



REPORT NO.

156

**PARLIAMENT OF INDIA  
RAJYA SABHA**

**DEPARTMENT-RELATED PARLIAMENTARY STANDING  
COMMITTEE ON HEALTH AND FAMILY WELFARE**

**ONE HUNDRED FIFTY SIXTH REPORT**

**ON**

**REVIEW OF NATIONAL AYUSH MISSION**

*(Presented to the Rajya Sabha on 9<sup>th</sup> February, 2024)*

*(Laid on the Table of Lok Sabha on 9<sup>th</sup> February, 2024)*



**Rajya Sabha Secretariat, New Delhi  
February 2024/Magha, 1945 (Saka)**

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सत्यमेव जयते

**Rajya Sabha Secretariat, New Delhi  
February 2024/Magha, 1945 (Saka)**

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\*To be appended at the printing stage.

**COMPOSITION OF THE COMMITTEE**

**(2023-24)**

**1. Shri Bhubaneswar Kalita - Chairman**

**RAJYA SABHA**

2. Dr. Anil Agrawal
3. Shri Sanjeev Arora
4. Dr. L. Hanumanthaiah
5. Shri Shambhu Sharan Patel
6. Shri Imran Pratapgarhi
7. Shri B. Parthasaradhi Reddy
8. Shri S. Selvaganabathy
9. Dr. Santanu Sen
10. Shri A. D. Singh

**LOK SABHA**

11. Shrimati Mangal Suresh Angadi
12. Ms. Bhavana Gawali (Patil)
13. Shri MaddilaGurumoorthy
14. Ms. Ramya Haridas
15. Shri K. Navas Kani
16. Dr. Amol Ramsing Kolhe
17. Shri C. Lalrosanga
18. Dr. Sanghmitra Maurya
19. Shri Arjunlal Meena
20. Shrimati Pratima Mondal
21. Dr. Pritam Gopinath Rao Munde
22. Dr. Lorho S. Pfoze
23. Adv. Adoor Prakash
24. Shri Haji Fazlur Rehman
25. Dr. Rajdeep Roy
26. Dr. DNV Senthilkumar S.
27. Dr. Jadon Chandra Sen
28. Shri Anurag Sharma
29. Dr. Mahesh Sharma
30. Dr. Sujay Radhakrishna Vikhepatil
31. Dr. Krishna Pal Singh Yadav

**SECRETARIAT**

- |                               |                       |
|-------------------------------|-----------------------|
| 1. Shri Sumant Narain         | Joint Secretary       |
| 2. Shri Shashi Bhushan        | Director              |
| 3. DrSaket Kumar              | Deputy Secretary      |
| 4. Smt.Noyaline Vineetha F.C. | JointDirector         |
| 5. Shri.Saurav Trivedi        | Secretariat Assistant |

## PREFACE

I, the Chairman of the Department-related Parliamentary Standing Committee on Health and Family Welfare, having been authorised by the Committee to present the Report on its behalf, present this One Hundred Fifty-Sixth Report on the subject “Review of National Ayush Mission” which was adopted by the Committee in its meeting held on the 7<sup>th</sup> February, 2024.

2. The review of the National Ayush Mission in India holds paramount importance as it addresses integrating and promoting traditional Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy systems within India's healthcare framework. These traditional systems, deeply rooted in the country's cultural heritage, contribute to holistic health practices. The review is crucial for assessing the effectiveness of the National Ayush Mission in preserving and promoting these traditional healthcare practices. It also facilitates examining public health outcomes, inclusivity, and accessibility, ensuring that Ayush benefits reach diverse sections of the population.

3. The primary objective of the Committee behind identifying the subject was to evaluate the integration of Ayush with modern medicine and what measures have been taken to foster a comprehensive and evidence-based healthcare approach. The Committee aimed to assess steps taken to encourage research and development, aligning with international standards and refining policies to address evolving healthcare needs. The review of the National Ayush Mission is pivotal for maintaining the relevance and efficacy of traditional healthcare practices in contemporary society.

4. The Committee held deliberations with the representatives of the Ministry of Ayush & Director General (DG), CCRAS and DG, CCRUM during its meeting held on the 28<sup>th</sup> July, 2023 for a holistic examination of the subject. The Committee also heard representatives from Director General (DG), NIUM, in-charge of the National Institute of Unani Medicine (NIUM) Ghaziabad and representatives of Directorate of AYUSH, GNCT of Delhi in its meeting held on 22<sup>nd</sup> August, 2023 and representatives from Central Council for Research in Homeopathy (CCRH), Central Council for Research in Yoga & Naturopathy (CCRYN), Central Council for Research in Siddha (CCRS), National Institute of Sowa Rigpa (NISR) in its meeting held on 31<sup>st</sup> August, 2023.

5. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in bold letters in the body of the Report and reproduced at the end of the Report at ‘Observations/Recommendations-at a Glance’.

6. On behalf of the Committee, I extend special thanks to the Secretary, Ministry of Ayush, Director Generals of Research Councils, and all representatives of other institutions who gave their views and enriched the Committee with their deep insight and valuable suggestions during interactions. I further extend special appreciation to the officers of the Committee Secretariat for their invaluable efforts in assimilating all relevant information and enabling the Committee to produce this Report.

**New Delhi**  
**7<sup>th</sup> February, 2024**  
**Magha, 1945 (Saka)**

**BHUBANESWAR KALITA**  
**Chairman,**  
**Department-related Parliamentary Standing**  
**Committee on Health and Family Welfare**

## ACRONYMS

|            |  |
|------------|--|
| AOGUSY     | Ayush OushadhiGunvatta Evam Utpadan Samvardhan Yojana                          |
| ASEAN      | Association of Southeast Asian Nations   |
| AYUSH      | Ayurveda, Yoga, Unani, Siddha and Homeopathy                                   |
| AYUSHEXCIL | AYUSH Export Promotion Council   |
| A-HWCs     | Ayush- Health and Wellness Centres   |
| AIIMS      | All India Institute of Medical Science   |
| BIMSTEC    | Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation |
| BIS        | Bureau of Indian Standards   |
| CCRAS      | Central Council for Research in Ayurvedic Sciences                             |
| CCRUM      | Central Council for Research in Unani Medicine                                 |
| CCRH       | Central Council for Research in Homeopathy                                     |
| CCRS       | Central Council for Research in Siddha   |
| CHCs       | Community Health Centres   |
| DBT        | Direct Benefit Transfer  |
| DNA        | Deoxyribonucleic Acid  |
| DPMU       | District Program Management Unit   |
| FITM       | Forum on Indian Traditional Medicine   |
| GMP        | Good Manufacturing Practices   |
| GAP        | Good Agricultural Practices  |
| HMIS       | Health Management Information Systems  |
| IEC        | Information, Education & Communication   |
| IPvC       | Intermediary Pharmacovigilance Centres   |
| ISO        | International Organisation for Standardisation                                 |
| MRAs       | Mutual Recognition Agreements  |
| NAM        | National Ayush Mission   |
| NABH       | National Accreditation Board for Hospitals & Healthcare Providers              |
| NGO        | Non-Governmental Organisation  |
| NHM        | National Health Mission  |
| NPvCC      | National Pharmacovigilance Centre  |
| NRHM       | National Rural Health Mission  |
| PCIM&H     | Pharmacopoeia Commission for Indian Medicine & Homoeopathy                     |
| PHCs       | Primary Health Centres   |
| PPvCs      | Peripheral Pharmacovigilance Centres   |
| QCI        | Quality Council of India   |
| R&D        | Research & Development   |
| RRM        | Regional Review Meetings   |
| SPMU       | State Program Management Unit  |
| SCO        | Shanghai Cooperation Organisation  |



|      |   |
|------|---|
| TCIM | Traditional, Complementary and Integrative Medicine |
| TM   | Traditional Medicine                                |
| TCM  | Traditional Chinese Medicine                        |
| UCs  | Utilisation Certificates                            |
| WHO  | World Health Organisation                           |

## **Chapter-I**

### **Introduction**

#### **Overview of Ayurveda, Yoga, Unani, Siddha, and Homeopathy (Ayush)**

1.1 Ayush, an acronym collectively representing five traditional systems of medicine—Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa and Homeopathy—is an integral part of India's rich cultural and healthcare heritage. These systems offer unique perspectives on health and well-being, drawing from ancient wisdom and practices. The Ayush system in India has a rich and diverse history, deeply rooted in ancient traditions and practices. The Evolution of Ayush is an amalgamation of centuries-old knowledge, adaptations, and modern integrations.

1.2 The National Ayush Mission (NAM) is one of several government initiatives and flagship schemes launched to promote the accessibility and affordability of Ayush services nationwide. The Committee selected this subject as the mission focuses on almost all aspects of the development of the Ayush system in the country, covering infrastructure development, quality control, medicinal plant cultivation, research, and awareness campaigns, among several other aspects of Ayush.

#### **Process Followed**

1.3 The Committee relied on government data about NAM and Ayush facilities available on its websites and publications. The publications such as the Annual Report of the Ministry of Ayush (2022-23), Economic Survey (2022-23), Union Budget (2022-23), National Health Policy, 2017, research papers on the Ayush system and facilities, published in accredited national/international Journals were consulted. The Committee also heard the representatives of the Ministry of Ayush and other related organisations, research institutes, and hospitals.

#### **Common Threads and Distinct Features:**

1.4 While each Ayush system is distinct, they share common themes such as a holistic view of health, emphasis on prevention, and the belief in the body's innate healing abilities. However, their diagnostic approaches, treatment modalities, and philosophical foundations vary, contributing to the diversity and richness of India's traditional healthcare systems.

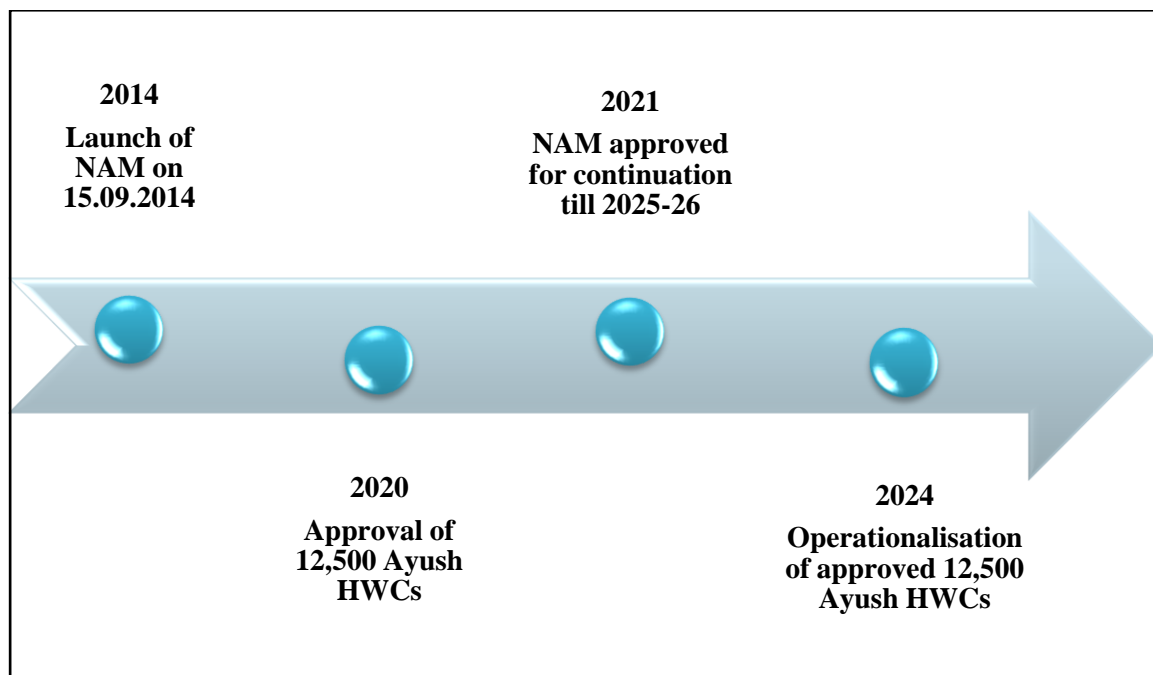
## **Historical Background and Evolution of the National Ayush Mission in India**

1.5 The Ministry of Ayush was formed in 2014 to focus on developing, educating, and propagating Ayurveda, Yoga and naturopathy, Unani, Siddha, and Homoeopathy. The Ministry aimed to create policies, regulate education, promote research, and facilitate the growth and awareness of these traditional systems in India and the world.

1.6 The National Ayush Mission (NAM) is a centrally sponsored scheme launched by the Ministry of Ayush in September 2014. The launch of NAM marked a significant milestone in promoting and integrating Ayush systems into the national healthcare framework. The decision to establish NAM was guided by the understanding that Ayush could offer holistic and cost-effective healthcare solutions aligned with India's cultural ethos. Before the launch of NAM, initiatives to promote Ayush were integrated with the National Rural Health Mission (NRHM). However, recognising the need for a dedicated focus on Ayush, the National Ayush Mission was launched as a separate mission.

1.7 NAM comprises various components, including AYUSH services, educational institutions, quality control of Ayush drugs, medicinal plants, research and development, and management and capacity building. These components aim to improve infrastructure, promote research, and enhance the overall development of Ayush systems. Over the years, the National Ayush Mission has evolved, and its scope has expanded to cover more areas and initiatives. It has contributed to the growth of Ayush practices and has played a role in integrating traditional systems with mainstream healthcare.

1.8 Union Cabinet approved a new component of 12,500 Ayush Health and Wellness Centres under NAM for five years up to 2023-24. The scheme has been approved for continuation up to 2025-26.



**TIMELINE OF NATIONAL AYUSH MISSION (NAM)**

**Objectives and Scope of the National Ayush Mission**

1.9 The primary objectives of the National Ayush Mission include increasing accessibility to Ayush services, promoting the cultivation of medicinal plants used in these systems, strengthening educational institutions for Ayush, and creating awareness about the benefits of Ayush practices.

1.10 The Ministry of Ayush has further apprised the Committee that under “Ayush Educational Institutions” the following measures would be taken under NAM: -

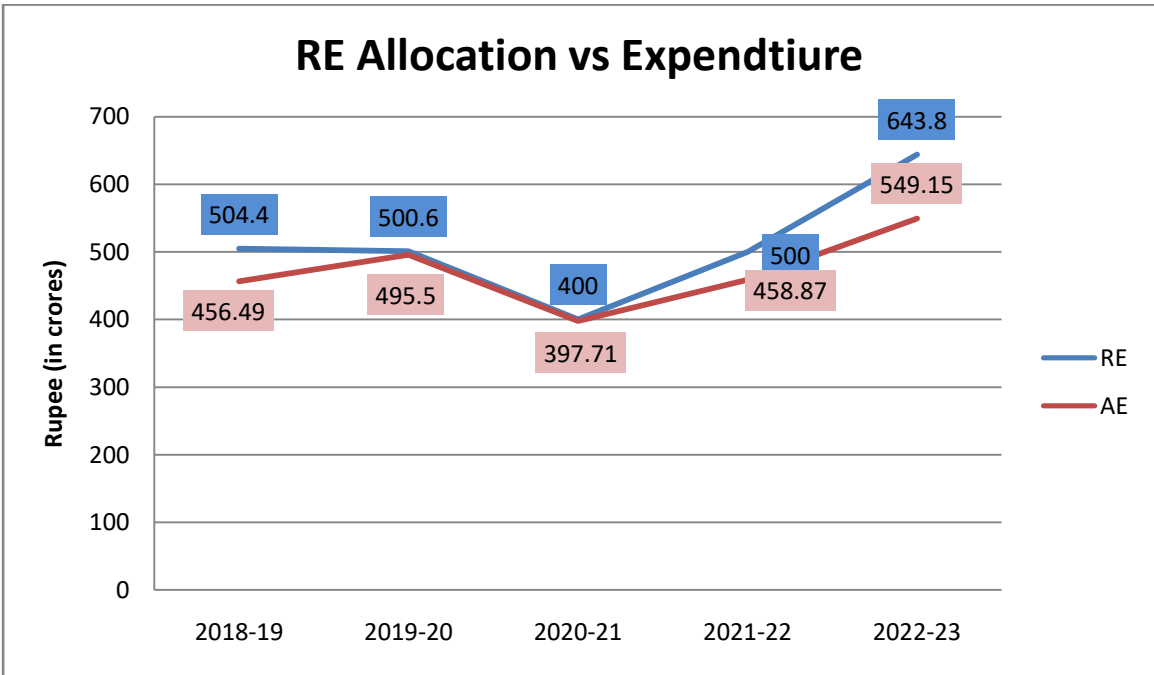
- a. Infrastructural development/upgradation of Ayush Under-Graduate Institutions and Post-Graduate Institutions.
- b. Establishment of new Ayush Colleges in the States where the availability of Ayush teaching institutions is inadequate in the Government Sector, State/UT Governments may propose the establishment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

**1.11 The Committee notes the foresighted objectives of the National Ayush Mission. The Committee is hopeful that the Scheme can transform India's traditional systems of medicine. The Committee, therefore, recommends the Government intensify its focus on implementing the National Ayush Mission (NAM) by strategically aligning its objectives with mainstream healthcare delivery. The Committee opines that collaboration between traditional and modern medical practitioners will be crucial in the effective implementation of NAM. Additionally, investing in robust research and development, enhancing educational institutions, and promoting awareness will contribute to establishing Ayush as a viable and integral part of the healthcare system. This concerted effort will not only improve accessibility to Ayush services but also foster a holistic approach to health and wellness, ensuring the successful mainstreaming of traditional systems in the national healthcare framework.**

**Budgetary allocation and utilisation status**

**BE vs RE allocation.**

| Financial Year | BE allocation (in crores) | RE allocation (in crores) |
|----------------|---------------------------|---------------------------|
| 2021-22        | 553.80                    | 500                       |
| 2022-23        | 800                       | 643.8                     |
| 2023-24        | 1200                      | NA                        |



**1.12 The Committee observes although there has been a consistent upward trend of fund utilisation in the past 3 years, the actual utilisation of funds is still low. In RE 2022-23, despite an allocation of Rs. 643.80 crore, only Rs. 549.15 crore was spent which is about 85 percent. In view of the low utilisation of funds and considering the allocated fund of Rs. 1200.00 crore for 2023-24, the Committee urges the Ministry to focus on thorough and complete fund utilisation. The Committee asserts that utilisation trends and absorption capacity justify increased funds, especially for NAM, the Ministry's sole Centrally Sponsored Scheme with diverse components. These funds should be optimally employed to revitalise and enhance Ayush systems in public health delivery services.**

## Chapter-II

### Key Components and Initiatives under the National Ayush Mission

#### Components of the National Ayush Mission

2.1 As per the information furnished by the Ministry of Ayush components of the National Ayush Mission are: -



#### Flexible Component

2.2 The Committee was apprised that States have been given the flexibility to use 25 percent of the approved amount under the National Ayush Mission as per the State's specific requirements. This 25% earmarked flexible fund can be spent on the following:

1. Yoga Wellness Centres
2. Tele-medicine
3. Sports Medicine through Ayush

4. Reimbursement of Testing charges
5. IEC activities
6. Training and capacity building
7. Support for HMIS and DBT tracking systems.
8. NABH Accreditation of Ayush Healthcare facilities

**2.3 The Committee notes that in its vision, NAM intends to create an enabling environment for research and development in Ayush through various initiatives, programs, and aspects of its implementation. The Committee is, therefore, of the opinion that "Promotion of Research and Development" should be prominently included as one of the components of NAM. Similarly, the flexible component, which allows 25% flexible usage of funds, should include research and development as a supported activity.**

**2.4 The Committee is of the view that the National Ayush Mission's (NAM) initiatives like Health and Wellness Centres (HWCs/Arogya Mandirs) and co-location of Ayush facilities with Primary Health Centres (PHCs) and Community Health Centres (CHCs) represent a unique opportunity to strengthen clinical evidence and promote research and development (R&D) in Ayush systems. Standardised electronic medical records in HWCs and co-located Ayush facilities can systematically capture patient data on diagnoses, treatments, and outcomes, enabling large-scale epidemiological studies and comparative effectiveness research. HWCs and co-located facilities can build trust with communities, facilitating long-term monitoring of patients and providing valuable insights into the chronic disease management potential of Ayush therapies.**

**2.5 The Committee believes that standardised data collection can pave the way for identifying biomarkers associated with specific Ayush interventions, opening doors for further research into mechanisms of action and personalised medicine.**

**2.6 The Committee further recommends the following measures to develop clinical Research Infrastructure:**

- **Strengthening manpower and training: Upgrading infrastructure and providing training opportunities for Ayush practitioners at HWCs can enhance their research skills and capacity to participate in clinical trials.**



- **Establishing research networks:** Collaboration among Ayush facilities and institutions can facilitate multicentric clinical trials and improve research quality.
- **Standardisation of protocols and interventions:** Developing standardised protocols for Ayush interventions can ensure data consistency and enable robust clinical research.
- **Community Engagement:** Engaging communities in research design and implementation through Ayush facilities can address their specific needs and ensure culturally relevant research outcomes.
- **Evidence Recording:** Data gathered and generated in centres should be recorded and publicised. The clinically supported research and peer-reviewed articles should be placed in Ayush and allopathic medical colleges for better outreach, understanding, and coordination.

#### **Ayush Health & Wellness Centres:**

2.7 Union Cabinet on 20.03.2020 approved the proposal for the upgradation of 12,500 Health facilities (10,000 Ayush Dispensaries and 2500 Health sub-centers) into Ayush Health and Wellness Centre under the Ayushman Bharat as a component of the National Ayush Mission in a phased manner by the year 2023-24. These AYUSH HWCs would be operationalised through States/ UTs in Centrally Sponsored Scheme mode and under the broad umbrella of the National AYUSH Mission (NAM). The vision is to establish a holistic wellness model to reduce the disease burden and out-of-pocket expenditure and to provide informed choices to the needy public.

2.8 The Ministry of Ayush has apprised the Committee that as of 28.07.2023, 7603 Health and Wellness Centres have been operationalised, and the Ministry has released funds to establish a total of 10,275 H&WCs.

#### **Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)**

2.9 The primary responsibility to provide Ayush services at Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs) lies with the respective State/UT Governments. However, the 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 the choice of patients for different systems of medicines under a single window.

2.10 The engagement of Ayush doctors/ paramedics and their training is supported by the Ministry of Health & Family Welfare under the National Health Mission (NHM). At the same time, the Ministry of Ayush supports Ayush infrastructure, equipment/ furniture, and medicines under the National Ayush Mission (NAM) as shared responsibilities. The status of co-located Ayush facilities at PHCs, CHCs and DHs, State/UT-wise, is furnished in **Annexure-I**. Further, the Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Homoeopathy (CCRH) and Central Council for Research in Siddha (CCRS), Autonomous organisations under Ministry of Ayush have established treatment centres wherein allopathic and Ayush systems of medicines are available at one place in the country. State/UT-wise status of treatment centres wherein allopathic and Ayush systems of drugs are available at one place under CCRAS, CCRH, CCRUM, and CCRS is furnished in Annexure-II.

**2.11 The Committee acknowledges the efforts of the Ministry of Ayush in developing a pluralistic and holistic system of integrative healthcare. The Committee believes that co-located Ayush facilities at PHCs and CHCs may act as a one-stop center for both conventional and traditional healthcare services and thus strengthen access to Ayush services. For better coordination, the Committee recommends the sharing of infrastructure, medical equipment, and administrative staff at Ayush facilities and allopathic teams, thus optimising resource utilisation and cost-effectiveness.**

**2.12 Physicians from both systems can work together to develop comprehensive treatment plans for patients, considering both Indian and Western medical perspectives. The Committee recommends the Ministry to ensure at least one specialist practitioner in Ayurveda/Homoeopathy/Yoga/Siddha in these co-located facilities. The Committee hopes that this initiative may result in integrating the Ayush system of medicine for managing chronic conditions like respiratory ailments, digestive problems, and musculoskeletal disorders.**

**2.13 The Committee, at this juncture, notices that in some states and UTs, a separate Department of Ayush has not been opened. The Committee, to boost the Ayush system and for better coordination in Ayush Healthcare,**

**recommends the Ministry of Ayush to impress upon and persuade the States and UTs with no separate department of Ayush to create such a department for speedy development and implementation of Ayush sector and schemes respectively.**

## **Traditional Medicine systems in India, China, South Korea and Africa\***

### **CHINA**

2.14 Forum on Indian Traditional Medicine (FITM) established under the aegis of the Ministry of Ayush in its "Study on China's Policy Initiatives for National and Global Promotion of Traditional Chinese Medicine", has highlighted that the foremost element in China's Traditional Chinese Medicine (TCM) policy lies in its acknowledgment as a medicinal system with the potential to fulfill the objectives of the universal health program. Additionally, TCM is recognised as an untapped knowledge resource for drug discoveries, representing a unique heritage for China and serving as a significant soft power strategy in its foreign policy. TCM is integrated into domestic health policy and poverty alleviation initiatives and is crucial to China's foreign economic and geopolitical strategy.

2.15 Traditional Chinese Medicine forms an integral part of the public healthcare system that includes insurance coverage and an essential medicine list and is integrated with modern medical treatment facilities. Efforts are on to have TCM in the last mile coverage of primary healthcare represented through the village clinics.

2.16 The Study further reveals that innovation in Traditional Chinese Medicine (TCM) education stands out as a notable feature in the Chinese systems, contributing to the comprehensive advancement of the sector. This focus extends to providing education and training support for the entire TCM pharmaceutical industry. Modern medicine education already incorporates TCM education, while innovative programs involve establishing leading TCM universities with diverse disciplines such as economics, commerce, humanities, and management. The goal is to cultivate a workforce that addresses the holistic needs of the TCM sector, encompassing manufacturing, research and development, sales, distribution, and marketing. The Chinese Government also ensures that foreign policy focus involves the globalisation of TCM, with global health platforms like the World Health Organization (WHO) and international TCM NGOs playing a crucial role in legitimising TCM. Academic institutions

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\*Bodeker, G. (2000), *Lessons on integration from the developing world's experience*, British Medical Journal (BMJ), 322(7279), 164-167. <https://doi.org/10.1136/bmj.322.7279.164>

outside China are promoting education and research in TCM, and geopolitical initiatives like the Belt and Road Initiative are anticipated to significantly contribute to the expansion of TCM in related countries, fostering medical tourism to less developed provinces along the Belt.

## **SOUTH KOREA**

2.17 South Korea established the parallel operation of two independent medical systems in 1952. It has set a goal for full integration of Western and oriental medicine by 2001. Measures taken to improve the quality of care with oriental medicine include the promotion of clinical cooperation, training of consultants, and lifting a ban on the employment of doctors practising oriental medicine in the public hospital sector. The profit margin on herbal drugs for oriental medicine is estimated to be 100-500% compared with their essential cost. Not surprisingly, two-thirds of practitioners in traditional medicine want herbal remedies to be excluded from national medical insurance. As the clientele and revenues of practitioners in oriental medicine have increased, there have been moves by modern medicine to restrict the practice of specialists in oriental medicine and to ascribe their functions to current medical practitioners trained in oriental medicine.

2.18 The Korean experience highlights the difficulties when the traditional sector is not held financially accountable and when modern medical practitioners, through training, join the conventional industry and seek to dominate.

## **AFRICA**

2.19 African countries typically utilise the parallel model. In April 2000, Ghanaian legislation established a council to regulate the practice of traditional medicine. By 2004, certified herbal medicines will be prescribed and dispensed in Ghanaian hospitals and pharmacies. Nigeria has developed guidelines for handling herbal medication, and draft legislation has been prepared to establish national and state traditional medicine boards for regulation of practice and to promote cooperation and research.

2.20 The Committee observes two basic policy models for practicing traditional systems of medicine across the world: the integration model and the parallel model. The Committee, in its study of these policy models, notes that China has adopted an integration model. At the same time, countries such as South Korea and Africa follow the parallel model of practicing traditional medicine. Seeing the public health scenario in the Country at present, the Committee is of the view that India is running on a mixed model. While sufficient autonomy and

prominence have been given to the traditional system, efforts to integrate it with the modern allopathic system have also proven beneficial in Universal Health Coverage. The Committee also notes in this regard that the National Ayush Mission has achieved a significant boost to the usage of Ayush.

2.21 The Committee would like to refer to the Guidelines of the National Medical Commission Undergraduate Medical Education Regulation 2023. The Guideline specifies that at the end of the undergraduate program, the Indian Medical Graduate should be able to achieve competence in the practice of holistic medicine, encompassing promotive, preventive, curative, and rehabilitative aspects of common diseases. Furthermore, NMC under “Goals for the Learner” mandates that the Indian Medical Graduate must understand and provide preventive, promotive, curative, palliative, and holistic care with compassion. Also, alternate health systems i.e. AYUSH in India and History of Medicine are a part of the foundation course for Indian medical graduates.

**2.22**The Committee notes that, like China, the Ministry of Ayush's efforts to establish 12,500 Health and Wellness Centres (since renamed as Arogya Mandirs) go a long way in establishing Ayush as a medicinal system with the potential to fulfill the objectives of the universal health program. Like China, the Government of India should also devise ways to integrate the Ayush system with poverty alleviation initiatives to boost community engagement. Similarly, the Ministry of Ayush should collaborate with the Ministry of Health and Family Welfare to implement measures ensuring that the health workforce comprehends the importance of integrating systems. This collaboration aims to establish a pluralistic health system that caters to the population's diverse needs. Facilitating a dialogue among health providers from various systems becomes imperative for optimising patient outcomes. Substantial reforms in Indian medical education are essential to instill in medical students and practitioners an attitude supportive of the integration of modern medicine and traditional medicine. As a recommendation, the Committee suggests incorporating awareness of Ayush systems into school curricula, a significant step towards minimising knowledge barriers between Ayush and modern medicine.

**2.23** The Committee recommends that given the global evidence quoted above, India must pursue private insurance companies to include AYUSH treatments, such as Panchkarma and other therapies, wherever scope prevails. The Committee also recommends that the Government persuade the countries to legalise the Ayurveda stream of medicines in the US and other countries. The Committee feels that this should be combined with ensuring insurance coverage of Ayush treatments and practicing them in a similar vein to promote the practice of Ayush treatments in countries like the USA, UK, etc.,

**The Government must persuade companies providing insurance in those countries. Drawing from the experiences of South Korea, the Committee would like to recommend the Government take adequate measures to integrate the financial component of fixing rates for consultation in Ayush.**

## Chapter 3

### Quality Control of Ayush Drugs & Implementation Status of NAM

#### Quality Control of Ayush Drugs

3.1 According to the Ministry of Ayush, the Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) is a subordinate office of the Ministry that is mandated to develop pharmacopoeial standards for ASU&H drugs and medicines. Further, it is the central appellate laboratory for testing ASU&H drugs and medicines. It has been mandated for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety and effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs and Cosmetics Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.

3.2 In 2021, the Ministry of Ayush implemented the Central Sector Scheme Ayush "Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana" (AOGUSY). The total financial allocation to this Scheme is Rs. 122.00 crores for five years. The components of AOGUSY scheme are as follows -

- a) Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.
- b) Pharmacovigilance of ASU&H drugs, including surveillance of misleading advertisements.
- c) Strengthening of Central and State regulatory frameworks, including Technical Human Resources and capacity-building programs for Ayush drugs.
- d) Support for the development of standards and accreditation/certification of Ayush products & materials in collaboration with the Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial R&D centres.
  - (i) Pharmacovigilance Program for Ayurveda, Siddha, Unani, and Homoeopathy (ASU & H) Drugs has been established under the Central Sector Scheme of the Ministry of Ayush (AOGUSY Scheme). The program is working through a three-tier network of a National Pharmacovigilance Centre (NPvCC),



Five Intermediary Pharmacovigilance Centres (IPvCs) and 99 Peripheral Pharmacovigilance Centres (PPvCs) established across the country. Under the Pharmacovigilance Program for ASU & H Drugs, the major objectives are to keep vigilance over Ayush drugs and to report misleading advertisements.

**3.3 The Committee understands that the quality of the medicines is essential as concerns have been raised over the high metal contents in the Ayush drugs, which damage people's health. In this regard, the Committee acknowledges the measures taken by the Ministry in pharmacovigilance of the Ayush drugs. To accentuate these measures, the Committee recommends that the Ministry further strengthen regulatory frameworks by developing user-friendly systems for healthcare professionals and consumers to report adverse events related to Ayush medicines. The Ministry should also conduct regular post-marketing surveillance of Ayush medicines to monitor real-world safety and efficacy. This provides ongoing data for continuous improvement of quality. The generated data may also help identify potential safety concerns and take prompt action.**

**3.4 The Ministry may explore collaborating with the World Health Organization (WHO) and the International Organisation for Standardisation (ISO) to harmonise Ayush quality standards with international norms. This may facilitate global trade and recognition of Ayush products. The Ministry should also sign Mutual Recognition Agreements (MRAs) with other countries for regulatory compliance. The Committee is of the view that these steps may reduce duplicate testing and certification procedures, resulting in ease of the export and import of Ayush products.**

### **Implementation Status of National Ayush Mission**

3.5 According to the Ministry of Ayush, since the inception of the Centrally Sponsored Scheme of NAM in 2014-15 to 2023-24, major achievements have been: -

- 137 Integrated Ayush Hospitals, 12500 Ayush Health & Wellness Centres (AHWCs), and 13 new Ayush Educational have been approved.
- Increase in budget for NAM from 75.28 Crore (in 2014-15) to Rs.1200.00 Crore (in 2023-24)
- The number of beneficiaries availing Ayush services through AHWCs increased from 1.50 Crores in 2020-21 to 8.42 Crores in 2022-23.



- State/UT-wise integrated Ayush hospital approved under NAM from 2014-15 to 2022-23 & State/UT-wise Ayush Health & Wellness Centers (AHWCs) approved under NAM are given in Annexure-III & IV.

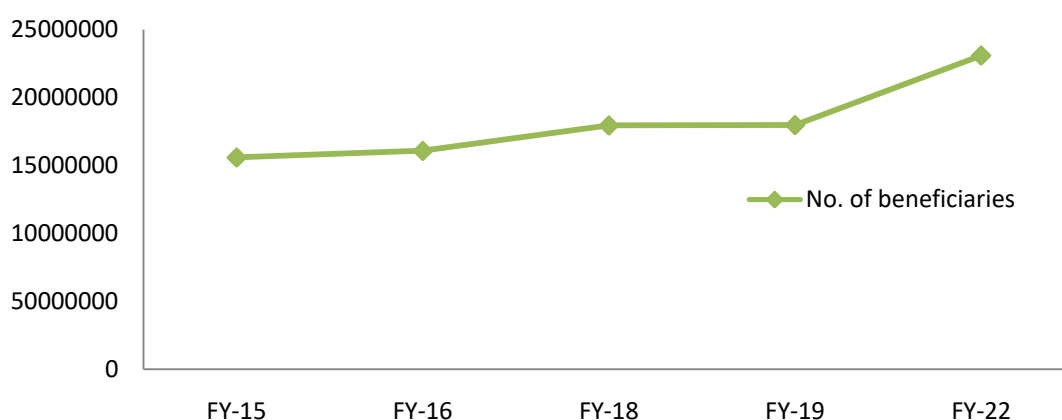
**3.6 The Committee understands that the National Ayush Mission has certainly provided the required fillip to the traditional medicine sector of the country. The Committee notes that the scheme has provisioned for the establishment of Ayush hospitals, dispensaries, and Health and Wellness Centres across the length and breadth of the country, however, the Committee more than 69% of the integrated Ayush hospitals approved under NAM are still either under construction or the construction has not started yet. Similarly, only about 65% of the sanctioned A-HWCs have been established. The Committee recommends that since the Ayush sector is rising gradually and there are still important milestones and targets yet to be achieved under NAM, the Ministry should consider extending the period of the scheme beyond FY24 for at least 5 more years.**

**3.7 At this juncture, the Committee would like to mention that it heard the Director of the National Institute of Sowa-Rigpa (NISR)-Leh Ladakh on various aspects of this traditional system of medicine. The Committee observes that Sowa-Rigpa is particularly prevalent in the Himalayan regions of the country. It is a recognised system of medicine under the Indian Medicine Central Council Act, 1970. Besides the development of the Trans-Himalayan Herbal Garden in Leh Ladakh, there are several other activities conducted by Sowa-Rigpa practitioners and institutes in providing healthcare. 6 institutes are offering undergraduate courses. The Committee is, however, at a loss to know as to why Sowa-Rigpa has not been included in the National Ayush Mission and therefore, recommends the Ministry to give due consideration for including this system also under NAM.**

3.8 In response to a specific query regarding, steps undertaken by the Ministry under NAM for effective coordination and monitoring to ensure better implementation of the program, the Ministry apprised the Committee about the following measures: -

- Regional Review Meetings (RRM)** are held under the chairmanship of the Hon'ble Union Minister of Ayush to review the progress of the NAM. In addition, various regional review meetings are also conducted regularly under the chairmanship of the Secretary (Ayush).

- ii. The Ministry is continuously pursuing the State/UT Governments regarding compliance with the guidelines of the Dept. of Expenditure, so that grants may be released to them for implementation of approved activities under NAM.
- iii. One-to-one interaction with the States/UT officials to evaluate utilisation of funds and assessment of field-level implementation of various activities sanctioned under the Scheme; and
- iv. Field visits have been conducted in States/UTs to review the progress of various approved activities.
- v. The number of Ayush beneficiaries over the years has increased considerably as shown below.



### **Challenges faced in the implementation of the National Ayush Mission**

3.9 The Ministry of Ayush has apprised the Committee that the following challenges are being faced in the implementation of the National Ayush Mission:

- i. Inadequate administrative set-up of Ayush in States/UTs.
- ii. Strengthening State Program Management Unit (SPMU) & District Program Management Unit (DPMU).
- iii. Delay in the operationalisation of AHWCs.
- iv. Delay in submission of completed/ audited UCs with relevant documents.

3.10 Regarding the administrative set up for the implementation of National Ayush Mission, the Ministry apprised the Committee about administrative set up (shown below) both at the central and State level.



**3.11** The Committee observed that finalising the State Annual Action Plan (SAAP) and its approval process takes longer. Based on the pace of utilisation and availability of funds with the Ministry, funds are released in instalments very late in the financial year. One of the reasons noticed was the large number of budget line items in the Action Plans. The Committee observes that reducing the budget line items in the Action Plans can improve the processing time and enhance administrative efficiency. Strengthening the outcome-based budgeting will also achieve nudge the states to transform their health profile and promote cooperative federalism. The Ministry can also consider releasing a percentage of funds without waiting for the SAAP within the first month of the financial year.

**3.12** The Committee observed that in the NAM governance and implementation mechanism, the same entity performs various roles of policy formulation, regulation, financing, purchasing, and provisioning. After carefully considering and analysing the current challenges facing the implementation of the National Ayush Mission (NAM), the Committee underscores the critical need to delineate roles and responsibilities regarding purchasing, financing, provisioning, and policy-making functions. The Committee believes effective implementation demands a decentralised framework, empowering regional administrations and field teams with contextual understanding and expertise regarding ground-level dynamics.

**3.13** The Committee also notes the delay in submission of completed/ audited UCs with relevant documents as one of the major impediments in the implementation of NAM. The delay in UC submissions is typically a

**procedural, financial management and accountability issue. For this, the Committee recommends streamlining the procedure, in consultation with the Ministry of Finance, if required, towards a just-in-time budget release and immediate receipt of UC.**

**3.14** The Ministry has taken the following measures to tackle the challenges:

i. The Ministry of Ayush has requested the State/UT for a dedicated administrative set with an adequate workforce in the States/UTs where it is not available for effective implementation of the Scheme.

ii. State/UT Governments have been requested to strengthen SPMU/DPMU as per NAM guidelines by deploying an adequate workforce.

**3.15** The Committee takes note of the challenges faced and the subsequent measures taken by the Ministry to improve the implementation of the National Ayush Mission. To overcome the challenges mentioned in the implementation of the National Ayush Mission (NAM), the Committee suggests the following measures:

**1. Capacity Building and Training:**

- **Conduct training programs for existing staff and recruit additional personnel with expertise in Ayush systems to address the inadequate administrative setup.**
- **Provide specialised training to the State Program Management Unit (SPMU) and District Program Management Unit (DPMU) staff to enhance their skills in managing Ayush programs effectively.**

**2. Timely Operationalisation of AHWCs:**

- **Develop a detailed timeline and action plan for the establishment and operationalisation of Ayush Health and Wellness Centers (AHWCs).**
- **Collaborate with local health authorities, NGOs, and community leaders to streamline the process and address any local-level challenges hindering the timely set up of AHWCs.**

**3. Regular Monitoring and Evaluation:**

- **Implement a robust monitoring and evaluation system to track the progress of AHWCs and other program components.**

- Conduct regular site visits, inspections, and performance assessments to identify and address operational delays promptly.

#### **4. Streamlining Documentation Process:**

- Provide clear guidelines and templates for the submission of completed and audited Utilisation Certificates (UCs) along with relevant documents.
- Conduct workshops and training sessions for implementing agencies on proper documentation procedures, emphasising the importance of timely submissions.

#### **5. Utilisation of Technology:**

- Implement digital platforms for submission and tracking of UCs and other relevant documents to streamline the administrative processes.
- Utilise technology for training purposes, ensuring that all stakeholders are well-versed in the use of digital tools for efficient program management.

#### **6. Financial Incentives:**

- Consider providing financial incentives or rewards for states/UTs that demonstrate exemplary performance in the timely establishment of administrative setups, AHWCs, and submission of required documentation.

#### **7. Regular Communication and Reporting:**

- Establish a transparent and regular communication system between the Ministry of Ayush and State/UT Governments for timely reporting of progress and challenges faced.
- Encourage open dialogue to address issues promptly and share best practices among different regions.

## Way Forward

3.16 Based on the challenges faced in the implementation of the National Ayush Mission (NAM), the Committee suggests some potential ways forward to strengthen its impact and achieve the scheme's intended objectives:

### 1. Deepening Quality Control and Standardisation:

- Investing in advanced analytical labs and robust testing protocols.
- Implementing stricter Good Manufacturing Practices (GMP) and Good Agricultural Practices (GAP) for Ayush products.
- Harmonizing Ayush quality standards with international benchmarks like WHO.
- Develop a robust framework along the lines of modern medicine to monitor and address adverse effects of Ayush medicines.

### 2. Boosting Research and Evidence-Based Practice:

- Increasing funding for high-quality clinical research on efficacy and safety of Ayush therapies, focusing on chronic diseases and preventive care.
- Encouraging collaboration between Ayush and allopathic researchers for comprehensive healthcare solutions.
- Establishing standardised research methodologies and transparent data sharing mechanisms.
- Integrating evidence-based Ayush practices into mainstream medical education and clinical guidelines.

### 3. Bridging the Integration Gap:

- Developing clear referral pathways and collaborative protocols between Ayush and allopathic healthcare systems.
- Integrating Ayush practitioners into primary healthcare teams and community health campaigns.
- Creating joint Ayush-allopathy clinics and hospitals for holistic patient care.

- Investing in training and capacity building for allopathic doctors on basic Ayush principles and applications.

#### **4. Enhancing Sustainability and Equitable Access:**

- Exploring public-private partnerships and innovative financing mechanisms to sustain NAM beyond public funding.
- Prioritising resource allocation and program implementation in under-served rural areas and marginalised communities.
- Focusing on community-based Ayush interventions and empowerment of local healers.
- Leveraging technology for telemedicine, online consultations, and digital training platforms.

#### **5. Building Consumer Confidence and Advocacy:**

- Launching nationwide awareness campaigns highlighting the scientific basis and benefits of Ayush.
- Promoting responsible advertising and patient education on the safe and effective use of Ayush medicines.
- Actively engaging with consumer advocacy groups and traditional knowledge holders.
- Establishing independent certification bodies and transparent labelling systems for Ayush products.

3.17 By focusing on these strategic areas, the National Ayush Mission can move beyond infrastructure development and pave the way for a genuinely integrated and evidence-based healthcare system that harnesses the unique strengths of traditional Indian medicine. These measures will ensure widespread access to safe, effective, and affordable Ayush care for all, contributing significantly to India's overall healthcare advancement.



## **RECOMMENDATIONS/OBSERVATIONS — AT A GLANCE**

### **Objectives and Scope of the National Ayush Mission**

**The Committee notes the foresighted objectives of the National Ayush Mission. The Committee is hopeful that the Scheme can transform India's traditional systems of medicine. The Committee, therefore, recommends the Government intensify its focus on implementing the National Ayush Mission (NAM) by strategically aligning its objectives with mainstream healthcare delivery. The Committee opines that collaboration between traditional and modern medical practitioners will be crucial in the effective implementation of NAM. Additionally, investing in robust research and development, enhancing educational institutions, and promoting awareness will contribute to establishing Ayush as a viable and integral part of the healthcare system. This concerted effort will not only improve accessibility to Ayush services but also foster a holistic approach to health and wellness, ensuring the successful mainstreaming of traditional systems in the national healthcare framework.**

**(Para 1.11)**

### **Budgetary allocation and utilisation status**

**The Committee observes although there has been a consistent upward trend of fund utilisation in the past 3 years, the actual utilisation of funds is still low. In RE 2022-23, despite an allocation of Rs. 643.80 crore, only Rs. 549.15 crore was spent which is about 85 percent. In view of the low utilisation of funds and considering the allocated fund of Rs. 1200.00 crore for 2023-24, the Committee urges the Ministry to focus on thorough and complete fund utilisation. The Committee asserts that utilisation trends and absorption capacity justify increased funds, especially for NAM, the Ministry's sole Centrally Sponsored Scheme with diverse components. These funds should be optimally employed to revitalise and enhance Ayush systems in public health delivery services.**

**(Para 1.12)**

### **Flexible Component**

**The Committee notes that in its vision, NAM intends to create an enabling environment for research and development in Ayush through**



various initiatives, programs, and aspects of its implementation. The Committee is, therefore, of the opinion that "Promotion of Research and Development" should be prominently included as one of the components of NAM. Similarly, the flexible component, which allows 25% flexible usage of funds, should include research and development as a supported activity.

(Para 2.3)

The Committee is of the view that the National Ayush Mission's (NAM) initiatives like Health and Wellness Centres (HWCs/Arogya Mandirs) and co-location of Ayush facilities with Primary Health Centres (PHCs) and Community Health Centres (CHCs) represent a unique opportunity to strengthen clinical evidence and promote research and development (R&D) in Ayush systems. Standardised electronic medical records in HWCs and co-located Ayush facilities can systematically capture patient data on diagnoses, treatments, and outcomes, enabling large-scale epidemiological studies and comparative effectiveness research. HWCs and co-located facilities can build trust with communities, facilitating long-term monitoring of patients and providing valuable insights into the chronic disease management potential of Ayush therapies.

(Para 2.4)

The Committee believes that standardised data collection can pave the way for identifying biomarkers associated with specific Ayush interventions, opening doors for further research into mechanisms of action and personalised medicine.

(Para 2.5)

The Committee further recommends the following measures to develop clinical Research Infrastructure:

- **Strengthening manpower and training:** Upgrading infrastructure and providing training opportunities for Ayush practitioners at HWCs can enhance their research skills and capacity to participate in clinical trials.

- **Establishing research networks:** Collaboration among Ayush facilities and institutions can facilitate multicentric clinical trials and improve research quality.
- **Standardisation of protocols and interventions:** Developing standardised protocols for Ayush interventions can ensure data consistency and enable robust clinical research.
- **Community Engagement:** Engaging communities in research design and implementation through Ayush facilities can address their specific needs and ensure culturally relevant research outcomes.
- **Evidence Recording:** Data gathered and generated in centres should be recorded and publicised. The clinically supported research and peer-reviewed articles should be placed in Ayush and allopathic medical colleges for better outreach, understanding, and coordination.

(Para 2.6)

**Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs)**

**2.11 The Committee acknowledges the efforts of the Ministry of Ayush in developing a pluralistic and holistic system of integrative healthcare. The Committee believes that co-located Ayush facilities at PHCs and CHCs may act as a one-stop center for both conventional and traditional healthcare services and thus strengthen access to Ayush services. For better coordination, the Committee recommends the sharing of infrastructure, medical equipment, and administrative staff at Ayush facilities and allopathic teams, thus optimising resource utilisation and cost-effectiveness.**

(Para 2.11)

**Physicians from both systems can work together to develop comprehensive treatment plans for patients, considering both Indian and Western medical perspectives. The Committee recommends the Ministry to ensure at least one specialist practitioner in Ayurveda/Homoeopathy/Yoga/Siddha in these co-located facilities. The Committee hopes that this initiative may result in integrating the Ayush system of medicine for managing chronic conditions like respiratory ailments, digestive problems, and musculoskeletal disorders.**

**(Para 2.12)**

**The Committee, at this juncture, notices that in some states and UTs, a separate Department of Ayush has not been opened. The Committee, to boost the Ayush system and for better coordination in Ayush Healthcare, recommends the Ministry of Ayush to impress upon and persuade the States and UTs with no separate department of Ayush to create such a department for speedy development and implementation of Ayush sector and schemes respectively**

**(Para 2.13)**

### **Traditional Medicine systems in India, China, South Korea and Africa**

**The Committee notes that, like China, the Ministry of Ayush's efforts to establish 12,500 Health and Wellness Centres (since renamed as Arogya Mandirs) go a long way in establishing Ayush as a medicinal system with the potential to fulfill the objectives of the universal health program. Like China, the Government of India should also devise ways to integrate the Ayush system with poverty alleviation initiatives to boost community engagement. Similarly, the Ministry of Ayush should collaborate with the Ministry of Health and Family Welfare to implement measures ensuring that the health workforce comprehends the importance of integrating systems. This collaboration aims to establish a pluralistic health system that caters to the population's diverse needs. Facilitating a dialogue among health providers from various systems becomes imperative for optimising patient outcomes. Substantial reforms in Indian medical education are essential to instill in medical students and practitioners an attitude supportive of the integration of modern medicine and traditional medicine. As a recommendation, the Committee suggests incorporating awareness of Ayush systems into school curricula, a significant step towards minimising knowledge barriers between Ayush and modern medicine.**

**(Para 2.22)**

**The Committee recommends that given the global evidence quoted above, India must pursue private insurance companies to include AYUSH treatments, such as Panchkarma and other therapies, wherever scope prevails. The Committee also recommends that the Government persuade the countries to legalise the Ayurveda stream of medicines in the US and other countries. The Committee feels that this should be combined with ensuring insurance coverage of Ayush treatments and practicing them in a similar vein to promote the practice of Ayush treatments in countries like the USA, UK, etc., The Government must persuade companies providing**

**insurance in those countries. Drawing from the experiences of South Korea, the Committee would like to recommend the Government take adequate measures to integrate the financial component of fixing rates for consultation in Ayush.**

**(Para 2.23)**

### **Quality Control of Ayush Drugs**

**The Committee understands that the quality of the medicines is essential as concerns have been raised over the high metal contents in the Ayush drugs, which damage people's health. In this regard, the Committee acknowledges the measures taken by the Ministry in pharmacovigilance of the Ayush drugs. To accentuate these measures, the Committee recommends that the Ministry further strengthen regulatory frameworks by developing user-friendly systems for healthcare professionals and consumers to report adverse events related to Ayush medicines. The Ministry should also conduct regular post-marketing surveillance of Ayush medicines to monitor real-world safety and efficacy. This provides ongoing data for continuous improvement of quality. The generated data may also help identify potential safety concerns and take prompt action.**

**(para 3.3)**

**The Ministry may explore collaborating with the World Health Organization (WHO) and the International Organisation for Standardisation (ISO) to harmonise Ayush quality standards with international norms. This may facilitate global trade and recognition of Ayush products. The Ministry should also sign Mutual Recognition Agreements (MRAs) with other countries for regulatory compliance. The Committee is of the view that these steps may reduce duplicate testing and certification procedures, resulting in an increase of the export and import of Ayush products.**

**(Para 3.4)**

### **Implementation Status of National Ayush Mission**

**The Committee understands that the National Ayush Mission has certainly provided the required fillip to the traditional medicine sector of the country. The Committee notes that the scheme has provisioned for the establishment of Ayush hospitals, dispensaries, and Health and Wellness Centres across the length and breadth of the country, however, the Committee more than 69% of the integrated Ayush hospitals approved under NAM are still either under construction or the construction has not**

started yet. Similarly, only about 65% of the sanctioned A-HWCs have been established. The Committee recommends that since the Ayush sector is rising gradually and there are still important milestones and targets yet to be achieved under NAM, the Ministry should consider extending the period of the scheme beyond FY24 for at least 5 more years.

(Para 3.6)

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(Para 3.7)

### **Challenges faced in the implementation of the National Ayush Mission**

The Committee observed that finalising the State Annual Action Plan (SAAP) and its approval process takes longer. Based on the pace of utilisation and availability of funds with the Ministry, funds are released in instalments very late in the financial year. One of the reasons noticed was the large number of budget line items in the Action Plans. The Committee observes that reducing the budget line items in the Action Plans can improve the processing time and enhance administrative efficiency. Strengthening the outcome-based budgeting will also achieve nudge the states to transform their health profile and promote cooperative federalism. The Ministry can also consider releasing a percentage of funds without waiting for the SAAP within the first month of the financial year.

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**3.12** The Committee observed that in the NAM governance and implementation mechanism, the same entity performs various roles of

policy formulation, regulation, financing, purchasing, and provisioning. After carefully considering and analysing the current challenges facing the implementation of the National Ayush Mission (NAM), the Committee underscores the critical need to delineate roles and responsibilities regarding purchasing, financing, provisioning, and policy-making functions. The Committee believes effective implementation demands a decentralised framework, empowering regional administrations and field teams with contextual understanding and expertise regarding ground-level dynamics.

(Para 3.12)

**3.13** The Committee also notes the delay in submission of completed/ audited UCs with relevant documents as one of the major impediments in the implementation of NAM. The delay in UC submissions is typically a procedural, financial management and accountability issue. For this, the Committee recommends streamlining the procedure, in consultation with the Ministry of Finance, if required, towards a just-in-time budget release and immediate receipt of UC.

(Para 3.13)

**3.15** The Committee takes note of the challenges faced and the subsequent measures taken by the Ministry to improve the implementation of the National Ayush Mission. To overcome the challenges mentioned in the implementation of the National Ayush Mission (NAM), the Committee suggests the following measures:

**1. Capacity Building and Training:**

- Conduct training programs for existing staff and recruit additional personnel with expertise in Ayush systems to address the inadequate administrative setup.
- Provide specialised training to the State Program Management Unit (SPMU) and District Program Management Unit (DPMU) staff to enhance their skills in managing Ayush programs effectively.

**2. Timely Operationalisation of AHWCs:**

- **Develop a detailed timeline and action plan for the establishment and operationalisation of Ayush Health and Wellness Centers (AHWCs).**
  - **Collaborate with local health authorities, NGOs, and community leaders to streamline the process and address any local-level challenges hindering the timely set up of AHWCs.**
- 3. Regular Monitoring and Evaluation:**
- **Implement a robust monitoring and evaluation system to track the progress of AHWCs and other program components.**
  - **Conduct regular site visits, inspections, and performance assessments to identify and address operational delays promptly.**
- 4. Streamlining Documentation Process:**
- **Provide clear guidelines and templates for the submission of completed and audited Utilisation Certificates (UCs) along with relevant documents.**
  - **Conduct workshops and training sessions for implementing agencies on proper documentation procedures, emphasising the importance of timely submissions.**
- 5. Utilisation of Technology:**
- **Implement digital platforms for submission and tracking of UCs and other relevant documents to streamline the administrative processes.**
  - **Utilise technology for training purposes, ensuring that all stakeholders are well-versed in the use of digital tools for efficient program management.**
- 6. Financial Incentives:**
- **Consider providing financial incentives or rewards for states/UTs that demonstrate exemplary performance in the timely establishment of administrative setups, AHWCs, and submission of required documentation.**
- 7. Regular Communication and Reporting:**

- **Establish a transparent and regular communication system between the Ministry of Ayush and State/UT Governments for timely reporting of progress and challenges faced.**
- **Encourage open dialogue to address issues promptly and share best practices among different regions.**



## The status of co-located Ayush facilities at PHCs, CHCs and DHs

| Sl.No. | Name of the State/UT | DHs       | DHs        | PHCs       | Total      |
|--------|----------------------|-----------|------------|------------|------------|
| 1.     | Bihar                | 36        | 0          | 0          | 36         |
| 2.     | Chhattisgarh         | 18        | 98         | 454        | 570        |
| 3.     | Himachal Pradesh     | 0         | 0          | 0          | 0          |
| 4.     | Jammu & Kashmir      | 15        | 13         | 375        | 403        |
| 5.     | Jharkhand            | 24        | 90         | 97         | 211        |
| 6.     | Madhya Pradesh       | 36        | 99         | 287        | 422        |
| 7.     | Orissa               | 0         | 301        | 850        | 1151       |
| 8.     | Rajasthan            | 1         | 171        | 432        | 604        |
| 9.     | Uttar Pradesh        | 102       | 666        | 627        | 1395       |
| 10.    | Uttarakhand          | 13        | 53         | 44         | 110        |
| 11.    | Arunachal Pradesh    | 16        | 34         | 50         | 100        |
| 12.    | Assam                | 21        | 110        | 364        | 495        |
| 13.    | Manipur              | 7         | 17         | 78         | 102        |
| 14.    | Meghalaya            | 11        | 24         | 55         | 90         |
| 15.    | Mizoram              | 12        | 9          | 10         | 31         |
| 16.    | Nagaland             | 9         | 20         | 9          | 38         |
| 17.    | Sikkim               | 4         | 1          | 4          | 9          |
| 18.    | Tripura              | 3         | 21         | 84         | 108        |
| 19.    | Andhra Pradesh       | 9         | 105        | 273        | 387        |
| 20.    | Goa                  | 2         | 6          | 22         | 30         |
| 21.    | <b>Gujarat</b>       | <b>0</b>  | <b>0</b>   | <b>872</b> | <b>872</b> |
| 22.    | Haryana              | 21        | 97         | 109        | 227        |
| 23.    | Karnataka            | 15        | 78         | 349        | 442        |
| 24.    | Kerala               | 0         | 0          | 0          | 0          |
| 25.    | <b>Maharashtra</b>   | <b>23</b> | <b>238</b> | <b>20</b>  | <b>281</b> |

|     |                                       |            |             |             |              |
|-----|---------------------------------------|------------|-------------|-------------|--------------|
| 26. | Punjab                                | 15         | 69          | 95          | 179          |
| 27. | Tamil Nadu                            | 37         | 385         | 475         | 897          |
| 28. | Telangana                             | 0          | 42          | 352         | 394          |
| 29. | West Bengal                           | 8          | 280         | 368         | 656          |
| 30. | Andaman & Nicobar Islands             | 3          | 4           | 20          | 27           |
| 31. | Chandigarh                            | 1          | 2           | 0           | 3            |
| 32. | Dadra Nagar Haveli and<br>Daman & Diu | 2          | 4           | 9           | 15           |
| 33. | Delhi                                 | 0          | 0           | 0           | 0            |
| 34. | Ladakh                                | 2          | 7           | 32          | 41           |
| 35. | Lakshadweep                           | 2          | 3           | 4           | 9            |
| 36. | Puducherry                            | 4          | 4           | 39          | 47           |
|     | <b>All India</b>                      | <b>472</b> | <b>3051</b> | <b>6859</b> | <b>10382</b> |

Source: MIS-NHM database as of 30th June 2023.

**State/UT-wise status of treatment centers wherein allopathic and Ayush systems of medicines are available in one place under CCRAS, CCRH, CCRUM, CCRS**

| Sl. No. | Name of the States | Name of the Research Councils | Name of the hospitals   |
|---------|--------------------|-------------------------------|---|
| 1.      | Delhi              | CCRAS                         | Ayurveda Treatment Centre, Lady Hardinge Hospital, New Delhi  |
| 2.      | Delhi              | CCRAS                         | Ayurveda Central Research Unit, Safdarjung Hospital, New Delhi  |
| 3.      | Delhi              | CCRAS                         | Ayurveda Chikitsa Kendra, Atal Bihar Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, New Delhi |
| 4.      | Andhra Pradesh     | CCRH                          | Clinical Research Unit (Homoeopathy), Old Maternity Hospital Campus Tirupathi   |
| 5.      | Bihar              | CCRH                          | Clinical Verification Unit (Homoeopathy), Guru Govind Singh Hospital, Patna City, Patna                                   |
| 6.      | Uttar Pradesh      | CCRH                          | Clinical Trial Unit (Homoeopathy), Baba Raghav Das Medical College, Gorakhpur   |
| 7.      | Delhi              | CCRH                          | Homoeopathic Treatment Centres Safdarjung Hospital, New Delhi   |
| 8.      | Delhi              | CCRH                          | Homoeopathic Treatment Centres Lady Hardinge Medical College & Hospital, New Delhi  |
| 9.      | Delhi              | CCRH                          | Homoeopathic Treatment Centres Delhi Cantonment General Hospital, New Delhi   |
| 10.     | Delhi              | CCRS                          | Siddha Clinical Research Unit at Safdarjung Hospital, New Delhi.  |

|     |                |       |  |
|-----|----------------|-------|--|
| 11. | Andhra Pradesh | CCRS  | Siddha Clinical Research Unit, Tirupati- Sri Venkateshwara Institute of Medical Sciences (SVIMS) Tirupathi |
| 12. | Goa            | CCRS  | Siddha Clinical Research Unit, Goa- Old Goa Medical College Building, Ribander, Goa                        |
| 13. | Tamil Nadu     | CCRS  | Siddha OPD wing -National Institute of Epidemiology - ICMR unit, Chennai                                   |
| 14. | Chhattisgarh   | CCRS  | Siddha OPD wing - All India Institute of Medical Sciences (AIIMS), Raipur                                  |
| 15. | Uttarakhand    | CCRS  | Siddha OPD wing - All India Institute of Medical Sciences-AIIMS Rishikesh                                  |
| 16. | Rajasthan      | CCRS  | Siddha OPD wing - All India Institute of Medical Sciences (AIIMS), Jodhpur                                 |
| 17. | Delhi          | CCRUM | Atal Bihar Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, New Delhi            |
| 18. | Delhi          | CCRUM | Dr. Deen Dayal Upadhaya Hospital, New Delhi  |
| 19. | Delhi          | CCRUM | Safdarjung Hospital, New Delhi   |
| 20. | Maharashtra    | CCRUM | J.J. Hospital, Mumbai  |

## (i) State/UT wise integrated Ayush hospital approved under NAM from 2014-15 to 2022-

23

| Sl. No. | State/UT                  | Location       | System of medicine                           | No. of beds | Status                 |
|---------|---------------------------|----------------|--|-------------|------------------------|
| 1.      | Andaman & Nicobar Islands | Port Blair     | Ayurveda, Homoeopathy and Yoga & Naturopathy | 50          | Under construction     |
| 2.      | Andhra Pradesh            | Kakinada       | Ayurveda, Homoeopathy and Yoga & Naturopathy | 50          | Under construction     |
|         |                           | Visakhapatnam. | Ayurveda, Homoeopathy and Yoga & Naturopathy | 50          | Under construction     |
| 3.      | Arunachal Pradesh         | Bhalukpong     | Ayurveda, Homoeopathy and Yoga               | 50          | Under construction     |
|         |                           | Likabali       | Ayurveda, Homoeopathy and Yoga               | 50          | Under construction     |
| 4.      | Assam                     | Goalpara       | Ayurveda                                     | 50          | Construction completed |
|         |                           | Majuli         | Ayurveda                                     | 50          | Functional             |
|         |                           | Kokrajhar      | Ayurveda and Homoeopathy                     | 50          | Under construction     |
|         |                           | Baksa          | Ayurveda and Homoeopathy                     | 50          | Under construction     |
|         |                           | Morigaon       | Ayurveda and Homoeopathy                     | 50          | Under construction     |
|         |                           | Kaliabor       | Ayurveda and Homoeopathy                     | 50          | Under construction     |
|         |                           | Diphu          | Ayurveda and                                 | 30          | Under                  |

|    |              |              |                                       |    |                        |
|----|--------------|--------------|---------------------------------------|----|------------------------|
|    |              |              | Homoeopathy                           |    | construction           |
|    |              | Bajali       | Ayurveda and Homoeopathy              | 10 | Under construction     |
| 5. | Bihar        | Patna        | Ayurveda, Homoeopathy, Unani and Yoga | 50 | Under construction     |
| 6. | Chandigarh   | Chandigarh   | Ayurveda and Homoeopathy              | 50 | Construction completed |
| 7. | Chhattisgarh | JangirChampa | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Mahasamund   | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Koria        | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Korba        | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Kanker       | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Narayanpur   | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Bijapur      | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | Dantewada    | Ayurveda, Homoeopathy and Unani       | 10 | Under construction     |
|    |              | DalliRajhara | Ayurveda                              | 30 | Under construction     |

|     |                     |           |   |    |                       |
|-----|---------------------|-----------|---|----|-----------------------|
| 8.  | Goa                 | South Goa | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy                | 50 | Under<br>construction |
|     |                     | North Goa | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy                | 50 | Under<br>construction |
| 9.  | Gujarat             | Surat     | Ayurveda,<br>Homoeopathy and<br>Yoga                              | 50 | Under<br>construction |
| 10. | Haryana             | Hisar     | Ayurveda,<br>Homoeopathy, Unani<br>and Yoga                       | 50 | Under<br>construction |
| 11. | Himachal<br>Pradesh | Kullu     | Ayurveda, Sowa<br>Rigpa,<br>Homoeopathy and<br>Yoga & Naturopathy | 50 | Under<br>construction |
|     |                     | Mandi     | Ayurveda, Sowa<br>Rigpa,<br>Homoeopathy and<br>Yoga & Naturopathy | 50 | Under<br>construction |
| 12. | Jammu &<br>Kashmir  | Kishtwar  | Ayurveda,<br>Homoeopathy and<br>Unani, Yoga &<br>Naturopathy      | 50 | Under<br>construction |
|     |                     | Kupwara   | Ayurveda,<br>Homoeopathy and<br>Unani, Yoga &<br>Naturopathy      | 50 | Under<br>construction |
|     |                     | Bilawar   | Ayurveda,<br>Homoeopathy and<br>Unani, Yoga<br>& Naturopathy      | 50 | Under<br>construction |
|     |                     | Kulgam    | Ayurveda,<br>Homoeopathy and                                      | 50 | Under<br>construction |

|     |           |                   |   |    |                          |
|-----|-----------|-------------------|---|----|--------------------------|
|     |           |                   | Unani, Yoga & Naturopathy                             |    |                          |
|     |           | Samba             | Ayurveda, Homoeopathy and Unani, Yoga & Naturopathy   | 50 | Under construction       |
| 13. | Jharkhand | Ranchi            | Ayurveda & Homoeopathy                                | 50 | Under construction       |
|     |           | Gumla             | Ayurveda & Homoeopathy                                | 10 | Under construction       |
|     |           | Bokaro            | Ayurveda & Homoeopathy                                | 10 | Under construction       |
|     |           | Deoghar           | Ayurveda & Homoeopathy                                | 10 | Under construction       |
|     |           | Palamu            | Ayurveda & Homoeopathy                                | 10 | Under construction       |
|     |           | Dumka             | Ayurveda & Homoeopathy                                | 10 | Under construction       |
|     |           | Jamshedpur        | Ayurveda & Homoeopathy                                | 10 | Under construction       |
| 14. | Karnataka | Gadag             | Ayurveda & Homoeopathy                                | 50 | Functional               |
|     |           | Mangalore         | Ayurveda & Homoeopathy                                | 50 | Functional               |
|     |           | Thrithahalli      | Ayurveda & Homoeopathy                                | 10 | Construction not started |
| 15. | Kerala    | Chalaky, Thrissur | Ayurveda, Homoeopathy, Siddha, and Yoga & Naturopathy | 50 | Under construction       |
|     |           | Mattannur, Kannur | Ayurveda, Homoeopathy, Siddha, and Yoga & Naturopathy | 50 | Under construction       |



|     |             |                                 |  |    |                             |
|-----|-------------|---------------------------------|--|----|-----------------------------|
|     |             | Adoor,<br>Pathanamthitta        | Homoeopathy and<br>Yoga & Naturopathy                        | 10 | Construction<br>not started |
|     |             | Attapadi                        | Ayurveda, Homoeop<br>athy, Siddha, and<br>Yoga & Naturopathy | 50 | Construction<br>not started |
|     |             | Kottarakara,<br>Kollam          | Ayurveda, Siddha,<br>and Yoga &<br>Naturopathy               | 30 | Construction<br>not started |
| 16. | Lakshadweep | Kavaratti                       | Ayurveda,<br>Homoeopathy and<br>Unani                        | 20 | Functional                  |
| 17. | Maharashtra | Nandurbar                       | Ayurveda,<br>Homoeopathy and<br>Unani                        | 50 | Under<br>construction       |
|     |             | Sindhudurg                      | Ayurveda,<br>Homoeopathy and<br>Unani                        | 50 | Under<br>construction       |
|     |             | Pune                            | Ayurveda,<br>Homoeopathy and<br>Unani                        | 50 | Construction<br>completed   |
|     |             | Ahmednagar                      | Ayurveda,<br>Homoeopathy and<br>Unani                        | 50 | Construction<br>completed   |
| 18. | Manipur     | Moreh,<br>Tengnoupal Dist       | Ayurveda, ,<br>Homoeopathy and<br>Yoga & Naturopathy         | 50 | Functional                  |
|     |             | Churachandpur                   | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy           | 50 | Under<br>construction       |
|     |             | Kwakeithel Konj<br>eng Leikai   | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy           | 50 | Functional                  |
|     |             | Keirao, Imphal<br>East District | Ayurveda,<br>Homoeopathy and                                 | 50 | Functional                  |

|     |                |             |   |    |                           |
|-----|----------------|-------------|---|----|---------------------------|
|     |                |             | Yoga & Naturopathy                                    |    |                           |
|     |                | Chandel     | Ayurveda,<br>Homoeopathy<br>and Yoga &<br>Naturopathy | 10 | Under<br>construction     |
|     |                | Jiribam     | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy    | 10 | Under<br>construction     |
|     |                | Kangpokpi   | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy    | 10 | Under<br>construction     |
|     |                | Bishnupur   | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy    | 10 | Under<br>construction     |
|     |                | Noney       | Ayurveda, Homoeop<br>athy and Yoga &<br>Naturopathy   | 10 | Under<br>construction     |
|     |                | Thoubal     | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy    | 10 | Under<br>construction     |
|     |                | Senapati    | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy    | 10 | Under<br>construction     |
| 19. | Madhya Pradesh | Bhopal      | Ayurveda and Yoga                                     | 50 | Functional                |
|     |                | Indore      | Ayurveda,<br>Homoeopathy and<br>Yoga                  | 50 | Under<br>construction     |
|     |                | Narsinghpur | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga           | 50 | Construction<br>Completed |
|     |                | Amarkantak  | Ayurveda, Unani,<br>Homoeopathy                       | 50 | Under<br>construction     |
|     |                | Mandleshwar | Ayurveda, Unani,<br>Homoeopathy and                   | 50 | Under<br>construction     |

|     |           |                                      |  |    |                          |
|-----|-----------|--------------------------------------|--|----|--------------------------|
|     |           |                                      | Yoga   |    |                          |
|     |           | Balaghat                             | Ayurveda, Unani, and Homoeopathy             | 50 | Construction not started |
|     |           | Sehore                               | Ayurveda, Unani, and Homoeopathy             | 50 | Construction not started |
|     |           | Guna                                 | Ayurveda, Unani, and Homoeopathy             | 50 | Construction not started |
|     |           | Panna                                | Ayurveda, Unani, and Homoeopathy             | 50 | Construction not started |
|     |           | Bhind                                | Ayurveda, Unani, and Homoeopathy             | 50 | Construction not started |
| 20. | Meghalaya | Sohra (Cherapunje), East Khasi Hills | Ayurveda, Homoeopathy and Yoga & Naturopathy | 50 | Under construction       |
|     |           | Umtrew, RiBhoi District              | Ayurveda, Homoeopathy and Yoga & Naturopathy | 50 | Under construction       |
| 21. | Mizoram   | Aizwal                               | Ayurveda, and Homoeopathy                    | 50 | Under construction       |
|     |           | Saitul                               | Ayurveda, and Homoeopathy                    | 50 | Under construction       |
| 22. | Nagaland  | Noklak, Tuensang District            | Ayurveda, , Homoeopathy and Yoga             | 30 | Functional               |
|     |           | Razha, Chedema                       | Ayurveda, Homoeopathy and Yoga               | 50 | Functional               |
|     |           | Sapangya (Chungtia)                  | Ayurveda, Homoeopathy and Yoga               | 50 | Under construction       |
|     |           | Yachem, Longleng                     | Ayurveda, Homoeopathy and Yoga               | 30 | Under construction       |
| 23. | Odisha    | Dhenkanal                            | Ayurveda,                                    | 50 | Under                    |

|     |            |                            |  |    |                       |
|-----|------------|----------------------------|--|----|-----------------------|
|     |            |                            | Homoeopathy and<br>Yoga & Naturopathy                        |    | construction          |
|     |            | Behrampur                  | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy           | 50 | Under<br>construction |
|     |            | Balasore                   | Ayurveda,<br>Homoeopathy and<br>Yoga & Naturopathy           | 50 | Under<br>construction |
| 24. | Puducherry | Villianur                  | Ayurveda,<br>Homoeopathy and<br>Siddha                       | 50 | Functional            |
|     |            | Yanam                      | Ayurveda,<br>Homoeopathy and<br>Siddha                       | 50 | Under<br>construction |
| 25. | Punjab     | Moga                       | Ayurveda,<br>Homoeopathy and<br>Unani, Yoga &<br>Naturopathy | 50 | Under<br>construction |
|     |            | DayalpurSodhia<br>Zirakpur | Ayurveda,<br>Homoeopathy and<br>Unani, Yoga &<br>Naturopathy | 50 | Under<br>construction |
| 26. | Rajasthan  | Bhilwara                   | Ayurveda,<br>Homoeopathy and<br>Unani,                       | 50 | Functional            |
|     |            | Ajmer                      | Ayurveda,<br>Homoeopathy and<br>Unani,                       | 50 | Functional            |
|     |            | Churu                      | Ayurveda,<br>Homoeopathy and<br>Unani,                       | 50 | Functional            |
|     |            | Bikaner                    | Ayurveda,<br>Homoeopathy and<br>Unani,                       | 50 | Functional            |

|     |            |                               |   |    |                          |
|-----|------------|-------------------------------|---|----|--------------------------|
|     |            | Jaipur                        | Ayurveda, Homoeopathy and Unani,                            | 50 | Functional               |
|     |            | Sikar                         | Ayurveda, Homoeopathy and Unani,                            | 50 | Under construction       |
| 27. | Sikkim     | Kyongsa, West Sikkim          | Ayurveda and Homoeopathy                                    | 50 | Functional               |
|     |            | NIT, Deorali                  | Sowa-Rigpa  | 30 | Under construction       |
| 28. | Tamil Nadu | Theni                         | Siddha, Yoga & Naturopathy                                  | 50 | Functional               |
|     |            | Thiruvannamalai               | Siddha, Yoga & Naturopathy                                  | 50 | Functional               |
|     |            | Pudukkottai                   | Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy | 50 | Under construction       |
|     |            | Namakkal                      | Ayurveda, Homoeopathy and Unani, Siddha, Yoga & Naturopathy | 50 | Under construction       |
| 29. | Tripura    | Paradise Chowmuhani, Agartala | Ayurveda, Homoeopathy and Yoga & Naturopathy                | 50 | Functional               |
|     |            | South Sabroom                 | Ayurveda, Homoeopathy and Yoga                              | 50 | Under construction       |
| 30. |            | Jaunpur                       | Ayurveda, Unani, Homoeopathy and Yoga                       | 30 | Construction not started |
|     |            | Bulandshahar                  | Ayurveda, Unani, Homoeopathy and Yoga                       | 50 | Under construction       |
|     |            | Bilhour, Kanpur               | Ayurveda, Unani,  | 50 | Functional               |

|  |               |                        |   |    |                           |
|--|---------------|------------------------|---|----|---------------------------|
|  |               |                        | Homoeopathy and Yoga                        |    |                           |
|  | Uttar Pradesh | West Kalli,<br>Lucknow | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | Badrasi,<br>Varanasi   | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | NawabGanj,<br>Bareilly | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | Basti                  | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Construction<br>Completed |
|  |               | SirathuKausham<br>bi   | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | Sonbhadra              | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | OraiJalaun             | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Construction<br>Completed |
|  |               | SantKabir Nagar        | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | Saharanpur             | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  |               | Deoria                 | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  |               | Lalitpur               | Ayurveda, Unani,<br>Homoeopathy and         | 50 | Functional                |

|  |                             |   |    |                           |
|--|-----------------------------|---|----|---------------------------|
|  |                             | Yoga  |    |                           |
|  | Amethi                      | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  | Kanpur Dehat                | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                |
|  | Firozpur, Balia<br>District | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  | Raebareli                   | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  | Baghpat                     | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Construction<br>completed |
|  | Fatehpur                    | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  | Shravasti                   | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  | Unnao                       | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  | Hardoi                      | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |
|  | Gorakhpur                   | Ayurveda, Unani,<br>Homoeopathy<br>andYoga  | 50 | Under<br>construction     |
|  | Sambhal                     | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction     |

|     |             |                                       |   |    |                             |
|-----|-------------|---------------------------------------|---|----|-----------------------------|
|     |             | Mirzapur                              | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Under<br>construction       |
| 31. | Uttarakhand | Haldwani                              | Ayurveda and<br>Homoeopathy                 | 50 | Functional                  |
|     |             | Jakhnidhar,<br>Tehri                  | Ayurveda and<br>Homoeopathy                 | 50 | Under<br>construction       |
|     |             | Tanakpur,<br>Champawat                | Ayurveda and<br>Homoeopathy                 | 50 | Construction<br>not started |
|     |             | PiranKaliyar<br>(Haridwar)            | Unani                                       | 50 | Construction<br>not started |
|     | West Bengal | Tapsikhata,<br>Alipurduar<br>District | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                  |
|     |             | Paschim<br>Midnapore                  | Ayurveda, Unani,<br>Homoeopathy and<br>Yoga | 50 | Functional                  |



## (ii) State/UT wise Ayush Health &amp; Wellness Centers (AHWCs) approved under NAM

| Sl. No. | Name of the States/UTs               | Total No. of approved AYUSH HWCs | Functional AYUSH HWCs as reported by States/UTs |
|---------|--------------------------------------|----------------------------------|---|
| 1       | Andaman & Nicobar Island             | 6                                | 6   |
| 2       | Andhra Pradesh                       | 203                              | 126   |
| 3       | Arunachal Pradesh                    | 89                               | 49  |
| 4       | Assam                                | 489                              | 268   |
| 5       | Bihar                                | 388                              | 113   |
| 6       | Chandigarh                           | 12                               | 5   |
| 7       | Chhattisgarh                         | 400                              | 400   |
| 8       | Delhi                                | 0                                | 0   |
| 9       | Dadra & Nagar Haveli and Daman & Diu | 1                                | 0   |
| 10      | Goa                                  | 74                               | 72  |
| 11      | Gujarat                              | 365                              | 283   |
| 12      | Haryana                              | 569                              | 372   |
| 13      | Himachal Pradesh                     | 740                              | 303   |
| 14      | Jammu & Kashmir                      | 456                              | 442   |
| 15      | Jharkhand                            | 745                              | 560   |
| 16      | Karnataka                            | 376                              | 376   |
| 17      | Kerala                               | 520                              | 334   |
| 18      | Ladakh                               | 0                                | 0   |
| 19      | Lakshadweep                          | 7                                | 7   |
| 20      | Madhya Pradesh                       | 762                              | 562   |
| 21      | Maharashtra                          | 390                              | 281   |
| 22      | Manipur                              | 67                               | 15  |
| 23      | Meghalaya                            | 45                               | 22  |
| 24      | Mizoram                              | 38                               | 38  |
| 25      | Nagaland                             | 49                               | 47  |
| 26      | Odisha                               | 422                              | 250   |

|              |               |              |             |
|--------------|---------------|--------------|-------------|
| 27           | Puducherry    | 4            | 4           |
| 28           | Punjab        | 217          | 0           |
| 29           | Rajasthan     | 2019         | 919         |
| 30           | Sikkim        | 18           | 18          |
| 31           | Tamil Nadu    | 650          | 250         |
| 32           | Telangana     | 421          | 421         |
| 33           | Tripura       | 84           | 38          |
| 34           | Uttar Pradesh | 1034         | 736         |
| 35           | Uttarakhand   | 300          | 267         |
| 36           | West Bengal   | 540          | 520         |
| <b>Total</b> |               | <b>12500</b> | <b>8104</b> |