INDIAN PUBLIC HEALTH STANDARDS
AYUSHMAN AROGYA MANDIR (AYUSH)
2024

Ministry of Ayush
Government of India

मंत्री
आयुष मंत्रालय
एवं पत्तन, पोत परिवहन और जलमार्ग मंत्रालय
भारत सरकार

**Minister of Ayush
and
Ports, Shipping & Waterways
Government of India**

सर्बानंद सोणोवाल
SARBANANDA SONOWAL

MESSAGE

The National Health Policy-2017 underlines a comprehensive strategy aimed at improving the health and well-being of our populace across all sectors. Emphasizing upon uncompromising quality, the policy promotes preventive, promotive, curative, palliative, and rehabilitative services within the public health domain. One of its fundamental principles is the incorporation of pluralism, advocating the integration of Ayush services into a holistic healthcare framework.

The AYUSH system, with its widespread presence in our country, evolved over centuries, has a crucial contributor to public health. Recognizing the shift towards achieving wellness, we have embarked on a journey to transform Ayushman Arogya Mandir (आयुष्मान आरोग्य मंदिर), integrating Ayush components under Ayushman Bharat. This progressive step aligns with our commitment to comprehensive healthcare delivery.

The Indian Public Health Standards (IPHS) for Ayushman Arogya Mandir (Ayush) reflect a comprehensive approach to fortify these centres, focusing on infrastructure development, availability of necessary equipment, and ensuring the presence of skilled professionals and support staff. Quality medicines and a robust system for quality assurance in services are integral components to ensure the effectiveness and safety of healthcare interventions. Best clinical governance practices are pivotal for maintaining high standards and fostering continuous improvement. Through adherence to these guidelines, Ayushman Arogya Mandir (Ayush) can consistently meet the highest standards of healthcare.

I would urge all the States and Union Territories to utilize these guidelines for strengthening the public health facilities holistically. Let us strive collectively towards delivering high-quality healthcare services at all Ayushman Arogya Mandir (Ayush), aligning with our shared vision for a healthier and prosperous new Bharat.

(Sarbananda Sonowal)

New Delhi
March, 01, 2024

Room No. : 101, Ayush Bhawan, 'B' Block, GPO Complex, INA, New Delhi-110023
Tel: 011-24651955, 011-24651935 E-mail : minister-ayush@nic.in
Room No. : 201, Transport Bhawan, New Delhi-110001, Tel: 011-23717422, 23717424, Fax : 011-23356709

डॉ. मुंजपरा महेन्द्रभाई
Dr. Munjpara Mahendrabhai
(M.D. Medicine)

राज्य मंत्री
महिला एवं बाल विकास और आयुष
भारत सरकार
Minister of State for
Women & Child Development and Ayush
Government of India

सत्यमेव जयते

स्वच्छ भारत
एक कदम स्वच्छता की ओर

Message

National Ayush Mission (NAM) is a flagship scheme of Ministry of Ayush launched in 2014, and it is changing the Health and wellness landscape in States/ UTs with the active collaboration of State and UT governments. Following the approval of the Union Cabinet in March 2020 to operationalize 12,500 Ayush Health & Wellness Centres (AHWCs) under the broad umbrella of NAM, the Government of India has made notable progress in upgrading existing Ayush dispensaries/ Sub Health Centres (SCs) into Ayush Health & Wellness Centres (AHWCs), in close collaboration with State/UT Governments. More than 10,000 Ayushman Arogya Mandir (Ayush) have been made operational as of now.

The National Health Policy, 2017 has emphasized on mainstreaming of Ayush services. One of the key policy principles of this policy is pluralism, which is defined as *"Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community based practices. These systems, inter alia, would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative practices."*.

Ayush has made considerable progress in providing public healthcare services to the community, and many new programs targeted to various groups like school children, women, and the elderly have been launched under NAM by the Ministry of Ayush in recent times.

Now, the time has come when we need to scale up and expand Ayush services across the country to ensure access in a uniform manner. The formulation of Indian Public Health Standards (IPHS) for Ayush Public Health facilities will play a pivotal role in achieving the same. These standards will guide States/UTs to establish Ayush facilities as per the population norms while maintaining the optimum standards of healthcare services delivery in these facilities.

I am hopeful that all States and Union Territories will adopt these guidelines for strengthening Ayush healthcare services. This will contribute to India's commitment towards Viksit Bharat@2047 and achieving health-related Sustainable Development Goals.

(Dr. Munjpara Mahendrabhai)

वैद्य राजेश कोटेचा
सचिव
Vaidya Rajesh Kotecha
Secretary

भारत सरकार
आयुष मंत्रालय
आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स,
आई.एन.ए, नई दिल्ली–110023
Government of India
Ministry of Ayush
Ayush Bhawan, B-Block, GPO Complex,
INA, New Delhi-110023
Tel. : 011-24651950, Fax : 011-24651937
E-mail : secy-ayush@nic.in

PREFACE

The Indian Public Health Standards (IPHS) for Ayush Systems of Medicine serve as a crucial tool in achieving quality healthcare delivery and positive health outcomes within the Public Health System. The Ministry of Ayush has taken a commendable initiative in formulating these standards, recognizing the potential of Ayush Systems of Medicine in addressing public health issues through an integrated approach. This initiative is vital for ensuring that public health facilities provide high-quality healthcare services. The established standards focus on guaranteeing quality assurance and the availability of drugs through effective medication management, capacity building, human resources, and infrastructure facilities.

The IPHS for Ayushman Arogya Mandir (Ayush) constitutes a comprehensive document encompassing all minimum standards in terms of services, infrastructure, human resources, equipment, medication standards, etc. These standards were crafted through the collaborative efforts of distinguished representations, including WHO SEARO, NITI Aayog, NHSRC, MoHFW and Ayush Departments representing all states and Union Territories. This document aims to assist States and Union Territories in achieving the prescribed minimum standards for essential services and encourages them to strive for providing desirable healthcare services easily accessible to the community.

I urge all states and Union Territories to adopt and implement these standards to strengthen public facilities. The States should put forth their best efforts to enhance the quality of healthcare services. I take this opportunity to congratulate all national steering committee members, working groups, and state representatives for their collective effort in developing these comprehensive standards. These standards will significantly contribute in improving the quality of the healthcare delivery system in States and Union Territories.

(Rajesh Kotecha)

प्रो.(डॉ.) अतुल गोयल

Prof. (Dr.) Atul Goel

MD (Med.)

स्वास्थ्य सेवा महानिदेशक

DIRECTOR GENERAL OF HEALTH SERVICES

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

स्वास्थ्य सेवा महानिदेशालय

Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services

Foreword

An essential stride towards enhancing quality of healthcare delivery is implementation of Indian Public Health Standards (IPHS), a standardized framework defining norms and benchmarks for infrastructure, human resources, and services in health sector. Ministry of Health and Family Welfare (MoHFW) has recently released the revised IPHS 2022, for various levels of healthcare facilities such as Sub-Centres, Primary Health Centres, Community Health Centres, and District Hospitals. These norms meticulously outline necessary elements, such as buildings, human resources, instruments, equipment, drugs, and other facilities in alignment with modern medicine. Furthermore, the roles of these centres in delivering national programs and schemes are also clearly defined.

The National Health Policy of 2017 underscores the evolution of Ayush services from stand-alone entities into an integrated three-dimensional mainstream. It recognizes a need to nurture the Ayush system through infrastructural development in teaching institutions, enhancing drug quality control, and capacity building for institutions and professionals.

In the Indian Public Health Standards (IPHS) of 2022, as outlined by the Ministry, Ayush services are affirmed as valuable components. It is specified that Ministry of Ayush will be responsible for supervising allocation of human resources, medications, and other necessities required for Ayush services. Therefore, formulation of Indian Public Health Standards specifically tailored for Ayush healthcare facilities represents a significant milestone in delivering quality Ayush services across India.

I extend my congratulations to Ministry of Ayush and the collaborative efforts of representatives from MoHFW, DGHS, NHSRC, and NITI Aayog, along with state representatives for developing comprehensive standards. I am confident that this initiative will play a pivotal role in enhancing public health services across States and Union Territories. However, I believe that real integration of Ayush will happen when all practitioners of medicine go through three years of similar training before branching out into individual systems including modern medicine.

(Atul Goel)

कविता गर्ग
Kavita Garg
संयुक्त सचिव
Joint Secretary

Tel.   : 011-24651938
Fax   : 011-24651952
E-mail : kavitag@nic.in

भारत सरकार
आयुष मंत्रालय
आयुष भवन, 'बी' ब्लाक, जी.पी.ओ. कॉम्प्लेक्स
आई.एन.ए., नई दिल्ली—110023
Government of India
Ministry of Ayush
Ayush Bhawan, B-Block, GPO Complex
INA, New Delhi-110023

FOREWORD

Ayush systems have made considerable growth in recent times. There has been a significant enhancement in the Ayush budget, market value, exports, and network of institutions, as well as in the globalization of Ayush in the last few years. Ayush systems play a vital role in health promotion, prevention, wellness, and management of diseases.

Ayush systems have a widespread network of public healthcare institutions. There are around 3,844 Ayush Hospitals, 60,943 beds under Ayush hospitals, 36,848 dispensaries in the public sector, and over 7.56 lakh registered Ayush practitioners. More than 10000 Ayushman Arogya Mandir are functional across the country. These centres are mandated to provide a comprehensive range of services spanning preventive, promotive, curative, rehabilitative, and palliative care. Further, Ministry of Ayush through Centrally Sponsored Scheme of National Ayush Mission (NAM) support the State/UT Governments for strengthening of the infrastructure and quality improvement in Ayush healthcare facilities.

It is observed that the availability of Ayush healthcare institutions is not uniform across the country, and there are no set guidelines for the establishment of such facilities in States/UTs. Therefore, there was a felt need to formulate Indian Public Health Standards (IPHS) for Ayush public health facilities. These standards will help States & UTs in uniformly establishing Ayush facilities and enabling better access to Ayush healthcare services.

WHO framework describes health systems in terms of six building blocks viz. health financing, human resources, information systems, service delivery, access to essential medicines, and leadership/governance. IPHS for Ayush facilities comprises the norms related to building, equipment, and other infrastructure requirements, human resources for health, capacity building, medicine, laboratory services, quality assurance, clinical governance, and branding. It is evident that these standards will help in strengthening the health system. These standards also provide guidance on proper establishment of Ayushman Arogya Mandir (Ayush).

I am hopeful States/UTs will proactively adopt these standards to strengthen the coverage and standards of Ayush healthcare services.

KAVITA GARG

(Kavita Garg)

New Delhi,
Dated: 1st March, 2024

डॉ. ए. रघु
उप महानिदेशक

Dr. A. RAGHU
Deputy Director General (AYUSH)

Acknowledgement

India is steadfast in its commitment to achieving Universal Health Coverage (UHC) as envisaged in Sustainable Development Goals (SDGs), aiming to provide all individuals with access to high-quality healthcare services without encountering financial hardships or out-of-pocket expenditures. The provision of quality Ayush services is integral to this goal and necessitates the establishment of Indian Public Health Standards (IPHS) specifically tailored for Ayush healthcare services.

These IPHS for Ayush healthcare services have been crafted for the first time through extensive consultations with experts from diverse organizations and State representatives. These guidelines are centered around enhancing services at Ayushman Arogya Mandir (Ayush) by strengthening key components such as infrastructure, human resources, capacity building, medicines, diagnostics, equipment, and governance.

The formulation of these standards was made possible through the concerted efforts of experts who actively contributed to the National Steering Committee, working groups, and sub-working groups. I express my heartfelt gratitude to Padma Shri Vaidya Rajesh Kotecha, Secretary Ayush, and Prof (Dr.) Atul Goel, DG, DGHS, for their unwavering guidance as Chairman and Co-Chairman of the National Steering Committee in shaping these standards. Additionally, sincere thanks are extended to distinguished representatives from reputable institutions including WHO SEARO, NITI Aayog, NHSRC, Ministry of Health and Family Welfare, and Ayush Departments representing all States and Union Territories.

I am optimistic that these guidelines for Ayushman Arogya Mandir (Ayush) will serve as a catalyst for States/UTs in elevating the standards of services provided in these healthcare facilities.

(Dr. A. Raghu)

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ANNEXURES

ABBREVIATIONS

IPHS	Indian Public Health Standards
SMO	Senior Medical Officer
MO	Medical Officer
GDMO	General Duty Medical Officer
RMO	Resident Medical Officer
OT	Operation Theatre
OPD	Out Patient Department
IPD	In Patient Department
BP	Blood Pressure
PHC	Primary Health Centre
CHC	Community Health Centre
DH	District Hospital
GoI	Government of India
SE	Structural Elements
NSE	Non Structural Elements
LASA	Look-Alike Sound-Alike
FIFO	First In First Out
FEFO	First Expiry First Out
FSSAI	Food Safety and Standards Authority of India
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
MPW	Multi-Purpose Worker
LT	Lab Technician
MTS	Multi-Tasking staff
GNM	General Nursing and Midwifery
DYT	Diploma in Yoga Therapy
MLT	Medical Laboratory Technician
DMLT	Diploma in Medical Laboratory Technician
ToR	Terms of Reference
HR	Human Resources
HRH	Human Resources for Health

HIV	Human Immunodeficiency Virus
PEP	Post Exposure Prophylaxis
SOP	Standard Operating Procedure
RTI	Right to Information
NABH	National Accreditation Board for Hospital & Health care Providers
NHSRC	National Health Systems Resource Centre
NQAS	National Quality Assurance system
ISO	International Organization for Standardization
JCI	Joint Commission International
ADR	Adverse Drug Reaction
NLEAM	National List of Essential AYUSH Medicines
AOGUSY	Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana
UT	Union Territory
NPvCC	National Pharmacovigilance Co-ordination Centre
IPvCs	Intermediary Pharmacovigilance Centres
PPvCs	Peripheral Pharmacovigilance Centres
QCI	Quality Council of India
CDSCO	Central Drugs Standard Control Organization
CoPP	Certificate of Pharmaceutical Product
WHO	World Health Organization
GMP	Good Manufacturing Practices
NHP	National Health Policy
NHM	National Health Mission
MIS	Management Information System
DGHS	Directorate General of Health Services
MoHFW	Ministry of Health and Family Welfare
Ayush-JAS	Ayush-Jan Arogya Samities
ULB	Urban Local Body
WCD	Women and Child Development
FSSAI	Food Safety and Standards Authority of India
A-HMIS	Ayush Hospital Management Information System
ABHA	Ayushman Bharat Health Account
Ayush-RKSs	Ayush-Rogi Kalyan Samities
DHR	Department of Health Research
BMWM	Bio-Medical Waste Management
R&D	Research and Development

The National Health Policy of 2017 objective is to enhance the health status of our populace through a comprehensive strategy spanning all sectors. The fundamental aim is to augment preventive, promotive, curative, palliative, and rehabilitative services within the public health domain, emphasizing uncompromising quality. A pivotal principle within the National Health Policy (NHP) 2017 is the incorporation of Pluralism.

Additionally, the NHP-2017 advocates the progression of Ayush services from standalone entities to an integrated, comprehensive framework. It also emphasizes the prioritization of Ayush personnel in urban healthcare services. The policy underscores the imperative to nurture the Ayush system by enhancing infrastructural resources in educational institutions, fortifying drug quality control measures, and empowering institutions and professionals through capacity building initiatives.

In response to the growing importance of public health, the government embarked on initiatives aimed at formal training in this field. The composition of the public health workforce encompassed individuals from diverse backgrounds, including medical and non-medical professionals such as auxiliary nurse midwives (ANM), nurses, midwives, sanitary inspectors, sanitary assistants, health officers, and physicians. In 1946, the Health Survey and Development Committee, popularly known as the Bhore Committee, proposed the establishment of health centres to offer comprehensive curative and preventive services, which were later expanded to a system of health facilities providing Primary health care through Sub-Health Centres, Primary Health Centres. In 2018, Government of India rolled out 1.5 lakh Health wellness Centres under the flagship program of Ayushman Bharat. In 2019, it was also decided by the Government of India to operationalize 12500 Ayush Health & Wellness Centres {now termed as Ayushman Arogya Mandir (Ayush)} through Ministry of Ayush.

The Ayush system, with its widespread presence in the country, has emerged as a pivotal contributor to the public health landscape of India. Its extensive network comprises 3,844 Ayush hospitals and 36,848 dispensaries, facilitated by the diligent service of 7,55,780 registered Ayush practitioners. Ministry of Ayush is also upgrading 12500 Ayush dispensaries/Sub-Health Centres to Ayushman Arogya Mandir (Ayush) through States/UTs. Considerable number of medical and paramedic staff members, including nurses, technicians, and other healthcare professionals, have actively participated in bolstering the Ayush system's impact on public health. Notably, their significance is prominently evident in the effective management of lifestyle-related chronic diseases and the dedicated treatment of health issues affecting the elderly, both of which have emerged as pressing concerns in our nation's healthcare landscape.

Indian Public Health Standards (IPHS) published by Ministry of Health and Family Welfare are a set of uniform standards envisaged to improve the quality of health care delivery in the country, including minimum standards for building, workforce, instruments and equipment, drugs and other facilities, etc. These were revised recently in 2022 for different levels of Health Facilities, including Sub-Centres, Primary Health Centres, Community Health Centres, and District Hospitals. These norms describe details of the required building, human resources, instruments and equipment, drugs, and other facilities for the modern system of medicine. With reference to the Ayush system, IPHS norms- 2022 states that IPHS prescribes norms for allopathic services. Ayush services have been retained in IPHS 2022 as desirable. The HR, medicines, and other inputs required for Ayush services shall be given by the Ministry of Ayush.

Further, IPHS norms required for Ayush facilities as per population coverage, minimum standards for building, human resource, instruments and equipment and drugs are not available at present, which results in a huge disparity in the availability and quality of Ayush infrastructure, human resources, and so on, in different States and Union Territories. This also results in difficulty in access to services. Further, it also makes bottlenecks in framing and implementing Ayush National programmes and schemes due to the non-availability of a uniform structure of Ayush public health facilities in different States/UTs.

To fulfil the various national and international commitments, the imperative for public health facilities to deliver superior services has become increasingly evident. In pursuit of these objectives, the Indian Public Health Standards (IPHS) for Ayushman Arogya Mandir (Ayush) have been designed as a comprehensive set of standardized guidelines. These guidelines are intended to ensure the provision of quality services to all citizens, promoting dignity and respect throughout the healthcare experience at Ayushman Arogya Mandir (Ayush). These standards offer comprehensive guidance on critical health system components, encompassing infrastructure, human resources for health, pharmaceuticals, diagnostics, equipment, as well as quality and governance requirements, ultimately ensuring the effective delivery of healthcare services within these facilities.

At present the delivery of Ayush health care services in India, covers both the rural and urban areas. The network of Ayush healthcare facilities include Dispensary/ Ayushman Arogya Mandir (Ayush), 10 to 100 bedded Ayush hospitals, District/Sub-divisional/Taluk hospitals and co-located Ayush services at PHC/CHC/DH levels. In the recent past, there is a paradigm shift in the approach from disease management towards achieving wellness. One can achieve wellness by knowing each of the dimensions of wellness such as physical, mental, social, spiritual, occupational etc.

During 2018, Government of India has decided Health and Wellness centres would be upgraded by transforming existing Sub Health Centres/Primary health centres to deliver comprehensive health care and declared this as one of the components of the Ayushman Bharat. During 2019, it was decided that the 10% (12500) of total Health and Wellness centres (HWCs) under Ayushman Bharat would be upgraded as Ayush HWCs by Ministry of Ayush. The Ayush dispensaries and health Sub centres are being upgraded as Ayushman Arogya Mandir (Ayush) since 2020. The mechanism of operationalisation of Ayushman Arogya Mandir (Ayush) are done jointly by Department of Ayush and Health in the State/UTs.

The main objective of the Ayushman Arogya Mandir (Ayush) is to establish holistic wellness model based on Ayush principles and practices, to empower masses for "self-care" to reduce the disease burden, out of pocket expenditure and to provide informed choice to the needy. Ayush components such as preventive and promotive measures for self-care, medicinal plants for self-care, management of common ailments under 12 service delivery frame work such as care in pregnancy & child birth, neonatal and infant health care, childhood and adolescent health care, family planning, contraceptive and reproductive health care, communicable diseases, acute simple illness, minor ailments, non- communicable diseases, oral health care, elderly and palliative care and mental health. Service delivery at family and community levels are provided through outreach activities such as outreach OPDs, health mela, home visits with the help of ASHA.

This document lays out norms for the Indian Public Health Standards (IPHS) for Ayushman Arogya Mandir (Ayush) with the overarching goal of enhancing the overall quality, accessibility, and effectiveness of healthcare services in the Ayush sector. Recognizing the significance of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy in contributing to holistic well-being, these standards aim to provide a structured framework for the delivery of comprehensive healthcare. In this regard, Indian Public Health Standards (IPHS) for Ayushman

Arogya Mandir (Ayush), a comprehensive approach has been considered to fortify these centres in delivering high-quality healthcare services. This involves attention to multiple facets, encompassing building infrastructure and ensuring the availability of necessary equipment. Adequate human resources, both in terms of skilled professionals and support staff, are pivotal for the effective functioning of these centres. The provision of quality medicines and a robust system for quality assurance are imperative elements to guarantee the efficacy and safety of healthcare interventions. Furthermore, the implementation of sound clinical governance practices plays a crucial role in maintaining standards and fostering continuous improvement. Finally, strategic efforts in brand building are also being taken care to enhance the visibility and credibility of Ayushman Arogya Mandir (Ayush), contributing to their role as integral components of the healthcare system.

By establishing guidelines for primary healthcare delivery, health promotion, integration with modern system of medicine services, infrastructure standards, community engagement, and continuous monitoring, the IPHS seeks to ensure that Ayushman Arogya Mandir (Ayush) meet the highest standards of care. This framework reflects a commitment to promoting the integration of traditional Ayush practices with modern healthcare, fostering community participation, and ultimately improving the health outcomes of individuals across diverse segments of the population.

BROAD OBJECTIVES OF IPHS FOR AYUSHMAN AROGYA MANDIR (AYUSH)

Primary Healthcare Delivery:

- Ensure the provision of basic healthcare services at Ayushman Arogya Mandir (Ayush), including preventive, promotive, and curative care.

- Ensure continuity of care with a two-way referral system.

- Institutionalize participation of civil society for social accountability.

- Enable the delivery of quality care that spans the health risk and disease conditions through a commensurate expansion in the availability of medicines & diagnostic, use of standard treatment and referral protocols and advanced level technologies including IT services.

- Focus on delivering Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy services to address a wide range of health issues.

Establishing Standardized Quality Benchmarks:

- Develop and implement uniform quality benchmarks that ensure the delivery of high-quality Ayush services.

- Emphasizing accountability, responsiveness, and sensitivity to the unique healthcare needs of the community.

Integration with Modern system of medicine:

- Foster collaboration and coordination between Ayush and Allopathic healthcare systems for a more integrated and patient-centric approach.

- Establish mechanisms for referral and information exchange between Ayushman Arogya Mandir (Ayush) and other healthcare facilities.

Capacity Building and Training:

- Strengthen the skills and knowledge of Ayush practitioners and support staff through continuous training programs.

- Ensure that healthcare providers are well-versed in the latest developments in Ayush practices and are capable of delivering high-quality care.

Infrastructure and Facility Standards:

- Set standards for infrastructure, including the physical setup, equipment, and amenities, to create a conducive environment for healthcare delivery.

- Ensure that Ayushman Arogya Mandir (Ayush) meet the necessary standards for cleanliness, safety, and accessibility.

Community Engagement and Participation:

- Involve the community in healthcare decision-making processes and encourage active participation in wellness programs.

- Conduct outreach activities to make Ayush services more accessible and acceptable to the local population.

IPHS FOR AYUSHMAN AROGYA MANDIR (AYUSH) COMPLIANCE NORMS AND CERTIFICATION

To ensure compliance with the Indian Public Health Standards (IPHS) for Ayushman Arogya Mandir (Ayush), it is imperative to establish and adhere to a set of minimum standards that address both the quantity and quality of services provided. The Ayushman Arogya Mandir (Ayush) can be deemed IPHS compliant when it successfully fulfils the following criteria: ensuring the provision of all 'Essential' services, supported by the necessary infrastructure, skilled human resources, essential drugs, diagnostics, and equipment pertinent to the designated level of the facility. These standards for service delivery, infrastructure and human resource, drugs and equipment, quality control, as well as monitoring and governance must be uniformly enforced across all Ayushman Arogya Mandir (Ayush), whether situated in rural or urban areas.

Moreover, to streamline the evaluation process and ensure transparency, it is proposed to institute an online certification system for the compliance of IPHS for Ayushman Arogya Mandir (Ayush) under Central Level. Based on the level of compliance and a physical visit from the certifying agency at central level, facilities meeting 80%, 60%, and 30% of the IPHS standards will be eligible for certification at Level 1, Level 2, and Level 3, respectively. This online certification system will enable prompt and efficient recognition of compliance levels, fostering a culture of continual improvement in the delivery of Ayush healthcare services across all levels.

5

POPULATION NORMS FOR AYUSHMAN AROGYA MANDIR (AYUSH)

Over the years, 36848 Ayush Dispensaries/Ayushman Arogya Mandir(Ayush) have been established in public sector both by Central and State Governments. These facilities are functioning in different disciplines of Ayush. Considering the total population of the country, one Ayush dispensary/ Ayushman Arogya Mandir (Ayush) is required to cover 38,537 populations. Considering the fact that increasing significance of Ayush systems of medicine in primary health and the need for making available the Outpatient care in Ayush to deserving population, it is envisaged to have 01 Ayushman Arogya Mandir (Ayush) per 10000 populations as "Essential" and 01 such Ayushman Arogya Mandir (Ayush) per 5000 population as desirable norms in plain areas. This may be 7000 and 3000 respectively in Hilly/Tribal/Desert areas.

Type of facility	Population norms for Plain area	Population norms for Hilly/ Tribal/Desert areas
Ayushman Arogya Mandir (Ayush)	10000 (Essential)	7000 (Essential)
	5000 (Desirable)	3000 (Desirable)

SERVICE PROVISIONS

The Ayushman Arogya Mandir (Ayush), in adherence to IPHS standards, are expected to provide a comprehensive range of essential services that align with the principles of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy. This includes but is not limited to promotive, preventive, curative, and rehabilitative services catering to a wide spectrum of health conditions. These services should be delivered with a focus on holistic well-being and should be accessible to the public in a timely and efficient manner, in accordance with the prescribed protocols and guidelines outlined by the Ministry of Ayush from time to time. Additionally, these facilities are encouraged to integrate traditional and complementary medicine practices with the contemporary healthcare system, fostering a harmonious blend that caters to the diverse healthcare needs of the population.

Further, to ensure a continuum of care, the establishment of assured referral systems, along with facility readiness to manage referred cases, is imperative. This includes the development of a well-equipped referral transport services, tailored to population norms, manned by adequately trained personnel. Furthermore, it is essential to establish a robust mechanism for follow-up care at the community level or primary health care centre, fostering a seamless transition and comprehensive support for patients in need.

The development and allocation of infrastructure, human resources, and equipment should be meticulously planned, tailored to the specific range of services intended for each facility. Such meticulous planning ensures a rationalized approach to budgetary allocation, facilitating the optimal use of resources. This comprehensive strategy enables the facilities to effectively cater to the diverse healthcare needs of the community, promoting a holistic approach to healthcare delivery and fostering an environment conducive to the advancement of Ayush principles in modern healthcare practices.

6.1 BUILDING, EQUIPMENT & OTHER INFRASTRUCTURE

All Ayushman Arogya Mandir (Ayush) should be strategically situated to ensure convenient access for the rural and urban communities they serve. Adequate space and infrastructure should be allocated to cater to the evolving healthcare needs. Proactive planning must account for the anticipated disease burden and emerging health trends, such as the rise in non-communicable and lifestyle-related conditions. For new constructions, careful consideration should be given to future scalability, encompassing both the breadth and depth of services to be offered.

When replacing outdated structures with new facilities on the same site, arrangements must be made to ensure uninterrupted service provision during the transition. Several factors should guide the selection of a site for a new facility or the reconstruction of an existing one, including:

- Ensuring accessibility to the public, with well-maintained road connectivity.
- Ensuring the facility is situated in an area that is not prone to flooding, particularly in low-lying regions.
- Ensuring access to essential public utilities, including water, electricity, telephone connectivity, sewage systems, and storm-water drainage. In areas lacking these utilities, viable alternatives like deep wells for water, generators for electricity, and radio communication for telephony should be identified.
- Creating facilities that are easily accessible for the elderly and disabled.
- Minimizing exposure to environmental pollutants, such as air, noise, water, and soil contamination, and making sure that the facility buildings are designed to prevent the breeding of disease vectors.
- Reviewing land usage in surrounding areas, considering the local topography, proximity to local transportation hubs like bus stands and railway stations, and obtaining the necessary environmental, seismic safety, fire safety, and administrative clearances.
- Strict adherence to local agency by-laws and regulations is imperative.

6.1.1 The foundation of the Ayushman Arogya Mandir (Ayush) infrastructure should be strong enough to meet the requirements of the seismic zones of that area and any future vertical expansion. It should strictly adhere to the statutory fire safety norms. An open area to facilitate the management of disasters and emergencies is also recommended.

Emphasis should be given to create a positive, client friendly ambience and environment around the facility. This includes due consideration to the provision of facilities for initial screening and holding area, patient registration, waiting areas, clear wayfinding and sign-posting, parking, gardens, washrooms, drinking water, elderly and disabled friendly facilities. Processes such as registration and drug dispensing should be digitalized. The facility should be environment friendly with the scope for adequate natural light, water harvesting and solar energy, as appropriate. Adequate hand washing facilities near entrance, examination and patient waiting areas should be

provided. In addition, adequate measures for maintaining privacy of the beneficiaries should be made available.

6.1.2 General Appearance and Upkeep

The facility should have a high boundary wall. Adequate lighting should be ensured so that the facility is clearly visible from the approach road. There should be no encroachment in and around the facility. It should be plastered and painted in a uniform colour scheme and free from seepage, cracks, and broken windowpanes. Three colours should not be used in clinical service areas of a health facility namely– red/pink, blue and yellow to avoid interference with examining pallor, cyanosis, and icterus respectively. There should be no unwanted/outdated posters or hoardings on the walls of building and the boundary wall of the facility. The floors should be anti-skid and non-slippery. Branding as per GoI norms should be completed for Ayushman Arogya Mandir (Ayush).

6.1.3 Way-finding/Signage

Adequate and clear signage should be displayed on the main and connecting roads to the facility. They should be in a font which is easily visible from a distance. A board clearly indicating the name of the facility, should be placed at the front of the facility (including in English, Hindi and local language, if any). The layout of the facility should be displayed near the entrance. Safety, hazard and caution signs should be prominently displayed at relevant places. A fire exit plan with fluorescent signage should be placed where appropriate. Important information such as contact numbers (e.g., fire, police, ambulance, blood banks and referral centres) must be clearly displayed.

6.1.4 Parking Facilities

For parking commensurate to the estimated vehicle load (patients, staff, fringe) should be part of the infrastructure plan with optimum access for vehicles and ambulances.

6.1.5 Wherever possible, identify and promote greenery and open spaces as Herbal Gardens, other green areas and open spaces give a positive, healing environment that reduces stress, anxiety and mental fatigue. Herbal gardens should be part of the campus of the Ayushman Arogya Mandir (Ayush).

6.1.6 The facility should be environment friendly and energy efficient. Where possible, the use of rainwater harvesting, solar energy and energy-efficient bulbs/equipment should be encouraged. While constructing the facility building, the effect of sun, rain, wind, soil, and other climatic factors which could have an adverse effect on the building needs to be considered, e.g. dampness and seepage can lead to spoilage of medicines in the drug store.

6.1.7 Disabled and elderly friendly access

For easy access of non-ambulant (wheelchair, stretcher), semi-ambulant, physically, and visually disabled and elderly people, infrastructure norms in line with the 'Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons' of the Government of India should be followed. Provisions of the 'Persons with Disability Act, 2016' should be implemented. Those facilities that lack such amenities must plan and retrofit them in the facilities. In order

to support the needs of visually disabled visitors, it is also advised that tactile signs should be installed with a good contrast between letters and background. It is recommended to install one/two rows of tactile guiding blocks along the entire length of the accessible route. Care should be taken to ensure that there are no obstacles, such as trees, poles, or uneven surfaces, along the route traversed by the guiding blocks.

6.1.8. Circulation areas, corridors, and ramps

The flooring of circulation areas such as corridors, ramps, staircases, and other common spaces should be anti-skid and non-slippery. This should be particularly followed strictly where Panchakarma procedures are being done. The size of corridors, ramps, and stairs should be conducive for manoeuvrability of wheeled equipment. Ramps shall have a slope of 1:15 to 1:18 and should be checked for manoeuvrability.

6.1.9. Disaster and emergency preparedness

All Ayushman Arogya Mandir (Ayush) should be resilient to climatic and environmental changes. They should also be able to handle sudden healthcare needs during disasters and unforeseen emergencies/epidemics/pandemics etc. While creating infrastructure seismicity of zones needs to be considered. Wherever the Ayushman Arogya Mandir (Ayush) already exist possible retrofitting should be planned. Ayushman Arogya Mandir (Ayush) shall be inspected by competent licensed engineers after every damaging earthquake to document damages (if any) to Structural Element (SEs) and Non-Structural Element (NSEs) of the buildings, along with recommendations for detailed study and suitable retrofitting as found necessary.

All staff should be trained on relevant disaster prevention and management procedures along with climate and environment resilient features. Structural and non- structural earthquake proof measures (in line with the State Govt. guidelines) should be incorporated. These include simple non-structural measures like fastening of shelves, almirahs and movable equipment, etc., as appropriate. Similarly, in flood prone areas, structural provisions like raised floor, sloping RCC roof for quick rainwater drainage, etc. should be factored in.

6.1.10 Fire safety Compliance

As per State and Central Government guidelines for fire regulations should be ensured while planning for an Ayushman Arogya Mandir (Ayush). Availability of open spaces, clearly visible fire exits with proper illumination and lighting (even during interruption in electric supply) are some of the important considerations for creating fire safe infrastructure.

As a principle, none of the fire exit doors should be kept locked. These doors should be fire resistant and can be opened towards outside with a push bar system on the doors. Fire detectors, extinguishers, sprinklers, and water connections should be functional and easily accessible. Periodic monitoring and audit for fire safety and drills should be organized and conducted. All Ayushman Arogya Mandir (Ayush) should be so designed, constructed as to minimize the possibility of a Fire emergency requiring the evacuation of occupants. Safety of the occupants cannot be assured adequately by depending on evacuation alone. Hence measures should be

taken to limit the development and spread of a fire by careful development of operative and maintenance procedures consisting of:

- ➢ Design and Construction.
- ➢ Provision of Detection, Alarm and Fire Extinguishment.
- ➢ Fire Prevention
- ➢ Planning and Training programs for Isolation of Fire; and
- ➢ Transfer of occupants to a place of comparative safety or evacuation of the occupants to achieve ultimate safety

6.1.11 Electric power supply

Ayushman Arogya Mandir (Ayush) should have access to adequate, affordable, continuous and reliable electricity supply. Distribution of electric load along with load balancing to various equipment and installations in a facility is very important since overloading at any point can result in mishap like electric fire hazard or can damage the equipment.

6.1.12 Potable Water Supply

Arrangement should be made for round the clock piped water supply along with an overhead water storage tank with a provision to store at least 3 days water requirement. Adequate availability of potable water in various areas needs to be ensured.

6.1.13 Drainage and Sanitation

The construction and maintenance of drainage and sanitation system for waste water, surface water, sub-soil water and sewerage should be in accordance with the prescribed standards. Reuse of wastewater in irrigation, cooking, cleaning and washing, etc. can be demonstrated in villages and urban slums for orientation of the community.

6.1.14 Bio Medical waste management

Every Ayushman Arogya Mandir (Ayush) facility should ensure appropriate collection, transportation, treatment, and disposal of bio-medical waste as per Bio-Medical Waste Management Rules (BMWM) 2018 and as amended from time to time.

6.1.15 Infrastructure for Clinical Services

Subsequent to general principles for infrastructure, following considerations should be kept in mind while planning for infrastructure of clinical services.

6.1.15.1 Out-Patient Services

The OPD area of Ayushman Arogya Mandir (Ayush) should be planned keeping in mind the maximum peak hour patient load and should have scope for future expansion.

6.1.15.2 Registration

It should be well ventilated, well-lit, and spacious ensuring minimum space of 9.29 Sq M (which include waiting area).In the registration process, priority should be given to elderly persons, disabled persons, pregnant women etc. For registration, computers with attached printers should be available with facility for computerized registration. A patient calling system with electronic display should be installed for easy communication at the registration counter. There should either be no glass barrier between visitors and the registration clerk, or it should be at a height that allows audible communication between them. Patients should be given a computer generated OPD registration slip mentioning the date, patient's particulars and OPD details. The facility should preferably have an electronically supported system or token system for queue management.

6.1.15.3 Waiting Area

Adequate seating arrangement preferably such, which is less space occupying and easy to maintain should be placed. Messages conveying people to provide seats to elderly, pregnant women, disabled persons, children, and patients should be properly displayed.

6.1.15.4 Consultation Room

This should have enough space with minimum area of 12.5 Sq. M. to accommodate the adequate furniture and examination equipment so that interaction with patients can be undertaken ensuring their privacy and dignity. It should be well lit and ventilated with just the required furniture in the room to ensure adequate space for the patient and/or attendants. An examination table, curtains (wheeled, wall mounted, single piece), X-ray view box and hand washing facilities should be provided, as per the need. The services to be provided, cleaning schedule and monthly performance chart should be clearly displayed in the room.

6.1.15.5 Laboratory

The laboratory should have adequate space from the point of view of workload as well as maintenance of cleanliness and hygiene to prevent cross-contamination and infections. The laboratory must provide space for patient reception, registration, waiting area and a nearby toilet facility. There should be adequate sample collection area for blood, urine, and a sample processing area. Storage space should be adequate to facilitate storage for refrigeration, reagents, supplies, patient records and separate storage space for inflammable items. The laboratory facilities should be as per the norms of Ministry of Ayush for Ayushman Arogya Mandir (Ayush) as and when amended.

6.1.15.6 Drug Dispensing Counter

The drug dispensing counter should be well ventilated, adequately lit, and spacious ensuring storage space should be built for inventory for enough/sufficient consumption maximum for 5-7 days. Look-Alike Sound-Alike drugs (LASA drugs) should be identified and stored separately. Separate cool dark space for storage of temperature sensitive drugs should be ensured. There should be a computerized system for receiving, inspecting, storing, and dispensing of drugs. Principles for effective storage of drugs such as First In First Out (FIFO) and First Expiry First Out

(FEFO), checking of pilferage, date of expiry, and pest and rodent control should be in place. Medicines should be dispensed based on the prescription of the consulting doctor. Proper record of medicine distribution and disposal should be maintained.

6.1.16 Equipment

Medical equipment holds a vital role in ensuring comprehensive patient care. It serves as a fundamental pillar within the healthcare system, facilitating accurate diagnosis, monitoring, and treatment of diverse ailments. Access to appropriate and high-quality medical equipment is imperative to prevent any denial of essential healthcare services. To uphold the standard of care, all necessary equipment, including those for clinical, supportive, and ancillary services should undergo rigorous quality assurance measures in accordance with state procurement policies and procedures. Moreover, critical areas with electrical equipment should be equipped with conductive flooring and proper earthing to ensure utmost safety. It is important to note that the equipment list outlined in **Annexure I** for Ayushman Arogya Mandir (Ayush) of these guidelines is not exhaustive, and additional procurement may be necessary to offer a comprehensive range of services at the facility.

The audit should be conducted regularly, with a focus on capturing comprehensive details to ensure meticulous record-keeping. This includes key information such as the equipment name, cost, purchase date, manufacturing and installation specifics as well as the supplier's name and address. It is also essential to document the department where the equipment is deployed, environmental control measures, spare parts inventory, technical manuals, after-sales service agreements, guarantees, warranty periods, and the projected lifespan of the equipment. The audit report should encompass the annual depreciation, downtime, date of condemnation, and replacement for each item.

In addition to implementing a robust maintenance and monitoring program, there is a critical need for a well-defined condemnation policy across all facilities to prevent the accumulation of unused equipment and furniture. A condemnation committee should conduct periodic evaluations, taking into consideration the codification numbers, dates of purchase and repair, and other pertinent details. A meticulous and well-organized list should be prepared by the committee to facilitate effective management and monitoring.

The detailed standards requirement in the context of building, equipment and other infrastructure are at Ayushman Arogya Mandir (Ayush) - **Annexure-I**

6.2 HUMAN RESOURCE AND CAPACITY BUILDING

In order to ensure effective and efficient functioning of Ayushman Arogya Mandir (Ayush), it is imperative that the available human resources are highly motivated, empowered, well-trained, and possess the necessary skills. The IPHS guidelines for Ayushman Arogya Mandir (Ayush) has laid emphasis on strategic planning for service delivery as a priority, before investing in other components such as infrastructure, human resources, drugs, diagnostics, equipment, and others.

To achieve this, the IPHS guidelines for Ayushman Arogya Mandir (Ayush) has categorized healthcare services as either 'Essential' or 'Desirable', and correspondingly categorize human resources in a similar fashion. For essential services, adequate human resources have provisioned. The number and type of staff required, including Ayush professionals (such as Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-rigpa and Homoeopathy), Yoga instructors, ASHA and support staff has been developed in accordance with comprehensive primary care services and program requirements. While planning for human resources, it was considered to prioritize staffs which are required for rendering clinical services (e.g., Community Health Officer, Yoga instructors, Lab. Technician, ASHA etc.) rather than those whose services can be outsourced, among others group-IV employees which can even be outsourced. The IPHS norms should be looked at as standardized norms for achieving Essential services and should aspire to attain desirable norms. The norms permit any addition of human resources based on the criteria given under the IPHS guidelines.

The guidelines have outlined the necessary qualification and experience requirements for Ayush professionals to ensure they possess the required knowledge and skills to provide quality healthcare services. The guidelines have also defined the training needs assessment for Ayush professionals and established a training plan and schedule for their continuous professional development.

The guidelines have also highlighted the importance of a code of conduct and ethics for Ayush professionals, specifying the ethical standards and behaviours expected of them, as well as the disciplinary actions and consequences for violations.

To attract and retain Ayush professionals, incentives and benefits should be provided. The guidelines have specified the types of incentives and benefits that are available, the eligibility criteria for these incentives and benefits, the process of granting them, and the monitoring and evaluation process.

Furthermore, the guidelines have specified occupational safety and health measures for Ayush therapies and procedures, Ayush-specific ergonomic measures, and psychological well-being measures for Ayush professionals. The guidelines have also included the monitoring and evaluation process for occupational safety and health for Ayush professionals.

The guidelines have also established a clear process for grievance redressal, specifying the channels through which complaints can be filed, the timeline for resolution, and the measures for

monitoring and evaluation of the grievance redressal mechanism. The guidelines have also ensured that the identity of the complainant is kept confidential and protection against any retaliation.

The career progression and development of Ayush professionals required to be addressed by outlining the eligibility criteria and the process of promotion, transfer, and rotation of personnel. The guidelines have provided a framework for assessing the performance of Ayush professionals and identify areas for improvement. The guidelines have also included a framework for career development of Ayush professionals, which includes training and development programs, continuing education, and research opportunities. The guidelines have outlined the process for identifying the training needs of Ayush professionals and provided a schedule for their continuous professional development.

Implementing a public health management cadre guidelines published by Ministry of Health and Family Welfare, Government of India will assume greater significance to the effective functioning of Ayush healthcare facilities. The IPHS guidelines must establish a clear framework for the recruitment, training, and deployment of public health management professionals. The public health management cadre will play a key role in overseeing the management and operations of Ayush healthcare facilities. This includes managing the budget, human resources, supplies, equipment, and infrastructure, as well as developing and implementing policies and procedures to ensure the delivery of high-quality healthcare services.

The public health management professionals have the skills and knowledge necessary to perform their roles effectively. This will help to ensure that they are meeting their responsibilities and that they are providing effective leadership and management to Ayush healthcare facilities.

Implementing a public health management cadre for Ayush healthcare facilities will provide a framework for effective management and operations. This will help to ensure that these facilities are delivering high-quality healthcare services and that they are contributing to the overall strength and resilience of the healthcare system in India. This will further strengthen the healthcare system in India by facilitating the integration of traditional systems of medicine with modern medicine, and enhancing the quality of healthcare services offered.

6.2.1 Human Resource norms for Ayushman Arogya Mandir (Ayush)

6.2.2 Staffing and Recruitment

The Human Resources for Ayushman Arogya Mandir (Ayush) and general principles for identifying the number of health workforce under each category recommended for Ayushman Arogya Mandir (Ayush) are described here under various categories. The appropriate staffing levels should be planned for Ayushman Arogya Mandir (Ayush), based on the size and complexity of the facility, and the number of patients being served. The detailed of staffing levels in Ayushman Arogya Mandir (Ayush) are at **Annexure II.**

The essential qualifications of CHO should be a degree in relevant streams of Ayush from recognized University/Statutory State Board/Council/Faculty of Indian medicine or equivalent, recognized under the relevant Act and Enrolment on the Central Register of that stream in Central or State register of Indian Medicine and Homoeopathy.

Job Descriptions

A job description gives an employee a clear and concise resource to be used as a guide for job performance. ToRs of all staff at public health facilities as per GoI guidelines should be referred to for detailed job description at **Annexure-III.**

Recruitment Process

The recruitment process for the HR of Ayushman Arogya Mandir (Ayush) will vary depending on the State's rules and regulations. It is important for each state to ensure that their recruitment process is transparent, fair, and follows all relevant laws and regulations. The States/UTs must follow the general recommendations as mentioned in the IPHS guidelines for the recruitment process but the specifics of how the recruitment process is conducted will be determined by the State/UT government.

General recommendations

Advertise for the Position: States/UTs should advertise the position of HR in a clear and concise manner, specifying the required qualifications, experience, and responsibilities. Advertisements should be widely disseminated to reach a broad pool of potential candidates.

Receive and Review Applications: States/UTs should receive and review applications for the position of HR. The application process should be transparent and follow all relevant laws and regulations. The applications should be reviewed against the job requirements and a shortlist of candidates should be created.

Conduct Interviews and Assessments: States/UTs should follow all the laid down codal formalities for the recruitment of various HR. The interview and assessment process should be fair and objective, and should assess the candidate's qualifications, experience (if applicable), skills, and aptitude for the position. The assessment process may include written tests, oral presentations, or practical demonstrations.

Verify Qualifications and Experience: States/UTs should verify the qualifications and experience of the selected candidate before making a job offer. This may include checking educational certificates, work experience, references, and other relevant documents.

Document the Recruitment Process: States/UTs should document the entire recruitment process, including the job advertisement, application forms, shortlisting criteria, interview questions, and assessment criteria, verification of qualifications and experience, and job offer. Documentation should be retained for future reference and for auditing purposes.

Leaves

Staffing requirements should also include arrangements to cover for leave and holidays. States/UTs have the flexibility to determine their own level of 'leave reserve' to be sanctioned and this additional CHO can be deployed to cover for leave and absence of regular CHO. Leave and Training Reserves of 15% or as per the state rule is recommended for all staff in IPHS.

6.2.3 Training and Capacity Building

Along with placement of qualified HRH, the States should make all efforts to continuously build on their skills and competence as per their job requirement. Special attention should be paid to training of CHO as he/she not only serves as the lead of the Ayushman Arogya Mandir (Ayush) and as a clinician he/she must look after the overall health of the communities and ensure implementation of the Ayush National Health Programs and National Ayush Mission programs in their catchment area. Different training programmes for induction, skill building, IT and leadership, new programmes and if required, refresher training should be planned systematically. Diligent records of all trainings attended by HRH should be maintained by the facility in-charge. Cross-learning should be promoted where HRH upon successful completion of the training programme briefs other staff about key learnings.

Ayush specific Training Needs Assessment

States/UTs should conduct Ayush specific training needs assessment to identify the training requirements of the Ayush healthcare workforce. Apart from this, if required identify the need for integrating Ayush and modern medicine training for Ayush healthcare professionals. This could be done by conducting training needs assessment and consulting with stake holders. The assessment should consider the current level of knowledge, skills, and competencies of the workforce and the gaps that needs to be filled. The assessment should be conducted periodically **once in every three years** to ensure that the training plan is relevant and up-to-date.

Training Plan and Schedule

States/UTs should develop a training plan and schedule based on the training needs assessment. The training plan should specify the training objectives, content, duration, target audience, and delivery method. The training schedule should specify the dates, times, and location of the training sessions. The training plan and schedule should be reviewed and updated regularly to ensure that they are relevant and effective.

Training Delivery and Methods

States/UTs should use a variety of training delivery methods, such as classroom lectures, practical demonstrations, hands-on-training, e-learning, and workshops. The training methods should be appropriate for the content and target audience. The training should be delivered by qualified and experienced trainers who are knowledgeable about Ayush healthcare and modern healthcare in case of integration. Cross-learning should be promoted where HRH upon successful completion of the training programme briefs other staff about key learnings.

Monitoring and Evaluation

States/UTs should monitor and evaluate the training to assess its effectiveness and impact. The monitoring should include regular feedback from participants and trainers, observation of training sessions, and review of training materials. The evaluation should assess the changes in knowledge, skills, and competencies of the workforce, as well as the impact on service delivery and patient outcomes. The monitoring and evaluation should be used to improve the training plan and delivery methods.

6.2.4 Performance Management

Performance management is a process of setting goals, monitoring progress, and providing feedback to improve the performance of employees in Ayushman Arogya Mandir (Ayush). The following guidelines are recommended for effective performance management:

Performance Appraisal Process

The performance appraisal process should be designed to assess the performance of employees against the set goals and objectives. The process should be transparent, fair, and objective. The following steps should be taken:

- Set clear expectations and goals for each employee or as mentioned in the job description of IPHS guidelines against the category of employee.
- Develop an evaluation form that includes both quantitative and qualitative performance indicators.
- Conduct regular performance appraisals to assess the performance of each employee.
- Provide feedback to employees on their performance.
- Identify areas for improvement and develop a plan for addressing them.
- Use the performance appraisal process as a basis for decisions on promotions, training, and development.

Performance Indicators and Targets

Performance indicators and targets should be established to measure the performance of employees. The indicators and targets should be specific, measurable, achievable, relevant, and time-bound. Examples of performance indicators and targets for Ayushman Arogya Mandir (Ayush) facilities could include:

- Number of patients treated by each employee.
- Number of outreach camps conducted.
- Patient satisfaction ratings.
- Compliance with clinical protocols and standards.
- Compliance with behavioural conducts.
- Target oriented achievements in various Ayush specific national programs.
- Completion of training and development programs.

Performance Feedback and Coaching

Effective performance feedback and coaching can help employees improve their performance. The following guidelines should be followed:

- Provide regular feedback to employees on their performance.
- Identify areas where employees need improvement and provide coaching to help them improve.

- Use positive feedback to reinforce good performance.
- Provide feedback in a constructive manner.

Performance Improvement Plan

A performance improvement plan should be developed for employees who are not meeting performance expectations. The following guidelines should be followed:

- Identify areas where improvement is needed.
- Develop a plan that outlines specific actions to be taken to improve performance.
- Set targets for improvement and establish a timeline for achieving them.
- Monitor progress and provide feedback on performance.

6.2.5 Incentives and Benefits

Incentives and benefits play a critical role in attracting and retaining talented and motivated staff in Ayushman Arogya Mandir (Ayush). The States/UTs should strictly adhere the incentive guidelines of Ayush specific national programs, while determining the eligibility criteria, types of incentives, and the process of granting incentives to the staff in applicable cases. The monitoring and evaluation of the incentives and benefits system should also be based on the program outcomes and performance indicators. This will ensure that the incentives and benefits provided are aligned with the program objectives and contribute to improving the quality of care provided at the Ayushman Arogya Mandir (Ayush).

6.2.6 Grievance Redressal

Grievance Redressal Mechanism

A robust grievance redressal mechanism should be established in all Ayushman Arogya Mandir (Ayush). The mechanism should provide a way for patients, their families, and staff to raise their concerns and complaints in different way such as complaints box, complaint register, toll number, and receipt provided for a complaint letter, facility for registering the complaint through digital medium or an opportunity to meet with the facility In-charge. The mechanism should be easily accessible, and the procedure for filing a complaint should be clearly communicated to all stakeholders in the area of waiting room. The mechanism should ensure the confidentiality and safety of the complainant and provide timely redressal of grievances.

Grievance Handling Procedures

The grievance handling procedures should be fair, transparent, and unbiased. The complaints should be addressed in a timely and efficient manner; if this is not complied with it should be escalated to the next higher level. This will strengthen efficiency and accountability. The mechanism should ensure that the complainant is informed about the progress of the complaint and the expected timeframe for resolution. The procedures should be communicated to all stakeholders, and staff should be trained to handle complaints.

Grievance Resolution Process

The grievance resolution process should be focused on resolving the complaint and preventing similar complaints in the future. The resolution should be fair and transparent and provide appropriate compensation to the complainant if necessary. The mechanism should ensure that the staffs involved in the complaint are held accountable and corrective measures are taken to prevent similar incidents in the future.

Monitoring and Evaluation

The grievance redressal mechanism should be monitored and evaluated regularly to ensure its effectiveness. The mechanism should be evaluated based on the number of complaints received, the time taken for resolution, the satisfaction of the complainants, and the implementation of corrective measures. The results of the evaluation should be used to improve the mechanism and address any shortcomings.

6.2.7 Work Environment and Occupational Health in Ayushman Arogya Mandir (Ayush)

The Ayushman Arogya Mandir (Ayush) environment and facilities operate in a manner to ensure safety of patients, their families, staff and visitors.

Occupational Safety and Health Policy

Every State/UT should have an Occupational Safety and Health policy for Ayushman Arogya Mandir (Ayush) that outlines the framework for ensuring the safety, health, well-being of employees, patients and visitors. The policy should include provisions for identifying and mitigating workplace hazards, ensuring compliance with relevant regulations, providing appropriate training and resources to staff for maintaining a safe & healthy work environment. Yearly health check-up for all employees to be included in the personal records.

Workplace Safety Measures

Ayushman Arogya Mandir (Ayush) should implement workplace safety measures to protect employees, patients and visitors from physical and environmental hazards. This includes following measures-

- Safe water, fire management and electricity.
- Establishing protocols for handling hazardous materials & waste, equipment management.
- Provision of protective gear like gloves, masks, gowns, caps, PPE, lead aprons, dosimeters etc. and their use by health care workers must be as per standard protocols in place.
- Promotion of hand hygiene and practice of standard precautions by health care workers should be standard practice.
- Display of SoPs at strategic locations in the Ayushman Arogya Mandir (Ayush).
- Regular training of health care workers in standard precautions, patient safety, infection control and BMW management should be part of their training requirements.

- Immunization of health care workers against Tetanus, Typhoid and Hepatitis B should be ensured.

- Provision of round the clock Post Exposure Prophylaxis (PEP) against HIV in case of needle stick injuries should be initiated in the emergency department.

- Workplace safety measures should also include emergency response plans for natural disasters and other unforeseen events.

Y-Break

Encourage and train the employees to use Y- break at least once in daily duty. The Y-Break is a unique five-minute Yoga protocol, designed especially for working professionals to de-stress, refresh and re-focus at their workplace to increase their productivity, and consists of Asanas, Pranayam and Dhyana.

Psychological Well-being Measures

Ayushman Arogya Mandir (Ayush) should implement measures to promote the psychological well-being of employees. This includes providing access to counselling services, addressing workplace stressors and conflicts, and promoting a positive and supportive work culture. Facilities should also have a system for reporting and addressing instances of workplace harassment or discrimination.

6.2.8 Code of Conduct and Ethics

The HRH placed in the Ayushman Arogya Mandir (Ayush) should adhere to the highest ethical and behavioral standards,and provide patient care with the utmost respect for the dignity of life.

Ethical Standards and Behaviours

- It is crucial for the States/UTs to provide orientation to healthcare professionals, enabling them to carry out their duties in a professional and courteous manner, thereby increasing their acceptance within the community.

- Additionally, it is essential to orient them towards the concept of gender sensitivity and ensure that they integrate this sensitivity into their conduct and actions.

- All staff members working in Ayushman Arogya Mandir (Ayush) must adhere to high ethical standards and behaviours that are aligned with the values and objectives of the facility.

- Staff members must maintain professional boundaries and avoid conflicts of interest or any behaviour that could compromise patient care or the reputation of the facility.

- The facility must provide training and resources to support staff members in understanding and upholding the ethical standards and behaviours.

- Soft skills, such as empathy, manners, and courteousness, especially towards marginalized and vulnerable individuals, should be ingrained as a core value.

- It is imperative to maintain patient's privacy & dignity and strictly adhere to patient confidentiality principles.

- Healthcare professionals should also follow a dress code (along with name badges) and prioritize punctuality.

Monitoring and Evaluation

- The facility must have a system in place to monitor and evaluate adherence to the Code of Conduct policy and ethical standards and behaviours by staff members.

- The monitoring and evaluation process must be ongoing and may include audits, surveys, feedback mechanisms, and other tools to assess compliance and identify areas for improvement.

- The facility must use the results of the monitoring and evaluation process to inform policy and practice changes, and to reinforce the importance of the Code of Conduct policy and ethical standards and behaviours among staff members.

6.2.9 Career Progression and Development

Career Progression Plan

Career progression and development is an essential component of any healthcare facility as it ensures that the staff members are motivated, engaged, and invested in their work. It also plays a crucial role in retaining employees and reducing turnover rates. To ensure effective career progression and development, a career progression plan should be developed for each staff member. This plan should include clear objectives, goals, and targets for each role, as well as specific requirements for promotion and advancement. The plan should also outline the necessary training and development programs that employees must undertake to progress in their careers. A system of annual performance appraisals which is objective, built upon key performance indicators from job descriptions and is linked to promotions, incentives and contract renewal should be introduced or strengthened.

Opportunities for Growth and Development

- States/UTs must provide opportunities for growth and development to staff members to enhance their skills, knowledge, and expertise. This can be achieved through in-service training programs, mentorship, coaching, and professional development courses.

- Employees should also be encouraged to participate in conferences, seminars, and other training events to stay up-to-date with the latest developments in their field.

- The States/UTs should provide avenues for employees to undertake research and publish their work.

- Employees should be provided with opportunities to take on additional responsibilities and leadership roles.

Employee Retention Strategies

- States/UTs must develop strategies to retain qualified and experienced employees in Ayush healthcare facilities.

- The States/UTs should provide a conducive work environment, fair remuneration, and benefits to retain employees.

- The States/UTs should recognize and reward employees for their contributions and achievements.

- States/UTs must provide opportunities for career advancement and growth to retain employees.

Monitoring and Evaluation

- The States/UTs must regularly monitor and evaluate the implementation of career progression and development policies and programs.

- The effectiveness of the policies and programs must be evaluated periodically, and feedback should be taken from employees.

- The States/UTs should use the feedback to improve and modify their policies and programs to meet the changing needs of employees and the healthcare system.

6.3 MEDICINES AND QUALITY ASSURANCE

Quality means performing a work or task appropriately and maintaining the same standard every time. However, the understanding of quality differs depending upon the context. Quality plays an important role in respect of both product and services. Quality should ideally be maintained in such a manner that the outcome meets the prescribed standards, even without any supervision. In health care services, both the quality and safety are important pillars for its effective implementation. Therefore, standard protocols for quality assurance are to be prepared and complied in every health facility including an Ayushman Arogya Mandir (Ayush), to give the roadmap for achieving better healthcare services and patient satisfaction.

Measuring the quality in Ayush health facilities is a typical task, more so, in Public Health Facilities. Any proposed system must incorporate best practices from the contemporary systems like National Quality Assurance system(NQAS). The National Accreditation Board for Hospital & Health care Providers (NABH) standards for various Ayush systems may also be referred to customize them for meeting the needs of Ayush Centers.

6.3.1 Action plan for implementation of quality assurance in an Ayushman Arogya Mandir (Ayush)

As a healthcare provider, while it is important to ensure provision of safe & secure environment, better quality assurance is only possible with a robust action plan on quality. Subsequently, available resources are channelized, and focused efforts undertaken for ensuring provision of 'Quality of Care'. A structured plan has to be developed by the Ayushman Arogya Mandir (Ayush) leaders. This will further provide roadmap for the health facilities to improve the care.

This may include the following:

- **Quality Policy and Objectives including Mission & Vision -** To start with, quality journey, the facility has to draw a road map to fulfil the mission and vision envisaged for an Ayushman Arogya Mandir (Ayush). The team in the Ayushman Arogya Mandir (Ayush) should be well aware about the mission and vision of Ayushman Arogya Mandir (Ayush).

- **Formation of the Quality team, Roles & Responsibilities of the team members -** The Ayushman Arogya Mandir (Ayush) has to constitute a quality team. Further, it has to define the roles & responsibilities of each member of the committee.

- **Preparation of SoPs and Work Instructions -** Ayushman Arogya Mandir (Ayush) has to first prepare the relevant SOPs & work instructions, so that the staff start working upon.

- **Identification of Key Performance Indicators both clinical & managerial -** Each Ayush facility has to identify their own key performance indicators both clinical & managerial to supervise and to achieve them. For example- (i) Clinical performance indicators: treatment plan is documented, time for initial assessment of an admitted patient etc. (ii) managerial

performance indicators: patient waiting time for OPD consultation, percentage of stock outs, number of variations observed in the mock drills etc.

- **Rolling out of Internal Audits -** The Quality team has to rollout department wise internal audits and to capture their present status w.r.t the quality and to define further the targets to achieve.

- **Capturing Patient Satisfaction -** Every month a patient satisfaction survey through a feedback mechanism may be captured and to analyze the same for the areas to improve.

Ayushman Arogya Mandir (Ayush)	Minimum of 30 Patients/month Feedback are required to be reviewed for patient satisfaction survey

- **Gap analysis and corrective actions -** The gap analysis of all audits to be done meticulously and the relevant corrective & preventive actions may be planned accordingly.

- **Striving for External Quality Assurance programmes -** Identify the authentic External Quality Assurance programmes as available in the health care and the Ayushman Arogya Mandir (Ayush) has to strive to achieve the same.

- **Sustained Quality assurance activities -** The Ayushman Arogya Mandir (Ayush), ones on the quality path, needs to sustain the momentum and to raise the bar every time to enhance further, which was already achieved.

6.3.2 Quality pillars - pivotal parts

Quality starts from the entrance of Ayushman Arogya Mandir (Ayush). The aspects like good Infrastructure and its up keeping reduces the risk to the beneficiaries, and visitors there by bringing the comfortable environment to both beneficiaries and employees. Quality assurance is done with the three pillars like Structure, process and outcome

QUALITY PILLARS

A. STRUCTURE

(Eg:-Infrastructure, Equipment & Manpower)

B. PROCESS

(Eg:- Registration, referral, discharge, etc.)

C. OUTCOME

(Eg:- Patient & Employee Satisfaction, Low infection rates, Hospital Acquired Infection rates)
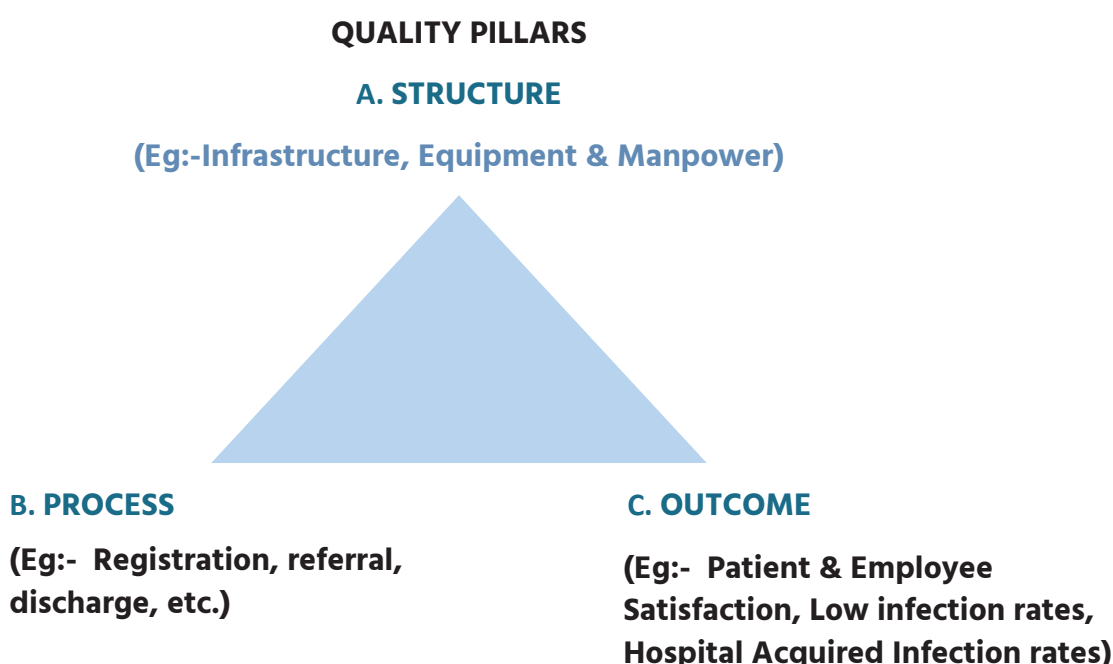
The illustrative details of the pillars as described above are explained as follows:

A. Structural measures of Quality Assurance:

Structure includes the following:

i) **Equipment:** Functional equipment & instruments, ensures the fulfilment of the 'Structural' requirements for establishing a well-functional health facility. The facility must be user friendly with all groups of the users like children, old age, pregnant ladies etc.

ii) **Human Resources:** Adequate & skilled human resource is necessary for good quality service provision. The manpower brings in new ideas, innovations and strength to the existing quality structures of the facility.

In any Ayushman Arogya Mandir (Ayush), aspects mentioned below shall contribute to the quality management.

- **General Appearance and Upkeep -** This will give the first impression of a visitor. The buildings are to be well maintained including Garden and Landscaping. It is also to be seen that no abandoned structures are present within the Ayushman Arogya Mandir (Ayush) premises.

- **Way-finding Signage -** User friendly signage are most important to locate the service provisions in a facility.

- **Disabled and elderly friendly access, ramps -** Every public facility must have this feature.

- **Proper Parking, circulation areas, Illumination in corridors -** Appropriate measures to be taken to follow this quality measure.

- **Fire Safety & Disaster emergency preparedness -** These provisions should be made while building the infrastructure.

- **Environmentally friendly features -** The rainwater harvesting, and solar panel installation measures may also be installed.

B. Process measures of Quality Assurance:

Many processes in an Ayushman Arogya Mandir (Ayush) have to evolve in a systemic way to accommodate all the actions of the service provisions. For attaining enhanced satisfaction, it becomes equally pertinent to ensure the Quality in the 'Processes' of the care within a health facility. As a part of quality, certain processes are required to be followed for a systemic flow of services, for example- Registration policy, Referral policy, Discharge policy etc. The registration process, referral process, discharge process etc. need to be documented properly. The initial assessment, regular re-assessments of patients are to be done by the authorized persons, and these authorized persons are only to be allowed to make entries in patient related documents. Verbal order policy is also to be documented. Proper SOPs/work instructions are need to be developed for preparation of medications eg; Basti dravya preparation.

Every staff of the facility should understand the various processes adopted in the Ayushman Arogya Mandir (Ayush) and to perform their relevant roles. Eg: Staff for the Registration.

Trainings: Regular and Relevant trainings are to be conducted. The feedback may be captured from the participants, to understand the requirement of further trainings. The topics for the trainings are to be selected only from the feedback of previous trainings. The training calendar is to be made for whole year in advance keeping the capacity building requirement of the staff.

C. Outcome measures of Quality Assurance:

The challenging task in a Public Health Facility is measuring the quality in an objective way. Ultimate aim of any quality structures are to bring the patient & employee satisfaction, to report low infection rates including nil reporting of the Hospital acquired infection rates etc.

Score sheet/ checklist for quality assurance aspects of an Ayushman Arogya Mandir (Ayush) may be developed by the facility with taking a que from the following:

Score sheet/ checklist for quality assurance aspects of an Ayushman Arogya Mandir (Ayush)

Category	Criteria	Scoring 0-1-2
Defining the action plan of the quality assurance	Roadmap for bringing Quality	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Formation of the Quality team, Assigning the roles & responsibilities of the team	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Rolling out of Internal Audits	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Striving for External Quality Assurance programmes.	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Sustained Quality assurance activities	**0- No compliance** **1- Half compliance** **2-Full compliance**
Infrastructural measures of Quality Assurance	General Appearance and Up keeping	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Way-finding Signage	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Disabled and elderly friendly access, ramps	**0- No compliance** **1- Half compliance** **2-Full compliance**

	Public utilities & its cleanliness, availability of safe drinking water	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Proper Parking, circulation areas, Illumination in corridors as appropriate	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Fire Safety & Disaster emergency preparedness	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Environment friendly features	**0- No compliance** **1- Half compliance** **2-Full compliance**
Processes measures of Quality Assurance	Preparation of SoPs and Work Instructions	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Relevant Trainings are conducted	**0- No compliance** **1- Half compliance** **2-Full compliance**
Outcome measures of Quality Assurance	Identification of Key Performance Indicators both clinical & managerial	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Capturing Patient Satisfaction	**0- No compliance** **1- Half compliance** **2-Full compliance**
	Gap analysis and corrective actions	**0- No compliance** **1- Half compliance** **2-Full compliance**

6.3.3 Medication Management

The Ayushman Arogya Mandir (Ayush) needs to develop a procedure for medication management, that focuses on the availability of medication in terms of their procurement, storage, prescription and dispensing etc. by maintaining quality and safety of Ayush medicines. These factors influence the public in bringing the patient satisfaction about the medicines and services that are being provided by the Ayush healthcare facility.

Except Yoga & Naturopathy other Ayush systems comprises pharmacological interventions for the mitigation and management of various diseases or disorders. Qualities of "Aushadhi" (~Drugs/ medicines) and skilled healthcare provider i.e. clinician, nursing staff etc. has also been enumerated in Ayurveda treatises. Thus, quality control and assurance of Ayush medicines/drugs have an imperative role in the effective implementation of Ayush systems of healthcare.

Important parts of effective medication management system are as follows –

A. Procurement

It is to ensure that all essential medicines be made available to the community who are visiting at Ayushman Arogya Mandir (Ayush). The essential drug list may be prepared as State specific requirements through its "Essential drug policy". Suggestive list for minimum required medicines for Ayushman Arogya Mandir (Ayush) is at **Annexure IV.**

Vendor Selection

The vendor may be selected through a written procedure that is evolved by incorporating the relevant guidelines issued by the Central Government from time to time in case of Centrally Sponsored Scheme. While in other cases, the State / UT will develop their own procedure for vendor selection. The extant Rules and regulations in force for public procurement may be followed in all cases. Ayush drug manufacturer having valid Ayurveda, Siddha, Unani or Homoeopathy drug manufacturing license along with Good manufacturing practices (GMP) certificate should be an essential criteria in selecting the vendor.

Good manufacturing Practices (GMP)

Good Manufacturing Practices (GMP) for Ayurvedic, Siddha and Unani Medicines are prescribed under Rule 155 B & 157 of Drugs & Cosmetics Act, 1940 & Rules. The manufacturing of Ayurvedic (including Siddha) or Unani drugs shall be carried out in such premises and under such hygienic conditions as are specified in Schedule T. Certificate of Good Manufacturing Practices is being issued by Licensing Authority subsequent to the verification of the requirements of schedule T. This GMP certificate is valid for 05 years and renewed thereafter.

Standards for Ayush medicines

Pharmacopoeia Commission for Indian Medicines and Homoeopathy (PCIM&H), is subordinate office under Ministry of Ayush which lays down Pharmacopoeial Standards and Formulary specifications for Ayurveda, Siddha, Unani & Homoeopathy (ASU&H) drugs, which serve as official compendia for ascertaining the identity, purity and strength of the ASU&H drugs. It is an appellate laboratory for testing of Ayurveda, Siddha, Unani & Homoeopathy (ASU&H) drugs. Further, the capacity building training programme on standardization and quality control of ASU&H drugs for State Drug Controlling/licensing authorities is also required to being conducted.

B. Quality assurance of Ayush medicines

In order to ensure quality of Ayush medicines, provisions related to prohibition of Misbranded/Adulterated/Spurious drugs in respect of Ayurveda, Siddha, Unani systems and penalty for its violation, have also been prescribed under Drugs & Cosmetics Act, 1940 and Rules thereunder.

Further, Pharmaco-vigilance Centres for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) Drugs set up in different parts of the country under the Central Scheme of Ministry of Ayush i.e. Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) are mandated to monitor and report the misleading advertisements to the respective State Regulatory Authorities. A three tier structure comprising of a National Pharmacovigilance Co-ordination Centre (NPvCC), Inter-mediary Pharmacovigilance Centres (IPvCs) and Peripheral Pharmacovigilance Centres

(PPvCs) is established. All India Institute of Ayurveda (AIIA), New Delhi under Ministry of Ayush is the National Pharmacovigilance Co-ordination Centre (NPvCC) for the implementation of the National Pharmacovigilance program for Ayurveda, Siddha, Unani & Homoeopathy drugs. Objectionable advertisements are being reported to the respective State Licensing Authorities by PPvC at regular intervals. The format for reporting of pharmacovigilance cases is attached at **Annexure- V.**

C. Quality raw material for manufacturing Ayush medicines

Quality raw material is an essential requirement for manufacturing quality drugs/ medicines. Ayush formulations mainly prepared from raw materials based on plant or mineral or animal origin. So it becomes imperative to ensure quality of such raw materials.

As on date, there are 34 State Drug Testing Laboratories and 113 private Drug Testing Laboratories approved or licensed under Rule – 160 A to J of Drugs and Cosmetics Rules, 1945, for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials.
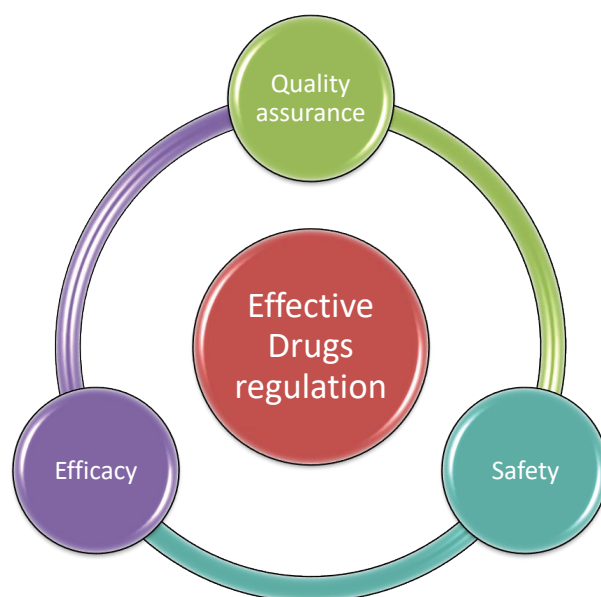
D. Indenting

It is imperative to ensure that medicines are procured through an established procedure as adopted by the Pharamaco-therapeutic committee and to meet the licensing requirements and quality standards as mentioned in the Drugs & Cosmetics Act, 1940 and rules there under. The Ayushman Arogya Mandir (Ayush) should have a Standard Operating Procedure (SOP) for indenting, transporting, receiving, safe storage, safe dispensing, safe discarding of unusable medicines etc. which also covers the use of medical supplies and consumables. The formulary is made available to the respective departments.

Local Purchase:

The respective State / UT government should develop provisions for the local purchase of Ayush medication, which are not listed in the essential drug list.

E. Storage

The pharmacy should ensure correct storage measures like medicines should not be kept on floor, drug stores should avoid dampness (for example, no leaking roofs) etc. Look Alike & Sound Alike Ayush medicines should be identified and be kept separately both in the drug store & pharmacy. Buffer stock to prevent the stock out should be maintained and are required to keep in separate spaces in the drug store. A pharmacist to dispense is made available at the facility.

Central Consumer Protection Authority (CCPA) vide letter no. J-25/64/2022-CCPA dated 14.07.2022 had issued an advisory to e-commerce platforms that the sale or facilitating the sale of Ayurvedic, Siddha and Unani drugs containing ingredients listed in Schedule E (1) of the Drugs and Cosmetics Rules, 1945 shall be done only after a valid prescription of a registered Ayurveda, Siddha or Unani practitioner respectively is uploaded by the user on the platform.

Regarding sale of Ayurvedic, Siddha & Unani drugs containing ingredients listed in schedule E (1) of the Drug & Cosmetics Rules, 1945 on e-commerce platforms, National Commission of Indian System of Medicine (NCISM) vide letter no. 20-28/2022-Regn (AY. Ministry) dated 19.09.2022 had requested all States/ UTs to circulate guidelines/ points of consideration for registered Ayurveda/ Siddha/ Unani (ASU) practitioners and Central Consumer Protection Authority's advisory dated 14.07.2022.

F. Prescription

All prescriptions should be clear & legible, and in capital letters duly signed and stamped by the consulting Ayush physician. Ideally, Standard Treatment Guidelines for the concerned Ayush system should be followed for drug prescriptions. If it is not ready, the Ayushman Arogya Mandir (Ayush) can prepare their standard drug prescription for better patient management. Administration of medicines is done as per requirement and after ensuring the route of administration, dose etc. from the prescription. The duration of Ayush formulation comprising schedule E-1 drugs prescribed under Drugs and Cosmetics, Rules, 1945, should clearly be mentioned in the prescription.

Points of consideration circulated by National Commission of Indian System of Medicine (NCISM) vide letter no. 20-28/2022 dated 19.09.2022   includes that all registered Ayush Practitioners must mention duration of intake of formulations containing schedule E (1) drugs under rule 161 (2) of the Drugs and Cosmetics Rules, 1945, in their medical prescription.

Long term dispensing:

Considering the chronic ailments being reported at Ayushman Arogya Mandir (Ayush), in required cases medicines upto 01 month may also be prescribed. Patients and family members should be educated well about safe medication.

G. Quality For Medication Management:

Every effort should be made to make sure addressing the quality issues in the medication management at Ayushman Arogya Mandir (Ayush). There should be a system for receiving, inspecting, handing over, and retrieval of drugs at the Ayushman Arogya Mandir (Ayush). Internal audit of stores should also be done on a regular basis to assess the implementation of the laid down procedures of respective State/UT governments. Drug recall system should be documented

for analysis as part of quality measures. The quality checks of medicine has many aspects like good inventory management, proper pest control measures, taking up of regular prescription audit etc as furnished below.

Inventory management - Inventory management is very essential for a seamless flow of availability of medicines. Appropriate Inventory control practices should be used to ensure the availability of Ayush medication, which will ensure that there is no stock-outs and the buffer stock is well maintained. Basic principles like 'first expiry, first out' for drugs should be followed. Near expiry medicines list to be informed to different departments at least three months prior date.

a) Expiry dates are to be checked before dispatch of medicines from the store to the dispensing unit.

b) Monitoring the rapidly moving drugs and its timely replacement is done.

c) Proper Pest control measures are to be taken up regularly to maintain the safety and quality of the stored medicines.

Medication errors - To prevent medication errors, Ayushman Arogya Mandir (Ayush) must keep systems and processes in place. To begin with, one should understand the common causes of medication error which includes incorrect diagnosis, prescription errors, dose miscalculations, poor drug distribution practices, incorrect drug route administration, failed communication with the patient. Proper training in this regard may be given to the staff.

Prescription Audit - Under quality control measures, a prescription audit may be taken up for missing links and to work upon quality improvements in medication management which includes the observation of adherence to STG & EDL. A minimum of 10 prescriptions per month including the present-day ones and the older ones of that to review for its legibility, identification of the author of the prescribing Ayush physician etc. It is also to be reviewed for the drugs being prescribed from outside to assess the need of certain drugs.

Measurement of compliance

Ayushman Arogya Mandir (Ayush) may self-review for the compliance of the prescribed IPHS for Ayushman Arogya Mandir (Ayush) as mentioned at Score sheet/ checklist-for IPHS for Ayushman Arogya Mandir (Ayush).

6.4 CLINICAL GOVERNANCE AND BRANDING

Clinical governance is a structure that helps in ensuring the delivery of high-quality, safe, and effective healthcare services. It is a set of policies, procedures, and practices to improve the quality of care provided to patients. Clinical governance entails monitoring, evaluation, grievance redressal, and improvement of clinical performance. It also addresses issues like the management of risk and prioritizing/ promoting patient safety. Governance is also one of the key building blocks of health systems. Clinical governance is an important aspect of the governance of health facilities that requires healthcare providers to adhere to the principles of clinical services excellence. The establishment of well-defined institutional structures and policies, as well as their continued monitoring to ensure proper implementation, are vital for effective clinical governance of the public health system. Some key areas of governance include good leadership, accountability, regular monitoring, patient-centric services, professional performance, a proper mechanism for grievance redressal, inter-sectoral convergence, patient satisfaction, management of risk, prioritizing/ promoting patient safety, patient/ community participation, etc. The following are some aspects of clinical governance relevant to Ayush public health facilities:

6.4.1 Accountability

The CHO at the Ayushman Arogya Mandir (Ayush) holds the key responsibility to improve effectiveness and efficiency in the system by building mechanisms to strengthen service providers' answerability and responsibility. A proper feedback mechanism needs to be put in place. Input from the community should be encouraged through various means such as patient feedback, community/social accountability, and Ayush-Jan Arogya Samities (Ayush-JAS). Further, prompt and appropriate action should be taken on the feedback obtained.

Every facility must have a readable and locally suitable Citizens' charter displayed in a prominent place. This should include information on available services, staff, timetables, user prices, rights and obligations, and grievance redressal methods. The total number of available essential medicines, diagnostics, and procedures should also be displayed in the Citizens' Charter. A list of the available drugs, diagnostics, and treatments accessible at the facility should also be publicly available within the facility at suitable places.

6.4.2 Ayush-Jan Arogya Samiti (Ayush - JAS):

The institutional platform for promoting active community participation and social accountability of Ayushman Arogya Mandir (Ayush) will be Ayush- Jan Arogya Samiti. It supports the Ayushman Arogya Mandir (Ayush) team in community-level activities and interventions, including medical and Yoga camps. Additionally, it supports Gram Panchayat/ULB in health planning and acts as a platform for grievance redressal, assuring the availability and accountability of quality services.

6.4.3 Monitoring and reporting

- A stringent external and internal monitoring mechanism is crucial to maintain standards, identify gaps, and address deficiencies.

- It is envisaged that rigorous monitoring, constant support and encouragement from supervisors and higher levels of management, and, most significantly, staff ownership will be strengthened as part of continuous quality improvement initiatives.

- Internal mechanisms include systematic and proper record-keeping and timely reporting. An action plan with corrective measures and timelines should be prepared and reviewed periodically.

- There should be provision for Aadhar based biometric attendance system for all staff of the facility.

- Various measures like patient satisfaction surveys, social accountability through Panchayati Raj Institutions/Ayush-JAS, community surveys, and Jan Sunawais/ Jan Samvads should be used for external monitoring. They are essential to provide relevant inputs for future health planning.

- Adverse drug events should be documented and reported within the specified time in the prescribed format to the concerned authorities.

- Higher-level Ayush public health facilities should monitor and supervise the activities of Ayushman Arogya Mandir (Ayush). Periodic reporting and review of the Ayushman Arogya Mandir (Ayush) performance in the monthly review meeting are essential.

6.4.4 Patient-Centric Services

Patient satisfaction is the key to service delivery. All necessary efforts need to be made to ensure patient-centric services, which prioritize patients' needs, comfort, and preferences.

- Priority should be given to personalized care to patients in terms of proper information on their health conditions, treatment options, lifestyle advice, and proper communication, as well as by providing a comfortable, empathetic, and supportive environment to patients and their attendants.

- This also includes ensuring basic facilities to the patients and bystanders such as provision for safe drinking water, litter-free premises, clean and separate toilets (male, female), comfortable breastfeeding area, clean linen, help desks, support for navigation, comfortable, patient waiting halls, security, clear signage systems, and prominent display of Citizens' Charter.

- Infrastructure should be disabled and elderly-friendly.

- Continuous efforts should be made to improve the quality of services, ensuring the highest standards of service delivery.

- A token system may be adopted for the smooth management of patients waiting for OPD consultation.

- The periodic maintenance of devices and equipment's needs to be ensured. Further, there should be a proper mechanism for repairing of devices and equipment's.

6.4.5 Risk management

Risk management aims to minimize the risk of harm and promote a safe, secure, and effective environment for everyone involved where patients receive high-quality service. It involves having a system to understand, monitor and minimize risks to the patients and staff and to learn from mistakes.

- Various interventions like complying with protocols (wherever applicable and available), risk assessment, training of staff, quality control, incident reporting, and promoting a blame-free culture should be implemented to improve patient safety, reduce clinical errors and improve the quality of care provided.

- Specific attention must be paid to patient safety, infection control, biomedical waste management, and healthcare worker safety.

- Specific protocols should be followed for storing and dispensing medicines, including careful handling of Look Alike Sound Alike (LASA) drugs and disposal of expired medicines and hazardous waste.

- Identifying the warning signs are important, and a proper mechanism needs to be put in place for referring the patients to higher centre at the right time.

- Any notifiable disease or outbreak should be informed to the higher authorities.

- Fire safety measures need to be ensured within the facility.

6.4.6 Grievance Redressal

Grievance redressal in public healthcare is a critical process that aims to address and resolve complaints, concerns, and feedback from patients and their families. It is essential to ensure quality care, patient satisfaction, and trust in the healthcare system.

- There shall be a provision for a robust grievance redressal mechanism.

- There should also be a method to lodge complaints, such as a complaint box and suggestion box, a receipt for a complaint letter, or an opportunity to meet the MO/CHO.

- A grievance redressal register should be maintained, and all complaints, feedback, and resolutions should be recorded in a register, which can be used for analysis, reporting, and improvement.

- Complaints should be resolved as soon as possible, and patients should be informed of the outcome. Follow-up may be necessary to ensure that the issue is fully resolved and that the patient is satisfied.

- There should be a provision for lodging complaints at a higher level if the complaint is not resolved at the MO/CHO level in a time-bound manner.

6.4.7 Inter-sectoral Convergence

Inter-sectoral convergence is essential for the success of health promotion strategies and requires close coordination with other allied departments. While organizing health promotion activities on various dimensions of primary care at Ayushman Arogya Mandir (Ayush), support from other relevant departments such as the health department (for making provisions related to National Health Programmes at Ayushman Arogya Mandir (Ayush)), WCD, education department (school-based camps), FSSAI (diet counselling), etc., can be taken. Authorities need to encourage joint meetings and outreach activities, specifically with the Health Department, for better convergence and complementarity of work.

6.4.8 Referrals

Ensure continuity of care with a two-way referral system and follow-up support. Referral between Ayushman Arogya Mandir (Ayush) to higher Ayush/ Health facilities and follow-up care at Ayushman Arogya Mandir (Ayush) must be ensured.

6.4.9 Using digital tools and IT

This aspect ensures that the patient data is accurate and up to date, the confidentiality of patient data is respected, and appropriate use of data is made to measure the quality of outcomes. A-HMIS needs to be integrated into the Ayush facilities of all States/UTs to effectively manage all functions of health care delivery systems and patient care. Tele-medicine services and their functioning must be ensured in all States/UTs to allow seamless integration with higher facilities and cross-consultation between modern and Ayush systems. There should be a provision for the generation of ABHA IDs of patients within the facility (if the patient does not have an existing ABHA ID), and it shall be used for recording and accessing patients' health records digitally. Further, geo-mapping and geo-tagging of Ayush facilities need to be done.

6.4.10 Education, training, and continuing professional development

The skills of staff posted at public healthcare facilities play a vital role in the quality of care. The quality, skills, and capacity of health workers should be enhanced with continuous professional development. Provisions for periodic refresher courses and in-service training should be made after thorough training needs assessment.

6.4.11 Branding of Ayushman Arogya Mandir (Ayush)

Design Samples need to be developed, and details regarding dimension and cost, material to be used for development, location for placement, target audience, and uses need to be defined for the following items/ components.

Facility Compound and External Area:

a. **Facility Sign Boards:** Sign boards indicating the facility must be made available in nearby areas such as main roads and highways. These should be bilingual both in English/Hindi and local language/ languages.

b. **Facility Boundary Walls**

   Description: A set of wall paintings on the facility compound wall needs to be made to distinguish it as an Ayushman Arogya Mandir (Ayush).

c. **Facility Name Board**

   Description: Facility name board to direct the general population to the facility.

d. **Citizen Charter**

   Description: The citizen charter will inform the general population on the Vision, Mission, Objectives, Services available, Diagnostics available, and Timings of the facility, etc.

e. **Information space for current events and campaigns**

   Description: This information space informs the general population about current events and campaigns. Note: This is a desirable item that can be incorporated in case of availability of funds and space.

f. **Medicinal Plant Garden and plants nameplates:**

   Description: There should be proper signage for the medicinal plant garden and a display of plants available in it. There should be name plates of plants describing their name and benefits in user-friendly language.

g. **Series of wall paintings providing information on facility functioning**

   Description: This shall be a series of wall paintings providing information on various aspects such as fixed day services like Yoga sessions, referral facilities, the timing of the facility, area map, listing of all staff names and their details for the information of the general population who can contact them in case of any need.

h. **Yoga Sthal/ Raised Platform**

   Description: The Yoga Sthal or wellness platform provides a space within the facility for wellness activities such as 'Yoga', wherever, space is available.

Waiting Area in the Facility

i. **Facility Staff Board**

   Description: This board provides details of the departments/ sections available in the facility with timings and details of staff such as names, numbers, and designation for the general population to be informed of the service providers' details as they enter the facility to seek healthcare services.

ii. **Grievance Board**

   Description: The grievance board displays the details wherein a client can contact in case of any grievances/ complaints for redressal. A Grievance / Suggestions Box needs to be kept at a suitable place.

iii. **Display of patient rights and responsibilities**

Description: Display of patient rights and responsibilities both in English and local language/languages.

iv. **Utility Boards/ Signages**

Description: Utility boards and Signages direct the clients to the various facilities such as toilets, drinking water, etc.

i. **Room wise communication material**

Description: This set of communication materials must be displayed to guide the clients to the various services offered in the facility so that the client can self-navigate.

j. **IEC Posters**

IEC posters for different places of the facility need to be developed, like waiting area, OPD, Examination room, therapy rooms, and so on.

ANNEXURES

Building Equipment and other infrastructure for Ayushman Arogya Mandir (Ayush)

As per the operational guideline of Ayushman Arogya Mandir (Ayush), existing Ayush Dispensaries/ Sub Health Centres are to be upgraded as Ayushman Arogya Mandir (Ayush).

(A) Physical Infrastructure

Sl. No.	Particulars	Area in square meter
1	Common area (Reception and waiting)	9.29
2	Consultation room (ancillary area)	12.5
3	Store and Pharmacy (Dispensing counter)	6.5
4	Space for Yoga activities (desirable)	As per the availability of space
5	Space for a small lab	3.71
6	Space for herbal garden	At least to accommodate 15 Medicinal plants
7	Space for OPD level Panchkarma/Ilaj-bit-Tadbeer/Thokkanam procedures etc.	As per the availability of space/requirement
8	Separate toilet for Male and Female	1 for each with adequate space and facility

(B) Furniture

Sl. No.	Particulars	Numbers
1	Table for Doctor	1
2	Chair for Doctor	1
3	Chair for Pharmacist	1
4	Examination table	1
5	Stools	2
6	Chairs in waiting area for Patient, Attendant etc.	10-15
7	Storage cabinet for records	1
8	Foot step	1
9	Biomedical waste bins	As per the norms
10	Wheel chair	1

(C) Equipments

Sl. No.	Particulars	Numbers
1	Stethoscope	1
2	Sphygmomanometer (B.P. apparatus)	1
3	Thermometer	1
4	Torch (flash lights)	1
5	Weighing machine (Adult)	1
6	Weighing machine (Paediatric)	1

7	Tongue Depressor	1
8	Hammer	1
9	Height measuring Scale	1
10	Measuring Tape	1
11	Kidney trays	2
12	Swab holder	2
13	Dressing tray with gloves bandage, cloths etc.	1
14.	Equipments for carrying out basic Panchkarma/Ilaj-bit-Tadbeer/Thokkanam procedures at OPD level (Nadi sweda yantra/ equipments for Inkibab, Basti yantra/ Huqna(enema) kit, Nasya karma set/Nutool set, Yoga neti pot, Yoga mat) etc.	As per the requirement.

Human Resources for Ayushman Arogya Mandir (Ayush)

Sl. No.	Human Resources For Ayush	Ayushman Arogya Mandir (Ayush)	
		E*	D*
1.	Community Health Officer (Ayush)**	1	
3.	Pharmacist	1	
4.	Yoga Instructor	2 (Male & Female)	
6.	ASHA (Incentive Based)	5	
7.	Lab Technician		1
9.	MPW	1	
10.	Safai Karmachari / House Keeping Staff	1	
11.	Panchakarma Therapist/ respective other systems of medicine therapist		2 (1 Male & 1 Female)

E*Essential and D* Desirable

** The regular MO from Ayush may be posted as CHO

Note:- Lab Technician may be Essential if Lab facilities are provided at Ayushman Arogya Mandir (Ayush).

Job Responsibilities of the Human Resources of Ayushman Arogya Mandir (Ayush)

Community Health Officer

➢ Attend daily OPD in Ayushman Arogya Mandir (Ayush) and in community as per schedule

➢ Overall planning and monitoring of the community level activities including Yoga, herbal garden etc.

➢ Participate organize meetings.

➢ The CHO as a team leader and in charge of Ayushman Arogya Mandir (Ayush), will broadly carry out public health functions, ambulatory care, and management.

➢ Ensure that all household in the service areas are listed, empanelled, data base maintained in digital format.

Yoga instructor: -

➢ Providing a balanced yoga practice for participants of all levels and abilities

➢ Conduct and lead yoga classes.

➢ Demonstrate practice and techniques.

➢ Connect with students during the yoga classes.

➢ Offer training recommendations to improve the practice of yoga.

➢ Engage in administrative duties.

Pharmacist-

➢ Execute physician's prescriptions.

➢ Organize the pharmacy in an efficient manner to make the identification of products easier and faster.

➢ Maintain full control over delivering, stocking and labelling medicine and other products and monitor their condition to prevent expiring or deterioration.

➢ Listen carefully to customers to interpret their needs and issues and offer information and advice.

➢ Provide assistance other medical services such as blood pressure/ temperature measurements etc.

➢ Prepare medicine when appropriate using correct dosages and material for each individual patient.

➢ Make timely indents for medicines.

➢ Comply with all applicable legal rules, regulations and procedures

Laboratory Technician: -

➢ Receive and process samples.

- Draw blood samples for testing (primarily by performing vein punctures).
- Label specimens/vials accurately and distribute them to the appropriate departments/ processing centres at the recommended transportation condition.
- Prepare samples/slides for testing using various types of laboratory equipment.
- Conduct all the necessary laboratory investigations including routine microscopy.
- Write/print and issue the laboratory reports to the patients.
- Ensure that patient confidentiality is always maintained.
- Responsible for the upkeep and routine maintenance of the instruments in the laboratory and update of instrument maintenance records.
- Cleanliness clean/sterilize and maintain work area and all lab equipment, accessories and supplies.
- Make timely indents for chemical, reagents & equipment repairs.
- Prepare chemical reagents, stains, solutions and biological media according to formulae, accurately label all reagents and other stock in the laboratory.

MPW

- Ensuring patient records are filled and accurate.
- Following security measures to ensure patients' information is safe and confidential.
- Managing patient health history forms, and other paperwork.
- To manage the registration of beneficiaries.
- To support the CHO in transcribing written medical records into a computer system.
- Physical maintenance of records of section.
- General cleanliness & upkeep of the Section/Unit.
- Maintenance of medicinal plant Garden.
- Any other work assigned by superior authority.

ASHA

- Advocacy of Ayush IEC campaigns.
- Guiding the beneficiaries to the medicinal plant garden and explain the benefits.
- Community empanelment and domiciliary visits.
- To support the CHO in community screening and Prakriti pareeksha.
- Follow up of cases.
- To ensure participation of the community in regular yoga sessions.
- Actions to increase the community participation.

List of Ayurveda Medicines for Ayushman Aarogya Mandir (Ayush)

SI. NO.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindicaton	Preffered use in OPD/IPD
	LIST OF ESSENTIAL AYURVEDIC MEDICINES						
1.	**Abhayarishta**	AFI	200 ml	Arsha, Agnimandya, Udararoga, Vibandha	12-20 ml	NS	Both
2.	**Ajamodadi Churna**	AFI	25 gm	Shula, Gridhrasi, Amvata	3-6 gm	NS	Both
3.	**Amalaki Rasayan**	C.S.	50 gm.	Rasayan	3-6 gm.	NS	Both
4.	**Amritarishta**	AFI	200 ml	Sarvajvara, Jirna Jvara	12-24 ml	NS	Both
5.	**Anutaila**	AFI	10 ml	Urdhvajatrugataroga, Palitya	2-10 drops for nasal administration	NS	Both
6.	**Aravindasava**	AFI	200 ml	Balaroga, Balakshaya, Agnimandya, Aruchi	12-24 ml	NS	Both
7.	**Ashokarishta**	AFI	200 ml	Asrigdara, Shveta Pradara, Yoniroga	12-24 ml	NS	Both
8.	**Avipattikara Churna**	AFI	50 gm	Amlapitta, Vidagdhajirna	3-6 gm	NS	Both
9.	**Bala Taila**	AFI	50 ml	Kshata,Kshaya, Vatavyadhi, Shosha, Gulma	For Abhyanga	NS	Both
10.	**Bilvadi Leha**	AFI	100 gm	Jirna Pravahika, Aruchi, Agnimandya, Praseka, Chhardi	10-50 gm	NS	Both
11.	**Dashamularishta**	AFI	200 ml	Vata Vyadhi, Daurbalya, Prasavottara roga	12-24 ml	NS	Both
12.	**Dashanasanskara Churna**	AFI	50 gm	Mukha Roga, Danta Roga	Use as tooth powder	NS	Both
13.	**Drakshavaleha**	AFI	100 gm	Pandu, Kamala, Halimaka, Daurbalya, Kshaya	6-12 gm	NS	Both
14.	**Gokshuradi Guggulu**	AFI	10 gm	Prameha, Mutrakricchra, Mutraghata, Ashmari, Pradara	500 mg - 1 gm	Long term use in pregnancy	Both
15.	**Jatyadi Taila**	AFI	25 ml	Vrana, Vranashotha	Application on wound or injury	NS	Both

16.	**Kaishora Guggulu**	AFI	10 gm	Vatasonita, Pramehapidika, Vrana, Kustha	Up - 3 gm	Long term use in pregnancy	Both
17.	**Kanakasava**	AFI	200 ml	Kasa, Shvasa, Rajayakshma, Kshatakshina	12-24 ml	NS	Both
18.	**Kantakarya-valeha**	AFI	100 gm	Hikka, Kasa, Shvasa, Jirna Pratishaya, Parshvashula	6-12 gm	NS	Both
19.	**Khadirarishta**	AFI	200 ml	Tvak Roga, Kushtha, Krimi, Arbuda	12-24 ml	NS	Both
20.	**Kumaryasava**	AFI	200 ml	Rajodushti, Krichhrartav, Paktishula, Parinamashula,	12-24 ml	NS	Both
21.	**Kutajavaleha**	AFI	100 gm	Atisara, Grahaniroga, Pravahika	6-12 gm	NS	Both
22.	**Lodhrasava/ Rodhrasava**	AFI	200 ml	Prameha, Pradara, Arsha Garbhasayaroga,	12-24 ml	NS	Both
23.	**Nalpamaradi Taila**	AFI	25 ml	Tvakroga, Kushta, Pama, Kandu	For Pratisarana, Abhyanga	NS	Both
24.	**Narayana Taila**	AFI	50 ml	Vataroga, Pangu, Shirogatavata, Manyastambha, Hanustambha	Internal use: 6 gm External use: f Nasya, Abhyanga and Anuvasana Vasti	NS	Both
25.	**Punarnavadi Mandura**	AFI	5 gm	Pandu, Shotha, Pliharoga	250-500 mg	NS	Both
26.	**Rajahpravartini Vati**	AFI	5 gm	Rajorodha, Kastartava	250 mg	Pregnancy, lactation, excessive Uterine Bleeding, kidney disease, discontinue in case of severe abdominal pain	Both
27.	**Sanjivani Vati**	AFI	5 gm	Mandagni, Ajirna, Gulma, Visuchika, Sarpadamsha	125 mg	Pitta Prakriti individuals, hyper sensitivity to Bhallataka, patients having history of Raktapittaja Vikara, pregnancy, cardiac arrhythmia, long term use	Both

No.	Name	Reference	Quantity	Indications	Dose	Contraindications	
28.	**Saubhagya-shunthi Paka**	AFI	100 gm	Prasavottara Lakshana, Sutikaroga, Agnimandya	10-50 gm	NS	Both
29.	**Sitopaladi Churna**	AFI	25 gm	Shvasa, Kasa, Kshaya, Urdhvaga Raktapitta	2-3 gm	NS	Both
30.	**Trikatu Churna**	AFI	25 gm	Arochaka, Ama, Agnimandya	1-2 gm	Paittika Vikara or Prakriti, Raktaj Roga, pregnancy, long term use	Both
31.	**Trinapanchamula Kvatha Churna**	AFI	100 gm	Mutrakricchra	25-50 ml	NS	Both
32.	**Triphala Churna**	AFI	50 gm	Anaha, Prameha, Netraroga	3-6 gm	Dehydration	Both
33.	**Triphala Guggulu**	AFI	10 gm	Bhagandara, Arsha, Nadi Vrana, Gulma, Shotha	Up to 3 gm in divided doses	Pregnancy Chronic or recurrent diarrhoea	Both
34.	**Varunadi Kvatha Churna**	AFI	100 gm	Ashmari Mutrasthila	25-50 ml	NS	Both
35.	**Vasavaleha**	AFI	100 gm	Kasa, Shvasa, Javara, Parshvashula	6-12 gm	Pregnancy	Both
36.	**Yogaraja Guggulu**	AFI	10 gm	Amavata, Agnimandya, Sandhigatavata	Up to 3 gm in divided doses	Pregnancy	Both
37.	**Amalaki Churna**	API	50 gm	Prameha, Raktapitta, Amlapitta,Daha	3 - 6 gm	NS	Both
38.	**Ashvagandha Churna**	API	50 gm	Kshaya, Daurbalya, Vatroga,Klaivya	3 - 6 gm	Long term use may increase blood pressure	Both
39.	**Bala Churna**	Dhanwantari Nighantu	50 gm.	Vatavyadhi, Raktapitta, Kshaya, Rasayana	2-3 gms	Long term use	Both
40.	**Bhumyamlaki**	API	50 gm.	Amlapitta, Kasa, Kshaya, Kushta, Pandu, Prameha, Trusha, kshata, Mutra Roga	3-6 gm.	NS	Both
41.	**Bilva**	API	50 gm	Vatavyadhi, Sotha, Sula, Agnimandhya, Chhardhi, Mutrkrichra, Amavata	2-6 gms	NS	Both

42.	**Sarasvata Churna**	BR	25 gm	Medhya, Smriti and Buddhi Vardhaka	1 - 2 gm	NS	Both
43.	**Gokshura Churna**	API	50 gm	Mutraghata, Mutrashmari, Vrishya, Rasayana	2 - 5 gm	NS	Both
44.	**Guduchi Churna**	API	50 gm	Kushtha,	3 - 6 gm	NS	Both
45.	**Kalamegha**	API	50 gm	Arsa, Jwara, Atisara, kamla, Kandu	1-3 gm	NS	Both
46.	**Katuki**	API	50 gm	Jwara, Kamala, Arochaka, Swasa, Daha, Kushta	1-3 gm.	NS	Both
47.	**Nimba**	API	50 gm	Daha, Jvara, Krimiroga, Kandu, Kushta, Prameha, Rakta Pitta, Vrana	2-4 gm	NS	Both
48.	**Shatavari**	API	50 gm	Amlapitta, Arsa, Atisara, Gulma, Vatarakta, Visarpa, Mutra rakta, Stanya Kshaya, Stanya dosha	3-6 gm.	NS	Both
49.	**Shunthi Churna**	API	25 gm	Amavata, Agnimandya Udararoga,Shvasa	2-3 gm	NS	Both
50.	**Yashtimadhu/ Madhuyashti/ Yashti Churna**	API	50 gm	Rasayana,Kasa, Shvasa, Vranaropana, Kshaya, Svarbheda	Up to 12 gm	Obesity, hypertension, oedema, long term use	Both

List of Unani Medicines for Ayushman Aarogya Mandir (Ayush)

				Arqqiyat			
Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
1.	Arq-e-Ajeeb	NFUM-I	05ml	Nafkh-e-Shikam,Ghas-ayan,Qai,Waj-ul-Meda, Ishal, Haiza, Qulanj, Nazla, Zukam, Laza-e- Hashrat, Shaqiqa, Suda	2-5 drops	NS	Both
2.	Arq-e-Badiyan	NFUM-I	200ml	Su-e-Hazm, Nafkh-e-Shikam	60-120 ml	NS	Both
3.	Arq-e-Mako	NFUM-I	200ml	Zof-e-Kabid,Warm-e-Ahsha	60-120 ml	NS	Both
4.	Arq-e-Zeera	NFUM-V	200ml	Muqawwi-e-Meda &Kasir-e-Riyah	50–75ml	NS	Both
				Huboob			
Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
5.	Habb-e-Asgand	NFUM-V	30pills	Waja-ul-Mafasil & Waja-ul-Warik	500mg-1gm	Hyper-tension	Both
6.	Habb-e-Bukhar	NFUM-I	30pills	Humma-e-Hadda	250–500mg	NS	Both
7.	Habb-e-Muqil	NFUM-I	30pills	BawaseerAmya,Qabz, Waj-ul-Mafasil	500mg-1gm	NS	Both
8.	Habb-e-Mussafi-e-Khoon	NFUM- III	30pills	Fasad-ud-Dam	250–500mg	NS	Both
9.	Habb-e-Shifa	NFUM-I	30pills	Humma,Tashan- nuj-e-Rewi,Zeeq-un-Nafas, Niqras,	250–500mg	Pregnancy, infants and small chil-dren	Both
10.	Habb-e-Suranjan	NFUM-I	30pills	Irq-un-nisa, Waj-ul-Ma-fasil,Warm-e-Mafasil	1-3 gm	NS	Both
11.	Iksir Shifa	NFUM-V	30pills	Dard-e-Sar,Sahar, Mirgi &Junoon	500mg-1gm	NS	Both
				Aqras			
Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
12.	Qurs-e-Deedan	NFUM-I	30pills	Deedan-e-Ama	250-500mg	NS	Both

Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
13.	Qurs-e Mulaiyin	NFUM-I	30pills	Qabz, Qulanj Suddi, Su- da- e-Muzmin	1–2gm	NS	Both
14.	Qurs-e- Ziabetus Khas	NFUM-I	30tabs	Ziabetus Sadiq	1–2gm	NS	Both

Itrifalat							
Sl. No.	**Name of Medicine**	**Reference Text**	**Pack Size**	**Main Indications**	**Dose**	**Precaution/ Contraindication**	**Preferred use in OPD/IPD**
15.	Itrifal-e- Mulayin	NFUM-V	100gm	Qabz, Nazla &Suda	5–10gm	NS	Both
16.	Itri-fal-e- Ustukhud- doos	NFUM-I	100gm	Nazla Muzmin, Suda, Sara,	5–10gm	NS	Both

Jawarishat							
Sl. No.	**Name of Medicine**	**Reference Text**	**Pack Size**	**Main Indications**	**Dose**	**Precaution/ Contraindication**	**Preferred use in OPD/IPD**
17.	Jawarish-e- Amla Sada	NFUM-I	100gm	Zof-e-Meda, Zof-e- Kabid,Nafkh-e- Shikam,Ishal-e-Safra- wi, Khafkhan	5–10gm	NS	Both
18.	Jawarish-e- Jalinoos	NFUM-I	100gm	Zof-e-Aza-e-Raeesa, Zof- e-Meda, Nafkh- e- Shikam	5–10gm	NS	Both

Khamirajat							
Sl. No.	**Name of Medicine**	**Reference Text**	**Pack Size**	**Main Indications**	**Dose**	**Precaution/ Contraindication**	**Preferred use in OPD/IPD**
19.	Khamira Abresham Sada	NFUM-I	60gm	Khafqan, Zof-e-Qalb	5–10gm	NS	Both
20.	Khamira Marwareed	NFUM-I	60gm	Zof-e-Qalb, Zof-e- Asab, Khafqan, Atash-e- Mufrit	3–5gm	NS	Both

Laooq and Luboob							
Sl. No.	**Name of Medicine**	**Reference Text**	**Pack Size**	**Main Indications**	**Dose**	**Precaution/ Contraindication**	**Preferred use in OPD/IPD**
21.	Laooq-e- Sapistan	NFUM-I	100gm	Anaf-ul-Anza,Su- al-e- Muzmin,Na-zla, Zukam	10–20gm	NS	Both

Majoonat							
Sl. No.	**Name of Medicine**	**Reference Text**	**Pack Size**	**Main Indications**	**Dose**	**Precaution/ Contraindication**	**Preferred use in OPD/IPD**
22.	Majoon-e- Chobchini	NFUM-I	100gm	Waj-ul-Mafasil,Falij, Hikka, Jarb	5–10gm	NS	Both

23.	Majoon-e-Dabeed-ul-ward	NFUM-I	100gm	Zof-e-Kabid,Warm-e-Kabid, Faqr-ud-Dam,	5–10gm	NS	Both
24.	Majoon-e-Flasifa	NFUM-I	100gm	Waj-ul-Mafasil,Zof-e- Bah, Salas-ul-Baul	5–10gm	NS	Both
25.	Majoon-e-Suranjan	NFUM-I	100gm	Waj-ul-Mafasil, Niqras,Warm-e-Ma- fasil	5-10gm	NS	Both
26.	Majoon-e-Ushba	NFUM- I	100gm	Waj-ul-Mafasil, Jarb, Hikka	5-10gm	NS	Both

Murabbajat

Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
27.	Murabba Amla	NFUM-I	100gm	Zofe Dimagh, Zofe Kabid, Zofe Meda	20-30gm	NS	Both

Raughaniyat

Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
28.	Roghan-e-Badam Shirin	NFUM- I	50ml	Sahar, Yubs e Jild, Yubse Dimagh, Qabz	5-10ml	NS	Both
29.	Raughan-e-Suranjan	NFUM-I	50ml	Waj-ul-Mafasil, Irq-un-Nisa,Niqras, Warm-e-Mafasil	q.s/for exter-naluse	NS	Both
30.	Raughan-e-Surkh	NFUM-I	50ml	Waj-ul-Mafasil,Irq- un-Nisa, Niqras	q.s/for exter-naluse	NS	Both

Safoof

Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
31.	Safoof -e-Hazim	NFUM- I	50gm	Nafakh Shikam, Zofe Hazm	2-5gm	NS	Both

Sharbat

Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
32.	Sharbat-e-Bu-zoori Motadil	NFUM-I	200ml	Ehtebas-e-Baul, Hum- ma-e- Murakkab	25–50ml	NS	Both
33.	Sharbat-e-Unnab	NFUM-I	200ml	Sual	20–60ml	NS	Both

				Miscellaneous			
Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
34.	Banadiq-ul- Ba- zoor	NFUM-I	30pills	Harqat-ul- Baul, Qurooh-e- Kulya, Qurooh-e-Masana	5–10 gm	NS	Both
35.	Dawa-ul-Misk Motadil Sada	NFUM-I	100gm	Zof-e-Aza-e-Raeesa, Khafqan,	5–10 gm	NS	Both
36.	Zuroor-e-Kath	NFUM- I	100gm	Qula	Q.S.Ext	NS	Both
				Single drugs			
Sl. No.	Name of Medicine	Reference Text	Pack Size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
37.	Aamla	UPI-Part-I,Vol.I	50gm	Zof-e-Dimagh, Nisyan, Suda,Qarha-e-Meda,Humuzat-e-Meda, Ishal	5-10 gm	NS	Both
38.	Afsanteen	UPI, Part-I, Vol.II	25 gm	Deedan-e-Ama, Warm-e-Kabid, Warm-e-Tehal, Sara, Humma	3-5gm	NS	Both
39.	Anjeer	UPI, Part-I, Vol.II	50 gm	Warm-e- Tehal, Sara, Zeeq un Nafas	10-12 gm	NS	Both
40.	Arjun	UPI, PartI, Vol.IV	25gm	Zof-e- Qalb,Khafaqan, Warm-e-Qalb, Fasad-e-Dam, Ishal, Sangrahni, Hummiyat-e-Muzmina	3-5gm	NS	Both
41.	Aspaghol	UPI-Part-I, Vol.II	50gm	Zaheer,Qabz,Sual-e-Yabis	5-10 gm	NS	Both
42.	Badiyan	UPI-Part-I, Vol.I	25gm	Waj-ul-Meda, Nafkh-e-Shikam, Zof-e-Meda, Ethebas-e-Baul, Ethebas-e-Tams, Zof-e-Basarat	5 to 7gm	NS	Both
43.	Banafsha	UPI, PartI, Vol.III	50gm	Humma, Nazla, Zatul Janb, Zatur-Riya, Sual.	5-10 gm	NS	Both
44.	Chiraita	UPI-Part-I, Vol.I	50gm	Su-e-Hazm, Nafkh-e-Shikam, Fasad-ud-Dam, Istisqa-e- Ziqqi, Busoor,Taqteer ul Baul, Zof-e-Ishteha	5to7gm.	NS	Both
45.	Khaksi	UPI-Part-I, Vol.V	50gm	Humma, Hasba, Judri,Suale Muzmin	5-10gm	NS	Both

46.	Mako	UPI, Part-I, Vol.IV	50gm	Warm-e-Jigar wa Meda, Dard-e-Gosh.	5-10gm	NS	Both
47.	Neelofar	UPI-Part-I, Vol.IV	50gm	Zof-e Qalb, Khafqan,Warm-e-Halaq, Khunaq	5-7 gm	NS	Both
48.	Revand chini	UPI-Part-I, Vol.II	25gm	Yarqan,Istesqa, Warm-e-Kabid	1-3 gm	NS	Both
49.	Shahatra	UPI-Part-I, Vol.VI	50gm	Aatishak, Busoor, Suzak, Humma	5-10 gm	NS	Both
50.	Sumbul-ut-Teeb	UPI-Part-I, Vol.I	25gm	Suda, Nafkh-e-Shikam, Istisqa,Yarqan,Waram-e-Kabid,Waram-e-Rahem,Waram-e-Masana	3-5 gm	NS	Both

List of Siddha Medicines for Ayushman Aarogya Mandir (Ayush)

LIST OF ESSENTIAL SIDDHA MEDICINES

Parpam

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
1	Muthuchippi Parpam	SFI-I	10gm	Malaikan, Biramai, Perunkazhical, Eruvai Mulainoi	65-120 mg	NS	Both
2	Nathai Parpam	SFI-I	10gm	Aasanakaduppu, Kaduppu Kazhichal, Kuruthi Eruvaaimulai	200-400 mg	NS	Both
3	Palagarai Parpam	SFI-I	10gm	Vettai, Megachoodu, Naccuvidam	50-100 mg	NS	Both
4	Silasathu Parpam	SFI-I	10gm	Udalerivu, Neerkattu Neererivu	500 mg	NS	Both

Chenduram

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
5	Arumuga Chenduram	SFI-I	10gm	Arai Vatham, Virai Vatham, Eruvai MulaiNoi	65-130 mg	NS	Both
6	Aya Kandha Chenduram	SFI-I	10gm	Oodhal noi	65-130 mg	NS	Both
7	Chanda Marutha Chenduram	SFI-I	10gm	Ottu Rogam, Minorand-Major Ailments Dueto-Mummalakuttram	30-60 mg	NS	Both
8	Gowri Chinthamani Chenduram	SFI-I	10gm	Soolai, Gunmam, Kaasa-Suvasam, Viraivatham, Vippuruthi	65-130 mg	NS	Both
9	Padigalinga Chenduram	SFI-I	10gm	Perumbadu, Oozhi, Kazhichal	300-600 mg	NS	Both

Karuppu

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
10	Kasthuri Karuppu	SFI-I	10gm	Sali, Suram, Irumal, Iraippu	60-130 mg	NS	Both
11	Sivanar Amirtham	SFI-I	10gm	80Vagai Vatha Noikal, 40Vagai PithaNoikal, 20Vagai Ayya Noikal	100-200 mg	NS	Both

Kuzhambu

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
12	Jaathi Jambeera Kuzhambu	SFI-I	10gm	Vaandhi, Pitham, Vikkal, Maanthabedhi	50-100 mg	NS	Both

Mezhugu

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
13	Gunma Kudori Mezhugu	SFI-I	10gm	Poopukaala- thilundakum Soodhaga Sanni, Gunmam, Mantham, Seriyamai	500 mg-1gm	NS	Both
14	Rasaganthi Mezhugu	SFI-I	10 gm	Soolai Noikal, Kan- damalai, Puttru Noikal, Pilavai, Tholnoikal, Megam, Silanthi, Pavut- tiram, Puraiodiya Pun	300 mg	NS	Both

Theeneer

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
15	Oma Theeneer	SFI-I	100 ml	Perun Kazhichal, Seri- yaamai, Nina Kazhichal	15-30 ml	NS	Both

Mathirai

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
16	Bala Sanjeevi Mathirai	SFI-I	10 gm	Suram, Maantham, Kanamand Vayitrottam- Rathakanam	1 mathirai	NS	Both
17	Bramananda Bairavam Mathirai	SFI-I	10 gm	Suram, Sanni	1 mathirai	NS	Both
18	Kustakajakesari	SFI-I	10gm	Thozhu Noi, Megam	1 - 2 mathirai	NS	Both
19	Santha Shandrothayam	SFI-I	10gm	Azhal Suram	1 - 2 mathirai	NS	Both
20	Swasakudori Mathirai	SFI-I	10gm	Irumal, Suvasakaasam	1 - 2 mathirai	NS	Both
21	Vatha Rakshasan	SFI-I	10gm	Sanni, Vathanoikal	1 mathirai	NS	Both
22	Vasantha kusumakaram	SFI-I	10gm	Aiya Irumal, Siruneer Noi, Thummal	1 - 2 mathirai	NS	Both

Thailam

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
23	Arakku Thailam	SFI-I	50 ml	Udalkaduppu, Padu Gnayiru, Ezhu Gnayiru	For external application on scalp and body	NS	Both
24	Arugan Thailam	HP	100 ml	Sori, Padaj, Natpatta tholnoi	For external application on scalp and body	NS	Both
25	Chivapu kukil Thailam	HP	100 ml	Veekkam, Vathavali, Thapitham	For external application	NS	Both

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
26	Kaiyan Thailam	SFI-I	50 ml	Saliyudan Koodiya Erumal	½ -1 tea-spoonful for internal use, also used for external application	NS	Both
27	Karappan Thailam	SFI-I	100 ml	Karappan	For external application	NS	Both
28	Malai Vembathi Thailam	SFI-I	100 ml	Soothaka Vaayu, 3 vagai Maladugal	15-30 ml	NS	Both
29	Mayana Thailam	SFI-I	50ml	Andavaatham, Paarisavaatham, Vali, Keel Vaayu, Sanni, Veekkangal, Virai Veekkam	For external application	NS	Both
30	Vatha Kesari Thailam	SFI-I	100 ml	Vatha Noikal, Thimir- Vatham, Pakka Vaayu, Mutakku Vaayu, Muttu-Vatham	For external application	NS	Both

Ilakam

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
31	Karunai Ilakam	SFI-I	50 gm	All types of Eruvaimulainoikal	2-4gm	NS	Both
32	Kumari Ilakam	SFI-II	200 gm	Meganoi, Oodal, Veppam, Madhavidai Pinigal	5-10gm	NS	Both
33	Maha Vallathi Ilakam	SFI-I	50 gm	21 types of Megam, All types of Vidam, 18 types of Tholnoi	3gm	NS	Both
34	Nellikkai Ilakam	SFI-I	200 gm	Megam, Elumbaipattriyasuram	5-10gm	NS	Both

Rasayanam

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
35	Parangi Rasayanam	SFI-I	50gm	Megam, Parangi Pun, 96 vagai Ayya Noikal, Aan Pen Kuri Puttru	5 gm	NS	Both
36	Tippili Rasayanam	SFI-I	50gm	Natpatta Irumal, Man- thara Kasam, 96 vagai Aiyyam	½ to 1 gm	NS	Both

Manappagu

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
37	Adathodai Manappagu	SFI-I	100 gm	Irumal, Suram, Ayya Noikal, Vali Noikal	10-20gm	NS	Both
38	Mathulai Manappagu	SFI-I	100 gm	VeluppuNoikal, KaiKal Erivu, Vaandhii	10-15gm	NS	Both

Vadagam

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
30	Thalisaathi Vadagam	SFI-I	50 gm	Aiyam, Nina Kazhichal, Vaandhi, Perunkazhichal	1 mathirai	NS	Both

Chooranam (Multi-Ingredient)

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
40	Amukkara Chooranam	SFI-I	50 gm	Ellaipattralnoi, Kai Kal Erivu, Velluppu Noi	500– 1000 mg	NS	Both
41	Elathy Chooranam	SFI-I	50 gm	Pitha Vaayu, Vaayu	1-2 gm	NS	Both

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
42	Nila Vaagai Chooranam	SFI-I	50 gm	Malakattu, Porumal, Vikkal, Vaandhi, Erumal	1-2gm	NS	Both
43	Parangi Pattai Chooranam	SFI-I	50 gm	Megam, Karumpulli, Venpulli	1-2gm	NS	Both
44	Thayirchundi Chooranam	SFI-I	50gm	Kazhichal, Seriyamai	1-2gm	NS	Both

Kudineer Chooranam

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
45	Kaba Sura Kudineer Chooranam	SFI-I	100 gm	Aiyya Suram	30-60 ml of decoction	NS	Both
46	Nilavem- bukudineer Chooranam	SFI-I	100 gm	Kulir Suram, Azhal Suram	30-60 ml of decoction	NS	Both

Vennai

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
47	Amirtha Vennai	SFI-I	50 gm	Pilavai, Kandamalai, Nerikattu, Puriodiya- Pungal, Veekkangal, Araiyappu	For external use	NS	Both
48	Kungiliya Vennai	SFI-I	51 gm	Mega Vellai, Muga Erivu, Neerkkaduppu, Vayir Erichal, Kai Kal Kanthal	For external use As per direction by physician Internal also may be used	NS	Both

Mathirai (External Use)

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
49	**Neerkkovai Mathirai**		SVT	Common cold and headache due to cold	10 gm	For external use	NS	Both

Chooranam (External Use)

Sl. No.	Name of Medicine	Reference Text	Pack size	Main Indications	Dose	Precaution/ Contraindication	Preferred use in OPD/IPD
50	**Dhanthathavana chooranam**		SFI-I	Palvali	100 gm	For external use as tooth powder	NS	Both

List of Homoeopathy Medicines for Ayushman Aarogya Mandir (Ayush)

Sl. No.	Name of the Medicine	Oint-ment	ø	3X/6X	6	30	200	1 M
1	Aconitum napellus					✔	✔	✔
2	Allium cepa				✔	✔	✔	
3	Aloe socotrina					✔	✔	✔
4	Antimonium tartaricum					✔	✔	✔
5	Apis mellifica				✔	✔	✔	✔
6	Arnica Montana	✔	✔			✔	✔	✔
7	Arsenicum album					✔	✔	✔
8	Belladonna		✔			✔	✔	✔
9	Bryonia alba					✔	✔	✔
10	Carbo vegetabilis					✔	✔	✔
11	Calcarea carbonica					✔	✔	✔
12	Calendula officinalis	✔	✔			✔	✔	
13	Cantharis	✔	✔			✔	✔	
14	Causticum				✔	✔	✔	✔
15	Chamomilla					✔	✔	✔
16	China officinalis		✔			✔	✔	✔
17	Cina					✔	✔	
18	Colocynthis					✔	✔	✔
19	Dulcamara				✔	✔	✔	
20	Eupatorium perfoliatum		✔			✔	✔	✔
21	Gelsemimum sempervirens					✔	✔	✔
22	Graphites	✔				✔	✔	✔
23	Hepar sulphuris calcareum				✔	✔	✔	✔
24	Ignatia amara					✔	✔	✔
25	Ipecacuanha				✔	✔	✔	
26	Kreosotum					✔	✔	
27	Ledum palustre	✔				✔	✔	✔
28	Lycopodium clavatum					✔	✔	✔
29	Medorrhinum						✔	✔
30	Mercurius solubilis					✔	✔	✔
31	Natrum muriaticum					✔	✔	✔
32	Natrum sulphuricum					✔	✔	✔
33	Nitricum acidum					✔	✔	✔
34	Nux vomica					✔	✔	✔
35	Podophyllum peltatum					✔	✔	

| Name of the Medicine | | Potency | | | | | | |
Sl. No.		Oint-ment	ø	3X/6X	6	30	200	1 M
36	Pulsatilla nigricans					✔	✔	✔
37	Rhus toxicodendron	✔			✔	✔	✔	✔
38	Ruta graveolens	✔			✔	✔	✔	✔
39	Sepia					✔	✔	✔
40	Silicea					✔	✔	✔
41	Spongia tosta				✔	✔	✔	
42	Sulphur					✔	✔	✔
43	Thuja occidentalis	✔	✔			✔	✔	✔

Sl. No.	Biochemics 12 Tissue Salts (6X-12X)	Drops
1	Calcarea phosphoric	Cineraria eye drops
2	Calcarea sulphuric	
3	Ferrum phosphoricum	
4	Kali phosphoricum	
5	Magnesium phosphoricum	
6	Natrum phosphoricum	

Note 'ø'means mother tincture

List of Sowa-Rigpa Medicines for Ayushman Aarogya Mandir (Ayush)

Sl. No.	Name of Medicine	Reference text	Pack size	Dose	Precautions/ Contra-indications	Preferred use in OPD/ IPD
1.	sLe tres lnga thang	G4	Decoction	2gm	NS	Both
2.	nor bu dun thang	PDS	Decoction	2gm	NS	Both
3.	a gar 15	PDS	1 pill	1gm	NS	Both
4.	agar so lnga	MNLT	1pill	1gm	NS	Both
5.	aru bcu pa	DBZ	3pills	1gm	NS	Both
6.	a ru bco brgyad	MNLT	3pills	1gm	NS	Both
7.	grub thob ril dkar	PDS	3pills	1gm	NS	Both
8.	tsan dan bco brgyad	PDS	1pill	1gm	NS	Both
9.	gcin snyi ya ru bco brgyad	PDS	3pills	1gm	NS	Both
10.	gcin snyi skyu ru drug pa	MNLT	3pills	1gm	NS	Both
11.	cong zhi nyer gcig	PDS	1pill	1gm	NS	Both
12.	cong zhi drug pa	G4	1pill	1gm	NS	Both
13.	cu gang nyer lnga	MNLT	1pill	1gm	NS	Both
14.	da lis bcu drug	PDS	1pill	1gm	NS	Both
15.	da lis bco brgyad	MJST	1pill	1gm	NS	Both
16.	gur gum bcu gsum	G4	3pills	1gm	NS	Both
17.	khrag gcod gur brgyad	G4	3pills	1gm	NS	Both
18.	Khyung lnga	G4	5pills	1gm	NS	Both
19.	ko byi bcu gsum	PDS	1pill	1gm	NS	Both
20.	'khrugs glo kun sel	MNLT	1pill	1gm	NS	Both
21.	klu bdud bco brgyad	MNLT	3pills	1gm	NS	Both
22.	ol se nyer lnga	CNP	1pill	1gm	avoid during pregnancy	Both
23.	spang rgyan bco lnga	MNRGN	3pills	1gm	NS	Both
24.	spang rtsi bcu gnyis	PDS	3pills	1gm	NS	Both
25.	ru rta drug pa	G4	3pills	1gm	NS	Both
26.	gsal byed a wa bco lnga	PDS	1pill	1gm	NS	Both
27.	bsam 'phel nor bu	G4	1pill	1gm	NS	Both
28.	se 'bru lnga pa	G4	3pills	1gm	NS	Both
29.	se 'bru dngas gnas	DBZ	3pills	1gm	NS	Both
30.	se 'bru kun bde	DBZ	3pills	1gm	NS	Both
31.	se 'bru nyi dkyil	MNLT	3pills	1gm	NS	Both

Sl. No.	Name of Medicine	Reference text	Pack size	Dose	Precautions/ Contra- indications	Preferred use in OPD/ IPD
32	seng ldeng nyer lnga	PDS	3pills	1gm	NS	Both
33	gser mdog bcu gcig	CNP	3pills	1gm	NS	Both
34	skyu ru nyer lnga	DBZ	1pill	1gm	NS	Both
35	spos dkar bcu pa	G4	3pills	1gm	NS	Both
36	sug smel bcu pa	G4	3pills	1gm	NS	Both
37	rta bzi dmar po	MNLT	3pills	1gm	NS	Both
38	tig ta nyer lnga	PDS	1pill	1gm	NS	Both
39	tig ta brgyad pa	G4	1pill	1gm	NS	Both
40	gtso bo nyer lnga	MNLT	1pill	1gm	NS	Both
41	gtso bo brgyad pa	G4	1pill	1gm	NS	Both
42	ya sman rdo rje rab 'joms	MNRGN	3pills	1gm	NS	Both
43	zhi byed drug pa	PDS	3pills	1gm	avoid during pregnancy	Both
44	zla shel so bdun	MNBRS	1pill	1gm	NS	Both
45	bsam khyung	G4	1pill	1.5gm	avoid during pregnancy	Both
46	spos khyung bco lnga	G4	3 + 3 pills	1.5gm	avoid during pregnancy	Both
47	zab lag brgyad pa		Ointment	2gm	for external use only	Both
48	rtsa byug	DBZ	Ointment	2gm	for external use only	Both
49	'byar chen	MNRGN	Powder	2gm	for external use only	Both
50	bya kyung sgon po	DBZ	Ointment	10ml	for external use only	Both

PHARMACOVIGILANCE OF
AYURVEDA, SIDDHA, UNANI and HOMOEOPATHY (ASU & H) DRUGS

Reporting Form for Suspected Adverse Reactions

Note:
- i. Personal information of the consumers / patients / ADR reporter's will be kept confidential.
- ii. All suspected reactions are to be reported with relevant details.
- iii. All completed forms are to be submitted to the program coordinator of nearby centre.

	A / U / S / H
Code	Ay-NIA/Code of Peripheral Centre/ADR Number/Year
	Ay-IPGT/Code of Peripheral Centre/ADR Number/Year
	Un-NIUM/Code of Peripheral Centre/ADR Number/Year
	Si-NIS/Code of Peripheral Centre/ADR Number/Year
	Ho-NIH/Code of Peripheral Centre/ADR Number/Year

1. Patient / consumer identification (please complete or tick boxes below as appropriate)

Name		Patient Record Number (PRN)
Place of Birth	IPD / OPD	
Address Village / Town Post / Via District / State		Age:
		Sex: Male / Female
Diagnosis:	Constitution and Temperament:	

2. Description of the suspected Adverse Reactions

Date and time of initial observation	
Description of reaction	

3. Whether the patient is suffering with any chronic disorders?

Hepatic   Renal   Cardiac   Diabetes   Any Others

4. Addictions, if any? If yes, please specify:

5. H/O previous allergies / Drug reactions, if any: If yes, please specify:

6. List of all ASU & H drugs used by the patient during the period of one month:

Name of the drug	Manufacturer / Batch no.	Dose	Form / Route of administration	Date of		Reason for use	Any unwanted occurrences
				Starting	Stopped / Continued		

7. **List of other drugs used by the patient during the period of one month:**

Name of the drug	Manufacturer / Batch no.	Dose	Form / Route of administration	Date of		Reason for use	Any unwanted occurrences
				Starting	Stopped / Continued		

8. **Details of the drug suspected to cause ADR:**

    a. Name of the drug:
    b. Manufacturing date and Expiry date (if available):
    c. Remaining pack / label (if available):
    d. Consumed orally along with (water / milk / honey / or any other)
    e. Whether any dietary precautions have been prescribed?
        If yes, please specify :

    f. Whether the drug is consumed under medical supervision or used as self medication.
    g. Any other relevant information associated with drug use:

9. **Management provided / taken for suspected adverse reaction**

10. **Please indicate outcome of the suspected adverse reaction (tick appropriate)**

Recovered:	Not recovered:	Unknown:	Fatal:	If Fatal Date of death:	
Severe: Yes / No.	Reaction abated after drug stopped or dose reduced:				
	Reaction reappeared after re administration of drug:				
Was the patient admitted to hospital? If yes, give name and address of hospital					

11. Any abnormal findings of relevant laboratory investigations related to the episode done pre and post episode of ADR:

12. Particulars of ADR Reporter:

Please tick:	Patient / Attendant / Nurse / Doctor / Pharmacist / Health worker / Drug Manufacturer / Any others (please specify)
Name:	
Address:	
Telephone / E - mail:	

Signature of the reporter: **Date:**

Please send the completed form to: The centre from where the form is received or to
          The Coordinator, National Pharmacovigilance Centre
          All India Institute of Ayurveda, Sarita Vihar,
          New Delhi - 110 076
          Email: pharmacovigilanceayush@gmail.com

The ADR Probability Scale
(Program Coordinator has to fill this scale)

	Questions	Yes	No	Don't Know
1	Are there previous conclusive reports on the reactions?	+1	0	0
2	Did the ADR appear after the suspected drug was administered?	+2	-1	0
3	Did the ADR improve when the drug was discontinued a specific antagonist was administered ?	+1	0	0
4	Did the adverse reaction reappear when the drug was re-administered?	+2	-1	0
5	Are there alternatives causes that could solely have caused the ADR?	-1	+2	0
6	Was the drug detected in the blood (or other fluids) in a concentration known to be toxic?	+1	0	0
7	Was the reaction more severe when the dose was increased, or less severe when the dose was decreased?	+1	0	0
8	Did the patient have a similar reaction to the same or similar drugs in any previous exposure?	+1	0	0
9	Was the adverse event confirmed by objective evidence?	+1	0	0
	Total Score			

Score: > 9 = Certain;   5-8 = Probable;   1-4 = Possible;   0 = Unlikely

Signature
Program Coordinator

List of Contributors for Indian Public Health Standards for Ayushman Arogya Mandir (Ayush)

National Steering Committee

1. Vaidya Rajesh Kotecha, Secretary, Ministry of Ayush — **- Chairman**

2. Prof. (Dr.) Atul Goel, DG, DGHS, Ministry of Health and Family Welfare — **- Co-Chairman**

3. Smt. Kavita Garg, Joint Secretary, Ministry of Ayush — - Member

4. M.A. Balasubhramanaya, Adviser, NHSRC — - Member

5. Dr. Pawan Godatwar, Technical Officer, SEARO, WHO — - Member

6. Principal Secretary Health/Secretary Ayush, Government of Madhya Pradesh — - Member

7. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Uttar Pradesh — - Member

8. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Gujarat — - Member

9. Principal Secretary Health/Secretary Ayush, Government of Kerala — - Member

10. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Karnataka — - Member

11. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Tamil Nadu — - Member

12. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Assam — - Member

13. Additional Chief Secretary Health (Ayush)/ Principal Secretary Health (Ayush), Government of Jammu and Kashmir — - Member

14. Dr. Kousthubha Upadhyaya, Advisor (Ayurveda), Ministry of Ayush — - Member

15. Dr. M.A. Qasmi, Advisor (Unani), Ministry of Ayush — - Member

16. Dr. Sangeeta A. Duggal, Advisor (Homoeopathy), Ministry of Ayush — - Member

17. Ms. Mona Gupta, Advisor, Human Resource for Health Policy & Integrated Planning, NHSRC — - Member

18. Dr. R. Meenakumari, Director, National Institute of Siddha, Chennai — - Member

19. Dr. A. Raghu, DDG (Ayush), DGHS, MoHFW — **-Member Secretary**

20. Dr. L. Swasticharan, Addl. DDG, DGHS, MoHFW — - Member

21. Dr. Neha Garg, Director, NHM-II, MoHFW — - Member

22. Dr. Vandana Siroha, Deputy Director, NABH, QCI — - Member

23. Dr. K. Madan Gopal, Senior Consultant, NITI Aayog — - Member

24. Vd. Rajeshwari Singh, OSD to Secretary Ayush — - Member

Working Group Members

1. Dr. A. Raghu, DDG (Ayush), DGHS, MoHFW **- Chairman**
2. Representative from Ministry of Health and Family Welfare
3. Dr. P.C. Sharma, Deputy Director, Ayush Department, Government of Madhya Pradesh
4. Dr. Anant S Desai, Project Director, Ayush Department, Government of Karnataka
5. Dr. Jayanarayan, Programme Manager, NAM, Government of Kerala
6. Dr. Sumeet Goel, OSD (T) to Secretary Ayush, Ministry of Ayush
7. Dr.Virendrakumar Bhakare, Assistant Adviser (Ayu.), Ministry of Ayush
8. Dr. Ramavtar Sharma, Research Officer (Ayu.), Ayush Vertical, DGHS, MoHFW
9. Dr. Shobhit Kumar, Research Officer (Ayu.), H& FW Vertical, NITI Aayog
10. Dr. Rupesh Vilas Patil, Research Officer (Ayu.), Ayush Vertical, Ministry of Ayush
11. Dr. Padma Gurmeet, Director, National Institute of Sowa Rigpa (NISR), Leh (co-opt member)

Sub Working Group Members

a. Human Resource and capacity Building

1. Dr. A. Raghu, DDG (Ayush), DGHS, MoHFW
2. Dr. Ramavtar Sharma, Research Officer (Ayu.), Ayush Vertical, DGHS, MoHFW
3. Dr. Rupesh Vilas Patil, Research Officer (Ayu.), Ayush Vertical, DGHS, MoHFW
4. Other co-opt members from the State/UTs as per requirement.

b. Medicines and Quality Control

1. Dr. Vandana Siroha, Deputy Director, NABH, QCI
2. Dr. Raghuram Ayyagiri, CMO, Government of NCT of Delhi
3. Dr. Anurag Mittal, Hospital Quality Expert
4. Dr. Raman Kaushik, Research Officer (Ayu.), Ministry of Ayush
5. Other co-opt members from the State/UTs as per requirement

c. Building, Equipment & Other Infrastructure

1. Dr. Suresh Kumar, Joint Adviser, Ministry of Ayush.
2. Dr. Virendrakumar Bhakare, Assistant Adviser (Ayu.), Ministry of Ayush.
3. Other co-opt members from the State/UTs as per requirement.

d. Ayush Branding & Clinical Governance

1. Dr. K. Madan Gopal, Senior Consultant, NITI Aayog
2. Dr. Shobhit Kumar, Research Officer (Ayu.), H& FW Vertical, NITI Aayog.
3. Other co-opt members from the State/UTs as per requirement.

Others Representatives

1. Dr. Mahendra Pal, Assistant Adviser (Hom.), Ministry of Ayush.
2. Dr. S.D. Muralidass, Research Officer (Siddha), Ministry of Ayush.
3. Dr. Waqar Ahmed, Research Officer (Unani), Ministry of Ayush.