

## **Executive Summary**



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With the increase in the number of lifestyle disorders, there has been resurgence of interest in AYUSH. AYUSH is the acronym of traditional systems of health care that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH). AYUSH systems of healthcare play a significant role in providing preventive, supportive and curative healthcare.

National AYUSH Mission (NAM), a centrally sponsored scheme, was launched (September 2014) by Ministry of AYUSH (MoA), Government of India (GoI) with the objective to promote and provide universal access to effective AYUSH services; to strengthen AYUSH education system; to facilitate enforcement of quality control of Ayurveda, Siddha, Unani and Homeopathic (ASU&H) drugs; and to ensure sustainable availability of ASU&H raw materials.

In Uttar Pradesh, the State AYUSH Society was established in September 2015 for implementation of NAM and AYUSH Department was established in the year 2017. The Ayurveda, Unani and Homoeopathy Services were brought under the broad umbrella of AYUSH. The functions of the Directorates working under the Department included management of eight Ayurvedic, nine Homeopathic and two Unani Medical Colleges & Hospitals; 59 District, 18 Divisional and 4 Regional level Offices under Ayurveda, Homeopathy and Unani services respectively; one Ayurvedic Pharmacy and one Ayurvedic & Unani Pharmacy; one Drugs Testing Laboratory as well as providing health care services to the people in their respective systems of medicine through 324 Ayurvedic Dispensaries and 1786 four/fifteen/twenty-five bedded Ayurvedic Hospitals; 1585 Homeopathic dispensaries; 72 Unani Dispensaries and 182 four/fifteen bedded Unani Hospitals; 871 Health & Wellness Centres and 224 Yoga Wellness Centres.

The Performance Audit on AYUSH covering the period from April 2018 to March 2023 was conducted to assess whether the funds, human resources, building infrastructure, furniture and equipment, and medicine were available and utilised properly, and schemes and programmes were executed effectively.

**Financial Management** - Against the budgetary provisions for **revenue expenditure** of ₹ 5630.71 crore for Ayurveda Service, ₹ 2598.26 crore for Homeopathy Services and ₹684.15 crore for Unani services during 2018-19 to 2022-23, there were savings of ₹ 1728.13 crore (30.69 *per cent*), ₹ 615.30 crore (23.68 *per cent*) and ₹ 229.88 crore (33.60 *per cent*) respectively. Similarly, against the provisions for **capital expenditure** of ₹ 330.99 crore for Ayurveda Services, ₹ 119.53 crore for Homeopathy Services and ₹ 59.23 crore for Unani services during 2018-19 to 2022-23, there were savings of ₹54.43 crore (16.44 *per cent*), ₹ 42.76 crore (35.77 *per cent*) and ₹ 26.06 crore (44 *per cent*). The Directorates surrendered the 100 *per cent* savings on the last day of the financial years. This indicates lack of prudence in financial management. The funds utilisation ranged between 61.69 *per cent* to 96.19 *per cent* under National AYUSH Mission. The funds were parked by the Director, Ayurveda Services, Director, Homeopathy Services and Secretary, District AYUSH Societies in their respective bank accounts. Further, the user charges recovered from patients were not utilised fully for maintenance of hospitals and patient welfare.

The structure of health care facilities was not uniform in all the three system of medicine. There was uneven distribution of primary, first and second referral units amongst the four geographical regions, and unequitable distribution of AYUSH health care facilities in districts within the region. Delays in completion of construction and upgradation of the buildings of AYUSH healthcare facilities; and failure of the Department in timely operationalisation of these buildings served to aggravate the problem of inadequate access to quality health care. A total of 25 fifty bedded integrated hospitals (FIAHs) were sanctioned during 2015-16 to 2022-23. Out of 19 FIAHs sanctioned during 2015-16 to 2018-19, only 11 FIAHs were inaugurated in December 2021 and made functional upto March 2023 due to delayed completion of work. The dispensaries and hospitals also lacked basic facilities. Further, out of 1034 HWCs sanctioned during 2018-19 to 2022-23, electricity and internet connection was not available (January 2025) in 219 (21 *per cent*) and 528 (51 *per cent*) HWCs respectively.

There were instances of procurement of furniture and equipment bypassing GeM, undue favours and unfruitful expenditure on their procurement and utilisation. Equipment was also lying unutilised for want of electricity and internet in the healthcare facilities.

State Pharmacy of Ayurvedic and Unani Medicine (PAUM) is having licenses for production of 388 Ayurvedic and Unani medicines. GoUP approved (September 1999 and April 2018) lists of total 130 Ayurvedic and 85 Unani medicines, which were to be produced in PAUM. During the years 2018-19 to 2022-23, PAUM produced an average of 25 Ayurvedic medicine (19.23 *per cent*) and 18.4 Unani medicine (21.65 *per cent*) per year against the list, of which an average of 16 medicines were not covered in the list approved by GoUP. The targets for production of Ayurvedic and Unani Medicines were not achieved by PAUM. During the period 2018-19 to 2022-23, the achievement of targets in respect of number of Ayurvedic and Unani medicines produced was 59.94 *per cent*, whereas in terms of quantity, it was 51.35 *per cent*.

State Drugs Testing Laboratory (DTL), the only Government laboratory in the State, was established in 1987 with the objective to provide testing facility of the samples of Ayurvedic and Unani drugs. DTL tested approximately one sample in a week during 2018-19 to 2022-23. Neither the Government fixed any norm for DTL nor DTL itself, for testing of samples. This resulted in underutilisation of DTL. Most of the Drug Inspectors (DIs) were not sending drug samples for testing. Audit noticed that during the years 2018-19 to 2022-23, DIs of only 21 districts sent samples to DTL for testing. At the instance of audit, government issued (January 2025) instructions to all DAUOs/DIs for collection of drugs samples and inspection of Ayurvedic and Unani drugs manufacturing units.

There was no proper system for ascertaining the requirement of medicine for the hospitals and dispensaries, and uniform quantity and type of medicine were supplied to different categories of the hospitals (4/15/25 bedded) and dispensaries. There were instances of unjustified procurement of medicine. Despite availability of funds, no Ayurvedic and Unani medicines were purchased during the year 2016-17 and 2018-19. The Supply Orders pertaining

to the funds received for the years 2016-17 and 2018-19 were placed during the year 2020-21 and 2019-20, along with the orders for the funds received against SAAP for the respective years. Further, though the 11 FIAHs had started functioning in December 2021, and funds for purchase of medicine was sanctioned (December 2021) against SAAP for the year 2021-22, the supply order for ₹ 1.97 crore was placed in May 2022. Audit of test checked Divisional Ayurvedic and Unani Officers, Regional Unani Officers, District Homeopathic Medical Officers and Ayurveda, Unani and Homeopathic Medical Colleges and Hospitals revealed that there were delays (after allowing two months' time<sup>1</sup> for supply of medicine) upto 571 days in supply of Ayurvedic and Unani medicine valuing ₹ 55.68 crore (86.55 per cent), against the total supply of ₹ 64.33 crore, and upto 964 days in supply of Homeopathic medicine totaling ₹ 8.00 crore (70.67 per cent), against the total supply of ₹ 11.32 crore during the period 2018-19 to 2022-23. Payments were made by State AYUSH Society to suppliers without ensuring quality of medicine at its own level. Allotment and expenditure was almost 100 per cent, which indicates good utilisation of funds. Despite these shortcomings in production/procurement in medicines were noticed. Procurement and production of medicine were made without convergence with different sources of funds. The cartage of medicine was not taken from the suppliers and there were instances of short supplies of medicine.

There were considerable shortage of officers and staff in the Directorates and downstream administrative offices as well as shortage of medical, paramedical and support staff like Medical Officers (Ayurveda: 33 per cent, Homeopathy: 4 per cent, Unani: 12 per cent), Chief Pharmacists (Ayurveda: 88 per cent, Unani: 80 per cent), Pharmacists (Ayurveda: 47 per cent, Homeopathy: 45 per cent, Unani: 57 per cent) and Staff Nurses (Ayurveda: 40 per cent, Homeopathy: 100 per cent, Unani: 81 per cent) in the Medical Colleges, hospitals and dispensaries. There was shortage of 538 (71 per cent) human resources in 11 functional FIAHs against the prescribed norm. Test check of three FIAHs in Kanpur Nagar, Lucknow and Varanasi districts revealed that there was a shortage of average 53 per cent of manpower. The shortage included 3 Senior MOs, 7 MOs and 24 Nursing Staffs. NAM guidelines also required establishment of HWCs and deployment of one male and one female Yoga Instructor (YI) in each HWC. GoI sanctioned 871 HWCs during the period 2019-20 to 2021-22. There were shortages of 102 male YIs (12 per cent) and 196 female YIs (26 per cent). Further, there were shortages of 22 Yoga Trainers (10 per cent) and 39 Yoga Assistants (17 per cent) in 224 Yoga Wellness Centres.

There was shortage of teaching faculties (Ayurvedic GMCH, Banda: 53 per cent, Ayurvedic GMCH, Pilibhit: 27 per cent, Homeopathic GMCH, Moradabad: 48 per cent, Homeopathic GMCH, Prayagraj: 17 per cent) and support staff (Ayurvedic GMCH, Banda: 31 per cent, Ayurvedic GMCH, Pilibhit: 45 per cent, Unani GMCH, Lucknow: 5 per cent) in test checked Ayurvedic, Homeopathy and Unani Medical Colleges and Hospitals. The construction of Medical Colleges and Hospital buildings, Hostels, residential quarters etc. were delayed. Due to non-compliance of norms and standards of National Commission of Indian System of Medicine, the intake capacity of

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<sup>1</sup> As adopted by Director General Medical & Health for taking supply of medicine.

Ayurvedic GMCHs of Banda and Pilibhit were reduced. Funds given for research were not used.

The average consultation per day and average IPD per day in the AYUSH Medical Colleges was considerably low, as compared to the norm fixed by IMCC and CCH. There was lack of basic facilities in dispensaries and hospitals test checked in audit. Significant deficiencies in OT services were also noticed. The provisioning of diagnostic services in the test-checked hospitals was sub-optimal, marred by unavailability of prescribed equipment and shortage of human resources, thus depriving patients of evidence-based treatment procedures. Safety in the hospital premises was compromised on account of non-compliance with fire safety arrangement in the test-checked hospitals.

Some major recommendations are as follows:

***Recommendation 1:*** *The demands for funds should be rationalised and efforts should be made to utilise the funds received under National AYUSH Mission for implementation of approved activities. Steps should be taken to avoid parking of funds.*

***Recommendation 2:*** *The Government should explore the possibility of a uniform structure of health care facilities in all three systems of medicine, and also ensure its equitable distribution amongst all the four geographical regions and also in districts within the region.*

***Recommendation 3:*** *The Government should ensure timely completion of construction and upgradation works and also timely operationalisation of the health care facilities.*

***Recommendation 4:*** *The Government should ensure availability of basic facilities in the dispensaries and hospitals.*

***Recommendation 5:*** *The Government should standardise the norms for furniture and equipment that are required to be available in different categories of AYUSH healthcare facilities; should ensure adherence to the proper procedure for procurement of furniture and equipment and that the furniture and equipment procured are not lying unutilised.*

***Recommendation 6:*** *To achieve the target for production of Ayurvedic and Unani medicine, sufficient budget and infrastructure should be provided to the State Pharmacy.*

***Recommendation 7:*** *District-wise targets for sending of samples of the drugs to Drugs Testing Laboratory should be fixed for Drugs Inspectors.*

***Recommendation 8:*** *Unjustified procurement of medicine should be checked, and responsibility fixed. Procurement and production of medicine with convergence of different sources of funds should also be ensured.*

***Recommendation 9:*** *Agreement/Memorandum of Understanding should be executed with the suppliers incorporating therein period and places of supply to ensure timely supply of medicine and places of delivery.*

***Recommendation 10:*** *Efforts should be made to fill all the vacancies, especially in hospitals and dispensaries to provide quality health care facilities to needy population.*

***Recommendation 11:*** *Diagnostic equipment and human resource for diagnostic services should be made available to provide evidence-based treatment facility to the patients.*

***Recommendation 12:*** *Safety of the patients be given due importance by making proper fire safety arrangements.*

