

NATIONAL AYUSH MISSION (NAM)

FREQUENTLY ASKED QUESTIONS:

Q.1) What is National AYUSH Mission (NAM)?

Ans. Centrally Sponsored scheme of National AYUSH Mission (NAM) is a flagship scheme of Ministry of AYUSH approved and notified on 29.09.2014. National AYUSH Mission (NAM) launched during 12th Plan for implementing through States/UTs. The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU &H) drugs and sustainable availability of ASU & H raw-materials. It envisages flexibility of implementation of the programmes which will lead to substantial participation of the State Governments/UT.

Q.2) What is basic objective of NAM?

Ans. The basic objective of NAM is to promote AYUSH Medical Systems through cost effective AYUASH Services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha, and Unani & Homeopathy (ASU&H Drugs)and sustainable availability of ASU & H raw- materials.

Q.3) What is funding pattern under Centrally Sponsored Scheme of National AYUSH Mission (NAM)?

Ans. The funding pattern between Centre and State would be 60:40 for all States except for the eight North Eastern states and 3 hilly States (Uttarakhand, Jammu & Kashmir and Himachal Pradesh) where 90:10 would apply. For all UTs, it would be 100% funded by Centre under NAM.

Q.4) What is the expected outcome of NAM?

Ans. Better access to AYUSH healthcare services through increased number of healthcare facilities offering them and better availability of medicines and trained manpower.

Improved availability of quality AYUSH drugs by increased number of quality pharmacies and Drug Testing Laboratories coupled with stringent enforcement mechanism. Increased awareness and acceptance of Yoga and Naturopathy as promotive and preventive health-care systems. Meet increasing domestic demand for herbal raw-materials and also to promote export.

Q.5) What is SAAP?

Ans. SAAP(State Annual Action Plans) is a consolidated plan of the respective States/ UTs.

Q.6) What is basic component of SAAP?

Ans. AYUSH Services, Educational Institutions, Quality Control of ASU&H, Medicinal

Plants, Flexipool and Admin Cost.

Q.7) What is Utilization Certificate?

Ans. In respect of non-recurring Grants to an Institution or Organisation, a certificate of actual utilization of the Grants received for the purpose for which it was sanctioned in Form GFR 12- A, should be insisted upon in the order sanctioning the Grants-in-aid. The Utilization Certificate in respect of Grants referred to in Rule 230 (10) should also disclose whether the specified, quantified and qualitative targets that should have been reached against the amount utilised, were in fact reached, and if not, the reasons therefor. They should contain an output based performance assessment instead of input based performance assessment. The Utilization Certificate should be submitted within twelve months of the closure of the financial year by the Institution or Organisation concerned. Receipt of such certificate shall be scrutinised by the Ministry or Department concerned. Where such certificate is not received from the Grantee within the prescribed time, the Ministry or Department will be at liberty to blacklist such Institution or Organisation from any future grant, subsidy or other type of financial support from the Government.

Q.8) What is the scheme for cultivation of medicinal plants?

Ans:- National AYUSH Mission.

Q.9) What is Technical Screening Committee?

Ans:- Technical Screening Committee and nominate Chairman for scrutiny of Action Plan/project proposals received under different activities under the component.

Q.10) Where do we get registration for subsidy?

Ans:- State implementing agency.

Q.11) Where do we get Quality Planting Material?

Ans:- From SHMs/ SMPBs / Forests of respective states.

Q.12) Where is the market of Medicinal Plants?

Ans:- e-charak

Q.13) What is cluster?

Ans:- Cultivation will be assisted only in case of clusters. Each cultivation cluster will have minimum 2 hectare of the land. Each cultivation cluster should be drawn from farmers having lands within a radius of not more than 15 km.

Q.14) What is the criteria of subsidy for cultivation of medicinal plants?

Ans:- The cultivation of medicinal plants is supported by providing subsidy (30%, 50% and 75%) to farmers through the identified implementing agency ie. SHM/SMPBs/others in form of State Annual Action Plan (SAAP).

Q.15) What is e-charak?

Ans:- E-charak is a platform of interaction between medicinal plants stakeholders to buy/sell their produce.

Q.16) What is Bhuvan e-herbs? Ans:-

It is a geo-tagging software.

Q.17) Who are the main user/ stakeholder of medicinal plants?

Ans:- ASU Industry, Scientist working on medicinal plants, farmers, traders, AYUSH practitioners etc.

Q.18) Where does the farmer get the subsidy?

Ans:- The farmers get the subsidy from the implementing agency through State AYUSH Society.

Q.19) How many states are participating in the scheme? Ans:- 29 States are participating in the scheme.

Q.20) How is the scheme administered/ implemented?

Ans:- The fund for the approved State Annual Action Plans released to the concerned states by Ministry of AYUSH through State Treasury

- State AYUSH Society
- Implementing agency of Medicinal Plants Component.

Q.21) Who is eligible for subsidy?

Ans:- Farmers/ growers/SHGs/ clusters having 2 hectare of land.

Q.22) How many crops are covered under the scheme? Ans:- 140

Q.23) What are the various risks covered under the scheme? Ans:- Marketing & Insurance, buy-back arrangement.

Q.24) Is there any facility for the farmers to get the seed tested /seed certification before sowing?

Ans:- Yes, SMPB, RCFC

FAQs related to Quality Control of ASU and H drugs component under National AYUSH Mission

1. For what purposes grant is given under the NAM component for Quality Control of ASU and H drugs?

Ans: The grant under this component is provided for:-

- a. Establishing or Strengthening of State Govt. Pharmacy.
- b. Establishing or Strengthening of State Govt. Drug Testing Laboratory (DTL) for ASU&H drugs.
- c. Strengthening of AYUSH drug control framework including testing of ASU&H drugs.
- d. Documentation, publication and dissemination of quality control material in the States.
- e. Other IEC activities.

2. Which type of pharmacies are eligible for grant in aid under quality control component of NAM?

Ans: Only State Government pharmacies/State Government Cooperatives/PSUs are eligible for grant-in-aid.

3. Is any support provided for purchasing raw drugs/medicinal plants for the State Pharmacy under NAM?

Ans: Raw materials and consumables can be purchased from recurring component of the NAM grant for State Pharmacies.

4. How can a State not having a State Drug Testing Laboratory avail grant for testing of drugs?

Ans: Such State can get the ASU and H drug samples tested from any approved or recognised laboratory and get the amount reimbursed by submitting the expenditure statement and test reports.

5. From where can the drug samples be collected for testing?

Ans: The drug samples can be lifted from Govt. dispensaries, manufacturing units, market or drug samples on which complaints have been lodged for testing.

6. Are government ASU&H colleges eligible to avail assistance for in house Pharmacy or DTL?

Ans: Yes, provided the pharmacy have valid licence from State Licensing Authority and the DTL is accredited by Ministry of AYUSH. Also, laboratories already working on ASU&H drug testing etc. will be considered after visiting them.

7. Can State avail assistance for more than one DTL?

Ans: Yes, for big states like Maharashtra, UP, Rajasthan, Madhya Pradesh, etc. it is permitted. Also, if other States can provide justification by providing number of sample tested in a year in the State, they may be considered,

8. Who is authorised to sign on test reports of State Drug Testing Laboratory?

Ans: Only a Government Analyst notified under the Drugs and Cosmetic Act and Rules can sign the test report. State DTL must appoint/notify Government analyst for the lab.

9. Is there any provision for construction office space/renovation of office of State Licensing Authority in the quality control component of NAM?

Ans: Under the Strengthening of ASU and H drug control Framework assistance is only provided for

- I. Purchase of vehicle(Two wheeler) for State AYUSH drug inspectors for unit survey and collection of drug samples
- II. Expenditure on computerisation of office of AYUSH drug controller or licensing authority
- III. Expenditure on collection of statutory or service samples
- IV. Expenditure on training of technical staff at pharmacopeial laboratory of Indian medicine/HPL/ NABL as per approved cost norms

10. Is there any support provided under quality control for engaging regulatory man power in the State ASU&H Licensing Authority or Drug Controller?

Ans: The proposal for the same can be considered under flexible component.

11. Where can one contact for details regarding quality control component of NAM

Ans: Such queries may be e-mailed to **dcc – ayush @ gov.in**

Frequently Asked Questions (FAQs) about AYUSH Health & Wellness Centres (HWCs)

1. What is AYUSH Health & Wellness Centre (HWC)?

AYUSH Health & Wellness Centres are being established by Ministry of AYUSH under Ayushman Bharat scheme, through State/UT Governments within Centrally Sponsored Scheme of National AYUSH Mission (NAM) on the analogy of National Health Mission (NHM). The AYUSH Health & Wellness Centres are created by upgrading existing AYUSH dispensaries and Sub Health Centres.

2. How many AYUSH HWCs are to be established in the country?

As per the decision taken on 30.01.2019 by the Government of India, 10% (12,500) of the total Health and Wellness centres (HWCs) targeted under Ayushman Bharat Scheme would be developed by Ministry of AYUSH in a phased manner from year 2019-20 to 2023-24. The proposal was approved by the Union Cabinet on 20.03.2020.

3. Where the AYUSH HWCs would be established?

AYUSH HWCs are being established mostly in rural areas. The AYUSH dispensaries will be prioritized for up-gradation as HWCs. However, in some UTs and North- eastern States, where the number of AYUSH dispensaries is negligible or if the Department of Health desires to convert Sub-Health Centres, the same would be considered by the Ministry of AYUSH for up-gradation as AYUSH HWCs. Such Health Sub-health centres for upgradation would be jointly identified by the State department of AYUSH & Health.

4. What are the objectives to be achieved by establishing AYUSH HWCs under Ayushman Bharat?

The Health and Wellness Centres under Ayushman Bharat Scheme are envisaged to deliver expanded range of Comprehensive Primary Healthcare Services to people within their areas, with main focus on prevention of diseases and promotion of good health and wellness. Yoga is an important activity at all HWCs. The idea behind establishing 12500 AYUSH HWCs is to demonstrate the effectiveness of AYUSH based wellness model in strengthening Comprehensive Primary Health care with primary focus on preventive and promotive interventions by empowering masses for “self care” to reduce disease burden, Out of pocket expenditure, and to provide informed choices to patients/ needy people to choose the desired intervention.

5. What is the difference between HWCs established by AYUSH and Health department?

Both the Health & Wellness Centres are established under Ayushman Bharat program of Government of India. However, HWCs established under Ministry of Health & Family Welfare provide National Health Program services and AYUSH HWCs established under Ministry of AYUSH will provide primarily AYUSH Health services that focus on preventive and promotive interventions like wholesome Diet, Yoga and lifestyle modifications. It also provides treatment for common ailments using AYUSH medicines and lifestyle advises. Cultivation of commonly available medicinal plants and their use will be promoted through AYUSH HWCs to strengthen the concept of traditional home- based remedies for common ailments.

6. How the services will be delivered through AYUSH HWC?

The service delivery including preventive, promotive, curative, rehabilitative health care would be at three levels i.e. (i) Family/Household and community levels through outreach OPDs, Health Mela, Village Panchayat, Village & Home Visits, School & Anganwadi visits (ii) Health and Wellness Centres (iii) Referral Facilities/Sites. Delivery of services closer to the community and close monitoring would enable increased coverage and help in addressing issues of marginalization and exclusion of specific population groups. Each AYUSH HWC will be headed by an AYUSH practitioner, assisted by a team including Yoga instructors.

7. What are the different AYUSH systems whose services will be made available at HWCs?

The services of all AYUSH system such as Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-rigpa and Homoeopathy would be made available in different areas based on their use and acceptability. The States/ UTs have the free hand to propose the services as per the feasibility and acceptability of particular AYUSH system in their region. However, Yoga would be integral part of all the HWCs to be developed under Ayushman Bharat.

8. Whether AYUSH medicines would be made available at HWC?

The essential medicines including poly herbal formulations and Single plant powders will be made available at AYUSH HWC. The Ministry of AYUSH has provided an indicative list, however the States/UTs may decide the medicines as per the popularity and requirement at local level. A registered AYUSH practitioner shall be the team leader in AYUSH HWC who would be authorized to prescribe and dispense the AYUSH medicines.

9. The laboratory and radiological services will be available at AYUSH HWC?

Basic laboratory tests like hemoglobin, rapid Malaria, rapid Dengue and blood sugar level

would be conducted at HWC level. If further investigations are required, then the blood samples may be collected and sent to the nearest facility where services are available. For radiological and other higher investigations, patients need to be referred to nearest Primary health Centre (PHC), Community Health Centres (CHC), District Hospital (DH) or linked facilities as per referral protocol.

10. Whether National Health Mission services will be provided in AYUSH HWC?

In case of upgraded Sub-health Centres, AYUSH services will be in addition to already ongoing National Health Programmes and other activities under the National Health Mission (NHM) as per the decision taken by the Department of Health of the States/UTs. However, at upgraded AYUSH dispensaries, only AYUSH services will be initially made available and gradually the NHM components may be incorporated as per the feasibility and cooperation extended by the Department of Health of the particular State/ UT. Till the provision for such components are made available at upgraded AYUSH dispensaries, the patients will be referred to nearby SHC/PHC for various programmes such as immunization, ante-natal care under NHM.

11. What is the referral mechanism for AYUSH HWC?

The needy patients would be appropriately referred to PHC called First Referral Unit (FRU), AYUSH dispensaries, Co-located facilities at CHC/DH/ AYUSH integrated hospitals, teaching hospitals, national level institutions, etc. as per pre-devised referral criteria. Needy patients will also be referred to Allopathic centres and vice versa depending upon the decision of CHO. The continuum of care will be ensured through referral to higher centers and reverse referral to HWCs. Whenever patients come home after getting treatment from higher healthcare facilities, ensuring their day to day management including compliance to advice and follow-ups shall be the responsibility of HWCs team.

12. What kind of staff would be available at AYUSH HWC?

The HWCs would be equipped and staffed by an appropriately trained Primary Health Care team, comprising of Multi-Purpose Workers, ASHAs at the norm of about one per 1000/ Auxiliary Nurse Midwife (ANM) and led by a Community Health Officer (CHO). Some AYUSH dispensaries may have pharmacist, nursing staff or technicians, in addition to housekeeping staff. A qualified/certified Yoga instructor would be deployed at all HWCs on part time basis to provide continuous and customized Yoga training to the community at HWC and/or various other identified public places. The CHO would be a qualified AYUSH physician, deployed on the basis of services of the particular system made available at HWC like Ayurveda, Unani, Siddha, Homoeopathy, Sowa-rigpa. The CHO will take clinical decision and provide mentorship to the team. He would be empowered to prescribe AYUSH medicines and dispense Allopathic medicines as per the prescription of Medical Officer of linked PHC.

13. How much population would be covered under each AYUSH HWC?

As per the Health Department protocols, there is approximately 5,000 population in plain area and 3,000 population in hilly area covered under each Sub Health Centre. The similar norm will be followed for AYUSH HWC.

14. What will be the mechanism for coordination between Health Department and AYUSH department at National, State and District level?

To successfully plan and run the integrated services with different National Programmes under NHM, the close cooperation between Department of Health & AYUSH in the States/UTs will be ensured. A bilateral agreement would be signed for sharing the experience, existing facility, manpower, support the activities including integrated training, healthcare services, supply of essential medicines/ vaccines/ chemicals/ reagents/ equipment, and to run different vertical health programmes of National Health Mission including Digitization/Telemedicine/IT Platforms. Depending on the selected facility such as SHC & AYUSH dispensary the deployment and duties of manpower such as ANM, MPW, AYUSH physician etc. would be assigned as per the requirement for implementation of both NHM and AYUSH services. The issues such as line of command, mechanism of fund flow etc. would also be addressed in the agreement.

15. What kind of networking would be developed with local administration and institutions for successful implementation of AYUSH HWC activities?

Apart from close coordination with Department of Health, linkages with AYUSH standalone hospitals, collocated facilities, educational institutions, National level organizations, schools, social groups, private bodies, community groups, Panchayati raj Institutions would be developed. The AYUSH team would solicit the cooperation and participation of NGOs, Gram Panchayats and Self-Help groups.

16. What is Inter-sectoral Convergence and how to achieve it?

Health is affected by various social and environmental determinants and actions to address these issues often do not fall in the purview of health systems alone and therefore requires intersectoral convergence and people's participation. As envisioned in the National Health Policy 2017, States should plan for a coordinated action on priority areas such as Swachh Bharat Abhiyan, addressing tobacco, alcohol and substance abuse, action against gender violence, reduced stress and improved safety in the work place, reducing indoor and outdoor air pollution, community yoga and village sport activities.

17. What would be the role of common people in AYUSH HWC and its interventions?

The active participation of public or community in planning and execution of AYUSH

interventions is required. It is a community centered program so people have to take ownership and avail the services offered under HWC. Community level collectives such as Village Health Sanitation and Nutrition Committee (VHSNCs), Mahila Arogya Samiti (MAS), Self-Help Groups (SHGs) would be involved.

18. What is the role of IT Platforms at AYUSH HWCs?

HWC team would be equipped with laptop/tablets/smart phones to serve a range of functions such as population enumeration and empanelment, data capturing, record keeping, delivery of services, enable quality follow up, facilitate referral/continuity of care, create an updated individual, family & population health profile, and generate reports required for monitoring at higher levels. At all levels, teleconsultation would be used to improve referral advice, seek clarifications and undertake virtual training including case management support by specialists.

19. How the IT applications shall work at HWC level? How they are used for capturing/collecting and transmitting data to higher levels?

Every data generated at AYUSH HWCs by peripheral health workers and CHO including individual health card and family health folder would be stored in the electronic format. There will be two types of IT applications viz. web-based HWC portal and NCD-CPHC application. These IT applications would be used as mentioned below:

NCD-CPHC-IT application:

- The ANMs and ASHAs will fill the Community Based Assessment Checklist (CBAC form) at household level in Android phone or tablet provided to them by Department of Health for screening for NCDs.
- The data filled up by the ANMs and ASHAs can be verified by the ASHA facilitators. Data entered by ASHA/ANM gets restored in the cloud space which will be available for the CHO and Medical Officers at PHC, who can also check the authenticity of data and make necessary modifications. The CHO and Medical Officers at PHC will be equipped with the computers.
- Specific Number of persons who underwent screening, diagnosed for diabetes, hypertension and selected types of cancer (oral, breast & cervical) etc. shall be part of NCD-CPHC IT application.
- There will be a provision in IT application to review the data and generate report at District/State/National level.

Web-based HWC portal:

- Captured data by ANMs and ASHAs can be reviewed by CHO/MO through web-based portal.
- The CHO will fill up the information such as functionality of HWC like branding, medicine availability, training etc. in web-based portal.

- The Web-based HWC portal will help at State and National level managers for assessment of implementation of the programme on real time basis.

20. Channel of Proposal Submission

The HWC is part of Centrally Sponsored Scheme “NAM” and these proposals under HWC by each State/UT shall be incorporated in State Annual Action Plan “SAAP” of NAM. The plan shall be finalised by State AYUSH Society and State Government, before its submission to Ministry of AYUSH.

21. How the annual proposals shall be prepared and submitted by States/UTs to the Ministry of AYUSH?

The State/UTs have to do the detail mapping of existing infrastructure, manpower and services etc. of all the health facilities which they want to upgrade AYUSH HWCs, as per the format provided by the Ministry of AYUSH. The proposal of AYUSH HWCs should be as per the operational guidelines and cost norms approved by the Union Cabinet on 20. 03.2020 and issued to all the States/UTs by the Ministry of AYUSH through e-mail on 28.03.2020. While preparing the proposals for each individual HWC, CHO shall ensure that activities prepared and their financial implications are as per actual requirement based on physical compliance and mapping details. The cost norms for each activity are overarching and indicative, whereas the sanctioned amount shall be as per actual ground requirement.

.

22. How monitoring and evaluation would be done?

The outcome would be measured through independent periodic assessment of key indicators such as infrastructure development, HR availability, provision of quality services, access to service, health outcomes. Supportive supervision and record checking at periodic intervals would be carried out manually and through IT based solutions. These components viz. functionality assessment, management of common ailments, medicine plants for self care would be implemented on ground.

23. How the manpower shall be engaged in the HWCs and what would be the mechanism for payment of their wages and assessment of their performance?

The contractual manpower shall be engaged by the States/ UTs as per the codal formalities and devised recruitment rules. The HWC staff, deployed on contractual basis will have 60 % fixed remuneration and 40% as Performance Linked Payment (PLP). So as to become eligible for fixed remuneration the staff needs to perform their duties. For the regular staff the PLP will be applicable in addition to the salary as specified in the guidelines issued to the States/ UTs. Performance linked incentives given to HWC team/ CHO, ASHAs, ANM/MPW

or any other equivalent staff identified by States/ UTs at AYUSH Dispensary will be on the assessment of 10 indicators. Performance linked payment that is to be disbursed for each indicator will correspond the level of achievement. The indicators will be measured against three levels of performance viz. 30% to 50%, 51% to 70% and 71% to 100%. No incentives would be paid if performance is below 30% of expected target.

However, at upgraded Sub Health Centre, the guidelines of Department of Health would be used for assessment of performance which are almost similar.

24. How the State/UTs shall initiate various activities from first year onwards to make the AYUSH HWCs operational?

Each State/UT shall identify the AYUSH dispensary/Health-Sub-centres according to annual target of that year. The data mapping collected as per format, after spot visit the data provides details of activities required to be taken up at infrastructure and manpower level. The physical and financial requirement for each Dispensary / Sub- Health Centre shall be compiled in the consolidated annual plan.

The States/UTs shall have to work on the following activities from first year onwards after the approval of the funds from Ministry of AYUSH:

- On approval of the plan, its implementation shall be taken up.
- Infrastructure activities like alteration/addition in building, addition of new room etc. drinking water/ electricity/internet telecom facility, laboratory, IT hardware, development of herbal garden, branding of building etc.
- Engagement of Manpower likes Yoga Instructors, CHO etc. wherever required to be taken up followed by their training as per guidelines/modules.
- Arrangement for medicines
- Screening of catchment population
- Organizing IEC/Extension Camps
- Initiation of Yoga Sessions
- Preparation of Annual Plan by identifying each proposed dispensary/Health Sub-Health Centre and mapping exercise to shortlist the activities to be taken up along with financial implication as per cost norms.
- Ensure transfer of funds immediately from State treasury to State AYUSH Society and release to District AYUSH Society/implementing agencies on receipt of budgetary grants from the Ministry.
- Identifying partners such as education institutions, Trusts & NGOs and execute MoU
- Networking with Department of Health for cooperation in mutually agreed areas and enter into a formal agreement
- Liaising with Stake holders at State/District/Village level
- Complete the infrastructure upgradation, branding, establishment of procurement of

equipment, medicines

- Recruit the contractual staff and deploy the existing/new staff at designated AYUSH HWCs
- Training and capacity building of HWC team
- Collection of baseline data on health outcomes from already available sources such as HMIS, AHMIS or through cross sectional survey
- Initiation of the activities by HWC staff such as population enumeration, empanelment, Prakriti analysis, NCD screening, Yoga, community awareness campaigns, medicinal plants for kitchen garden, IEC etc. as per guidelines
- Monitoring and reporting of the activities periodically.

25. What will be the main activities under infrastructure improvement in the buildings of existing Health facilities selected for upgradation as HWCs.?

The infrastructure improvement in the buildings of existing Health facilities is provision of space for outpatient care, dispensing medicines, diagnostic services, display of IEC material including audio visual aids, wellness activities, including Yoga & physical exercises. It includes provision for boundary-wall, drinking water, electricity, internet, branding etc. A herbal garden with prescribed species of plants to be developed inside the HWC campus/other suitable place depending upon availability of land. AT HWCs, some potted plants may be displayed.

26. What shall be the activities to be initiated by HWC team at HWC level and at community level in the catchment area of the HWC?

Following are the broad activities of HWC team at HWC level and community level:

HWC Level	Community Level
Prakriti assessment	Population enumeration and empanelment
NCD screening	CBAC Survey (NCD Screening)
Yoga classes	Routine IEC
IEC	Community awareness campaigns
Clinical services	Medicinal plant distribution
Providing AYUSH medicines	Coordination with community platforms such as the VHSNC/MAS/SHGs
Dispensing allopath medicines as necessary	Collection of the data
Higher care through referral	Ensure Prakriti analysis of every individual above 18 years of age
Establish and maintain Herbal Garden	Followup of cases under advice/treatment
Monitoring and regular reporting to higher level	

27. What are the members of HWC team and how their division of the work shall be made?

HWC Team-CHO, ANM/Multi-Purpose Workers or equivalent Staff decided by the State/UT, Yoga instructor and ASHAs as per the population of the HWC-service area. CHO is a team leader of each HWC team and his work is to provide guidance to each of the member. The CHO will work most of the time at HWC level or outreach OPDs providing AYUSH services to beneficiaries, whereas ASHA and ANM supposed to work in the community by visiting the houses under their catchment area. Yoga instructor will be working both at HWC and community level. The detailed work responsibilities of each of the AYUSH HWC team members are described in the Operational Guidelines issued by the Ministry of AYUSH.

28. How the operationalization of HWC shall proceed in a graded manner from first year onwards?

The operationalization of AYUSH HWCs shall proceed as per following phases and funds will be released subject to fulfillment of terms and conditions mentioned in guidelines as under:

Phase I:

Year	AYUSH Dispensaries	Sub Centres	Total	Conditions imposed/Remarks
2019-20	1390	348	1738	Nil
2020-21	2200	500	2700	

Phase II:

Year	AYUSH Dispensaries	Sub Centres	Total	Conditions imposed/Remarks
2021-22	2500	600	3100	Phase II will be sanctioned after 100% of the HWCs sanctioned in 2019-20 and 50% of HWCs sanctioned in 2020-21 are made operational.

Phase III:

Year	AYUSH Dispensaries	Sub Centres	Total	Conditions imposed/Remarks
2022-23	3000	700	3700	Phase III will be sanctioned after 100% of the HWCs sanctioned in 2020-21 and 50% of HWCs sanctioned in 2021-22 are made operational.

Phase IV:

Year	AYUSH Dispensaries	Sub Centres	Total	Conditions imposed/Remarks
2023-24	910	352	1262	Phase IV will be sanctioned after 100% of the HWCs sanctioned in 2021-22 and 50% of HWCs sanctioned in 2022-23 are made operational.

These are National targets. The States/UT wise target shall be decided in the beginning of each financial year.

30. What is the institutional framework available for implementation of this scheme at Central Level?

The institutional framework of NAM has provision for bringing together representatives from inter-linked sectors such as Health, Agriculture and Horticulture Departments during discussion on Annual Plans for convergence of actions, to avoid the overlapping of different schemes and to save the public resources.

The Ayushman Bharat Cell at Ministry of AYUSH has been established under NAM for implementation and monitoring of AYUSH HWCs. At central level, there are National Institutes and AYUSH Research Councils under the administrative control of Ministry of AYUSH. The Ministry also seeks the help of Ministry of Health & Family Welfare, its subordinate bodies and private partners. Further there are Committees at National level as mentioned below:

Mission Directorate:

Sl. No.	Designation	Status
1.	Secretary (AYUSH)	Chairperson
2.	AS & FA or his nominee	Member
3.	AS&MD, NHM, Department of Health	Member
4.	Mission Director, Horticulture	Member
5.	J.S. dealing with ASU & H drugs/Institutions	Member
6.	Advisers of Ayurveda, Homoeopathy, Unani, Siddha	Member
7.	Adviser of Ayushman Bharat cell	Member
8.	Joint Secretary (Ministry of AYUSH)	Member Secretary

Any other expert may be co-opted as deemed necessary with the approval of Chairperson. This committee shall be responsible for approving State Annual Action Plan (SAAP) based on recommendation of the appraisal committee.

Appraisal Committee:

Sl. No.	Designation	Status
1	Joint Secretary (AYUSH)	Chairperson
2	JS dealing with ASU &H drugs/Institutions	Member

3	CEO/Dy. CEO, NMPB	Member
4	Mission Director, Horticulture or his representative	Member
5	Representative from NHM, Dept. of Health	Member
6	Representative of IFD	Member
7	Additional Drug Controller General of ASU & H Drugs / Sr. Technical officer dealing DCC	Member
8	Advisers/Joint Advisers/Dy. Advisers of Ayurveda, Member Homoeopathy, Unani, Siddha, and Medicinal Plants	Member
9	Director/Dy. Secretary i/c of NAM	Member Secretary

Any other expert may be co-opted as deemed necessary with the approval of Chairperson. This committee shall be responsible for appraising the State Annual Action Plan (SAAP) and submit to the governing body for approval.

31.What are State Level AYUSH Society and District AYUSH Society and their role?

State AYUSH Society:

The National AYUSH Mission at State level will be governed and executed by a State AYUSH Mission Society, constituted with following members:

Composition of Governing Body:

Sl. No.	Designation	Status
1	Chief Secretary	Chairperson
2	Principal Secretary/Secretary I/c of AYUSH/ (Health & F.W.)	Member Secretary
3	Principal Secretary/Secretary (AYUSH Medical Education)	Member
4	Principal Secretary (Finance)	Member
5	Principal Secretary (Planning)	Member
6	Principal Secretary Forests & Horticulture dealing with Medicinal Plants	Member
7	Mission Director, NHM	Member
8	Commissioner(AYUSH)/Director General (AYUSH)/Director Ayurveda, Unani, Homoeopathy, Siddha	Member
9	Nodal Officer, State Medicinal Plants Board	Member
10	State ASU &H Drug Licensing Authority	Member

Any other expert may be co-opted as deemed necessary with the approval of Chairperson.

Composition of State AYUSH Society:

Sl. No.	Designation	Status
1	Principal Secretary/Secretary I/c of AYUSH/ (Health & F.W.)	Chairperson
2	Principal Secretary/Secretary (AYUSH Medical Education)	Vice-Chairperson
3	Commissioner (AYUSH) /Director General (AYUSH)/Director-Member Secretary Ayurveda, Unani, Homoeopathy, Siddha	
4	Mission Director, NHM	Member
5	Representative of State Finance/Planning Department	Member
6	Representatives of Forest & Horticulture Department	Member
7	Nodal Officer, State Medicinal Plants Board	Member
8	ASU &H State Licensing Authority	Member
9	Senior Technical officers dealing with Ayurveda, Member Homoeopathy, Unani, Siddha, Yoga and Naturopathy and Medicinal Plants	Member
10	State AYUSH Programme Manager	Member

Any other expert may be co-opted as deemed necessary with the approval of Chairperson.

District AYUSH Society:

A District level AYUSH Society shall be established to monitor/supervise the activities with following governance structure:

A. Governing Body

Chair	District Collector (DC)/District Magistrate (DM)/Chief Executive Officer (CEO) Zilla Parishad
Co-Chair	Dy. District Collector (DDC)cum CEO, Zilla Parishad/Addl. D.C.
Chief Executive Officer	District AYUSH Officer (DAO)
Members	Project Officer (DRDA), District Programme Managers for AYUSH/ Health, Water and Sanitation, ICDS, education, social welfare, Panchayati Raj, District Forest officer/ Representative of SMPB, Sub-Divisional Officer, representatives of AYUSH/ Medical Association/NGO/ AYUSH educational institutions/ and Development Partners

B. Executive Committee

Chair	DDC cum CEO Zilla Parishad/Addl. D.C./Addl. Collector
Chief Executive Officer and Convener	Chief Executive District AYUSH officer
Members	Superintendent-District Hospital, District Programme Manager AYUSH/ Health, ICDS, Water and Sanitation, Education, Forest dept, Panchayati Raj and other Representative of SMPB, In-charge of AYUSH Research Centre of MoAYUSH working in the District.

32.What is the current status of establishment of AYUSH HWC?

Total 12,500 AYUSH HWCs have to be upgraded in phased manner by year 2023-24. The Mission Directorate has so far approved 1037 AYUSH HWCs in 14 States/UTs which will be able to roll out additional services in due course. Further, the States/UTs have been requested for more proposals.

33. How much is the unit cost for upgradation of AYUSH Dispensary and Sub Health Centre?

The Unit cost for upgradation of AYUSH Dispensary is Rs. 16.22 lakh and Rs. 15.744 lakh for upgradation of the sub health centre.

Sr. No.	Components	Rupees in Lakh per annum			
		For upgraded AYUSH Dispensary		For upgraded Sub Health Centre	
		Non-recurring cost	Recurring Cost	Non-recurring cost	Recurring cost
1.	Infrastructure cost	5.00		5.00	
2.	Remuneration to- Community Health Officer (CHO)		4.80	-	4.80
3.	Yoga Instructor	-	0.96	-	0.30
4.	Yoga Instructor (Female)	-	0.60	-	-
5.	Team based incentives	-	1.00	-	1.00
6.	ASHA incentives	-	0.60	-	0.60
7.	Training of CHO	0.30	-	1.034	-
8.	Refresher training of CHO	-	0.05	-	0.10
9.	Refresher training of MPW ASHA	-	0.20	-	0.20
10.	Laboratory services	1.00	0.30	1.00	0.30
11.	IT Networking	0.35	0.05	0.35	0.05
12.	IEC	-	0.25	-	0.25
13.	Establishment of Herbal Garden	0.20	0.06	0.20	0.06
14.	AYUSH medicines (Maximum up to 2 lakh per HWC)	-	To be borne- from NAM		To be borne from NAM
15.	Untied fund	-	0.50	-	0.50
Total		6.85	9.37	7.584	8.16