



## **NATIONAL AYUSH MISSION**

### **A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NATIONAL AYUSH MISSION IN NAGALAND.**

**(19<sup>th</sup> November – 24<sup>th</sup> November)**



**MINISTRY OF AYUSH  
GOVERNMENT OF INDIA**

**SUBMITTED BY**

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Monitoring of Important Components of National AYUSH Mission, Nagaland was successfully completed with the help and cooperation received from State Government of Nagaland.

We gratefully acknowledge the support from Shri S. Pangnyu Phom, Hon'ble Minister, H&FW, Government of Nagaland, Shri I. Himato Zhimomi, Principal Secretary, H&FW Government of Nagaland, Dr. Kevichusa Medikhru, Mission Director-NHM & NAM, Govt. of Nagaland, Dr. T. Bendangtula, Assistant Director AYUSH and Dr. Seyiekhrietuo John, State Programme Officer-NAM for their help. The Monitoring exercise relies heavily on the cooperation and enthusiasm of the health facility staff and we thank them for their active involvement during the monitoring visits in the Districts. .

This acknowledgement cannot be concluded without expressing appreciation for the hard work put in by the staff of NAM division. Last but not the least, credit goes to all the State officials, Doctors, Pharmacists and beneficiaries who spent their time and responded to the questions with enthusiasm.

**Shri. Mahavir Singh, Deputy Director**

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**Dr. Virendrakumar V. Bhakare, Research Officer (Ayu.)**

**Dr. Kavita Tyagi, Sr. Consultant**

## **EXECUTIVE SUMMARY**

National AYUSH Mission (NAM) is the Centrally Sponsored Scheme of Ministry of AYUSH launched during 12<sup>th</sup> Plan for implementing through States/UTs. Under NAM Ministry of AYUSH is providing financial assistance to State/UT Governments as per the proposals submitted by them through State Annual Action Plan. It envisages flexibility of implementation of the programmes which will lead to substantial participation of the State Governments/UTs. NAM is likely to improve significantly the outreach of Ministry of AYUSH in terms of planning, supervision and monitoring of the schemes.

### **1. Objectives and Mandatory Components of NATIONAL AYUSH MISSION**

National AYUSH Mission (NAM) is a Centrally Sponsored Scheme of Ministry of AYUSH and financial Grant-in-aid is provided to all States & UTs for development of AYUSH systems of Health Care in the Country. Objectives of NAM are as follows:-

- A)** To provide cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- B)** To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU & H enforcement mechanism.
- C)** Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/Collection/Storage Practices.
- D)** Support setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of infrastructure for entrepreneurs.

#### **Mandatory Components of National AYUSH Mission**

- a.** AYUSH Services
- b.** AYUSH Educational Institutions
- c.** Quality Control of ASU &H Drugs
- d.** Medicinal Plants

## 2. Financial Progress

**Table no. 4 - Status of Grants-in-aid provided from Ministry of AYUSH to State of Nagaland, Expenditure reported and UCs submitted by the State Govt. of Nagaland**

Rs. in lakhs						
Sr. No.	Year	Amount approved by Mission Directorate (As on 31-12-2018)	Amount released by Ministry of AYUSH ( Central Share- (As on 31-12-2018))	Expenditure reported by State Govt. of Nagaland (As on 31-12-2018)	UCs submitted By state Govt. Of Nagaland (As on 31-12-2018)	Unspent balance (As on 31-12-2018)
1	2014-15	213.031	115.613	115.613	115.613	00
2	2015-16	855.536	873.095	873.095	873.10	00
3	2016-17	580.154	521.284	521.284	521.284	00
4	2017-18	1684.52	1516.916	823.77	00	693.146
5	2018-19	855.559	713.121	00	00	713.121
<b>Total</b>		<b>4188.8</b>	<b>3740.029</b>	<b>2333.767</b>	<b>1509.992</b>	<b>1406.267</b>

## 5. Observations:

- **Administrative set up** - In the State of Nagaland there is no separate AYUSH Directorate and AYUSH services are under the control of Director NHM, Ministry of Health & family Welfare. In the Ministry of health and Family Welfare, Assistant director AYUSH and State Nodal officer (NAM) are available and they are looking after the National AYUSH Mission related components with the support of 3 PMU staff. Year-wise record with respect to National AYUSH Mission is maintained at the office of Director, NHM. NBRM is the implementing agency for Medicinal Plants. Nagaland Bio resource Mission (NBRM) is the implementing agency for medicinal Plants component. There is a good co-ordination between Nagaland Bio resource Mission (NBRM) and State Nodal officer, NAM.
- **Flow of funds:** The average time taken for transfer of funds from State Govt. treasury to State AYUSH Society is 4 to 5 months. Principal Secretary, MoH & FW, Government of Nagaland informed that this is because of delayed State Share release. Average time taken for distribution of funds to implementing agency of medicinal plants is about 2-3 months. Government of Nagaland is doing the works departmentally so there is no delay in release of funds from State AYUSH society to the concerned division.

### (A) AYUSH SERVICES COMPONENT

#### 1) Infrastructure:

##### (a) Setting up of upto 50 bedded integrated AYUSH Hospitals

Ministry of AYUSH has approved an amount of Rs. 798.324 lakhs (released Central share of Rs. 718.491 lakhs) for Construction of 30 bedded integrated AYUSH hospitals (Ayurveda and Homoeopathy) at Noklak in Tuensang District. **It is observed that 100% of the**

**construction work is completed and it has taken a period of 2.5 years for completion of the civil work. Quality of the construction work appeared to be satisfied.**

Ministry of AYUSH has approved an amount of Rs. 398.16 lakhs (released Central share of Rs. 358.344 lakhs) in the year 2017-18 for setting up of 50 bedded integrated AYUSH hospital at Razha, Kohima District. It is observed that 50% Construction of the ground floor is completed and further M.O quarters and type IV quarters were under construction. **During the period of one year overall 35-40% of the construction work is completed.**

#### **(b) Co-Location of AYUSH Facilities at PHCs/CHCs/DHs**

Ministry of AYUSH has released an amount of Rs. 36.00 lakhs for Co-location of AYUSH facilities at District hospital, Wokha (in 2017-18), Rs. 36.00 lakhs for DH Mokokchung (in the year 2016-17) and Rs 27.00 lakhs each for CHCs Viswema, Medziphema and Chiephobozou. It is observed that OPD rooms are AYUSH OPD rooms are constructed at Viswema CHC, Chiephobozou CHC, Wokha DH, Medziphema CHC. However State Government has renovated one room at Mokokchung DH for AYUSH facility under NAM. It is observed that **during the period of one year overall 45-50% of the construction work is completed.**

- No where sign boards are observed to ascertain the ownership of assets.
- It is observed that Ministry of Health & Family Welfare has given priority to those CHCs and DHS for Co-location wherever the Manpower is available.
- Most of the visited Co-located facilities were found within habitation.
- Essential equipments and instruments were available at these facilities.
- State Government has constructed the AYUSH facilities with the fund provided under NAM
- There is a need of making available the supporting Manpower like **Pharmacist** with AYUSH Doctors at collocated AYUSH facilities.

#### **(2) Availability of Staff:**

Total no. of 7 AYUSH doctors are working in Nagaland State on regular basis. (one Assistant Director, 2 Doctors at Naga hospital Kohima, 2 Doctors at District hospital Tuensang and 2 at Dimapur District Hospital). Dr. John is deputed as State Nodal officer in the Directorate of Health & Family welfare department from Naga hospital Kohima. Further under NAM 21 staff was deployed on contract at 10 bedded Integrated AYUSH hospital at Dimapur **however it appears that the performance and regularity of the deployed staff is not upto the mark as the hospital building is occupied by Allopathic wing.**

Only 6 contractual AYUSH doctors working under NHM at PHCs, CHCs and DHs are providing the AYUSH services at Co-located facilities. There is no distinct cadre for personnel associated with AYUSH system.

**State Government of Nagaland has not recruited manpower at 30 bedded integrated AYUSH hospital at Noklak till date.**

### 3) Availability of Medicines:

- State Government is purchasing the Ayurvedic and Homoeopathic Medicines from (i) Goa Antibiotics, State PSU of Goa (ii) Kerala Homoeopathic, State PSU of Kerala (iii) Cooperative Drug Factory, State PSU of Uttarakhand and (iv) MP minor Forest, State PSU of Madhya Pradesh
- At Co-located PHCs/CHCs and DHs (visited by team) AYUSH Medicines are available

### 4) Patients footfall:

- Average daily OPD is very low i.e. 2-3 patients only except at 10 bedded integrated AYUSH hospital, Dimapur where average daily OPD attendance was 10-12.
- No where IPD was functional.

### 5) Maintenance of Record

AYUSH doctor working under NHM is maintaining the OPD Register and he also submits the monthly record of patients to the NHM Directorate.

### 6) 50 bedded integrated AYUSH hospitals;

Ministry of AYUSH has approved 3 units of upto 50 bedded integrated AYUSH hospitals in the State of Nagaland till date. Out of which 2 units were visited by the Team.

**I) Setting up of 50 bedded integrated AYUSH hospital at Noklak-** Ministry of AYUSH has approved Rs. 798.324 lakhs for Construction of 30 bedded integrated AYUSH hospital at Noklak. It is observed that construction of hospital is completed. Essential equipments and instruments are available at this hospital. Quality of Construction is good. State nodal officer Dr. John informed that they will inaugurate this hospital in the month of December 2018. Ministry of AYUSH has approved Rs. 122.88 lakhs and Rs. 152.88 lakhs in the year 2017-18 and 2018-19 respectively for salary of manpower medicines and contingency. **However till 25<sup>th</sup> November 2018 manpower recruitment was under process.** This issue was discussed with State Nodal officer and PMU unit.

**II) Setting up of 50 bedded integrated AYUSH hospital at Razha, Chedema, Kohima District** – Ministry of AYUSH has approved an amount of Rs. 398.16 lakhs for construction of this hospital. 30% of the construction of hospital is completed. Construction of ground floor is almost completed. First floor along with M.O. quarters and Type-4 quarters were under construction. **Till date State Government has not provided the commitment of creation of regular posts.**

### 7) 10 bedded AYUSH hospital at Dimapur:

Under NAM ministry of AYUSH has released an amount of Rs. 42.30 lakhs, Rs. 45.00 lakhs Rs. 54.18 lakhs in the year 2015-16, 2016-17 and 2017-18 respectively for salary and contingency fund at 10 bedded integrated AYUSH hospital, Dimapur. It observed that Construction of building is completed having one Ayurveda OPD, one Homoeopathic OPD

and IPD section. One Ayurveda and one Homeopathy doctor is recruited along with 21 contractual hospital staff.

IPD of 10 bedded integrated AYUSH hospital at Dimapur is being used by District hospital. On enquiry State Govt. has informed that this is a temporary arrangement because District hospital Dimapur is under renovation. The hospital staff was present during the visit. **It appears that AYUSH doctors are getting proper space to perform their duties as the hospital building is occupied by Allopathy wing.**

#### 8) AYUSH Gram activity at Pangsha village.

Pangsha village is located in Noklak Tehsil of Tuensang District. It is situated 31 km away from sub-District headquarter Noklak and 87km away from District headquarter Tuensang. Pangsha has a total population of 2,575 peoples( Census 2011). It is observed that people of Nagaland prefer the Allopathic medicines and as per the interaction with the villagers they are not so much aware about the AYUSH system of Medicines. **There is a need to enhance the visibility by increasing awareness sensation about AYUSH Systems.**

#### (B) Observations of Quality Control of ASU&H Drugs:

- **Drug Testing laboratory and Pharmacy at Dimapur** – Under erstwhile Centrally Sponsored scheme of Quality Control of ASU & H drugs an amount of Rs. Rs. 175.00 lakhs has been sanctioned for Govt. Drug testing laboratory and Rs. 200.00 lakhs for State Govt. Pharmacy for ASU & H Drugs at Dimapur. **It is observed that one CMO, Health and Homoeopathic board of Nagaland are utilizing the Pharmacy and DTL building.**
- **List of Equipments and instrument was not available and they are dumped in a single room. The equipments were rusted out and some were broken.**
- **No samples has been tested from this facility so far.**

#### (C) Observations for Medicinal plant component-

- The subsidy was given to the farmers by cash.
- The *Valeriana wallichii* and *Zanthoxylum alatum* was cultivated as a inter-crop with ginger as it was approved as a sole crop
- The record was not found of distributed saplings as owner was not present on site.
- The fund was released for 1 hectare area for establishment of small nursery. The team has visited only 1 acre area. Around 1000 saplings of *Piper longum* and *Piper nigrum* were present at nursery during the visit.
- It has been observed that there is a good coordination between State AYUSH Society and implementing agency of medicinal plant component.
- The farmers have also prepared some value added products of *Andrographis* and Herbal Tea of Tulsi.
- There was no PHM units (Drying shade/ storage /godown) established there.
- The market is very far from the villages; hence the herbal material was damaged due to the non availability of market near the clusters. The transportation charges are very high as Nagaland is hilly area.
- The market is only available in Dimapur for medicinal plants, some farmers has informed that they have sold their material in Lucknow.
- Local masses are not aware about the Govt. scheme related to the medicinal plants.

# 1. INTRODUCTION

## 1.1. BACKGROUND

National AYUSH MISSION (NAM) is the Centrally Sponsored Scheme of Ministry of AYUSH. Under National AYUSH Mission there is a provision of financial assistance to States /UTs for different activities under the four mandatory components and flexipool component. Ministry of AYUSH, Government of India has constituted two Central Monitoring Teams to review the field activities under NAM. The team visited to review the physical and financial progress of Nagaland under NAM comprises of **Shri. Mahavir Singh** (Deputy Director), **Dr. Rachna Paliwal** (Research officer, Homoeopathy), **Dr. Virendrakumar Vilasrao Bhakare** (Research officer, Ayurveda) and **Dr. Kavita Tyagi** (Sr. Consultant).

## 1.2. OBJECTIVES OF THE FIELD VISIT

The Field visit aims to assess the out reaching of National AYUSH Mission activities to public at large and to the underprivileged section of population in particular. This field visit also qualifies for quality monitoring of activities under National AYUSH Mission and to facilitate the State for the better outcome. This will be helpful to strengthen the implementation of National AYUSH Mission activities at the District and below District level. The main objectives of the field visit was to monitor the availability of infrastructure, availability of equipments, drugs, functioning of service delivery quality parameter of facilities, progress under NAM activities etc.

## 1.3. STATE PROFILE: Nagaland

Nagaland emerged as a State, out of the Naga Hills District of Assam and NEFA province, in 1963. This late start meant that the State lost out on the benefits of the first three Five Year Plans. What is more, the State has had to confront insurgency on a continuous basis, committing much of its scarce resources to administrative and related expenditures. The total area of the State is 16,579 Sq. kms. The total population of the State is 19,80,602 (Census 2011) . The state comprises of 11 Districts.

Though Nagaland has been confronted with special constraints and challenges in the areas of politics, economics, geographical terrain, and development, especially of infrastructure, the "social capital" and resilience of the Naga village communities are not only giving hope but also beginning to help overcome the other difficulties. Out of the total geographical area, 75.33% is the forest area and it has become a large store house of varieties of medicinal and aromatic plants in forest areas.

#### 1.4. AYUSH IN NAGALAND

**Administrative set up** - In the State of Nagaland there is no separate AYUSH Directorate and AYUSH services are under the control of Director NHM, Ministry of Health & family Welfare. The Principal Secretary leads the Directorate of Health & Family Welfare. In the Ministry of health and Family Welfare, Assistant director AYUSH and State Nodal officer (NAM) are available and they are looking after the National AYUSH Mission related components with the support of 3 PMU staff. Year-wise record with respect to National AYUSH Mission is maintained at the office of Director, NHM. NBRM is the implementing agency for Medicinal Plants. There is a good co-ordination between NBRM and State Nodal officer.

**Flow of funds** -The average time taken for transfer of funds from State Govt. treasury to State AYUSH Society is 4 to 5 months. Principal Secretary, MoH & FW, Government of Nagaland informed that this is because of delayed State Share release. Average time taken for distribution of funds to implementing agency of medicinal plants is about 2-3 months. Government of Nagaland is doing the works departmentally so there is no delay in release of funds from State AYUSH society to the concerned division.

In the State of Nagaland there are no AYUSH Educational institutes and separate AYUSH Hospitals and Dispensaries. One ASU & H Drug Testing Laboratory and Pharmacy has been established by the fund provided under the Erstwhile centrally sponsored scheme of Quality Control of ASU & H Drugs. In the State of Nagaland, under NAM fund is being provided for Medicines to 45 units which include 9 PHCs, 23 CHCs, 12 DHs and 1 HTC.

#### 1.5 - Financial Progress

**Status of Grants-in-aid provided from Ministry of AYUSH to State of Nagaland, Expenditure reported and UCs submitted by the State Govt. of Nagaland**

(Rs. in lakhs)

Sr. No.	Year	Amount approved by Mission Directorate (As on 31 <sup>st</sup> December 2018)	Amount released by Ministry of AYUSH ( Central share – (As on 31 <sup>st</sup> December 2018)	Expenditure reported by State Govt. of Nagaland (As on 31 <sup>st</sup> December 2018)	UCs submitted by state Govt. of Nagaland (As on 31 <sup>st</sup> December 2018)	Unspent balance (As on 31 <sup>st</sup> December 2018)
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## **1.6 - Selection Criteria for field visit:**

- Nagaland is very hilly tribal State with difficult terrain except Dimapur District. Kohima is the capital of Nagaland State. The total area of the State is 16579 Kms. Total population of Nagaland State is 19,80,602 (census 2011). The State comprise of 11 Districts.
- Visiting team selected the facilities for field visit purpose where more than 50% of grant-in-aid has been reported to be utilized by State Government.
- The visiting team has selected two Districts (Kohima and Tuensang). Kohima being the capital of the State and majority of the activities are undertaken in Kohima. Tuensang District is located in remote part of State approximately 282 Kms away from Kohima. 30 bedded integrated AYUSH hospital at Noklak in Tuensang District is about to complete and being operational shortly. Therefore visiting team decided to inspect the actual position of this hospital.
- Drug Testing Laboratory and Pharmacy of ASU & H drugs are situated at Dimapur District therefore it has been decided to visit Dimapur District also.
- Sampling was based on the principle that sample area represent the different components of NAM executed in State.

## 2. SCHEDULED PLAN FOR FIELD VISIT

The following plan of visit of places of Nagaland was decided in consultation with Dr. Seyiekhrietuo John, State Programme Officer-NAM (AYUSH), DH&FW, Nagaland and the justification as explained on pre page, the scheduled places were visited as per the justification furnished at pre-page.

Table no.- 5

Date	Place of Visit
<b>19-11-2018</b>	<b>Travelling from New Delhi to Dimapur</b>
20-11-2018	Introduction and Discussion with SPMU Team and Principal Secretary, Health & Family Welfare at Nagaland Civil Secretariat, Kohima.  Briefing with Director (NHM)  Inspection of Records in Directorate of Health and SPMU.  Visit to Viswema CHC.  Visit to 50 bedded integrated AYUSH hospital at Razha, Chedema Kohima.
21-11-2018	Travelling towards Noklak  Co-location of AYUSH facility at Cheiphobouzou CHC ( Homoeopathy)  Supply of Essential Drugs(Ayurveda) to Botsa PHC  Cluster of <i>Valeriana welichi</i> - interaction with farmers
22-11-2018	Cluster of <i>Zanthoxylum alatum</i> - Interaction with Farmers  30 bedded integrated AYUSH hospital at NOKLAK ( Construction completed  Visit to Pangsha village for AYUSH Gram
23-11-2018	Visit to Co-location facility (Ayurveda) at Wokha DH  Visit to Co-location facility (Homoeopathy) at Mokokchung DH  Return to Kohima
24-11-2018	<b>Return to Dimapur From Kohima</b>  Visit to Colocated AYUSH Facility (Ayurveda) at Medziphema CHC  Visit to 10 bedded AYUSH Hospital at Dimapur  Visit to Drug Testing Laboratory and Pharmacy at Dimapur  Debriefing to Minister of Health & Family Welfare, Govt. of Nagaland and State PMU
25-11-2018	<b>Return to New Delhi from Dimapur</b>

### 3. Briefing

#### 3.1 Interaction and Briefing with Principal Secretary, Health & Family Welfare, Govt. of Nagaland

At the outset, the monitoring team met with Shri I. Himato Zhimomi, Principal Secretary, H & FW, Government of Nagaland & Chairman NSAMS.

Introduction was made of each officials and monitoring team members. Mr. Mahavir Singh, Deputy Director informed that the objective of the monitoring team is to monitor physical and financial activities undertaken by the State Government of Nagaland under National AYUSH Mission and also facilitate the State to solve the bottlenecks. Further, brief discussion was held in respect of the components/facilities that the monitoring team wanted to visit i.e. AYUSH Services, Quality Control of AYUSH drugs and Medicinal plants component.

The visiting team apprised the Principal Secretary about the various units funded in Nagaland for AYUSH integration. The team also raised concern about no separate Mission Director for NAM as the Mission Director of NHM is looking after NAM also.

The team also asked to the Principal Secretary for their suggestions for NAM in Nagaland. He proposed that separate Directorate of AYUSH should be established and for which he suggested that Central Government is required to provide fund for construction of its building. The visiting team informed that at present there is no such provision under NAM.

He also showed his interest in utilizing the medicinal plants grown in Nagaland for manufacturing finished products. To which the team informed about the Pharmacy and DTL funded under erstwhile CSS but not yet made functional. PS asked the PMU staff of NAM to see how this can be made functional with handholding from centre.



Figure 1- Discussion with Principal Secretary, Ministry of Health & Family Welfare, Govt. of Nagaland

### 3.2 Briefing with Director NHM & NAM, Health & Family Welfare, Govt. of Nagaland

The team visited the Mission Director, NHM & NAM office situated at Directorate of Health Services. He raised his concern about 3 months delay in transfer of funds from State Government to Mission Society. The team reviewed the accounts of the NAM, some photographs of it is enclosed. Also the team enquired about the meeting of the governing body and its minutes of the meeting are opted from the Director NHM. In the directorate, the team inspected the record of stock register, assets register, placement order of medicines, detailed register of funds transfer to implementing agencies, statement of expenditure, cash book etc.

**Purchase of Medicines:** Director, NHM informed that State Government is purchasing the Ayurvedic and Homoeopathic Medicines from (i) Goa Antibiotics , State PSU of Goa (ii) Kerala Homoeopathic, State PSU of Kerala (iii) Cooperative Drug Factory, State PSU of Uttarakhand and (iv) MP minor Forest, State PSU of Madhya Pradesh



Figure 2- Discussion with Director NHM, Ministry of Health & Family Welfare, Govt. of Nagaland

## **4. KEY FINDINGS AND OBSERVATIONS OF THE FACILITIES VISITED BY THE TEAM IN THE NAGALAND STATE.**

### **(A) AYUSH SERVICES COMPONENT.**

#### **(I) VISIT TO Viswema CHC for Co-location of AYUSH facilities (Homoeopathy):**

The team visited the Viswema CHC, located about 25 Kms. from Kohima and about 1 km from Visema village, District Kohima for Co-location of AYUSH facilities (Homoeopathy) under National AYUSH Mission. During the 2016-17 Mission Directorate approved Rs. 30.00 lakhs for Co-location of AYUSH facilities (Homoeopathy) at Viswema CHC.

It is observed that AYUSH wing is under construction adjacent to the CHC. The ground level of it with 2 rooms (about 150 sq.ft. each) and one toilet is constructed but did not have any fixtures/ furnitures/ sign board. AYUSH OPD is there for Homoeopathy stream and currently State is utilising the two rooms of CHC for the same. Homoeopathic medicines were available in the CHC, where as equipments and instruments were not available. AYUSH doctor working under NHM is available and he is dispensing the medicines to the patients. The team had checked the monthly patients record register and found that 2-3 patients visited daily OPD on an average and total no. of patients who came for treatment from January 2018 to October 2018 are 498 out of which 224 patients were cured and 254 patients continuing the treatment. Local people of Viswema village did not have awareness about the AYUSH wing coming up although they were aware of the homoeopathic doctor working there.

Field visit team interacted with the AYUSH Doctor (Dr. Tamsuyanger) and he suggested that additional manpower support is required because he is working under NHM and there is need of awareness in people for AYUSH treatment because they prefer modern system of medicine. The Doctor informed that in emergency cases, patients were being referred for Allopathy centres. Further he raised the issue that he is getting less salary as compared to Allopathic doctors.



Figure 3: Co-location of AYUSH facility at Viswema CHC





Figure 4: Co-location of AYUSH facility at Viswema CHC

## (II) Visit to 50 bedded Integrated AYUSH hospital at Razha, Chedema, Kohima

The team visited to examine the present status of 50 bedded Integrated AYUSH hospitals at Razha, Chedema, Kohima. Under National AYUSH Mission, an amount of Rs. 398.16 lakhs in the year 2017-18 were approved to the State for construction of the 50 bedded Integrated AYUSH hospital at Razha Chedema, Kohima District. As described by the Program officer, one 50 bedded hospital, RMO quarters, Nursing quarters and type IV quarters are proposed to be built. It is observed that construction site did not bear any sign board. Ground floor is almost completed and first floor was under construction. M.O. quarters and Type-4 quarters were also under construction. It is observed that approximately 30% of the construction work is completed. State Nodal officer said that they need more fund from Ministry of AYUSH so that construction work will be completed as early as possible. It is located 30 Kms from Kohima and it took the team about 2 hrs in vehicle to come back to Kohima.



Figure 5: 50 bedded integrated AYUSH hospital at Razha, District Kohima



Figure 6 – 50 bedded integrated AYUSH hospital at Razha, District Kohiama.

### **(III) Co-location of AYUSH facility at Chiephobozou CHC ( Homoeopathy)**

The team visited the CHC ( Homoeopathy) at Chiephobozou for co-location of AYUSH facility. Ministry of AYUSH has approved Rs. 30.00 lakhs for Co-location of AYUSH facility at this CHC in the year 2017-18. Two rooms with one additional medical storage room have been constructed. Approximate area is 200 Square feet. Homoeopathic Medicines were available in the CHC. One Homoeopathic doctor working under NHM on contractual basis is available and she is dispensing the medicines to the patients. The team had checked the monthly patients record register and found that 2-3 patients visited daily OPD on an average and total no. of patients who came for treatment from January 2018 to October 2018 are 417 out of which 209 patients were cured and 187 patients continuing the treatment.



Figure 7- Co-location of AYUSH facility at Chiephobozou CHC

#### (IV) Supply of Essential Drugs (Ayurveda) to Botsa PHC

Team visited the Botsa PHC, District Kohima with respect to supply of essential AYUSH Drugs component. It is observed that **Ayurvedic** Medicines were available in the PHC. The team had checked the monthly patients record register and found that 2-3 patients visited daily OPD on an average and total no. of patients who came for treatment from January 2018 to October 2018 are 389 out of which 195 patients were cured and 175 patients continuing the treatment.

Visiting team interacted with AYUSH Doctor and he said that supply of Ayurvedic Drugs to this PHC from State Government on regular basis is effective since the inception of NAM and rural peoples of this area are taking benefit of the same. AYUSH doctor is working under NHM and he also raised the issue of his low salary as compared to salary of Allopathic doctors.

#### (V) Setting up of 30 bedded integrated AYUSH hospital at NOKLAK

The team visited the 30 bedded integrated AYUSH hospital at Noklak and it is observed that 100% construction work is completed. State Nodal officer informed us that they will inaugurate this hospital in the month of December 2018. It is observed that they have purchased the essential equipments and furniture for this hospital. The quality of construction is good. Hospital building consists of specious wards and rooms for the purpose of different OPDs. Visiting team asked about the Manpower recruitment regarding this 30 bedded hospital. In this regard State nodal officer informed that they have completed the process of recruitment and appointment letters will be given to the selected candidate's upto first week of December.

It is pertinent to mention here that Ministry of AYUSH has approved Rs. 798.324 Lakhs as non-recurring assistance for setting up of a 30 bedded integrated AYUSH hospital at Noklak from 2015-16 till date. Further an amount of Rs. 122.88 Lakhs and Rs. 152.88 lakhs as recurring assistance for the salary of manpower in the year 2017-18 and 2018-19 respectively. However State Government has not recruited the Manpower till November 2018. Therefore visiting team asked about the funds sanctioned for salary of Manpower and State Nodal officer said that the recruitment is under process and will be completed till December 2018. **It is observed that 100% of the construction work is completed and it has taken a period of 2.5 years for completion of the civil work. Quality of the construction work appeared to be satisfactory.**



Figure 8 : 30 bedded integrated AYUSH hospital at Noklak





Figure 9 : 30 bedded integrated AYUSH hospital at Noklak

#### **(VI) AYUSH Gram Pangsha village of Tuensang District**

The team visited the Pangsha village regarding AYUSH Gram programme. Pangsha village is located in Noklak Tehsil of Tuensang District. It is situated 31 km away from sub-District headquarter Noklak and 87km away from District headquarter Tuensang. Pangsha has a total population of 2,575 peoples (Census 2011.) There are about 458 houses in Pangsha village. Pangsha village is situated at border of India and Myanmar in Tuensang District of Nagaland. Ministry of AYUSH has approved an amount of Rs. 10.00 lakhs for AYUSH Gram activity at Pangsha village in the year 2016-17. State Govt. has conducted a medical camp in this village for promotion of AYUSH in the State. It is observed that AYUSH system of Medicine is at initial Stage in the State and people of Nagaland prefer the Allopathic medicines and as per the interaction with the villagers they are not so much aware about the AYUSH system of Medicines. There is a need to enhance the IEC activities to increase awareness and visibility of the AYUSH.

#### **(VII) Co-location of AYUSH facility at Mokokchung DH**

The team visited the co-location of AYUSH facility (**Homoeopathy**) at Mokokchung. It is pertinent to mention here that Ministry of AYUSH has approved Rs. 40.00 lakhs as non-recurring assistance for co-location of AYUSH facility at Mokokchung in the year 2016-17. It is observed that 1 Homoeopathic Medicines were available in the DH. AYUSH doctor checks the patient in the room at District hospital. The renovation and alteration of one Room is done with the funds provided under NAM. Seperate construted OPD is not available.

Two rooms with one additional medical storage room have been constructed. Approximate area is 200 Square feet. AYUSH doctor working under NHM is available and she is dispensing the medicines to the patients. The team had checked the monthly patients record register and found that 2-3 patients visited daily OPD on an average and total no. of patients who came for treatment from January 2018 to October 2018 are 1272 out of which 636 patients were cured and 572 patients continuing the treatment.



Figure 10:- Co-location of AYUSH facility at DH Mokokchung.

#### **(VIII) Co-location of AYUSH Facility at Wokha District Hospital.**

The team visited the Co-location of AYUSH facility (Ayurveda) at District hospital Wokha . It is pertinent to mention here that Ministry of AYUSH has approved Rs. 40.00 lakhs as non-recurring assistance for co-location of AYUSH facility at Wokha in the year 2017-18. It is observed that 100% construction work is completed. The quality of construction is good. Ayurvedic Medicines were available in the DH. AYUSH doctor working under NHM is available and she is dispensing the medicines to the patients. The team had checked the monthly patients record register and found that 2-3 patients visited daily OPD on an average and total no. of patients who came for treatment from January 2018 to October 2018 are 623 out of which 311 patients were cured and 281 patients continuing the treatment. It is observed that Co-location is completed within a period of one year.



Figure 11:Co-location of AYUSH Facility at Wokha District Hospital

#### **(IX) Co-location of AYUSH Facility at Medziphema CHC.**

The team descended towards Dimapur from Kohima. The co-location of AYUSH facility at Medziphema CHC was visited which is about 25 Kms from Dimapur. Ministry of AYUSH has approved Rs. 30.00 lakhs as non-recurring assistance for co-location of AYUSH facility (**Ayurveda**) at Medziphema CHC in the year 2016-17. The Ayurveda unit was found to be functional. The ground floor consisting of two rooms (about 150 sq.ft. each) and one toilet is constructed and had required fixtures, furnitures, sign board and OPD equipment, examination table. One AYUSH is working in the CHC. Ayurvedic medicines have been purchased, stock register is maintained. Patient entry for Ayurveda was available and about 3-4 patient/day entries were seen. Another register for reporting under NAM was also well maintained. The 1<sup>st</sup> floor had two rooms with one IPD bed in each, no other furniture or instruments for IPD was available. The team had checked the monthly patients record register and found that 2-3 patients visited daily OPD on an average and total no. of patients who came for treatment from January 2018 to October 2018 are 1098 out of which 549 patients were cured and 494 patients continuing the treatment.



Figure 12 :- Co-location of AYUSH facility at Medziphema CHC

**(X) - 10 bedded integrated AYUSH hospital at Dimapur.**

At Dimapur city the team visited a 10 bedded integrated AYUSH hospital adjacent to the Dimapur District Civil Hospital (about 1.5 Kms. from Dimapur Rail-way station). This hospital is inaugurated on 7<sup>th</sup> April 2015. Ministry of AYUSH is providing the funds for salary of the hospital staff under NAM. Construction of the building was complete, sign board were well maintained and visible. The ground floor had 2 OPDs one for Ayurveda and other for Homoeopathy. Required fixtures, furnitures and OPD equipment, examination table were available. One Ayurvedic doctor and one Homoeopathic doctor are working in the unit and medicines for both the streams have been purchased, stock register is maintained. OPD register is maintained and average 12-15 patient/day entries were seen. Another register for reporting under NAM was also well maintained. Other than the two doctors, 21 supporting staffs were present. The Panchakarma table was placed in the OPD and was not separated out by curtain or wall and did not seem to be used. The stock register for equipments for Panchakarma was not available.

It was observed by the team that IPD section housed patients of District Hospital, Dimapur as it is under renovation and as per CMO's order it is directed that till it is constructed the patients of District Hospital, Dimapur will be admitted in the integrated AYUSH hospital. The team desired to meet the CMO but it was informed that he and his team are out for some office picnic. The AYUSH wing did not admit any patients till date. The site of existing District hospital was shown to the team which is completely under new construction and did not seem to get completed in near future. Total no. of patients who came for treatment from January 2018 to October 2018 is 1728 out of which 864 patients were cured and 778 patients continuing the treatment.



Figure 13:- Integrated AYUSH hospital at Dimapur (10 bedded)





Figure 14:- Integrated AYUSH hospital at Dimapur (10 bedded)

## **(B) QUALITY CONTROL OF ASU & H DRUGS COMPONENT.**

### **(i) ASU&H Pharmacy and Drug Testing Laboratory at Dimapur.**

- Under erstwhile Centrally Sponsored scheme of Quality Control of ASU & H drugs an amount of Rs. Rs. 175.00 lakhs has been sanctioned for Govt. Drug testing laboratory and Rs. 200.00 lakhs for State Govt. Pharmacy for ASU & H Drugs at Dimapur. The team was taken to the constructed building of so called ASU&H Drug testing laboratory and Pharmacy. The building was of 4 storeys and the team saw that it housed the CMO office, other special diseases units, board of homoeopathic system of medicine. There was no sign of DTL or Pharmacy. On enquiry it was informed by the state representatives that the CMO office located on opposite side of the road is under dilapidated condition and thus by some internal arrangement it is decided to shift the CMO office in the DTL - Pharmacy building till it is made functional. The state could not provide any written document for this arrangement. It is observed that, in one locked room all the equipment and machineries purchased for DTL and Pharmacy has been dumped. The equipments were rusted out and some were broken. **No samples has been tested from this facility so far.**



Figure 15: Instruments at DTL Dimapur

## (C) Medicinal Plants Component under NAM.

The team of Ministry reached at District Noklak on 21<sup>nd</sup> November, 2018 for monitoring of Medicinal plant component and other activities of NAM. The team members Dr. Virendrakumar Vilasrao Bhakare (Research officer, Ayurveda.), Dr. Rachna Paliwal (Research officer, Homoeopathy.) and Dr. Kavita Tyagi (Sr. Consultant (NAM) had performed their duties under the supervision of Sh. Mahavir Singh, Deputy Director P & E, Ministry of AYUSH during the Field Visit of Nagaland.

The detail of medicinal plant activities under NAM are given below approved by Ministry of AYUSH:

Amount in lakh

Table no. 6- Financial and physical progress – Medicinal Plants (as on 31 <sup>st</sup> December 2018)									
S. No.	Plants approved By Ministry of AYUSH	2015-16		2016-17		2017-18		Total	
		Phy.	Fin.	Phy.	Fin.	Phy.	Fin.	Phy.	Fin.
A.	No. of Nurseries	Nil		Nil		4	25	4	25
B.	Cultivation								
i)	Indian valerian ( <i>Valeriana wallichii</i> )	51	20.36	40	17.569	60	26.353	151	64.282
ii)	Agar ( <i>Aquilaria agallocha</i> )			28	7.69	70	19.225	98	26.915
iii)	Timoor ( <i>Zanthoxylum alatum</i> )			40	8.784			40	8.784
iv)	Konch ( <i>Mucuna prurita</i> )			12	1.054	50	4.392	62	5.446
v)	Kalmegh ( <i>Andrographis paniculata</i> )			4	0.439	20	2.196	24	2.635
vi)	Pippali ( <i>Piper longum</i> )			14	3.843	50	13.725	64	17.568
C.	Post Harvest Management units					1	10	1	10

(i) 21<sup>st</sup> November 2018: We started our journey from Kohima to Noklak. On the way team has visited Field of *Valeriana walliichi* at Helipong, District Tuensang. Team interacted with 10 following farmers present at field namely Yangchose, Chemtsa, Thsachola, Tingtsali, Kumlikyu, Chonayimtsing, Khupula, Lisepi, Juna and Chemlise.

During the interaction farmers have informed that the cluster of *Valeriana walliichi* having 10 famers and covered an area of 1 hectare land under cultivation at site. The subsidy was released by cash to the farmers. The farmers list present at Annexure-1



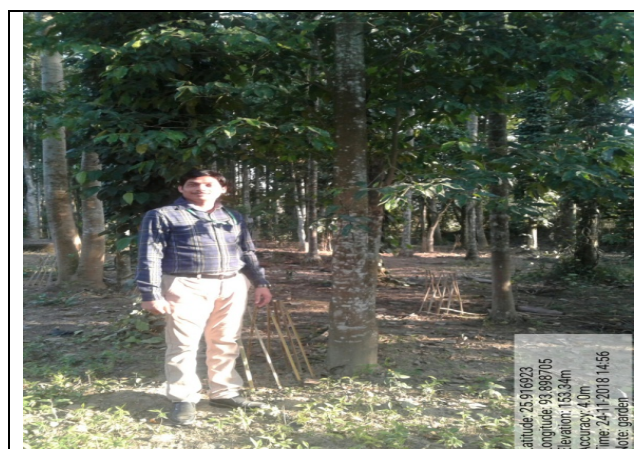


**22<sup>nd</sup> November 2018 :** We started our journey from Tuensang to Noklok District. On the way team has visited field of *Zanthoxylum alatum*. Team interacted with 4 farmers present at field. The cluster has already prepared a small nursery and raised sapling of *Zanthoxylum*. During the interaction farmers have informed that the cluster of *Zanthoxylum alatum* covered an area of 1.5 hectare land under cultivation of plant in valley.



**Figure 18 and 19 - A small nursery of *Zanthoxylum* at Field**

**24<sup>th</sup> November, 2018:** The team has visited *Piper* cluster at village **Nikhekhu**. The two farmers were interacted there. The cluster has covered 5 hectare area under cultivation of *Piper longum* along with *Aquialaria*, 2 hectare area under *Andrographis paniculata* and 1 hectare area under *Tulsi*. The piper was present in the field where as Kalmegh and tulsi were already harvested by the farmers as both are the six months crops. During the visit the team has interacted with the progressive farmer Shri Nihoku Chophy at Dimapur. He has prepared the herbal tea of Tulsi.



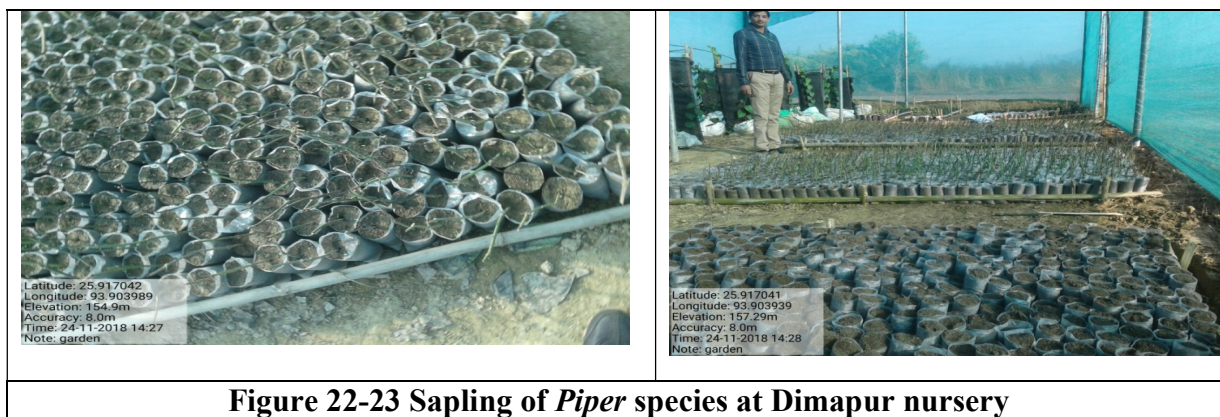
**Figure 20 - Field of *Aquialaria* species at Dimapur**



**Figure 21- Field of *Piper* species**

**Visit of Nursery:-** Near the *Piper* cultivation the team has visited the nursery. The nursery was under Nagaland Bio Resource Mission (NBRM). The team has interacted with the Kiheto (brother of Shri Tito Zhimami, incharge of nursery). The fund of Rs. 6.25 lakhs was released for establishment of small nursery to the Zhimami. As per the information of Kehito, they have raised the following sapling of medicinal plants which was distributed to the nearest farmer.

- (i) *Piper nigrum* = 5000
- (ii) *Piper longum* = 3000
- (iii) *Arecanut* = 7000
- (iv) *Aqualaria* = 10000



**Figure 22-23 Sapling of *Piper* species at Dimapur nursery**

**Observations: -**

- The subsidy was given to the farmers by cash.
- The *Valeriana* and *Zanthoxylum* was cultivated as a inter crop with ginger as it was approved as a sole crop
- The record was not found of distributed saplings as owner was not present on site.
- The fund was released for 1 hectare area for establishment of small nursery. The team has visited only 1 acre area. Around 1000 saplings of *Piper longum* and *Piper nigrum* were present at nursery during the visit.
- It has been observed that there is a good coordination between State AYUSH Society and implementing agency of medicinal plant component.
- The farmers have also prepared some value added products of *Andrographis* and Herbal Tea of Tulsi.
- There was no PHM units ( Drying shade/ storage /godown) established there.
- The market is very far from the villages; hence the herbal material was damaged due to the non availability of market near the clusters. The transportation charges are very high as Nagaland is hilly area.
- The market is only available in Dimapur for medicinal plants, some farmers has informed that they have sold their material in Lucknow.
- Local masses are not aware about the Govt. scheme related to the medicinal plants.



## 5. Debriefing to Hon'ble Health Minister, Government of Nagaland at Dimapur.

After visiting the DTL and Pharmacy building at Dimapur, debriefing was done to Shri S. Pangnyu Phom, Hon'ble Health Minister, Government of Nagaland. The visiting team apprised the Health Minister, Government of Nagaland about the various units funded in Nagaland for AYUSH integration and visited facilities. The team also raised concern about no separate Mission Director for NAM as the Mission Director of NHM is looking after NAM also. Following points are raised by the team during the discussion with Health Minister.

- (1) At visited Co-located AYUSH facilities sign boards are not available. Further, AYUSH doctors working under NHM are providing the AYUSH facilities in the available rooms at PHCs/CHCs and DHs. However, the constructed rooms under NAM are not being utilized for AYUSH system of Medicine at most of the facilities.
- (2) At Co-located AYUSH facilities supporting manpower is not available for AYUSH and only one Assistant Director, 6 regular and 6 contractual AYUSH doctors (under NHM) are working in the State.
- (3) Construction work is being started in the State including completion of construction of a 30 bedded integrated AYUSH hospital at Noklak. Ministry of AYUSH has released the funds for salary of Manpower and contingency to this hospital in 2017-18 and 2018-19. However, manpower is not recruited by State Government till date.
- (4) Commitment of creation of Regular posts and filling up of posts regarding 50 bedded integrated AYUSH hospital at Razha, Kohima District is required to be submitted by State Government.
- (5) Pharmacy and DTL at Dimapur are funded under Erstwhile CSS but not yet made functional and instruments and equipments are dumped in a room.
- (6) The implementation of the National AYUSH Mission in the State is a milestone in the healthcare delivery system and would definitely benefit the people however there is a need of creation of more awareness in the people about AYUSH system of Medicine.



Figure 24- Debriefing to Hon'ble Health Minister, Government of Nagaland.



## 6. RECOMMENDATIONS:-

### Recommendations regarding Administrative set up and AYUSH services Component.

- Total no. of 7 regular AYUSH doctors (one Assistant Director, 2 Doctors at Naga hospital Kohima, 2 Doctors at District hospital Tuensang and 2 at Dimapur District Hospital) and 6 Contractual AYUSH Doctors (under NHM) are working in Nagaland State. Due to the non-availability of regular manpower for AYUSH system of Medicine People of Nagaland are not getting the benefit of the AYUSH Services. Further, AYUSH services are under the control of Director, NHM. **Therefore separate AYUSH Directorate is required for better implementation of the Scheme.**
- The procedure for obtaining financial sanction for progressive activities need to be streamlined by avoiding repeated approval from Competent Authority of the State Government. There is a need of more awareness in peoples of Nagaland State with respect to the AYUSH system of Medicines and effective steps need to be taken using different modes of awareness including social media.
- Total 6 regular posts of AYUSH doctors ( 3 Ayurveda and 3Homoeopathy) lying vacant at 30 bedded integrated AYUSH hospitals may be filled at the earliest so as to make the hospital fully functional.
- 10 bedded integrated AYUSH hospital at Dimapur is required to make fully functional by the State Government for providing AYUSH facilities to the people.
- State Government may recruit the AYUSH Medical officers as a permanent faculty for Improvement of AYUSH sector.
- The funds provided for AYUSH Gram, School health programme is required to be utilised for creation of awareness regarding AYUSH system of Medicines by the State Govt.
- There should be a provision for the salary of manpower at Co-located AYUSH PHCs/CHCs and DHs (at least to the AYUSH Medical officer) under National AYUSH Mission so that completely focus should be made on AYUSH system of Medicines.

### Recommendation for Quality Control of ASU&H Drugs component:

- As entire facility of DTL and Pharmacy has been taken over by Allopathy wing. Therefore Grant-in-aid released by Ministry of AYUSH is required to be utilised for DTL and Pharmacy so that same can be made functional and outcome of the scheme could be improved.

**Recommendations regarding Medicinal plant component:**

- To organise some IEC activities like workshops, buyer seller meet, Conferences etc. to aware the local masses about the different activities of schemes of Government.
- The cost norm of medicinal plants for cultivation is very low according to the hilly area; hence the cost of cultivation of medicinal plants may be increased.
- Some District level mandies may also be established there for effective market of medicinal plants.
- Post Harvest management units like Storage/ godown and drying shed may also be established at District level for grading, drying of raw materials.
- Trainings and capacity building are also required on GAPs and GFCPs for cultivation of medicinal plants.
- Individual farmers may also be promoted for cultivation of medicinal plants.
- The area of cluster and number of farmers in cluster may be reduced in hilly area as per the demand of farmers.
- To promote the private sector also for raising the QPM, establishment of PHM units and rural collection centres as the some forest land is under private sector.
- Farmer may be registered in implementing agency for cultivation under a cluster.

## **ACTIONS REQUIRED TO BE TAKEN BY STATE GOVERNMENT OF NAGALAND**

Based on the findings of the monitoring study, State Government is advised to take up the follow up actions as under:

- To set up a Separate AYUSH directorate headed by an independent Director with hierarchical administrative setup upto district/ block level for better implementation of the Scheme.
- Grant-in-aid provided for deployment of manpower at 30 bedded integrated AYUSH hospital, Noklak is yet to be utilized. The hospital needs to be made functional with adequate trained manpower and requisite equipments and tools.
- Creation of regular posts at 50 bedded Integrated AYUSH hospital at Razha, Kohima District and placement of manpower against these posts.
- Strengthening of the State Programme Management unit (SPMU) for better implementation of the scheme. SPMU need to be manned by multidisciplinary team as per details given in operational Guidelines of NAM.
- Manpower deployed at 10 bedded integrated AYUSH hospital, Dimapur have not been used for running AYUSH facilities. Their services may be utilised properly so as to make the hospital fully functional completely with respect to AYUSH OPD and IPD.
- Expediting the utilization of unspent funds and furnishing the activity reports, utilization Certificates as well as physical and financial progress reports on regular basis to the Ministry.
- Supporting manpower like Pharmacists, MPWs etc. need to be deployed in AYUSH facilities which are managed under collocation by AYUSH doctors.
- Pharmacy and Drug Testing laboratory at Dimapur which are established with the Grant-in-aid from Ministry of AYUSH is not utilized for the AYUSH activities. So it should be made functional for AYUSH purposes at the earliest.
- State may explore the feasibility of setting up of Mandies at regional/District level for scientific marketing of Medicinal & Aromatic plants and to strengthen the supply chain management.
- The farmers may be registered by the implementing agency for taking up cultivation of Medicinal plants under Cluster mode.

- State needs to switch over to PFMS and EAT compliant systems as per direction of Ministry of Finance for efficient management of utilization of fund released under NAM.
- To enhance the visibility of AYUSH System of health care more IEC related activities need to be taken up using the services of professionals so that people in general and rural population in particular could be made aware about the AYUSH health care system.
- State has made good start on various activities supported under NAM and further efforts need to be put in on consistent basis to plan and execute the activities with a futuristic planning keeping in view the needs and challenges' of the state and public healthcare sector.

Monitoring and Evaluation Unit,  
Ministry of AYUSH,  
Government of India