

**GOVERNMENT OF INDIA
MINISTRY OF AYUSH**

**RAJYA SABHA
UNSTARRED QUESTION NO.2404
TO BE ANSWERED ON 17th DECEMBER, 2024**

Upgradation of AYUSH hospitals

2404 **Shri C. Ve. Shanmugam:**

Will the Minister of *Ayush* be pleased to state:

- (a) the salient features of National Ayush Mission;
- (b) whether Government sanctions funds for the upgradation of AYUSH hospitals in the country; and
- (c) if so, the details of the total funds released and utilised for the upgradation of AYUSH hospitals during the last three years, year-wise and State-wise?

ANSWER

**THE MINISTER OF STATE (IC) OF THE MINISTRY OF AYUSH
(SHRI PRATAPRAO JADHAV)**

- (a) The salient features of the National Ayush Mission (NAM) is furnished at **Annexure-I**.
- (b) and (c) Under NAM, as per the proposals received from the State/UT Governments through SAAPs, the State/UT-wise and year-wise details of funds released for upgradation of AYUSH hospitals and expenditure reported by the State/UT Governments during the last three years is furnished at **Annexure-II**.

Salient features of National Ayush Mission

Vision:

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

Objectives:

- a. To provide Ayush health care services throughout the country by strengthening and improving AYUSH health care services.
- b. To establish a holistic wellness model through Ayush Health and Wellness Centres focusing on preventive and promotive health care based on AYUSH principles and practices, to reduce the disease burden and out of pocket expenditure.
- c. To provide informed choice to the needy public through co-location of AYUSH facilities at PHCs, CHCs and DHs resulting in medical pluralism.
- d. To emphasize the role of Ayush in Public Health as per NHP 2017.
- e. To enhance and strengthen the infrastructure of Ayush educational institutions.

The Mission inter-alia makes provision for the following activities for which financial assistance is being provided under NAM: -

Mandatory Components: -

- (i) Operationalization of Ayush Health & Wellness Centres (now renamed as Ayushman Arogya Mandir (Ayush))
- (ii) Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)
- (iii) Upgradation of existing standalone Government Ayush Hospitals
- (iv) Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation)/Construction of building to establish new Ayush Dispensary
- (v) Setting up of upto 10/30/50 bedded integrated Ayush Hospitals
- (vi) Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals
- (vii) Ayush Public Health Programmes
- (viii) Behaviour Change Communication (BCC)
- (ix) Mobility support at State and District level
- (x) Ayush Gram
- (xi) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector
- (xii) Infrastructural development of Ayush Under-Graduate Institutions and infrastructural development of Ayush Post-Graduate Institutions/ add on PG/ Pharmacy/Para-Medical Courses

Flexible Components: -

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

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

Funding Pattern: The funding pattern for the North Eastern States and Himalayan States of Uttarakhand, Himachal Pradesh and Union Territory of Jammu & Kashmir (J&K) is Centre: 90% and State/UT: 10%, whereas for the rest of the States this ratio is Centre: 60% and State: 40%. In case of UTs with Legislature except J&K (Delhi and Puducherry) funding ratio is Centre: 60% and UT: 40%. However, 100% funds are provided by Centre in all UTs without Legislature (Chandigarh, Dadra & Nagar Haveli and Daman Diu, Lakshadweep, Andaman & Nicobar Island and Ladakh)

Annexure-II

State/UT-wise details of funds released for Upgradation of Ayush Hospitals and expenditure reported by the States/UT Governments during last three years

(Rs. in Lakhs)

Sl. No.	Name of State/UTs	Central Share Released				Expenditure Reported by State /UT Government			
		2021-22	2022-23	2023-24	Total	2021-22	2022-23	2023-24	Total
1	Andman & Nicobar Islands	53.212	35.631	57.473	146.316	53.212	35.631	11.801	100.644
2	Arunachal Pradesh	0.000	16.724	0.000	16.724	0.000	16.724	0.000	16.724
3	Assam	0.000	0.000	33.750	33.750	0.000	0.000	0.000	0.000
4	Chhatisgarh	240.000	0.000	1.800	241.800	240.000	0.000	0.000	240.000
5	Dadra & Nagar Haveli	0.000	0.000	31.930	31.930	0.000	0.000	0.000	0.000
6	Gujarat	221.760	146.370	198.675	566.805	0.000	0.000	0.000	0.000
7	Haryana	0.000	2.640	0.000	2.640	0.000	2.640	0.000	2.640
8	Himachal Pradesh	0.000	0.000	220.440	220.440	0.000	0.000	146.431	146.431
9	Jammu & Kashmir	100.840	0.000	146.030	246.870	100.840	0.000	146.030	246.870
10	Jharkhand	0.000	0.000	30.000	30.000	0.000	0.000	27.000	27.000
11	Kerala	1016.616	851.666	1260.000	3128.282	1016.616	851.666	0.000	1868.282
12	Madhya Pradesh	66.240	0.000	0.000	66.240	66.240	0.000	0.000	66.240
13	Manipur	0.034	3.848	0.000	3.883	0.034	3.848	0.000	3.883
14	Mizoram	0.000	98.431	0.000	98.431	0.000	98.431	0.000	98.431
15	Sikkim	76.500	76.500	0.000	153.000	76.500	76.500	0.000	153.000
16	Tripura	19.404	32.985	74.223	126.612	19.404	18.676	0.000	38.080
17	Uttar Pradesh	0.000	225.000	39.000	264.000	0.000	140.000	0.000	140.000
18	Uttarakhand	6.930	24.660	122.400	153.990	6.930	24.660	122.400	153.990
Total		1801.536	1514.455	2215.721	5531.712	1579.776	1268.776	453.662	3302.215