Remuneration: Upto Rs. 40,000/- in small States/UTs and Upto Rs. 45,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

5. Name of Position: HMIS Manager

Essential Qualification and Experience:

MBA-IT/ MCA/ M.Sc.-IT/BCA from recognized institute with 1-2 years experience in a Government or any other reputed organization. Exposure in social sector schemes at national, state and district level and computer knowledge including MS Office, MS Word, MS Power Point and MS Excel, MS access would be essential. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:

1. Collection, compilation, and maintenance of data from all Departments of Hospitals & Dispensaries (in terms of OPD & IPD data), Educational Institutions, Drug Enforcement mechanism, Medicinal Plants.
2. Preparation of data in terms of physical & financial support provided under NAM for different activities.
3. Performance statistics on Mainstreaming AYUSH / AYUSH to be culled from various database sources.
4. Preparation of MIS formats for reporting the baseline information and progress under NAM and Preparation of data related to SAAP approved unit wise, component wise & year wise and to share the data with CPMU.
5. To maintain the Health Statistics Information Portal facilities, the flow of physical and financial performance from the field level to the State H.Q.
6. To meet the HMIS (AYUSH) requirements through close coordination with PMU (AYUSH & NRHM), National/State Health & Family Welfare institute and National/ State Health System Resource Centre to get and provide data regarding AYUSH sector.
7. Data handling of software (HMIS-AYUSH), data incorporation, retrieval of data.
8. Maintenance of Direct Benefit Transfer (DBT) database on monthly basis of National AYUSH Mission activities and its transmission to NAM Division of Central Ministry and also to State Govt. as a monthly return.
9. Maintenance of data on TSP and SCSP component activities approved and accomplished.
10. To upload the contents related to NAM on its website.
11. Any other work assigned by officers from time to time or any other work related to the concerned State/ UT.

Remuneration: Upto Rs. 35,000/- in small States/UTs and upto Rs. 40,000/- in other States per month as consolidated remuneration with provision of annual

enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

6. Name of Position: Data Entry Operator

Essential Qualification and Experience:

Graduation in Computer Application/ IT/ Business Administration/ B.Tech (C.S) or (I.T)/ BCA/ BBA/ BSC – IT/ Graduation with one year diploma/ certificate course in computer science from recognized institute or University. Minimum 1 – 2 years of experience in government. Exposure in social sector schemes at National, State and District level and computer knowledge including MS Office, MS Word, MS Power Point and MS Excel, MS access would be essential. Typing Speed of English (30 WPM) and Hindi (25 WPM) would be essential. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:-

1. To provide assistance in maintaining periodic reports on the status of the AYUSH Sector.
2. To provide assistance in Data handling of software, data incorporation, retrieval of data, maintaining the records/ files of National AYUSH Mission (NAM) along with compilation of relevant information received from different sectors from time to time.
3. To enter and maintain data related to Centrally Sponsored Scheme of National AYUSH Mission including work of Health &Wellness centres.
4. Close Coordination with PMU (AYUSH & NHM), National/ State Health & Family Welfare institute and National State Health System Resource Centre to get and provide data regarding AYUSH sector.
5. On line communication and Coordination among the State/ UT Govt. with respect to issues related to Centrally Sponsored Scheme of National AYUSH Mission.
6. Any related work assigned by officers from time to time.

Remuneration: Upto Rs. 20,000/- in small States/UTs and upto Rs. 25,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

II. DISTRICT LEVEL PROGRAMME MANAGEMENT UNIT

POSITION WISE CRITERIA FOR ESSENTIAL QUALIFICATION, EXPERIENCE AND ROLE& RESPONSIBILITIES:

1. NAME OF POSITION: DISTRICT PROGRAMME MANAGER

Essential Qualification and Experience:

Graduation degree in any discipline including AYUSH and MBA in Healthcare Management/ Masters in health/hospital administration/Post Graduation diploma in Hospital & healthcare management (Two years) from AICTE recognized institute with minimum 3 years working experience in Public health programme. Exposure in social sector schemes/missions at national, state and district level and computer knowledge including MS Office, MS Word, MS Power Point, MS Excel would be desirable. Preference will be given to persons having experience of working in Health sector including AYUSH.

Responsibilities:

1. To provide support for planning and implementation of National AYUSH Mission including AYUSH Health & Wellness Centres in the District.
2. Preparation and finalization of District Annual Action Plans of NAM in coordination with relevant program divisions.
3. Pursue with the District Authorities and different implementing agencies to roll out the approved activities of State Annual Action Plan.
4. Furnishing relevant documents related to SAAP to the State/Ministry well within time.
5. Maintenance of district wise profile of AYUSH.
6. Maintenance and submission after cross-verification of the financial sanctions, expenditure as well as utilization certificates submitted to State/ with the support of Data Entry Operator working under PMU.
7. Data validation of all the information uploaded on the National AYUSH Mission website with the support of Data Entry Operator.
8. Time to time field visits to monitor different activities approved under NAM.
9. To provide relevant information time to time to State/Govt. of India as per the requirement regarding Parliament Questions, Parliament assurances, Parliament Standing committee etc.
10. To maintain and share with State/GoI a database of all the officers/officials dealing with NAM scheme.
11. To liaison with Officers and State Programme management unit Manpower of NAM division as required.
12. To facilitate 3rd party evaluation team/ central monitoring team etc. as and when required.
13. Any other work assigned by officers of the State Govt. from time to time.

Remuneration: Upto Rs. 40,000/- in small States/UTs and upto Rs. 50,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

2. Name of Position: Data Entry Operator

Essential Qualification and Experience:

Graduation in Computer Application/ IT/ Business Administration/ B.Tech (C.S) or (I.T)/BCA/ BBA/ BSC – IT/ Graduation with one year diploma/ certificate course in computer science from recognized institute or University. Minimum 1 year of experience in government. Exposure in social sector schemes at National, State and District level and computer knowledge including MS Office, MS Word, MS Power Point and MS Excel, MS access would be essential. Typing Speed of English (30 WPM) and Hindi (25 WPM) would be essential. Preference will be given to persons who have experience of working in health sector including AYUSH.

Responsibilities:-

1. To provide assistance in maintaining periodic reports on the status of the AYUSH Sector.
2. To provide assistance in Data handling of software, data incorporation, retrieval of data, maintaining the records/ files of National AYUSH Mission (NAM) along with compilation of relevant information received from different sector time to time.
3. To enter data and maintain data related to Centrally Sponsored Scheme of National AYUSH Mission.
4. To assist the District Program Manager and State Finance Manager in Preparation of all the financial data/MIS related to sanction – wise, year wise & component wise status of grant in aid received from Govt. of India and its expenditure as well as utilization certificate submitted to Govt of India.
5. Close Coordination with PMU (AYUSH & NHM), District/ State Health & Family Welfare institute and State Health System Resource Centre to get and provide data regarding AYUSH sector.
6. On line communication and Coordination among the different District agencies/State/ UT Govt. with respect to issues related to Centrally Sponsored Scheme of National AYUSH Mission.
7. Any other work assigned by officers from time to time.

Remuneration: Upto Rs. 20,000/- in small States/UTs and Upto Rs. 25,000/- in other States per month as consolidated remuneration with provision of annual enhancement of 05% based on satisfactory performance to be decided by the performance assessment committee of AYUSH.

Note: The annual enhancement and extension of the contractual services at the end of financial year of the manpower engaged in SPMU/DPMU shall be linked with performance level of individual to be evaluated on measurable parameters. The State Performance Assessment Committee to be headed by Principal Secretary in charge AYUSH in the State / UT shall objectively assess the performance at end of each year and based on its report further action shall be taken. This is to ensure a performance based accountability framework for efficient working of SPMU/DPMUs in States and UTs**.**

PERFORMANCE PARAMETERS FOR ASSESSING THE LEVEL OF PERFORMANCE OF MANPOWER UNDER VARIOUS CATEGORIES (SPMU/DPMU)

Name of Position	Measurable Performance Criteria	Performance grade
Programme Manager	1. Contribution in Preparation & timely submission of Annual Action Plan. 2. Contribution in preparation of timely submission of information/ returns to Central Ministry/ State Headquarter and other quarters, Monthly / Quarterly returns, Expenditure Statements, Utilization Certificates, audited accounts etc. 3. Contribution in Monitoring, Evaluation of field programmes/ activities and documentation in this regard. 4. Contribution by way of overall coordination & liasoning for efficient achievement of targets. 5. Exhibiting initiative & leadership qualities.	Less than 50% will not be considered for extension. For annual enhancement, not less than 75% will be considered.
Consultant	1. Contribution in preparation & timely submission of Annual Action Plan. Its implementation & role of coordination with field functionaries. 2. Contribution in data/ Information, analysis & usage in planning, implementation & impact assessment. 3. Contribution in Public Health Outreach Activity & IEC programmes. 4. Contribution in training & capacity building. 5. Contribution in Miscellaneous assignments.	Less than 50% will not be considered for extension. For annual enhancement, not less than 75% will be considered.
Finance Manager	1. Financial management, tracking and monitoring of funds for AYUSH. 2. To ensure timely preparation of Financial Monitoring (FMR), Statements of Funds position. 3. Pursue with State Govt. treasury, finance departments etc for early release of funds and maintain the database of funds lying at various level. 4. Up to date maintenance of data of all matters related to budget. 5. Contribution in preparation of timely submission of information/ returns to Central Ministry/ State Headquarter and other quarters, Monthly / Quarterly returns, Expenditure Statements, Utilization Certificates, audited accounts etc.	Less than 50% will not be considered for extension. For annual enhancement, not less than 75% will be considered.

Accounts Manager	1. Preparation of Utilization Certificates and timely onward submission as per provisions of GFR. 2. Periodical updation of U.C. Statements and preparation of monthly Statements on outstanding U.Cs and reconciliation. 3. Maintenance of records of expenditure and accounting procedure of the Grant-in-aid. 4. Examination of various Audit reports. 5. Contribution in preparation of timely submission of information/ returns to Central Ministry/ State Headquarter and other quarters, Monthly / Quarterly returns, Expenditure Statements, Utilization Certificates, audited accounts etc.	Less than 50% will not be considered for extension. For annual enhancement, not less than 75% will be considered.
HMIS Manager	1. Collection, compilation, and maintenance of data from all Departments. 2. Preparation and maintenance of MIS formats for reporting the baseline information and progress under NAM and Preparation of data related to SAAP approved unit wise, component wise & year wise. 3. Maintenance of Health Statistics Information Portal facilities, the flow of physical and financial performance from the field level to the State H.Q. 4. Maintenance of Direct Benefit Transfer (DBT) database of National AYUSH Mission. 5. Contribution in preparation of timely submission of information/ returns to Central Ministry/ State Headquarter and other quarters.	Less than 50% will not be considered for extension. For annual enhancement, not less than 75% will be considered.
Data Entry Operator	1. Providing assistance in Maintaining periodic reports on the status of the AYUSH Sector. 2. Providing assistance in maintenance of data related to Centrally Sponsored Scheme of National AYUSH Mission. 3. Providing assistance in Data handling of software, data incorporation, retrieval of data, maintaining the records/ files. 4. Providing support to other PMU manpower as per the requirement. 5. Contribution in Miscellaneous assignments.	Less than 50% will not be considered for extension. For annual enhancement, not less than 75% will be considered.

Note: - The performance assessment at each level shall be made by according equitable weightage to each of the 5 measurable performance parameters.