

**GOVERNMENT OF INDIA
MINISTRY OF AYUSH**

**RAJYA SABHA
UNSTARRED QUESTION NO. 1770
TO BE ANSWERED ON 16.12.2025**

Ayushman Arogya Mandir

1770 Shri Sadanand Mhalu Shet Tanavade:

Shri Samik Bhattacharya:

Smt. Kiran Choudhry:

Shri Shambhu Sharan Patel:

Shri Chunnilal Garasiya:

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

(a) the manner in which Ayushman Arogya Mandir (AAM) provides standardized, evidence-based wellness protocols for Non-Communicable Disease (NCDs) like hypertension and diabetes as per the May 2025 Standard Treatment Guidelines (STG) on Metabolic Disorders;

(b) what outcomes the co-location of Ayush facilities at PHCs, CHCs and district hospitals has achieved and how cross-referral rates between Ayush and modern medicine are tracked;

(c) what results from the September 2025 Capacity Building Summit indicate State adoption of revised financial and organizational reforms for National Ayush Mission (NAM); and

(d) the manner in which the Ministry is utilising over 7.5 lakh Ayush practitioners to strengthen community health and promote preventive and promotive healthcare?

ANSWER

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

(a) Under the Centrally Sponsored Scheme of National Ayush Mission (NAM), Ministry of Ayush has approved 12500 Ayushman Arogya Mandir (Ayush) [AAM (Ayush)] in different parts of the country as per the proposals received from State/UT Governments through State Action Plan (SAAPs) and as reported by them all are operational. These AAM (Ayush) are providing holistic wellness model to the community based on Ayush principles and practices including Yoga focusing on preventive, promotive, curative, rehabilitative healthcare for different common ailments including Non-Communicable Disease (NCDs) like hypertension and diabetes.

Further, Ayush vertical under Directorate General of Health Services (DGHS) in collaboration with the Central Health Education Bureau (CHEB) conducted the Modular Training Programme for Master Trainers from States and UTs in October 2025 to support nationwide implementation after release of STGs on Metabolic Disorders. A total of 152

participants from 36 States and Union Territories were trained, forming the national resource pool for the State-level cascading training programme to support standardized interpretation and rollout of the STGs across Ayush healthcare facilities including Ayushman Arogya Mandir (AAM).

(b) Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling choice to the patients for different systems of medicines under single window. The engagement of Ayush Doctors/paramedics and their training is supported by the Ministry of Health & Family Welfare (MoHFW) under National Health Mission (NHM), while the support for Ayush infrastructure, equipment /furniture and medicines is provided by Ministry of Ayush under NAM as shared responsibilities. Mainstreaming of Ayush has been taken up in 13,093 Ayush facilities co-located under NHM (6,158 PHCs, 3,103 CHCs, 482 DHs, 3,109 health facilities above Sub- Center (SC) but below block level and 241 health facilities other than CHC at or above block level but below district level) and providing health care services to the community.

(c) The Departmental Summit on “National Ayush Mission and Capacity Building in States” had been held successfully in the month of September 2025 at New Delhi, under the Chairmanship of Shri Prataprao Jadhav, Hon’ble Minister of State (I/C), Ministry of Ayush and MoS, Ministry of Health & Family Welfare. The preparatory exercise for the Departmental summit included conducting orientation sessions by the Ministry, organizing workshops among the States/UTs, preparing the Concept Note, forming six working-groups on designated sub-theme, collecting Feedback Notes from the grassroots level, and submission of State-specific Notes by States/UTs highlighting major challenges, possible solutions and implementation modalities.

The Departmental Summit witnessed participation of senior officers from States/UTs, eminent experts from the MoHFW, Member (Health), NITI Aayog, representatives from Ayush Research Councils, National Institutes, National Commissions and senior officials of the Ministry, who had shared their insights towards shaping the future expansion of the NAM scheme. The event facilitated in-depth discussions on the State-Specific Notes and Feedback Notes received from departmental officers across States and Union Territories, including valuable inputs from grassroots-level functionaries. Accordingly, the Summit formulated strategies for implementation by proposing actionable solutions such as structured capacity building, scalable standard operating procedures (SOPs) and planning models, strengthening program governance, enhancing transparency in financial reporting and developing state-specific roadmaps for infrastructure and service quality improvement. Overall, the summit played a crucial role in supporting the Ministry of Ayush in envisioning and implementing people-centric healthcare delivery through NAM, while fostering inter-state collaboration to ensure sustained growth in the sector.

(d) As Public Health being a State subject, the primary responsibility to utilise Ayush practitioners for providing holistic health care to the community including preventive and promotive healthcare through different Ayush interventions lies with respective State/UT

Government. However, Ministry is implementing the Centrally Sponsored Scheme of NAM through State/UT Governments and supporting their efforts for providing better access of Ayush healthcare services to the community by providing financial assistance under different activities including strengthening of Ayush infrastructure, support for Ayush manpower, supply of medicines to Ayush health facilities and implementation of the Ayush Public Health Programmes. Accordingly, the State/UT Governments may avail financial assistance by submitting suitable proposals through SAAPs as per NAM guidelines.
