

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b) Indian citizen including Non-Resident Indians (NRIs) are entitled to practice in India under the provision of sections 15 and 27 of the Indian Medical Council (IMC) Act, 1956. However, the foreign nationals are allowed to practice as per provisions contained in section 14 of Indian Medical Council (IMC) Act, 1956, according to which a person possessing qualification in any country outside India, which is recognized in that country and registerable, is entitled to obtain temporary registration for practice in the institution to which he is attached for the time being for the purpose of teaching, research or charitable work.

(c) No such information is available with the Ministry of Health and Family Welfare.

(d) to (f) In view to reply to (a) above, question does not arise.

#### **Quality assessment of AYUSH facilities**

1491. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has assessed the quality of infrastructure, presence of human resource, supply of medicines and records among both standalone and collocated AYUSH facilities in the country;

(b) if so, the details along with the outcome thereof;

(c) the measures being taken by Government to encourage and promote research in AYUSH system of medicines;

(d) the number of proposals received from the States/UTs including Kerala and Lakshadweep to set up more number of AYUSH colleges, hospitals, dispensaries and research institutes during the last three years and the current year; and

(e) the action taken/proposed by Government, State/UT-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Yes.

(b) Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries through which Department provide Grant-in Aid to the States/UTs for Standalone and co-located AYUSH facilities was subjected to independent evaluation during 2013 which reported that the service provision has been enhanced in the States where survey has been carried out. The details alongwith outcomes are given in Statement-I (*See below*).

Mainstreaming of AYUSH through co-location was one of the terms of reference in the annual Common Review Mission under National Rural Health Mission (NRHM). The major findings of the 6th Common Review Mission (CRM) are given in Statement-II.

(c) Five Research Councils viz. Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Siddha (CCRS) and Central Council for Research in Yoga and Naturopathy (CCRYN) have been established under the Department to undertake, formulate, coordinate & promote research in the field of respective system of medicine. These Councils are undertaking the state of art research through their total 84 institutes/Units located in different parts of country. Apart from Intra Mural Research Conducted by these Councils, the Department provides Grant-in-aid to reputed organizations to conduct research under the scheme, namely Extra Mural Research. The research activity includes clinical research, survey, collection and cultivation of Medicinal plants, drug standardization, drug proving, validation of drug and therapies, documentation and publication etc.

(d) and (e) Details of proposals under the Centrally Sponsored Scheme for Development of AYUSH Institutions for setting up of new AYUSH colleges is given in Statement – III (*See below*). Further, it may be mentioned that no proposal were received from Kerala and Lakshadweep during the period under consideration.

Under the component of 50/10 bedded integrated AYUSH Hospital of Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries, Department of AYUSH provided Grant-in-Aid to North Eastern States and Hilly States of Himachal Pradesh, Uttarakhand and Jammu and Kashmir to setup new integrated AYUSH Hospitals as per the details given in Statement-IV (*See below*).

No eligible proposal as per scheme guidelines from States / UTs, which have liquidated all their pending UCs due for rendition, is pending with the Government.

For opening of research institutes, no request has been received from States/UTs in last three and current years.

#### ***Statement – I***

##### ***Independent Evaluation of Centrally Sponsored Scheme for Development of AYUSH***

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#### **Hospitals and Dispensaries**

The main purpose of independent evaluation was to evaluate “The Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries and

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mainstreaming of AYUSH under NRHM” in qualitative and quantitative terms and bring out the impact of the Scheme in achieving its stated objectives, the efficiency and effectiveness. As per the report, sampling was performed for 1381 units (5% of the total 27140 projects) of different components of Centrally Sponsored Scheme for development of AYUSH Hospitals and Dispensaries including co-located units and Standalone AYUSH Hospitals and Dispensaries for which Grant-in-Aid was provided to the States/UTs. The projects were selected for the study in all the States/UTs across the country where Grant-in-Aid was provided by Department of AYUSH. Major outcomes of independent evaluation are as follows:

- (i) Under Co-location of AYUSH OPD at PHCs, 41.18% of facilities selected for study constructed new OPDs for AYUSH and another 41.17% of facilities altered the existing OPDs with financial assistance provided out of the scheme.
- (ii) One third (33.33%) of the CHCs surveyed altered the existing IPDs for AYUSH.
- (iii) District Hospitals having AYUSH wings have to share facilities with Allopathy Department. Cross referral system was more or less observed between AYUSH practitioners and allopathic practitioners as a general practice of referring.
- (iv) There is a shortage of staff like AYUSH pharmacists and supporting staff.
- (v) The average number of daily patients for AYUSH OPD in PHCs is 66, for AYUSH facilities in CHCs is 56, and for AYUSH wings in District Hospitals is 37 and for AYUSH Hospitals and Dispensaries is 42.
- (vi) Only 12.28% of the AYUSH dispensaries surveyed never stay out of stock of essential medicines. Remaining dispensaries often stay out of stock of essential medicines.
- (vii) The study recommended increase in grant for medicines and regular and increased supply as per the demand and provide medicines during the time of epidemics.
- (viii) Most dispensaries needed infrastructure like buildings, toilets, compound wall, furniture like almirah, racks for keeping medicines, equipments (examination table, B.P. apparatus, microscope etc.).
- (ix) The study also recommended for improvement in monitoring mechanism.
- (x) Majority of PHCs, CHCs, DHs and Dispensaries having the system of record keeping of patients and also send patients records to higher authorities.

**Statement – II***The 6th Common Review Mission (CRM) of National Rural Health Mission (NRHM)*

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The Common Review Mission is an annual review of programmes under National Rural Health Mission (NRHM) covering whole range of activities, including both outcomes as well as processes. It is conducted in the states by multi-disciplinary teams of Public Health Experts down from Government functionaries, civil society organizations and development partners. The Mainstreaming of AYUSH is one of the terms of references of the Common Review Mission. The reviews showed that Co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs) as strategy has helped to improve utilization of public health facilities and give users a greater choice among systems.

The co-location is in place in all States except Kerala and most States have reported adequacy of AYUSH services. One improvement as observed in previous year's CRM is the substantial increase of AYUSH doctors and improved functionality. Community demand for AYUSH services has been reported from Odisha, Manipur, Delhi, Kerala and Tamil Nadu. The AYUSH doctors are involved in School Health Programmes, Mobile Medical Units (MMU) activities and are also members of Rogi Kalyan Samiti (RKS) committees in the State of Tamil Nadu. In Chhattisgarh and Manipur, most of the PHCs have AYUSH MOs posted. In Delhi AYUSH services are well accepted and some doctors conduct deliveries also. In Kerala, AYUSH systems have good acceptance and are functioning in parallel to regular system. In Odisha AYUSH OPD is substantial in the co-located facilities and units. AYUSH MOs play an active role in monitoring Village Health and Nutrition Days (VHNDs), immunization sessions and participating in School Health teams. In Tripura, mainstreaming of AYUSH is strong. In Rajasthan AYUSH doctors deployed under NRHM have conducted 15331 normal deliveries (April to September, 2012) The Lack of AYUSH medicines limits the services provided especially in the States of Assam, Bihar, Madhya Pradesh, Uttar Pradesh and West Bengal, while in States like Manipur, the drug supply was adequate. They are providing their services in National Health Programmes under NRHM.

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*Proposals received and considered for release of Grants-in-aid under the Centrally Sponsored Scheme of Development of AYUSH Institution*

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*Statement-IV*

*1. State-wise list of Financial Assistance provided for setting up of 50 Bedded integrated AYUSH Hospitals*

Sl.No	State	District	Sanction Letter No. and Date	Year of Sanction	Sanctioned Amount	Released Amount
1.	Tripura	Kailashahar, Unakoti District	R.14012/31/2010- H & D Cell dt. 26.12.2011	2011-12	₹ 900.00 lakhs	₹ 650.25 lakhs
2.	Mizoram	Thenzawl	R.14012/29/2010- H & D Cell dt. 18/11/2011	2011-12	₹ 900.00 lakhs	₹ 765.00 lakhs
3.	Himachal Pradesh	Hamirpur	R.14012/23/2011- H & D Cell dt. 23.12.2011	2011-12	₹ 900.00 lakhs	₹ 650.25 lakhs
4.	Manipur	Lamphei, Sanakeithel	R. 14012/33/2010- H & D Cell dt. 26.12.2011	2011-12	₹ 900.00 lakhs	₹ 765.00 lakhs
5.	Jammu and Kashmir	Harwan, Srinagar	R.14012/12/2011- H and D Cell dt. 27.12.2011	2011-12	₹ 900.00 lakhs	₹ 765.00 lakhs
6.	Uttarakhand	Haldwani, Nanital District	R.14012/30/2011-12 H & D Cell dt. 19.03.2012	2011-12	₹ 637.50 lakhs	₹ 318.75 lakhs

Written Answers to

[22 July, 2014]

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*2. State-wise list of Financial Assistance provided for setting up of 10 Bedded integrated AYUSH Hospitals*

Sl.No.	State	District	Sanction Letter No. & Date	Year of Sanction	Sanctioned Amount	Released Amount
1.	Assam	Mandakata	R. 14012/32/2010- H & D Cell dt. 26.12.2011	2011-12	₹ 301.00 lakhs	₹ 255.85 lakhs
2.	Arunachal Pradesh	General Hospital Pasighat, East Siang	R.14012/31/2011- 12- H & D Cell dt. 24.03.2012	2011-12	₹ 254.00 lakhs	₹ 215.90 lakhs
3.	Meghalaya	Bhoirymbong in Ri-Bhoi	R. 14012/30/2010- H & D Cell dt. 24.03.2012	2011-12	₹ 254.00 lakhs	₹ 215.90 lakhs
4.	Nagaland	Dimapur	R.14012/35/2011- 12- H & D Cell dt. 29.03.2012	2011-12	₹ 254.00 lakhs	₹ 215.90 lakhs
5.	Sikkim	Sichey Sochyangan, Gangtok, East Sikkim	R.14012/41/2010- H & D Cell dt. 28.12.2011	2011-12	₹ 301.00 lakhs	₹ 217.47 lakhs