

**A STUDY REPORT ON**

**SITUATIONAL ANALYSIS,**

**ASSESSMENT OF EXPRESSED NEED**

**AND STANDARDIZATION OF**

**“AYUSH”**

**HEALTHCARE FACILITIES IN**

**CHHATTISGARH**

**STATE HEALTH RESOURCE CENTRE & DEPT. OF**

**AYUSH, CHHATTISGARH**



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## TABLE OF CONTENTS

TITLE	PAGE No.
<b>Acknowledgement</b>	ii
<b>Abbreviations</b>	v
<b>List of Charts &amp; Tables</b>	vi
<b>Executive Summary</b>	1
<b>Chapter I: Introduction</b>	
➤ <b>Part-1: Current Health System and Services in India</b>	6
➤ <b>Part-2 : Health System in Chhattisgarh</b>	19
➤ <b>Importance of Study</b>	33
<b>Chapter II: Research Methodology</b>	35
<b>Chapter III: General Recommendations for AYUSH Dispensaries</b>	43
<b>Chapter IV: Ayurvedic Dispensaries</b>	63
<b>Chapter V: Homoeopathic Dispensaries</b>	116
<b>Chapter VI: Unani Dispensaries</b>	167
<b>Chapter VII: Co- Located Centres</b>	214
<b>Chapter VIII: Panchkarma Centres</b>	249
<b>Chapter IX: District Ayurvedic Hospitals</b>	285
<b>Chapter X: Client Satisfaction</b>	287
<b>Roadmap for Standardization of AYUSH Healthcare Facilities</b>	294
<b>Special Observations</b>	
➤ Government Initiatives	297
➤ Individual Efforts	309
➤ Some Bottlenecks	317
<b>Bibliography</b>	329
<b>Annexure</b>	
➤ Annexure I – Detailed Results of Medicines (IA, IB, IC, ID, IE)	333 onwards
➤ Annexure II – Respondent’s & Investigator’s Remarks (IIA, IIB, IIC, IID, IIE)	
➤ Annexure III – Assessment Tools (IIIA, IIIB, IIIC)	

## LIST OF ABBREVIATIONS

<b>AYUSH</b>	Ayurveda, Yoga, Unani, Siddha & Homeopathy
<b>ANM</b>	Auxiliary Nursing Midwife
<b>CG</b>	Chhattisgarh
<b>CPWD</b>	Central Public Welfare Department
<b>CSQ</b>	Client Satisfaction Questionnaire
<b>CHC</b>	Community Health Centre
<b>DH</b>	District Hospital
<b>GOI</b>	Government of India
<b>HAT</b>	Health facility Assessment Tool
<b>HMIS</b>	Health Management Information System
<b>HQ</b>	Head Quarters
<b>ISM&amp;H</b>	Indian System of Medicine and Homoeopathy
<b>IPHS</b>	Indian Public Health Standards
<b>LHT</b>	Local Health Traditions
<b>LHV</b>	Lady Health Visitor
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>NABH</b>	National Accreditation Board for Hospitals
<b>NHSRC</b>	National Health System Resource Centre
<b>NRHM</b>	National Rural Health Mission
<b>PHC</b>	Primary Health Centre
<b>PIP</b>	Programme Implementation Plan
<b>PMU</b>	Programme Management Unit
<b>SAMC</b>	State AYUSH Monitoring Cell
<b>SC</b>	Sub Centre
<b>SHRC</b>	State Health Resource Centre

## LIST OF CHARTS

<b>CHART</b>	<b>TITLE</b>	<b>Page No.</b>
<b>INTRODUCTION</b>		
<b>I-1</b>	Health services resource shortage in India in comparison to other countries	8
<b>I-2</b>	Objectives of AYUSH Department	11
<b>I-3</b>	Graph showing the year wise budget and expenditure done in Chhattisgarh	22
<b>I-4</b>	Line Diagram showing year wise expenditure in %	22
<b>I-5</b>	Graph showing No of PG subjects with seats in Ayurvedic College in Chhattisgarh in 2001 & 2010	23
<b>I-6</b>	Organogram of AYUSH at State Level	27
<b>I-7</b>	Organogram of AYUSH under Mainstreaming Program	29
<b>RESEARCH METHODOLOGY</b>		

<b>CHART</b>	<b>TITLE</b>	<b>Page No.</b>
<b>R1</b>	Step wise Study design	36
<b>R2</b>	Detailed Methodology	37
<b>R3</b>	Total Sample Distribution	40
<b>GENERAL RECOMMENDATIONS FOR AYUSH DISPENSARIES</b>		
<b>L1</b>	Suggested Lay-out of AYUSH Dispensary	51
<b>AYURVEDIC DISPENSARIES</b>		
<b>A1</b>	District-wise distribution of Ayurveda Dispensaries in Chhattisgarh	69
<b>A2</b>	Availability & Expressed Need Status of Medicines in Ayurvedic Dispensaries	112
<b>HOMOEOPATHIC DISPENSARIES</b>		
<b>H1</b>	District-wise distribution of Homoeopathic Dispensaries in Chhattisgarh	119
<b>H2</b>	Availability & Expressed Need Status of Medicines in Homeopathic Dispensaries	162
<b>UNANI DISPENSARIES</b>		
<b>U1</b>	District-wise distribution of Unani Dispensaries in Chhattisgarh	169
<b>U2</b>	Availability & Expressed Need Status of Medicines in Unani Dispensaries	210
<b>CO-LOCATED CENTRES</b>		
<b>C1</b>	Availability & Expressed Need Status of Medicines in Co-located Centres	247
<b>PANCHKARMA CENTRES</b>		
<b>P1</b>	Availability & Expressed Need Status of Medicines in Panchkarma Centres	282
<b>CLIENT SATISFACTION</b>		
<b>S1</b>	Sex distribution of the respondents	288
<b>S2</b>	Age distribution of the respondents	288
<b>S3</b>	Education Status of the respondents	289
<b>S4</b>	Category wise distribution of Respondents	289

**LIST OF TABLES**

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
<b>INTRODUCTION</b>		
<b>I-1</b>	Shortfall in Health Infrastructure – All India	9
<b>I-2</b>	Shortfall in Health Personnel- All India	10
<b>I-3</b>	Demographic, Socio-economic and Health profile of Chhattisgarh State as compared to India	20
<b>I-4</b>	Healthcare Facility in Chhattisgarh	21
<b>I-5</b>	No. of AYUSH Educational Institutions in Chhattisgarh in 2001 & 2010	23
<b>I-6</b>	No. of Paramedical Training Centres with seats in Chhattisgarh in 2001 & 2010	24
<b>I-7</b>	No. of AYUSH Health Care Units in Chhattisgarh in 2001& 2010	24
<b>I-8</b>	Status of Buildings of AYUSH Facilities in 2010	25
<b>I-9</b>	Workforce Status of AYUSH in Chhattisgarh	25
<b>I-10</b>	District wise Details of Standalone AYUSH Facilities	28
<b>I-11</b>	District wise AYUSH facilities set up under the Mainstreaming of AYUSH Program	28
<b>RESEARCH METHODOLOGY</b>		
<b>R1</b>	Sample covered in relation to total AYUSH healthcare facilities in Chhattisgarh	40
<b>R2</b>	District –wise Sample Distribution	41
<b>AYURVEDIC DISPENSARIES</b>		
<b>A1</b>	Recommended workforce for Ayurveda dispensary	79
<b>A2</b>	Workforce status in Ayurveda Dispensaries (n=36) against AYUSH CG Norms	80
<b>A3</b>	Number of Ayurveda Dispensaries with expressed need over and above the existing norms of AYUSH CG for Workforce	80
<b>A4</b>	Accessibility status of Ayurveda Dispensaries (n=36)	82
<b>A5</b>	Status of buildings of Ayurveda dispensaries	83
<b>A6</b>	Status of Electricity and Water Facility in the Ayurveda Dispensary buildings	84
<b>A7</b>	Drinking Water Facility in the Ayurveda Dispensaries	85
<b>A8</b>	Status of Toilet Facility in the Ayurveda Dispensaries	86
<b>A9</b>	Status of Cleanliness in Ayurveda Dispensaries	87
<b>A10</b>	Status of Waste management in Ayurveda Dispensaries	88
<b>A11</b>	Status of IEC activity in Ayurveda Dispensaries	89
<b>A12</b>	Status of Specialized Rooms/Areas in Ayurveda Dispensaries	90
<b>A13</b>	Status of Referral and Communication in Ayurveda Dispensaries	92
<b>A14</b>	Status of Water and Energy Conservation Techniques in	93

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
	Ayurveda Dispensaries	
<b>A15</b>	Status of Furniture in Ayurveda Dispensaries	95
<b>A16</b>	Status of OPD Equipments in Ayurveda Dispensaries	97
<b>A17</b>	Status of Medicine Preparation Appliances in Ayurveda Dispensaries	98
<b>A18</b>	Status of Medicine Dispensing Equipments in Ayurveda Dispensaries	99
<b>A19</b>	Status of Dressing, Suturing and First Aid Instruments in Ayurveda Dispensaries	99
<b>A20</b>	Status of other Service Based Instruments in Ayurveda Instruments	101
<b>A21</b>	Status of Furnishing Material in Ayurveda Dispensaries	103
<b>A22</b>	Status of Record Keeping, Stationary and IEC Material in Ayurveda Dispensaries	104
<b>A23</b>	Status for Medicine Storage and Dispensing Material in Ayurveda Dispensaries	105
<b>A24</b>	Status for Medical Consumable Material in Ayurveda Dispensaries	106
<b>A25</b>	Status of Electrical Appliances in Ayurveda Dispensaries	108
<b>A26</b>	Status of Lighting Appliances in Ayurveda Dispensaries	108
<b>A27</b>	No. and % of Ayurveda Dispensaries in relation to availability and Expressed need of Services	110
<b>A28</b>	Grouping Pattern acc. To Availability Status of Medicines in Ayurvedic Dispensaries	112
<b>A29</b>	Status of Medicines in Ayurvedic Medicines	112
<b>HOMOEOPATHIC DISPENSARIES</b>		
<b>H1</b>	Recommended workforce for Homoeopathy dispensary	129
<b>H2</b>	Workforce status in Homoeopathy Dispensaries (n=36) against AYUSH CG Norms	129
<b>H3</b>	Number of Homoeopathy Dispensaries with expressed need over and above the existing norms of AYUSH CG for Workforce	130
<b>H4</b>	Accessibility status of Homoeopathy Dispensaries (n=36)	132
<b>H5</b>	Status of buildings of Homoeopathy dispensaries	133
<b>H6</b>	Status of Electricity and Water Facility in the Homoeopathy Dispensary buildings	134
<b>H7</b>	Drinking Water Facility in the Homoeopathy Dispensaries	135
<b>H8</b>	Status of Toilet Facility in the Homoeopathy Dispensaries	136
<b>H9</b>	Status of Cleanliness in Homoeopathy Dispensaries	137
<b>H10</b>	Status of Waste management in Homoeopathy Dispensaries	138
<b>H11</b>	Status of IEC activity in Homoeopathy Dispensaries	139
<b>H12</b>	Status of Specialized Rooms/Areas in Homoeopathy Dispensaries	140

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
<b>H13</b>	Status of Referral and Communication in Homoeopathy Dispensaries	142
<b>H14</b>	Status of Water and Energy Conservation Techniques in Homoeopathy Dispensaries	143
<b>H15</b>	Status of Furniture in Homoeopathy Dispensaries	145
<b>H16</b>	Status of OPD Equipments in Homoeopathy Dispensaries	147
<b>H17</b>	Status of Medicine Preparation Appliances in Homoeopathy Dispensaries	148
<b>H18</b>	Status of Medicine Dispensing Equipments in Homoeopathy Dispensaries	149
<b>H19</b>	Status of Dressing, Suturing and First Aid Instruments in Homoeopathy Dispensaries	149
<b>H20</b>	Status of other Service Based Instruments in Homoeopathy Instruments	151
<b>H21</b>	Status of Furnishing Material in Homoeopathy Dispensaries	153
<b>H22</b>	Status of Record Keeping, Stationary and IEC Material in Homoeopathy Dispensaries	154
<b>H23</b>	Status for Medicine Storage and Dispensing Material in Homoeopathy Dispensaries	155
<b>H24</b>	Status for Medical Consumable Material in Homoeopathy Dispensaries	156
<b>H25</b>	Status of Electrical Appliances in Homoeopathy Dispensaries	158
<b>H26</b>	Status of Lighting Appliances in Homoeopathy Dispensaries	158
<b>H27</b>	No. and % of Homoeopathy Dispensaries in relation to availability and Expressed need of Services	160
<b>H28</b>	Grouping Pattern acc. To Availability Status of Medicines in Homeopathic Dispensaries	162
<b>H29</b>	Status of Medicines in Homeopathic Dispensaries	162
<b>UNANI DISPENSARIES</b>		
<b>U1</b>	Recommended workforce for Unani dispensary	179
<b>U2</b>	Workforce status in Unani Dispensaries (n=36) against AYUSH CG Norms	180
<b>U3</b>	Number of Unani Dispensaries with expressed need over and above the existing norms of AYUSH CG for Workforce	180
<b>U4</b>	Accessibility status of Unani Dispensaries	182
<b>U5</b>	Status of buildings of Unani dispensaries	183
<b>U6</b>	Status of Electricity and Water Facility in the Unani Dispensary buildings	184
<b>U7</b>	Drinking Water Facility in the Unani Dispensaries	185
<b>U8</b>	Status of Toilet Facility in the Unani Dispensaries	185
<b>U9</b>	Status of Cleanliness in Unani Dispensaries	186
<b>U10</b>	Status of Waste management in Unani Dispensaries	187

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
<b>U11</b>	Status of IEC activity in Unani Dispensaries	188
<b>U12</b>	Status of Specialized Rooms/Areas in Unani Dispensaries	189
<b>U13</b>	Status of Referral and Communication in Unani Dispensaries	191
<b>U14</b>	Status of Water and Energy Conservation Techniques in Unani Dispensaries	191
<b>U15</b>	Status of Furniture in Unani Dispensaries	193
<b>U16</b>	Status of OPD Equipments in Unani Dispensaries	195
<b>U17</b>	Status of Medicine Preparation Appliances in Unani Dispensaries	196
<b>U18</b>	Status of Medicine Preparation Machines in Unani Dispensaries	197
<b>U19</b>	Status of Medicine Dispensing Equipments in Unani Dispensaries	197
<b>U20</b>	Status of Dressing, Suturing and First Aid Instruments in Unani Dispensaries	198
<b>U21</b>	Status of other Service Based Instruments in Unani Instruments	199
<b>U22</b>	Status of Furnishing Material in Unani Dispensaries	201
<b>U23</b>	Status of Record Keeping, Stationary and IEC Material in Unani Dispensaries	202
<b>U24</b>	Status for Medicine Storage and Dispensing Material in Unani Dispensaries	203
<b>U25</b>	Status for Medical Consumable Material in Unani Dispensaries	204
<b>U26</b>	Status of Electrical Appliances in Unani Dispensaries	206
<b>U27</b>	Status of Lighting Appliances in Unani Dispensaries	206
<b>U28</b>	Status of Services in Unani Dispensaries	208
<b>U29</b>	Grouping Pattern acc. To Availability Status of Medicines in Unani Dispensaries	210
<b>U30</b>	Status of Medicines in Unani Dispensaries	210
<b>CO- LOCATED CENTRES</b>		
<b>C1</b>	Recommended Workforce for Co-located Centres	221
<b>C2</b>	Workforce status in Co-located Centres (n=20) against AYUSH norms	221
<b>C3</b>	Number of Co-located Centres (n=20) with expressed need over and above the existing norms for Workforce of AYUSH CG	222
<b>C4</b>	Accessibility Status of Co-located Centres	224
<b>C5</b>	Status of Buildings of Co-located Centres	224
<b>C6</b>	Electricity and Water Facility Status of Co-located Centres	225
<b>C7</b>	Status of Drinking Water Facility in Co-located Centres	226
<b>C8</b>	Status of Toilet Facility in Co-located Centres	227
<b>C9</b>	Status of Cleanliness in Co-located Centres	227
<b>C10</b>	Status of Waste Management in Co-located Centres	228

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
<b>C11</b>	Status of IEC Activities in Co-located Centres	229
<b>C12</b>	Status of Specialized Service Rooms/ Areas in Co-located Centres	230
<b>C13</b>	Status of Referral and Communication Facilities in Co-located Centres	231
<b>C14</b>	Status of Water and Energy Conservation Techniques in Co-located Centres	231
<b>C15</b>	Status of Furniture in Co-located Centres	233
<b>C16</b>	Status of OPD Equipments in Co-located Centres	235
<b>C17</b>	Status of Medicine Preparation and Dispensing Equipments in Co-located Centres	236
<b>C18</b>	Status of Instruments for dressing, suturing and IPD services in Co-located Centres	237
<b>C19</b>	Status of Furnishing Material in Co-located Centres	239
<b>C20</b>	Status of Record keeping, Stationery and IEC Material in Co-located Centres	240
<b>C21</b>	Status of Medicine Storage and Dispensing Material in Co-located Centres	241
<b>C22</b>	Status of Medical Consumables in Co-located Centres	241
<b>C23</b>	Status of Electrical Appliances in Co-located Centres	243
<b>C24</b>	Status of Lighting Appliances in Co-located Centres	243
<b>C25</b>	Status of Various Services in Co-located Centres	245
<b>C25</b>	Grouping Pattern acc. To Availability Status of Medicines in Co-located Centres	247
<b>C26</b>	Status of Medicines in Co-located Centres	247
<b>PANCHKARMA CENTRES</b>		
<b>P1</b>	Workforce status in Panchkarma Centres (n=6) against Central Government Norms	252
<b>P2</b>	Number of Panchkarma Therapy centres with expressed need for Workforce over and above the existing norms of AYUSH CG	252
<b>P3</b>	Accessibility/Location of Panchkarma Therapy Centres	254
<b>P4</b>	Status of buildings of Panchkarma Therapy Centre	254
<b>P5</b>	Status of Electricity Facility in Panchkarma Therapy Centres	255
<b>P6</b>	Status of Water Facility in Panchkarma Therapy Centres	256
<b>P7</b>	Status of Drinking Water Facility in Panchkarma Therapy	257

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
	Centres	
<b>P8</b>	Status of Toilet Facility in Panchkarma Therapy Centres	257
<b>P9</b>	Status of Cleanliness in Panchkarma Therapy centres	258
<b>P10</b>	Status of Waste Management in Panchkarma Therapy Centres	259
<b>P11</b>	Status of IEC activities in Panchkarma Therapy Centres	260
<b>P12</b>	Status of Specialized Rooms/ Areas in Panchkarma Therapy Centres	261
<b>P13</b>	Status of Doctor's Residence Facility in Panchkarma Therapy Centres	263
<b>P14</b>	Status of Referral and Communication Services in Panchkarma Therapy Centres	263
<b>P15</b>	Status of Energy Conservation Techniques in Panchkarma Therapy Centres	264
<b>P16</b>	Status of Furniture for Panchkarma Therapy Centre for OPD Services	266
<b>P17</b>	Status of OPD equipments in Panchkarma Therapy Centre	268
<b>P18</b>	Status of Medicine Preparation Appliances in Panchkarma Therapy Centres	269
<b>P19</b>	Status of Medicine Dispensing equipments in Panchkarma Therapy Centres	270
<b>P20</b>	Status of other Instruments in Panchkarma Therapy Centres	270
<b>P21</b>	Status of Panchkarma Therapy Equipments in Panchkarma Centre	271
<b>P22</b>	Status of IPD Instruments in Panchkarma Therapy Centres	272
<b>P23</b>	Status of Furnishing Material in Panchkarma Therapy Centre	274
<b>P24</b>	Status of Medicine Storage and Medicine Material in Panchkarma Therapy Centre	275
<b>P25</b>	Status of Record Keeping, Stationery, IEC Materials and Medical Consumable in Panchkarma Therapy Centre	276
<b>P26</b>	Status of Medical consumables in Panchkarma Therapy Centres	277
<b>P27</b>	Status of IPD consumables in Panchkarma Therapy Centres	277
<b>P28</b>	Status of Electrical Appliances in Panchkarma Therapy centres	278
<b>P29</b>	Status of Lighting Appliances in Panchkarma Therapy centres	278
<b>P30</b>	Status of Services in Panchkarma Therapy Centres	280

<b>TABLE</b>	<b>TITLE</b>	<b>PAGE No.</b>
<b>P31</b>	Grouping Pattern acc. To Availability Status of Medicines in Panchkarma Centres	282
<b>P32</b>	Status of Medicines in Panchkarma Centres	282
<b>CLIENT SATISFACTION</b>		
<b>S1</b>	Satisfaction level of Patients	290
<b>S2</b>	User Fees	292

## **EXECUTIVE SUMMARY**

Current status of health indicators of India reveal that notwithstanding the substantial progress India has made in the area of health much still needs to be done in this domain in our country. Although India has been making efforts to improve the status of health since decades, which also includes the increased allocation of the national budget on health, the situation remains murky. Health services in India are a multi-provider system comprising of public, private and non-government organizations. Considering the size of India's population and its distribution, one can easily conclude that modern health system alone cannot provide the health care services. It is therefore, necessary to continue the present policy of having a multi – provider system comprising of modern as well alternative systems of medicine in the form of AYUSH. To harness the maximum potential of AYUSH systems so as to improve the Public Health care delivery system, Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was created in March, 1995 and re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November, 2003 with a view of providing focused attention to development of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy systems. Moreover, mainstreaming of AYUSH into the existing systems has also been advocated which has laid down another milestone in its strengthening.

Mainstreaming of AYUSH has largely come to be perceived as ‘Co-location’ of AYUSH doctors in the rural primary and secondary level facilities. While most States have planned for this, it is important to note that at least half the States have planned other activities that strengthen AYUSH services well beyond merely the contractual appointment of AYUSH doctors. These include sensitization of general public about AYUSH through IEC/BCC; Speciality clinics/wards; AYUSH health programmes; Outreach activities; Establishment of AYUSH epidemic cells; Local health traditions; Management and Technical Strengthening like AYUSH Cell in Chhattisgarh.

Chhattisgarh is one such state where considerable efforts have been made to strengthen and upgrade the AYUSH systems through AYUSH melas, Ayurvedgram, etc, but still a lot needs to be done in this regard. Moreover, along with the up gradation of existing AYUSH set up, new set

up of AYUSH has emerged under mainstreaming policy of NRHM where the allopathic and ayurvedic services are being provided under the same roof.

No efforts have ever been made to assess the gaps and deficiencies in this system related to infrastructure, equipments and instruments, recurring supply and various services provided. Moreover, how effective these steps taken are and what more can be done for further development of this system still needs to be established. In addition to this the needs of the actual service providers in the field i.e. doctors have never been explored.

And above all no efforts have ever been made to draft standards for AYUSH facilities all over India. IPHS and NABH standards have been laid to bring about proper functioning and uniformity in the modern health system, which establish only a small component regarding the infrastructure and services related to hospitals and co-located centres, no specific standards have been laid down for AYUSH dispensaries that serve as the primary or the first contact between the community and the AYUSH health system

***Study Objectives:***

With foregoing background, present study was designed with aim to draft standards for AYUSH Health Care Units in Chhattisgarh following objectives to explore the existing set-up, assess the need of doctors of AYUSH Health Care Units and also to assess the deficit between the two.

This was done by visiting 250 AYUSH healthcare units and assessing them on the parameters of Workforce, Infrastructure, Furniture, Equipments, recurring Supply and also, Services that were being provided by AYUSH medical officers.

***Ayurveda, Homoeopathy and Unani Dispensaries:***

***Workforce***

Findings from the study suggest gaps were found in relation to paramedical staff in all the healthcare facilities.

***Infrastructure***

The infrastructure of the dispensaries varied for all the three systems viz. Ayurveda, Homoeopathy and Unani with majority of Homoeopathic dispensaries running in one room and

that too in a dilapidated condition. The condition of Unani dispensaries was found to be better than the Ayurveda and Homoeopathic dispensaries.

#### *Furniture*

The absence of essential furniture like Doctor's chair and table, dispensing table, registration table, staff table, visitor's chair, waiting bench, medicine rack, examination table, bedside screen, and footstep needs to be given serious consideration as these are needed for the basic functioning of a dispensary.

#### *Equipments*

The situation regarding availability of equipments needs a serious concern with these lacking in most of the dispensaries, whereas dressing, suturing and first aid equipments wherever present were found lying packed and unused.

Medicine preparation and dispensing equipments were found lacking in most of the dispensaries which might be the reason for not preparing medicines.

Some of the instruments were found to be present in dispensaries which are used for providing specialized services like Investigations, Gynaecological and IPD services, but are not needed for recommended essential services in the dispensary. So their supply should be made on the basis of services that are to be provided and also on the demand of the physician.

#### *Recurring Supply*

The supply of furnishing, stationery, IEC material record keeping material, medicine storage and dispensing material was not found to be available in sufficient quantities in most of the dispensaries whereas the availability of medical consumables was found to be satisfactory.

#### *Electrical Appliances*

Electrical appliances like fan, cooler, table lamp, emergency light and eco friendly lighting appliances like CFL were not found in majority of the dispensaries.

#### *Services*

None of the dispensaries provide immunization, emergency services. However, obstetrical and gynecological services are being provided at some places. Moreover, in some dispensaries panchkarma, ksharsutra and purvakaram services were being provided. So, if the medical officers are sensitized and motivated and provided with all the necessary infrastructure and equipments, the services at the dispensaries can be improved.

### ***Co-Located Centres***

The guidelines of Govt. which have been clearly issued for the mainstreaming of AYUSH facilities in national healthcare delivery system have not been yet implemented properly. Although, AYUSH doctors have been co-located at various allopathic centres, but the provision of staff, furniture, other essential equipments and materials as are required for providing various services of this system have not been ensured in these centres.

### ***Panchkarma Centres***

The centres which were visited were fully functionally and well maintained catering to the needs of the community.

### ***Hospitals***

All the six Ayurveda hospitals have varied physical infrastructure, gaps related to workforce including both clinical and paramedical staff and its management needs to be taken into consideration. There is still need to explore hospitals as health promoting, preventive and curative centres.

### ***Conclusion***

Although gaps have been assessed and rough draft of standards has been prepared, there is still scope for more detailing which will set another milestone in the development and strengthening of AYUSH systems.

### **Recommendations for Standardization**

Recommended norms have been laid for AYUSH dispensaries with regard to services to be provided at these facilities. Also standards have been set in relation to infrastructure, furniture, equipments, consumables and electrical appliances. The standards for co-located centres and panchkarma therapy centres need to be followed according to the guidelines given by GOI, but there is need to clearly identify and assign the roles of various organizations and personnel involved in this set up. There is need to further analyze these standards as this is the first step ever taken in this regard and they can be refined after getting inputs from various subject experts in these systems of medicine.

# **CHAPTER-I**

## **INTRODUCTION**

## **PART-I**

# **CURRENT HEALTH SYSTEM AND SERVICES IN INDIA**

## **CURRENT HEALTH SYSTEM AND SERVICES IN INDIA**

Health has long been regarded as a priority area for the sustained development interventions. When talking of health in developing nations including India, which are witnessing Epidemiological Transition i.e. bearing burden of both communicable and non communicable diseases, situation is much worse. The Current status of health indicators of India reveal that despite the substantial progress made in the area of health, much still needs to be done in this domain. Health for all by the year 2000 AD was a national goal set by the Indian policy makers following Alma Ata. Since then, a lot of planning, efforts and public expenditures have been focused to improve the human health in rural and urban population.

### **India's Health Workforce: Numbers, Composition and Distribution**

**Number:** The Census estimates show that there are 2,168,223 health workers in India in 2005, which translates into a density of approximately 20 health workers per 10,000 populations.

**Composition:** Among the different categories of health workers nurses and midwives have the largest share in the health workforce, followed by allopathic physicians, AYUSH physicians and pharmacists. (1) (2)

**Distribution:** Policy note #2 of GOI on Human Resources for Health in India shows that the distribution of health workers is heavily skewed towards urban areas with typically 60 percent of the health workers, including most categories, having urban residence. Because more people live in rural than in urban areas, health worker to population ratios are even more skewed. The density of allopathic physicians in urban areas is four times that of rural and for nurses and midwives it is three times that of rural areas.

### **Health System Challenges in the India**

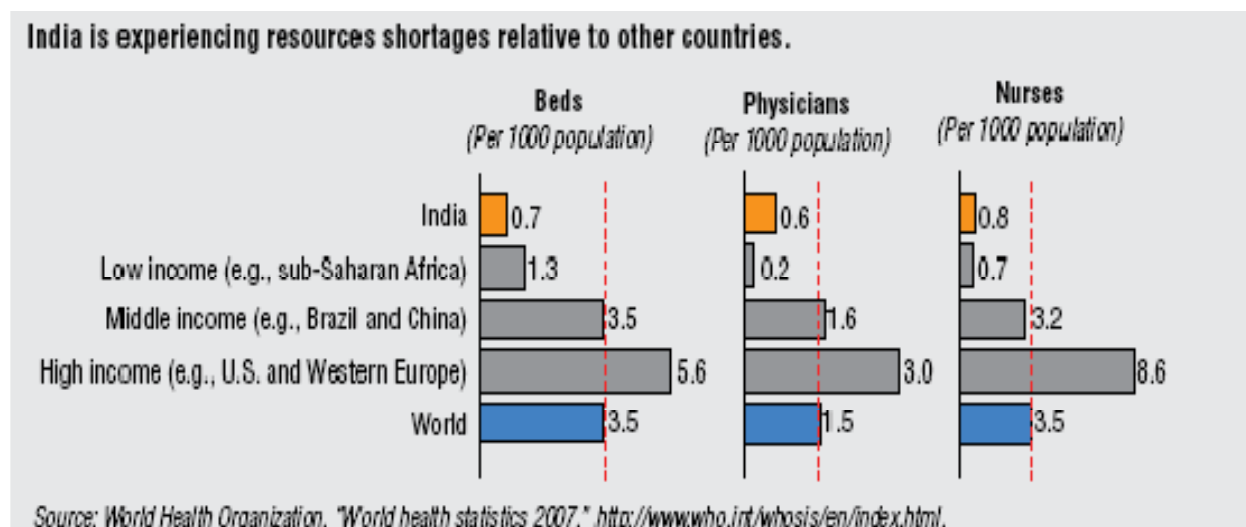
According to the World Health Organization (WHO), almost all the countries in the Asia-pacific region including India are facing several common health workforce-related problems and challenges including workforce shortage, skill-mix imbalance, mal-distributions, poor work environment, and weak developing and managing capacities and knowledge bases (3).

**Mal-distribution of Health Workforce:** Not only, there is shortage of health services resources and workforce, but the existing workforce is also poorly distributed. According to a report of Ministry of Health of China, the problem of mal-distribution of health workers exists almost in every country in the Asia-pacific region including India. Among which, the geographic imbalance of HRH between rural and urban is the most serious one, as there is a severe shortage of health workers in rural and remote areas. And the situation has become even worse when considering the aggravation of skill mix imbalance, unplanned migration of health professionals and other HRH crises (3).

Density of the health workforce (per 10,000 population) across the states in India, ranges from 23.17 in Chandigarh to 2.51 in Meghalaya (1) (2). States like Goa and Kerala have higher doctor densities up to three times as high as states like Orissa and Chhattisgarh. For nurse and midwives, these states have densities up to six times as much as the low-density states like Bihar and Uttar Pradesh. In general, the north-central states have low densities, which also include some of the poorest states in India (1) (2). The disparity between urban and rural areas is particularly significant as urban population accounts for less than a third of India's total population.

Health services resource shortage in India in comparison to other countries is evident from a report of 'WHO', 2007:

**Chart I-1:** Health services resource shortage in India in comparison to other countries



**Gaps in Health Care Infrastructure:** ‘WHO’ has identified 2.28 per 1000 population as the “threshold” density of doctors, nurses and mid wives. Countries that fall below this threshold are very unlikely to achieve 80% coverage of measles immunization, skilled attendance at birth, and reducing maternal, infant and under-5 mortality rates and to meet the Millennium Development Goals. India can be considered in shortage based on the "threshold" density. (3)

According to Eleventh five-year plan document, India is facing the problem of inadequate health infrastructure and deficiency of human health resources. The present position of health infrastructure requirement as per 2001 population and shortfall is provided Table (4)

**Table I-1: Shortfall in Health Infrastructure – All India**

As per 2001 Population	Required	Existing	Shortfall	% Shortfall
Sub- Centres	158792	144998	20903	13.16
PHCs	26022	22669	4803	18.46
CHCs	6491	3910	2653	40.87

**Notes:** All India shortfalls are derived by adding State-wise figures of shortfall ignoring the existing surplus in some of the States.

**Source:** Bulletin of Rural Health Statistics in India, Special Revised Edition, MOHFW, GOI (2006)

**Magnitude of the Shortage of Human Resources:** The estimated shortage of health workers is considered around 20% (considering WHO standard of 25 per/10,000) in India which could be around 0.4-0.6 million. The shortage has been compounded by wide difference amongst states with regard to manpower production, density of health work force, rural urban divide among health workforce. Availability of appropriate and adequately trained human resources is an essential component of Rural Health Infrastructure. The present position, requirement and shortfall regarding Public Health care human resources are provided in Table: I-2 (4)

**Table I-2: Shortfall in Health Personnel- All India**

For the Existing Infrastructure	Required (R)	Sanctioned (S)	In Position (P)	Vacant (S-P)	Shortfall (R-P)
Multipurpose Workers(Female)/ ANM at Sub-Centres and PHCs	167657	162772	149695	13126 (8.06%)	18318 (10.93%)
Health Workers (Male)/ MPWs(M) at Sub-Centres	144998	94924	65511	29437 (31.01%)	74721 (51.53%)
Health Assistants(Female)/ LHV at PHCs	22669	19874	17107	2781 (13.99%)	5941 (26.21%)
Health Assistants(Male) at PHCs	22669	24207	18223	5984 (24.72%)	7169 (31.62%)
Doctor's at PHC's	22669	27927	22273	5801 (20.77%)	1793 (7.91%)
Total Specialists at CHC's	15640	9071	3979	4681 (51.60%)	9413 (60.19%)
Radiographer's at CHC's	3910	2400	1782	620 (25.83%)	1330 (34.02%)
Pharmacists at PHC's and CHC's	26579	22816	18419	4445 (19.48%)	4389 (16.51%)
Lab Technicians at PHC's and CHC's	26579	15143	12351	2792 (18.44%)	9509 (35.78%)

Source: Bulletin of Rural health statistics in India, Special Revised Edition, MOHFW, GOI (2006)

Although India has been making efforts to improve the status of health since decades, which also includes the increased allocation of the national budget on health, the situation remains murky. Health services in India are a multi-provider system comprising of public, private and non-government organizations. Considering the size of India's population and its distribution, one can easily conclude that modern health system alone cannot provide the health care services. It is therefore, necessary to continue the present policy of having a multi – provider system comprising of modern as well alternative systems of medicine in the form of AYUSH. The basic question in such multi-provider system is how to define the quality of service and construct standards applicable to both the systems of medicine.

## HEALTHCARE SERVICES IN INDIA

The seventh schedule of the Constitution of India describes three lists of duties, namely, Union list, State list and Concurrent list. Health has been included in the state list and mentioned as a state issue, where the primary responsibility of the provision of health care lies with the

respective states; however the role of the centre in provision of health has its own magnitude. The Union Ministry of Health & Family Welfare (MOHFW) is responsible for implementation of various programmes on a national scale in the areas of Health & Family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines which are contained in the Union list.

MOHFW comprising of different departments governs dual health care system in India- both modern and AYUSH.

### **Department of AYUSH**

The AYUSH Department is headed by a Secretary to the Government of India (5). The Secretary is assisted by a Joint Secretary and four Directors and a number of Advisors (at present three) and Dy. Advisors (at present six) of Ayurveda, Siddha, Unani and Homoeopathy.

**Chart I-2:** Objectives of AYUSH Department

**The Objectives of AYUSH department are:** Promoting good health and expanding the outreach of healthcare; Improving the quality of teachers and physicians; Ensuring affordable services and drugs which are safe and efficacious; Facilitating availability of raw drugs which are authentic and contain essential components; Integrating AYUSH systems in Healthcare delivery systems and National Programmes; Reorientation and prioritization of research; Creating awareness about strengths in India and abroad and sensitizing other stake holders and providers of health; Providing full opportunity for growth and development.

### **EVOLUTION OF AYUSH IN INDIA**

The term AYUSH covers Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. These in India as well as outside but got adopted here in the course of time. Out of this Ayurveda and Siddha systems originated in India and are the most ancient medical system of India. The Siddha flourished in south and Ayurveda was prevalent in the north.

#### **Evolution of Ayurveda System in India**

Ayurveda system originated around 5000 years ago during the vedic times, when medical history was associated with certain mythological figures and sages. DHANVANTRI, the hindu god of medicine is believed to have been born as a result of churning of the oceans during a tug of war between the gods and demons. According to some authorities, the medical knowledge in Atharvaveda (one of the 4 vedas), is gradually believed to have led to the development of the science of Ayurveda. The four respected personalities in Ayurvedic medicine included Atreya, Charaka, Susruta and Vagbhata. Atreya lived around 800 BC and practiced and taught Ayurveda from the University of Taxila. Charak and Sushruta wrote famous books on medicine and surgery known as Charak Samhita and Sushrut Samhita respectively. During the Moghul and subsequent period, Ayurveda declined due to lack of state support. Up until the early 19<sup>th</sup> century, Ayurveda was the main system of medicine used by the Indians.

#### **Evolution of Siddha System in India**

Siddha system is one of the oldest systems of medicine in India. The term Siddha means achievements and Siddhars were saintly persons who achieved results in medicine. According to the tradition, Shiva unfolded the knowledge of Siddha system of medicine to his concert Parvati

who handed it down to Nandi Deva and he to the Siddhars. One of the main contributions in the Siddha system of medicine is attributed to the great Siddha Ayastiyar. Some of his works are still standard books of medicine and surgery in daily use among the Siddha Medical practitioners. Eighteen Siddhars were said to have contributed towards the development of this medical system. Siddha literature is in Tamil and it is practised largely in Tamil speaking part of India and abroad. The Siddha System is largely therapeutic in nature.

### **Evolution of Unani System in India**

As the name indicates, Unani system originated in Greece. The foundation of Unani system was laid by Hippocrates. The system owes its present form to the Arabs who saved much of the Greek literature by translating it into Arabic and also enriched the medicine with their own contributions. In this process they made extensive use of the science of Physics, Chemistry, Botany, Anatomy, Physiology, Pathology, Therapeutics and Surgery. Unani Medicines got enriched by imbibing what was best in the contemporary systems of traditional medicines in Egypt, Syria, Iraq, Persia, India, China and other Middle East countries. In India, Unani System of Medicine was introduced by Arabs and soon it took firm roots. During 13<sup>th</sup> and 17<sup>th</sup> century A.D. Unani Medicine was at peak in India. The system suffered a severe setback during the British rule in India. The allopathic system was introduced and gained ground. This retarded the growth of education, research and practice of Unani system of medicine. All the traditional systems of medicine along with Unani System faced almost complete neglect for about two centuries.

### **Evolution of Homoeopathy System in India**

Dr. Samuel Hahnemann is the founder of homoeopathy and it came to India in 1810, when a French traveler, Dr. John Martin Honiberger visited India and treated patients. In his second visit during the year 1839 he treated the then ruler of Punjab, Maharja Ranjeet Singh who encouraged Dr. Honiberger to continue the Homoeopathic treatment in India. Homoeopathy continued to spread out. Indians found a reflection of their belief and culture in philosophy and principles of Homeopathy. **In “Bhagwat Purana” written hundreds of years ago, a Sanskrit couplet says**

**“VISHAYA VISHMOSHASHI” to which Homoeopathy took root and flourished.** Surgeon Samuel Broking, a retired medical officer had the courage and conviction to establish Homoeopathic Hospital at Tanjore in South India, in 1847.

## **REVITALIZATION OF AYUSH HEALTH CARE SERVICES IN INDIA**

With British colonization in 1857, modern Western medicine – the system of medicine used by the British, was introduced to Indians. It gained rapid popularity and inspired fright, not only because its usage provided instant relief, but also because the elite British Lords used it. This resulted in dislodging and sidetracking of the traditional systems of medicine. Modern medicine gained firm holding in the country in the century that followed. But after independence in 1947 the Indian systems of medicines received a fresh boost under the patronage of the National Government and its people.

After independence, for the Government, a major area of concern has been the flailing healthcare infrastructure in the country. Although healthcare is one of the largest and rapidly growing sectors in India, in terms of revenue and employment, healthcare infrastructure in the majority of the country’s regions has not kept pace with the economy’s growth. Addressing these issues, the **National Health Policy, formulated in 1983** (6), pointed out that the vast infrastructure available in the form of thousands of hospitals and dispensaries, registered practitioners and hundreds of colleges, belonging to AYUSH systems, were being underutilized. This was because regulations and standards for this sector had never been developed or formalized, in the post independence era. The Policy suggested formation of Councils and Administrative bodies to help regulate and standardize the practice as well as education of AYUSH systems. This would not only help fill the large infrastructural gaps in the healthcare system, but would also strengthen the deep rooted traditional systems of medicine, thus preserving ancient heritage and knowledge base. The Policy stressed on planned efforts to integrate the AYUSH systems with modern medicine services, at appropriate levels, especially in regard to the preventive, promotive and public health objectives.

As an outcome of this policy, to bring the lost traditional and Indian systems of medicine to the forefront the Ministry of Health and Family Welfare (MOHFW) created the **Department of Indian Systems of Medicine and Homoeopathy (ISM&H)** in 1995, which was re-named **Department of AYUSH** in November, 2003 (5) with a view of providing focused attention to development of Education & Research in Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy systems. The Department continues to lay emphasis on up gradation of AYUSH educational standards, quality control and standardization of drugs, improving the availability of medicinal plant material, research and development and awareness generation about the efficacy of the systems domestically and internationally.

The Central Council for Health & Family Welfare in 1999 recommended that at least one physician from the Indian System of Medicines and Homoeopathy (ISM&H) should be available in every Primary Health Care Centre.

Moving a step forward, a separate **National Policy on Indian Systems of Medicine & Homeopathy** was formulated in the year 2002 (7), in order to augment the development of traditional systems of medicine in a systematic manner. This was in accordance with the WHO strategy for Traditional Medicine<sup>5</sup>. A few of the major objectives of the national policy for AYUSH are<sup>4</sup>:

- ❖ To promote holistic health and expand the outreach of healthcare to people through preventive, promotive, mitigative and curative intervention of AYUSH;
- ❖ To integrate AYUSH in healthcare delivery system and national health programs and ensures optimal use of the vast infrastructure of hospitals, dispensaries and physicians;
- ❖ To provide full opportunity for the growth, development and utilization of AYUSH systems.
- ❖ A separate Policy on AYUSH has helped establish a more specific framework of guidelines and goals for this move of integration.

The **Eleventh Five Year Plan** also laid emphasis on mainstreaming of AYUSH by designing strategic interventions for wider utilization of AYUSH both domestically and globally. For this strategies include: strengthening professional education, strategic research programmes, promotion of best clinical practices, technology up gradation in industry, setting internationally

acceptable pharmacopoeial standards, conserving medicinal flora, fauna, metals, and minerals, utilizing human resources of AYUSH in the national health programmes, with the ultimate aim of enhancing the outreach of AYUSH health care in an accessible, acceptable, affordable and qualitative manner.

But it was only after the formation of **National Rural Health Mission (NRHM)** in 2005 and its mainstreaming policy for integration of AYUSH within the existing health systems, that major changes have taken place in the transformation of AYUSH system in the country.

### **MAINSTREAMING OF AYUSH SYSTEM**

Following steps have been undertaken under the policy of mainstreaming of AYUSH under NRHM:

1. Establishment of AYUSH OPD Clinics in the Primary Health Centres (PHCs)
2. Establishment of AYUSH IPDs in Community Health Centres (CHCs)
3. Setting up of AYUSH Wings in District Hospitals
4. Supply of Essential AYUSH Drugs to Hospitals and Dispensaries
5. Up gradation of AYUSH hospitals (other than PHCs/ CHCs/ DHs) at the District/sub-District levels
6. Setting Up of Specialized AYUSH Facilities in Government Tertiary Care AYUSH Hospitals In The Public- Private Partnership (PPP) Mode.
7. Provision of Supporting Services for above through
  - a) Setting-up of Programme Management Units (PMUs)
  - b) Setting-up of Health Management Information System (HMIS)
  - c) Constitution of Rogi Kalyan Samitis

To bring the above stated points into action, many AYUSH health care units have been co-located in various states all over India.

**AYUSH Developments under NRHM:** According to the report of NRHM, 2009 'Progress So Far of MOHFW', 10872 health facilities have co-located AYUSH services, 7692 AYUSH doctors and 3143 paramedical are added to the main system on contract. As mentioned in the report of NHSRC titled 'Mainstreaming AYUSH and revitalizing local health tradition under

NRHM', the NRHM strategy of '**Mainstreaming AYUSH & Revitalizing Local Health Traditions**' has largely come to be perceived as 'Co-location' of AYUSH doctors in the rural primary and secondary level facilities. While most States have planned for this, it is important to note that at least half the States have planned other activities that strengthen AYUSH services well beyond merely the contractual appointment of AYUSH doctors. There are various additional inputs planned by some states under the following heads:

**IEC/BCC:** Sensitization activities for the general public about AYUSH & LHT.

**Speciality clinics/wards:** Half the states mention special AYUSH clinics or wards, especially a Ksharasutra therapy wing for ano-rectal diseases and Panchkarma clinics for intensive and specialized treatment at the CHC or DH.

**AYUSH health programmes:** States like Orissa, Punjab, and Andhra Pradesh write in the PIPs about School Yoga Programmes and Yoga camps. The Tripura PIP also mentions sensitization of Primary school teachers regarding importance of yoga, 'Suposhanam', the Special nutrition programme for the tribal women is stated in the Rajasthan PIP, Ayurveda Mobile Units is also an activity mentioned in the Rajasthan state PIP.

**Outreach activities:** Utilization of AYUSH doctors for the Mobile Medical Units in some States, such as Jharkhand, Himachal Pradesh, J&K and Orissa. Call centres for AYUSH in Madhya Pradesh and Tripura is a major innovation mentioned in their PIPs.

**Establishment of AYUSH epidemic cells:** Tamil Nadu and Kerala are using AYUSH in Public Health for preventive activities and epidemic control, e.g. Homeopathy for responding to the Chikungunya outbreaks. RAECH (Rapid action epidemic cell of homeopathy) in Kerala is a major AYUSH activity highlighted in the state PIP.

**Local health traditions:** The IPHS prescribes the setting up of an herbal garden within the space available in the Sub centre and PHC premises. Most state PIPs have not mentioned this activity in particular. However, some states have: the Chhattisgarh PIP has mentioned an innovative activity--the 'Ayurveda Gram' concept, "Dadi ma ka batua" is an innovative scheme stated in the J&K PIPs, which plans to include traditional home remedies in the AYUSH drug kit; Madhya Pradesh has an innovation called *Gyaan ki Potli* which too plans to include prevalent and useful

local health traditions / remedies which are accessible and affordable for various ailments as a step forward for LHT revitalization. Haryana has planned for courses on Local health traditions for the unemployed youth.

***Management and Technical Strengthening:*** Almost half the states have planned some strengthening of management and technical support to the AYUSH services. States like Rajasthan mention in the PIPs of year 2008-09 about the formation of the State AYUSH Monitoring Cell (SAMC) for AYUSH services. Chhattisgarh too has a separate technical wing in the SHSRC for AYUSH. On a similar pattern, under the NRHM Kerala, Jharkhand, Mizoram, Tripura, Delhi and Goa, have planned for establishing a resource centre or a separate cell for AYUSH. (8)

## **PART-2**

# **HEALTH SYSTEMS IN CHHATTISGARH**

## HEALTH SYSTEM IN CHHATTISGARH

Chhattisgarh is the 26<sup>th</sup> state carved out of Mother State of Madhya Pradesh and attained statehood on November 1, 2000, with Raipur as the state capital. The situation of health which is measured by certain basic health indicators along with key social determinants like malnutrition, literacy and population dynamics in the state is also dismal. The health system of the state is making substantial efforts to bring about positive growth in this field so as to reach parity to the level where the nation stands. Such is the progress made by this state after its formation, that recently it has been given two main awards one for acquiring first position in the country for best GDP of 11.49% and second for becoming the fastest developing state in November 2010 by GOI (9). But how far the results have been obtained in context of its health parameters still remains to be assessed.

### SITUATIONAL ANALYSIS:

**Table I-3:** Demographic, Socio-economic and Health profile of Chhattisgarh State as compared to India

S. No.	Item	Chhattisgarh	India
1	Total population, in million (Census 2001)	20.83	1028.61
3	Crude Birth Rate (SRS 2008)	26.1	22.8
4	Crude Death Rate (SRS 2008)	8.1	7.4
5	Total Fertility Rate (SRS 2008)	3.0	2.6
6	Infant Mortality Rate (SRS 2008)	57	53
7	Maternal Mortality Ratio (SRS 2004 - 2006)	335	254
8	Sex Ratio (Census 2001)	989	933
10	Schedule Caste population, in million (Census 2001)	2.42	166.64
11	Schedule Tribe population, in million (Census 2001)	6.62	84.33
12	Female Literacy Rate (%) (Census 2001)	51.9	53.7

### CURRENT STATUS OF HEALTHCARE FACILITIES IN CHHATTISGARH

There is a vast set up of facilities in Chhattisgarh which are catering to the health needs of the people. These include healthcare providers in both govt. and pvt. sector. The table shown below enumerates the set up of govt health facilities in Chhattisgarh, including the allopathic as well as the AYUSH system:

**Table I-4: Healthcare Facility in Chhattisgarh**

TYPE OF HEALTH CARE FACILITY		TOTAL NUMBER IN CHHATTISGARH	
AYUSH Health Care Facilities	Ayurvedic Dispensary	633	
	Homeopathy Dispensary	46	
	Unani Dispensary	6	
	Ayurvedic Hospital	7	
Allopathic Health Care Facilities	Sub Centre	4776	
	PHC	715	
	CHC	144	
	District Hospital	17	
AYUSH Facility under Mainstreaming Program (NRHM)	Specialty Clinic	24	
	Specialized Therapy Centre	22	
	AYUSH Wing	15	
	Co-Located Centers	Ayurvedic	320
		Homeopathic	59
Unani		20	

### AYUSH IN CHHATTISGARH

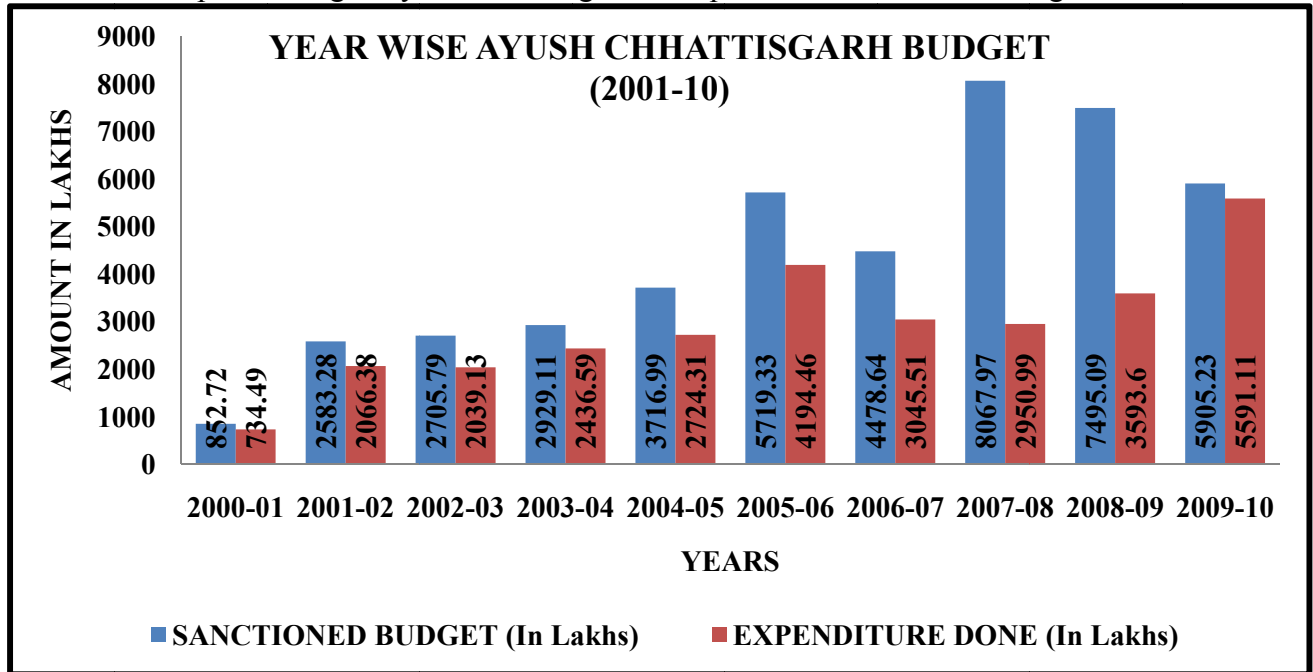
The Department of AYUSH in Chhattisgarh was formed in November 2000 by Government of Chhattisgarh under Ministry of health and family welfare. The Secretary Health and family welfare leads the Directorate of AYUSH. The Directorate of AYUSH is headed by the Director, who controls the total administration in AYUSH and also holds the office of controller of licensing authority for Ayurveda, Siddha and Unani drugs. He is assisted by Joint director who is in charge of administration of Directorate and his subordinate is five Deputy Director's AYUSH, three for administration of AYUSH health services, one as Deputy Director for Ayurveda college hospital administration and One as Deputy Director for control & administration of Govt. Ayurvedic pharmacy.

### BUDGET ALLOCATION AND EXPENDITURE IN AYUSH

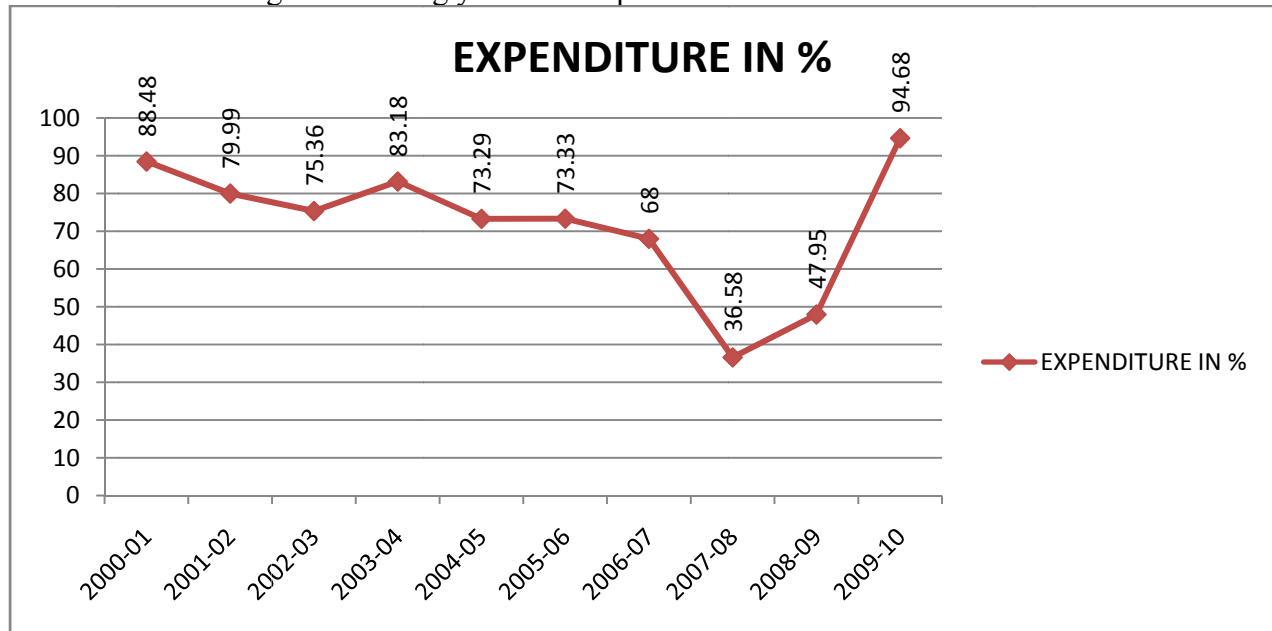
The budget allocation for AYUSH has increased from the period of 2000-2008, but there has been decline in the budget after 2008. As it can be seen from the graphs shown below, major

proportion of the amount received for the year 2007-08 could not be utilized. The department of AYUSH has been able to make a considerable progress in these ten years.

**Chart I-3:** Graph showing the year wise budget and expenditure done in Chhattisgarh



**Chart I-4:** Line Diagram showing year wise expenditure in %



## PATH COVERED BY DEPARTMENT OF AYUSH SINCE THE FORMATION OF STATE (2000) TILL NOW (2010)

When Chhattisgarh was first formed in Nov. 2000, condition of education and health was very critical. And similar was the condition of AYUSH healthcare system. But now that, ten years have passed since its formation, lot many changes and developments have taken in the form of increase in number of various health institutions, infrastructure and manpower. A lot of development has also taken place under the mainstreaming policy of NRHM by setting up of AYUSH healthcare facilities in Allopathic health units.

### AYUSH Educational Activities

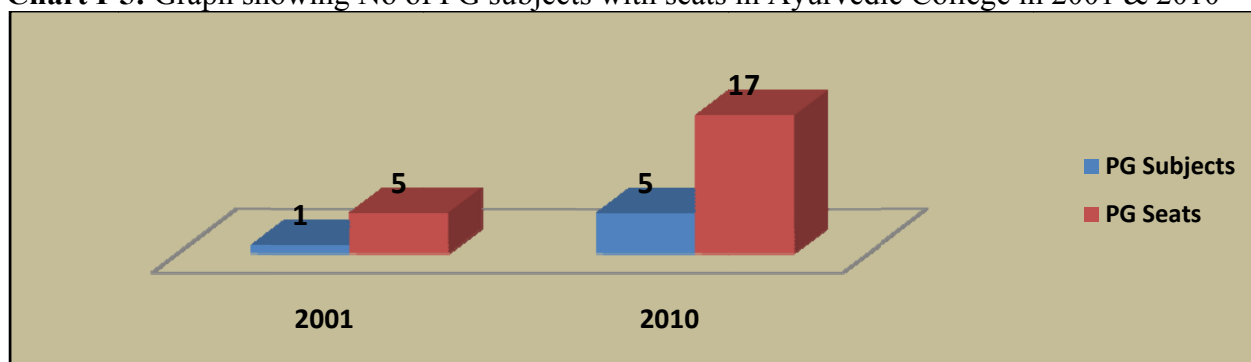
Efforts have been made to increase the level of education. As a result, the number of subjects and seats for post graduation in Ayurvedic College has increased over the past ten years.

**Table I-5:** No. of AYUSH Educational Institutions in Chhattisgarh in 2001 & 2010

Type of Institution	2001		2010		Change in Ten Years	
	College	Seats	College	Seats	College	Seats
Ayurveda	1	55	3	170	+2	+115
Homeopathy	1	50	3	200	+2	+150
Unani	0	0	1	40	+1	+40
Yoga & naturopathy	0	0	1	50	+1	+50
<b>Total</b>	<b>2</b>	<b>105</b>	<b>8</b>	<b>460</b>	<b>+6</b>	<b>+355</b>

Number of Post graduate subjects and seats has also been increased over the past 10 years. 4 new PG subjects and 15 new posts for the same has been established in Govt. Ayurvedic College.

**Chart I-5:** Graph showing No of PG subjects with seats in Ayurvedic College in 2001 & 2010



Various paramedical training centres have also been set up in the state by the department.

**Table I-6:** No. of Paramedical Training Centres with seats in 2001 & 2010

Type of Training Centre	Number in 2001		Number 2010		Change in 10 years	
	Centre	Seats	Centre	Seats	Centre	Seats
Compounder	0	0	1	30	+1	+30
Panchkarma Assistant	0	0	1	30	+1	+30
Mahila Swasthya Karyakarta	0	0	1	30	+1	+30
<b>Total</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>90</b>	<b>+3</b>	<b>+90</b>

### AYUSH Health Care Services

When talking of AYUSH healthcare units, dispensary is the first or the primary contact point between people and the primary health care system. The increase in number of AYUSH dispensaries is not very much as very few new dispensaries have been established, but steps have been taken to strengthen the existing set up by providing newly constructed building for these units. Many AYUSH health units have been co-located and set up in allopathic units under mainstreaming policy of NRHM. The table below shows the development in the set up of AYUSH in the past ten years.

**Table I-7:** No. of AYUSH Health Care Units in Chhattisgarh in 2001& 2010

TYPE OF AYUSH HEALTH CARE UNIT	2001	2010	Change in 10 years
District Ayurvedic Hospital	6	6	0
Ayurveda Dispensary	632	635	+3
Homeopathy Dispensary	51	52	+1
Unani Dispensary	6	6	0
AYUSH centres in CHC's/ PHC's	0	399	+399
AYUSH Wing	0	15	+15
Specialized Therapy Centre	0	22	+22
Specialty Clinic	0	24	+24
<b>Total</b>	<b>695</b>	<b>1159</b>	<b>+464</b>

Construction of new buildings for some AYUSH healthcare units has been done and as a result many healthcare units which were working in buildings other than those provided govt.

**Table I-8: Status of Buildings of AYUSH Facilities in 2010**

Type of Institution	Sanctioned	Functional	With Building	Without Building
Ayurvedic College	1	1	1	0
College and Hospital	1	1	1	0
Ayurvedic Pharmacy	1	1	1	0
Drug Testing Laboratory	1	1	1	0
District Office	16	16	1	15
District Ayurvedic Hospital	6	6	5	1
Ayurvedic Dispensary	635	635	433	202
Homeopathic Dispensary	52	52	26	26
Unani Dispensary	6	6	3	3
<b>Total</b>	<b>719</b>	<b>719</b>	<b>472</b>	<b>247</b>

### AYUSH Health Workforce

When talking of health personnel in AYUSH Department, although new recruitments have been done still there are huge gaps which need to be filled.

**Table I-9: Workforce Status of AYUSH in Chhattisgarh**

Name of Workforce	Type of Facility	Sanctioned	In Place	Deficit
Specialists	Ayurveda	44	3	41
	Homeopathy	0	0	0
	Unani	0	0	0
	<b>Total</b>	44	3	41
Medical Officers	Ayurveda	1016	526	490
	Homeopathy	112	41	71
	Unani	26	6	20
	<b>Total</b>	1154	573	581
Compounders	Ayurveda	667	456	211
	Homeopathy	52	26	26
	Unani	6	1	5
	<b>Total</b>	725	483	242
Dispensary Attendants	Ayurveda	759	529	230
	Homeopathy	0	0	0
	Unani	0	0	0
	<b>Total</b>	759	529	230
Mahila Swasthya Karyakarta	Ayurveda	76	54	22
	Homeopathy	0	0	0
	Unani	0	0	0
	<b>Total</b>	76	54	22
Auxiliary Workers	Ayurveda	692	573	119
	Homeopathy	0	0	0
	Unani	0	0	0
	<b>Total</b>	692	573	119

In addition to the above activities, various other steps have been made by the Dept. in the past 10 years for the development of the AYUSH system in the State, which are summarized below:

- ❖ Drug Testing Laboratory established for testing of Ayurvedic medicines.
- ❖ Treatment of common ailments of rural people with ayurvedic medicines under MCH and RCH Programme.
- ❖ Establishment of Computer Laboratory in Govt. Ayurvedic College
- ❖ National Seminar held on Primary Health Care and Ksharsutra in Raipur. Also seminars and camps organized regularly in relation to ksharsutra at district levels.
- ❖ Establishment of branch of famous Shridharyam Eye Hospital and Panchkarma unit Kerala in Govt. Ayurvedic College and Hospital, Raipur.
- ❖ Establishment of 121 Ayurvedgrams in state and provision of sum of Rs. 1 lac each to 25 selected villages under new Ayurvedgram Scheme.
- ❖ Provision of health services by Adoption of 5 villages each by 423 dispensaries in different districts.
- ❖ Setting up of amount of Rs. 1 lac for doctors doing extraordinary work in Ayurveda as 'Dhanvantri Award'
- ❖ Important works done by the department after formation of the state were documented in the book "Pragati ke Sopaan" in year 2006
- ❖ Regular Camps are being organized for Health awareness and diagnosis in various rural areas and patients treated
- ❖ Establishment of Research Centre for carrying out research and related activities in Ayurved.
- ❖ Rogi Kalyan Samities in 448 dispensaries constituted and a book named "Ayushdeep" published for directions related to constitution of Rogi Kalyan Samities.
- ❖ Training given to all the AYUSH practitioners by state level trainers on proper management of Ayushdeep Samiti
- ❖ IEC activities about Ayurvedgram are being carried continuously through the medium of Doordarshan/ Akashwani and Kala dal along with publication of various books, brochures and pamphlets
- ❖ Essential Drug List published

## **ORGANIZATIONAL STRUCTURE OF AYUSH IN CHHATTISGARH**

As explained earlier, two types of AYUSH healthcare units exist and their organizational structure can be well understood from the charts given below. Level 1 gives the structure for standalone AYUSH facilities and Level 2 for the AYUSH healthcare units set up under the mainstreaming policy of NRHM.

### **Chart I-6: LEVEL-1: ORGANOGRAM OF AYUSH AT STATE LEVEL**

**TABLE I-10:** District wise Details of Standalone AYUSH Facilities

Name of the District	Standalone AYUSH Health Care Facilities				Total Facilities
	Ayurvedic Dispensary	Homeopathy Dispensary	Unani Dispensary	Ayurvedic Hospital	
Baster + Naryanpur	47	1	1	1	50
Bilaspur	66	9	1	1	77
Dantewada + Bijapur	36	2	0	0	38
Dhamtari	29	1	0	0	30
Durg	101	6	1	2	110
Janjgir-Champa	55	0	0	0	55
Jaspur	13	2	0	0	15
Kanker	16	2	0	0	18
Kawardha	18	0	0	0	18
Korba	26	1	0	0	27
Koriya	15	1	0	0	16
Mahsamund	31	0	1	0	32
Raigarh	23	4	0	1	28
Raipur	90	9	1	1	110
Rajnandgaon	41	6	0	0	47
Sarguja	28	8	1	1	38
CG	<b>635</b>	<b>52</b>	<b>6</b>	<b>7</b>	<b>700</b>

**Table I-11:** District wise AYUSH facilities set up under the Mainstreaming of AYUSH Program

Name of the District	AYUSH Facilities under NRHM						Total Facilities
	Specialty Clinic	Specialized Therapy Centre	AYUSH Wing	Co-Located Centres			
				Ayur.	Hom.	Unani	
Baster + Naryanpur	1	0	1	62	8	3	75
Bilaspur	4	2	0	0	0	0	6
Dantewada + Bijapur	6	0	1	32	7	2	48
Dhamtari	1	3	1	0	0	0	5
Durg	1	2	1	0	0	0	4
Janjgir-Champa	1	1	1	0	0	0	3
Jaspur	1	2	1	28	8	2	42
Kanker	2	2	1	23	7	2	37
Kawardha	1	1	1	0	0	0	3
Korba	0	1	1	30	7	2	41
Koriya	1	1	1	19	8	2	32
Mahsamund	1	1	1	0	0	0	3
Raigarh	1	1	1	43	8	3	57
Raipur	1	1	1	0	0	0	3
Rajnandgaon	0	3	1	0	0	0	4
Sarguja	2	1	1	82	7	4	97
CG	<b>24</b>	<b>22</b>	<b>15</b>	<b>319</b>	<b>60</b>	<b>20</b>	<b>460</b>

**Chart I-7: LEVEL-2.2: ORGANOGRAM OF AYUSH UNDER MAINSTREAMING PROGRAM**

**CONTEXT OF STUDY**

Research carried so far on AYUSH healthcare units is very less as compared to the parallel healthcare units of Allopathic system. As such we could find only a few studies similar to this topic. The studies which cover AYUSH healthcare units have projected the efficacy of AYUSH dispensaries only in terms of availability of few infrastructural components, manpower, services and reasons for preference and utilization of this system.

Evaluation unit of the Planning Department, Delhi in 2003 conducted an evaluation study on Govt. Homoeopathic dispensaries of Delhi, majority of which were running in co-location with DHS (Directorate of Health Services) hospital/ dispensary where in the staffing pattern, infrastructural facilities available and the services disseminated through the dispensaries were

appraised. Furthermore, the patient satisfaction level was assessed (10). A similar study conducted by the same organization in 2006 on Ayurvedic dispensaries of Delhi revealed similar findings with regards to existing and needed infrastructure, manpower and services. The patients profile and their satisfaction level with the services that were rendered at the dispensary was also similar. Only the reasons for preference differed little as for Ayurveda system which apart from less side effects and faith in the system were reliance due to previous experience and effectiveness in case of chronic diseases. (11)

Orissa Voluntary Health Association, Bhubhaneshwar in 2006 accomplished a study on Ayurvedic and Homoeopathic dispensaries in which facility survey, observation of case management at the dispensaries and a household survey was carried out. **This study demonstrates the deficit in manpower and basic infrastructural facilities like water, toilet and electricity in most of the dispensary buildings with majority being located in government owned, pucca but dilapidated buildings with no compound wall or fencing. The study also takes into account the reporting, record keeping and the medicine labeling system. The patient satisfaction level with regards to services has also been cited in the study through both exit interviews as well as household survey.** (12)

Few studies have been conducted related to quantity and employment status of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) practitioners. Sankar (2001) found that majority of non- allopathic systems in Kerala function with only less than five members including the physician (13). The actual numbers of AYUSH doctors already in place in Public Health Facilities was acknowledged to be low across the board of Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan by Gill (2009) (14).

In studies related to the services that are being provided by AYUSH medical officers, Sita et al (1986) reported that Medical officers under Indian System of Medicine in Gujarat mainly take care of the OPD, attend delivery and emergency cases and to some extent have been involved in organizing training programmes for health guides. In the same study, beneficiaries of the Ayurvedic health services suggested the need to extend number of OPD days, need based supply of drugs, more publicity about ISM in PHC, education of community regarding proven efficiency of this system and the doctor to conduct OPD in the village on his visit (15). Chopra *et*

*al* (1997) in their study found that ISM practitioners are professionally qualified and have considerable years of experience and with adequate training, supportive supervision and infra structural development, this vast human resource for health can be very effectively utilized. Reasons for preferring ISM&H care were also explored. (16)

Some studies explored about the factors which affect the utilization of ISM&H system or traditional system of medicines in health care services. Bodeker (2001) classified these factors in different systems of medicines into economic, cultural, efficacy and availability aspects. (17). Srivastava *et al* (1974) (18); Singh *et al* (2005) (19); Hans(1980) (20); Majumder (2006) (21) found no side- effects and low cost of treatment to be the reasons for preference of ISM& H systems; whereas cost effectiveness has been shown as the reasons for opting homoeopathy by Manchanda *et al.*(2005) (22) and Haile T. Debas *et al* (21) respectively. Sankar (2001) (13) found that in Kerala, traditional and alternative systems are utilized more for their illness specificity rather than as alternatives. In USA, higher educational level, higher income and poor health have been found to be predictors of complementary medicine use by Astin (1998) (23) while the role of insurance in enhancing the use of alternative systems was revealed in Chi's study (1994) (24).

The influence of culture which varies from society to society in the selection of systems of medicines for treatment was explored by Reddy (1996) and Visandjee *et al.* (1997) (25) in which role of family structure and its influence in deciding the medicines came into light. Boerma *et al* (1990) (26); Winston *et al.* (1995) (27); Visandjee *et al.* (1997) (25); Troskie (1997) (28) and studies conducted by many others revealed travel time and access to be important factors in the utilization of traditional systems of medicines. The gender and age factors were found to be important individual factors prominent in the choice of health care systems of medicines. There is much variation in patterns of use of traditional health care services across communities, regions, age and gender groupings as pointed out in few studies by Boerma *et al* (1990) (26); Vissandjee *et al.* (1997) (25); Ahmed *et al.* (1999) (25); and Majumder (2006) (21).

Despite the fact that **standards have been laid down regarding the infrastructure and services related to hospitals and co-located centres, no specific standards have been laid down for AYUSH dispensaries that serve as the primary or the first contact between the**

**community and the AYUSH health system** Also, no studies have been found related to **guidelines regarding the roles and responsibilities of the staff in these AYUSH health care facilities as well as regarding the infrastructure and services for AYUSH healthcare facilities set up under Mainstreaming policy of NRHM.** Most of the studies have explored the reasons for preference and utilization of ISM&H and complementary systems of medicines. But none was found relating to standardization of these health facilities.

## IMPORTANCE OF THE STUDY

Strenuous efforts are being made for upgrading the AYUSH health system and facilities all over India and Chhattisgarh. As explained earlier, lot of development has already taken place in AYUSH in Chhattisgarh by the combined efforts of bureaucrats and administrators. Along with the up gradation of existing AYUSH set up, new set up of AYUSH has emerged under mainstreaming policy of NRHM where the allopathic and ayurvedic services are being provided under the same roof.

No efforts have ever been made to assess the gaps and deficiencies in this system related to infrastructure, equipments and instruments, recurring supply and various services provided. Moreover, how effective these steps taken are and what more can be done for further development of this system still needs to be established. In addition to this the needs of the actual service providers in the field i.e. doctors have never been explored.

Steps to assess the satisfaction level of patients from AYUSH system have never been undertaken.

And above all no efforts have ever been made to draft standards for AYUSH facilities all over India. When we glance at the modern health system we come across the IPHS and NABH standards which have been laid to bring about proper functioning and uniformity in the system. The three tier system consisting of SC, PHC and CHC is serving as the baseline of the system with norms specified for all the three levels. The PHC is placed to cater services to the population of 30,000 and this covers sub centres also. The CHC is placed to cater the services for a population of 1,00,000 and acts as higher referral system. But when we talk about AYUSH system, no efforts have ever been made to develop or modify such system have been taken so far. IPHS standards have just indicated the placement of AYUSH manpower in PHC/CHC/DH of the public health care system. In NABH standards also, very little has been specified about the AYUSH system. So there is a great need to standardize the service provision at these healthcare institutions related to their infrastructure, manpower, equipments, medicines and consumables for improving the service delivery in AYUSH sector. The need for standardization of AYUSH infrastructure and facilities is essential for maintaining minimum standards for AYUSH health care services in CG. So this study

was planned by AYUSH Cell of SHRC in collaboration with AYUSH Department to develop standards for AYUSH health care facilities along with assessment of gaps and deficiencies prevalent in the system. And we hope that this work will serve as a baseline for development of standards for AYUSH facilities in INDIA in times to come and will provide an opportunity to restructure policies to achieve a New Vision based on faster, broad-based, and inclusive growth of AYUSH.

With foregoing background, present study was designed with following aim and objectives:

**AIM**

To draft standards for AYUSH Health Care Units in Chhattisgarh

**OBJECTIVES**

- To explore the existing set-up of AYUSH Health Care Units in Chhattisgarh.
- To assess the need of doctors of AYUSH Health Care Units in Chhattisgarh.
- To assess the deficit in existing set-up and requirements according to doctors of AYUSH Health Care Units in Chhattisgarh.
- To assess the satisfaction level of patients from AYUSH services.

**CHAPTER-II**

**RESEARCH METHODOLOGY**

It was a mixed study involving cross-sectional, observational and exploratory techniques

### ASSESSMENT TOOLS

The study design included three main parts as shown in Chart R-1

**Chart R1:** Main Parts of Study Design



Two different assessment tools were designed; one to assess the present status and expressed need in relation to different parameters of AYUSH Healthcare Facilities (observation and interview based) & other to assess the satisfaction level of patients from AYUSH healthcare facilities (questionnaire based). Health facility Assessment Tool (HAT) was designed to assess the present status and expressed need in relation to different parameters of AYUSH Healthcare Facilities and to assess the satisfaction level of patients from AYUSH healthcare facilities, Client Satisfaction Questionnaire (CSQ) was developed. Then data was collected and analyzed to draw the results. Standards for AYUSH facilities were developed by taking IPHS and NABH guidelines and results obtained from study into account and making them specific and suitable to services of AYUSH healthcare facilities.

The details are explained in the following chart.

**Chart R2: Detailed Methodology**

**HEALTH FACILITY ASSESSMENT TOOL (HAT)**

HAT was developed by following various documents relating to standardization of healthcare facilities of various agencies which included GOI (IPHS), QCI (NABH), WHO and other documents. HAT was developed for different kind of AYUSH healthcare facilities i.e. for dispensaries, hospitals and specialized therapy centres by including specific points in relation to that facility. It was refined, pretested and then finalized. It was developed to assess the present

situation as well as to assess the needs expressed in relation to various components. (For details, refer Annexure IIIA, IIIB)

Consensus of validity of HAT was obtained by sending it to few subject experts.

It consisted of various sections which included

1. Workforce: This section consisted of list of posts which have been sanctioned by the Dept. of AYUSH in Chhattisgarh for AYUSH dispensaries/ centres. In addition to this provision was kept for exploring need regarding any extra workforce that might be required in the dispensary.
2. Infrastructure: This section consisted of various parameters such as Accessibility/Location, Status of Dispensary Building, Status of Electricity, Water Facility, Drinking Water Facility, Toilet Facility, Sanitation, Waste Management, IEC/Display, Specialized Rooms/Areas, Referral and Communication Facilities and Water and Energy Conservation Techniques. Provision for exploring need was kept in relation to few parameters such as Specialized rooms/ areas, referral & communication facilities and water and energy conservation techniques.
3. Furniture: This section consisted of various furniture items. Provision for expressed need was kept regarding the number and type of furniture.
4. OPD Equipments: This section consisted of various types of equipments for OPD as well as instruments used for providing healthcare services. Provision for expressed need was kept regarding the number and type of equipment.
5. OPD Consumables: This section consisted of various consumable materials (both present status and expressed need).
6. Electrical Appliances: This section consisted of various electrical appliances.

7. Services offered: This section consisted various services that are provided in a AYUSH healthcare facility viz. OPD, investigation, dressing, suturing, first aid, emergency, minor surgery, purvakarma, panchkarma, ksharsutra, family planning, obstetrics and gynecology, immunization and national health programmes.
8. Medicines: This section consisted of list of all the medicines listed in CG Essential Drug List (EDL) for AYUSH healthcare facilities. In addition to this provision for exploring need of any extra medicine required apart from those mentioned in EDL was also kept.

In addition to these sections, respondents and investigator's remarks were also included in the questionnaire.

### **CLIENT SATISFACTION QUESTIONNAIRE (CSQ)**

It consisted of parameters such as time taken for registration, consultation, and receiving medicines; reasons for choosing AYUSH services; satisfaction regarding the working days and timings of the facility, behavior of staff, privacy at the place of examination, availability of prescribed medicines, doctor's advise on health practices, existing services, sitting arrangements, quality of drinking water and toilet facility. In addition to this, reasons for charging user fees were also explored, if any. Provision was obtaining clients remarks was also kept. (For details, refer Annexure IIIC)

### **RESPONDENTS**

Respondents in case of HAT were heads/ in-charges of the various AYUSH healthcare facilities included in the sample and in case of CSQ were the patients as they were leaving the health facility visited after receiving the required service/ treatment.

### **SAMPLE SELECTION AND STUDY AREA**

This study was conducted in AYUSH healthcare facilities of Chhattisgarh in all the 16 districts to have a true representation of the sample covered.

### Total sample size

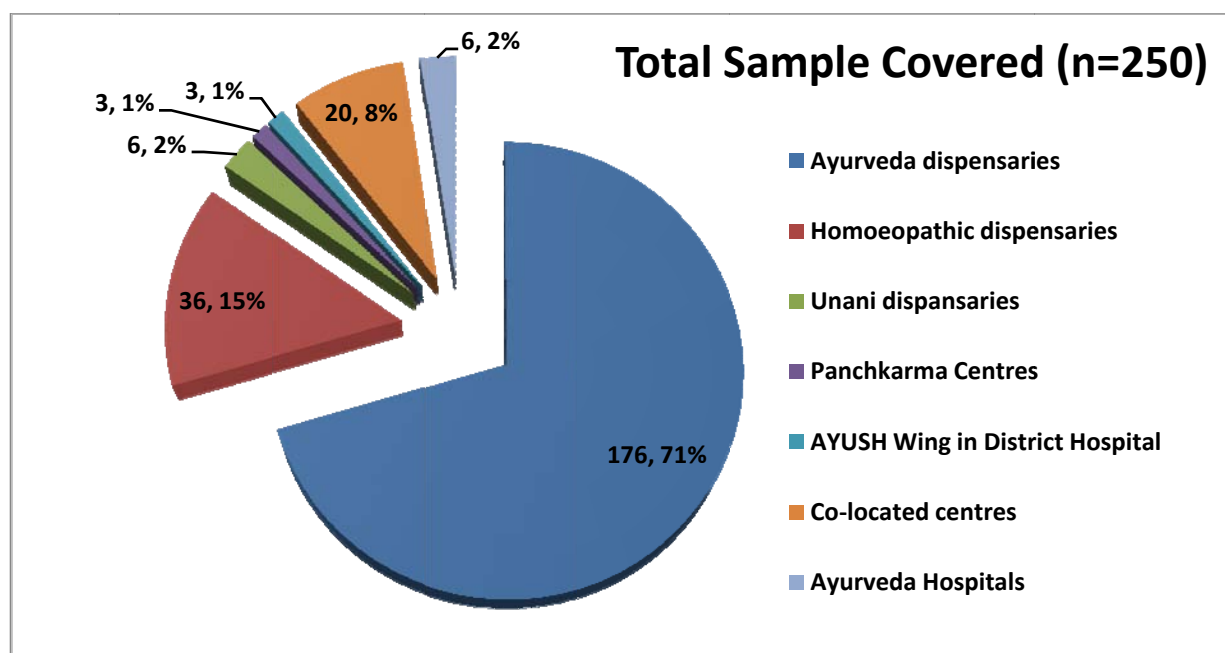
A total of 250 AYUSH facilities were taken into study, the details and criteria for which are as explained in the table and chart below:

**Table R1: Sample covered in relation to total AYUSH healthcare facilities in Chhattisgarh**

Type of Centre	Total	Sample Covered
<b>Standalone AYUSH Facilities</b>		
Ayurveda Dispensaries	635	176
Homoeopathy Dispensaries	52	36
Unani Dispensaries	6	6
Ayurveda Hospital	6+1*	6
<b>Total</b>	<b>700</b>	<b>224</b>
<b>AYUSH Facilities under Mainstreaming</b>		
Co-located	399	20
Panchkarma Centre/ AYUSH Wing	37	6
Speciality Clinic	24	0
<b>Total</b>	<b>460</b>	<b>26</b>

\*Ayurvedic hospital attached with Govt. Ayurvedic College **not covered** as it follows the recommendations given by CCIM

**Chart R3: Total Sample Distribution**



**DISTRICT-WISE SAMPLE DISTRIBUTION:****Table R2: District –wise Sample Distribution**

Name of District	Ayurvedic Dispensary	Homoeopathy Dispensary	Unani Dispensary	Ayurveda Hospital	Ayush Wing	Sp- Ther. Centre	Co-loc. in PHC	Total
Bilaspur	34	5	1	1	0	0	0	41
Bastar	9	1	1	1	0	0	7	19
Dantewada	7	2	0	0	0	0	6	15
Durg	18	5	1	2	1	1	0	28
Dhamtari	10	1	0	0	0	0	0	11
Jashpur	4	2	0	0	0	0	2	8
Janjgir	15	0	0	0	1	1	0	17
Kabirdham	6	0	0	0	0	1	0	7
Koriya	5	0	0	0	0	0	1	6
Korba	9	1	0	0	0	0	0	10
Kanker	5	2	0	0	0	0	2	9
Mahasamund	9	0	1	0	0	0	0	10
Raipur	16	3	1	0	0	0	0	20
Rajnandgaon	12	4	0	0	1	0	0	17
Raigarh	9	3	0	1	0	0	0	13
Sarguja	8	7	1	1	0	0	2	19
<b>Total</b>	176	36	6	6	3	3	20	250

For standalone AYUSH facilities, it was decided to cover 100% of the homeopathic and unani dispensaries and Ayurvedic hospitals. And as number of ayurvedic dispensaries was very large, so 30% of total ayurvedic dispensaries were decided to be included in the sample and further with a condition of presence of doctor in the ayurvedic, homeopathic and unani dispensaries. For AYUSH facilities under mainstreaming policy of NRHM, only fully functional health facilities were included in the sample.

**STUDY PERIOD**

This study was conducted during July 2010 to November 2010, with pilot survey in the month of August to check the validity and reliability of study design and tools. Data analysis and report writing was done in October-November, 2010.

## **DATA ANALYSIS**

The data was then analyzed with the help of SPSS version 14 and Microsoft Excel 2007. Percentages and frequencies were used to draw inferences. Simple tables and graphs have been used for presentation of results.

## **ETHICAL ASPECTS**

All data has been kept confidential. Consent of the respondents was taken.

## **STRENGTHS**

- Sufficient availability of resources
- Full Support and Coordination from the AYUSH department as well as AYUSH Cell, SHRC both in terms of financial and human resources. This was possible because of the willingness of the department to conduct such a study.
- This study is First of its Kind, so it can serve as a basis for development of standards

## **LIMITATIONS**

- No updated information regarding the geographical distribution and location of the dispensaries.
- Non Availability of Respondents in Homeopathic Dispensaries. 100% of homeopathic dispensaries could not be covered as in 16 dispensaries, post of doctor was vacant.
- Lack of definite criteria
- First of its kind is a limitation due to non- availability of any such similar extensive study which can serve as a reference

**CHAPTER-III**

**GENERALRECOMMENDATIONS**

**FOR AYUSH DISPENSARIES**

AYUSH Health Care Centres are not secure from issues such as the inability to perform up to the expectation due to:-

1. Non-availability of doctors at AYUSH Health Care Centre;
2. Even if posted, doctors do not stay at the AYUSH Health Care Centre HQ;
3. Inadequate physical infrastructure and facilities;
4. Insufficient quantities of drugs;
5. Lack of accountability to the public and lack of community participation;
6. Lack of set standards for monitoring quality care etc.

Standards are the main driver for continuous improvements in quality. Setting standards is a dynamic process. Standards are a means of describing the level of quality that health care organization are expected to meet or aspire to. In order to provide optimal level of quality health care, a set of standards are being recommended for AYUSH Health Care Centres be called **CG AYUSH HS (Chhattisgarh AYUSH Health Standards)**. These standards has been prepared keeping in view the resources available with respect to functional requirement for these centres with minimum components such as workforce, Infrastructure, Furniture, Equipments, Medicines and Service.

### **AIM**

The key aim of these standards is to underpin the delivery of quality services which are fair and responsive to client's needs, which should be provided equitably and which deliver improvements in the health and wellbeing of the population. The performance of health care delivery organizations can be assessed against these standards.

### **OBJECTIVES OF CG AYUSH HS**

The overall objective of **CG AYUSH HS (Chhattisgarh AYUSH Health Standards)** for AYUSH Health Care Centres is to provide health care that is quality oriented and sensitive to the needs of the community. These standards would help for monitor and further in improvements of the functioning of these centres. The objectives are:

- 1) To provide comprehensive health care service to the community through the AYUSH health Care Centres.

- 2) To achieve and maintain an acceptable standard of quality of care.
- 3) To make the services more responsive and sensitive to the needs of the community.

Some of the general recommended standards will remain the same irrespective of the system. In addition to the population norms, these include the norms for infrastructure, furniture, equipments, consumables and electrical appliances. In relation to specific points/ services where there is a difference in these systems has been given along with specific sections.

## **INFRASTRUCTURE**

Dispensary building should be away from garbage collection, cattle shed, water logging area, etc and its surroundings should be clean. It should be well planned with the entire necessary infrastructure, well lit and ventilated with as much use of natural light and ventilation as possible.

Common points which should be considered during the construction of dispensary building are given below:

### **Avoid the wastage of human resources**

- ❖ A place where dispensary is already located, another health centre with co-located Ayurveda service should not be established to avoid the wastage of human resources.
- ❖ The AYUSH dispensary should be set up to cater to the need of at least a population of 10,000.

### **Location**

- ❖ Dispensary's sites with high degree of sensitivity to outside noise should be avoided.
- ❖ The site should be compatible with other considerations such as accessibility and availability of services.

### **Ceilings**

- ❖ Ceiling should be of R.C.C.

- ❖ The finishes of all exposed ceilings and ceiling structures in areas normally occupied by patients or staff, and those in food preparation or food storage areas shall be readily cleanable with routine housekeeping equipment.
- ❖ Ceilings and walls in operating and delivery rooms shall be free of fissures, open joints, or crevices that may retain on permit passage of dirt particles.

### **Roof Height**

- ❖ The height of all the rooms in the dispensary should not be less than 3.00m and not more than 3.65m, measured at any point from the surface of the floor to the lowest point of the ceiling.
- ❖ Minimum head room, such as under the bottom of beams, fans and lights shall be 2.5m measured vertical under such beam, fan, light.

### **Floors and Walls**

- ❖ The architectural finishes in dispensary shall be of high quality in view of maintenance of good hygienic conditions.
- ❖ The walls should be impervious with oil paint.
- ❖ Wall finishes shall be washable and, in the proximity of plumbing fixtures, shall be smooth and moisture resistant.
- ❖ Floors should be covered with good quality tiles so that floor materials shall be readily cleanable. In all areas subject to wet cleaning, floor materials shall not be physically affected by liquid germicidal and cleaning solutions.
- ❖ Floor subject to traffic should be smooth so as to allow smooth passage of wheelchairs and trolleys while wet floor, including showers and bath areas, shall have a non-slippery surface.
- ❖ Floor and wall areas penetrated by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects.

### **Doors**

- ❖ The minimum door width for patient use shall be 86cms (2 feet 10 inches).
- ❖ Height of doors should be not less than 2.13metres (7 feet).

- ❖ Rooms which contain bathtubs, Sitz baths, showers and/or water-closets for inpatient use shall be equipped with doors and hardware permitting emergency access from the outside.

### **Windows**

- ❖ Wards and rooms for the admission of light and air shall have one or more apertures such as windows (also sufficient members of fans and lights) opening directly to the external air or into an open verandah.

### **Corridor**

- ❖ Minimum public corridor width shall be 5 feet (1.52 meters).

### **Water Supply, Plumbing and Other Piping Systems**

- ❖ Systems should be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand.
- ❖ Storage capacity for two days requirement should be made on the basis of consumption.
- ❖ Hot water supply to wards and departments of the Panchkarma/O.T. shall be provided by means of electric storage type water heaters or centralized hot water system of capacity depending upon the need of hot water consumption.
- ❖ Filtered and soft water supply is needed for drinking purpose and shall be supplied as required.
- ❖ The material used for plumbing fixtures shall be non-absorptive and acid-resistant.
- ❖ As far as possible, drainage piping shall not be installed within the ceiling or exposed in operating and delivery rooms, food preparation centres, food serving facilities and other sensitive areas. Where exposed, overhead drain piping is unavoidable, special provisions shall be made to protect the space below from leakage, condensation or dust particles

### **Electrical Standards**

- ❖ Points for lighting, fans etc. as may be required in the facility.
- ❖ The main switchboard shall be located in an area separate from plumbing and mechanical equipment and shall be accessible to authorized persons only.

- ❖ Switchboards shall be convenient for use, readily accessible for maintenance, and located in a dry, ventilated space free of corrosive or explosive fumes, gases, or any flammable material.
- ❖ Panel boards serving normal lighting and appliance circuits shall be located on the same floor as the circuits they serve.
- ❖ Panel boards for emergency circuits shall be located on each floor.

#### **Disaster prevention measures**

- ❖ Disaster Prevention Measures: (for all new upcoming facilities in seismic zone 5 or other disaster prone zone). Building structure and the internal structure should be made disaster proof especially earthquake proof, flood proof and equipped with fire protection measures
- ❖ Dispensary should not be located in low lying area to prevent flooding as far as possible.
- ❖ Fire fighting equipments – fire extinguishers, sand buckets, etc. should be available and maintained to be readily available when needed.
- ❖ All health staff should be trained and well conversant with disaster prevention and management aspects

#### **Communication system**

- ❖ An efficient communication system in the dispensary should be provided such as telephone for communicating with the HQ's situated at district or state level.

#### **Entrance- Barrier free access**

- ❖ The dispensary shall be easily accessible to patients. Barrier free access environment for easy access to non-ambulant (wheel- chair, stretcher), semi-ambulant, visually disabled and elderly persons as per “Guidelines and Space Standards for barrier-free built environment for Disabled and Elderly Persons” of CPWD/ Min of Social Welfare, GOI.
- ❖ Access uptill the casualty/First Aid section of the dispensary should be easily possible.
- ❖ The doorway leading to the entrance should also have a ramp, facilitating easy access for handicapped patients, wheel chairs, stretchers etc.

- ❖ There shall be sufficient space near the landing door for easy movement of stretcher/trolley.

### **Boundary wall/fencing**

- ❖ Boundary wall/fencing with Gate should be provided for safety and security

### **Environment friendly features**

- ❖ The dispensary should be, as far as possible, environment friendly and energy efficient. Rain-Water harvesting, solar energy use and use of energy-efficient bulbs/equipments should be encouraged.

## **GUIDELINES FOR SERVICE AREAS/ROOMS**

### **Waiting area**

- ❖ This should have adequate space and seating arrangements for waiting clients / patients
- ❖ Height of sitting slabs should be appropriate.
- ❖ The walls should carry posters imparting health education.
- ❖ Booklets / leaflets in local language may be provided in the waiting area for the same purpose.
- ❖ Toilets with adequate water supply separate for males and females should be available.
- ❖ Safe Drinking water should be available in the patient's waiting area.
- ❖ There should be proper notice displaying wings of the centre, available services, and name of the doctors, user's fee details and list of members of the Rogi Kalyan Samiti / dispensary Management Committee.
- ❖ A locked complaint / suggestion box should be provided and it should be ensured that the complaints/ suggestions are looked into at regular intervals and the complaints are addressed.
- ❖ The surroundings should be kept clean with no water-logging in and around the centre and vector breeding places.

**O.P.D. (Outpatient Department)**

- ❖ The outpatient room should have separate areas for consultation and examination.
- ❖ The area for examination should have sufficient privacy.

**Drug Dispensing Room**

- ❖ This should be located close to the OPD and Drug store room to cater to patients for medicines.

**Medicine Preparation Room**

- ❖ Should have marble/stone table top for platform and wash basins

**Minor OT/Dressing Room/Injection Room/Emergency**

- ❖ This should be located close to the OPD to cater to patients for minor surgeries and emergencies after OPD hours.
- ❖ It should be well equipped with all the necessary emergency drugs and instruments.

**Store Room**

- ❖ Sufficient space with the storage cabins for AYUSH drugs should be provided.
- ❖ Separate area for storage of sterile and common linen and other materials/ drugs/ consumable etc. should be provided with adequate storage space.
- ❖ The area should be well-lit and ventilated and should be rodent/ pest free.

**Residential Accommodation**

- ❖ Decent accommodation with all the amenities likes 24-hrs Water supply, electricity, etc. should be available for medical officers and other staff.

## Suggested Layout of AYUSH Dispensary

The suggested layout of a dispensary is given below. The Layout may vary according to the location and shape of the site, levels of the site and climatic conditions. The prescribed layout may be implemented in dispensary yet to be built, whereas those already built may be upgraded after getting the requisite alteration/ additions.

Chart L1: Suggested Layout of AYUSH Dispensary



**POINT WISE RECOMMENDATIONS FOR INFRASTRUCTURE ARE AS FOLLOWS:**

<b>COMPONENTS</b>	<b>RECOMMENDATION</b>
<b>ACCESSIBILITY/LOCATION</b>	
Location of Dispensary within Main Habitation	Mandatory
Connected to Motor able Roads	Yes
<b>STATUS OF BUILDINGS</b>	
Boundary Wall	Complete with Main Gate
Designation/status of Dispensary Building	Designated Gov. Dispensary Building
Construction of Building	Completely constructed building
Condition of Plaster of Walls	Intact Everywhere
Condition of Floor	Floor in Good condition
Type of Roof	RCC Slab
Condition of Roof	Intact Everywhere
Herbs Plantation( In Pots and Garden)*	Mandatory
<b>STATUS OF ELECTRICITY IN THE BUILDINGS</b>	
Electricity Supply	Mandatory
Electric Wiring in All Parts	Mandatory
Type of Electric Wiring	Concealed
Electricity Backup Appliances (Invertor/Generator)	Mandatory
<b>WATER FACILITY</b>	
Water Supply ( In the Dispensary Campus)	Mandatory
Water Supply Source (Bore/ Tube well/ hand Pump/ Piped)	Mandatory
Water Pump/ Motor	Mandatory
Overhead Water Tank	Mandatory
Feature of Available Water Supply	Continuous
Quality of Available Water Supply	Fit for Drinking

<b>DRINKING WATER FACILITY</b>	
Location of Source of Drinking Water In the Dispensary	Mandatory
Water Purifier	Mandatory
Container for Drinking Water(Container attached with water purifier)	Mandatory
<b>TOILET FACILITY</b>	
Toilet Facility in Dispensary Area (with Washbasin + Running water)	Mandatory
<b>ECO FRIENDLY FEATURES</b>	
Rain Water Harvesting	Recommended
Alternative Sources of Energy(Solar)	Recommended

#### **QUALITY MAINTENANCE SERVICES**

<b>COMMUNICATION FACILITIES</b>	
Communication Facilities(Telephone)	Mandatory
<b>IEC ACTIVITIES/SIGNAGES</b>	
Display of Dispensary Name	On Board and Wall in Hindi and English
Citizen's Charter	In Hindi
Signage	In Hindi
Section Name Plate	In Hindi
Doctor's Name Plate	In English and Hindi
Suggestion/ Complaint Box	Mandatory
<b>CLEANLINESS</b>	
Hand Washing Soap/ Liquid	Mandatory
Soap Dish	Mandatory
Door Mats	Mandatory
Detergent/ Phenyl	Mandatory
Cleaning Material (Broom+ Floor Wipes)	Mandatory

Cleanliness of Floor	Mandatory
Absence of Littering	Mandatory

<b>WASTE MANAGEMENT</b>	
Dust Bins	Mandatory
Bio-Medical Waste Segregation at Source (Use of Color Coding)	Mandatory
Bio Medical Waste Disposal Method	Buried in a pit
Solid Waste Disposal Method	Buried in a pit/Municipal dust bins
Waste Water Disposal Method	Connected to Public Drainage System
<b>REFERRAL FACILITIES</b>	
Transport Facility for Referral( Ambulance) GOVT./ PPP	Recommended

#### **SPECIALIZED SERVICE ROOMS/AREAS**

<b>ROOMS/AREAS</b>	<b>RECOMENDATION</b>
Reception/ Enquiry Counter	Mandatory
Waiting Area	Mandatory
OPD Room with Examination area (with false separation) (With attached Toilet + Washbasin + Running water)	Mandatory
Dressing and First Aid Room(With attached Washbasin + Running water)	Mandatory
Medicine Preparation Room** (With attached Washbasin + Running water)	Mandatory
Drug Dispensing Room	Mandatory
Store Room (Two portions, one for drug & other for common storage)	Mandatory
Staff Duty Room*(With attached Toilet + Washbasin + Running water)	Recommended
Any Other Room*( For extension of Services)	Recommended
Doctor's Residence Facility(Outside Dispensary within same Compound)	Mandatory

**\*Desirable \*\*Only for Ayurvedic & Unani Dispensaries**

### 3. RECOMMENDATIONS FOR FURNITURE ARE AS FOLLOWS

Name of Furniture	Recommended No. (Per Dispensary)
<b>ESSENTIAL FURNITURE</b>	
Doctor Chair	1
Doctors Table	1
Visitors Chair	3
Patient Stool	2
Examination Table	1
Footstep	1
Bedside Screen	1
Staff Chair	4
Staff Table	1
Registration Table	1
Dispensing Table	1
Waiting Bench	3
Almirah	3
Medicine Rack	3
Iron Box	As per need
<b>DESIRABLE FURNITURE</b>	
Side Wooden Rack	1
Bookshelf	1

#### 4. RECOMMENDATIONS FOR EQUIPMENTS ARE AS FOLLOWS

EQUIPMENTS FOR OPD		
Name of OPD Equipment		Recommended No. (Per Dispensary)
<b>ESSENTIAL EQUIPMENTS FOR OPD</b>		
BP Apparatus		1
Stethoscope	Adult	1
	Pediatric	1
Thermometer	Oral	2
	Rectal	1
Tongue Depressor	Steel	1
	Disposable	As per need
Torch		1
Hammer		1
ENT Diagnostic Set		1
Proctoscope		1
Weighing Machine	Adult	1
	Infant (5Kg)	1
	Baby (10Kg)	1
Height Measuring	Instrument	1
	Tape	1
<b>DESIRABLE EQUIPMENTS FOR OPD</b>		
Vision Testing	Chart	1 Chart or 1 Box
	Box	
X-Ray View Box		1
Otoscope		1
Oro Pharyngoscope		1

**INSTRUMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES**

Name of the Equipment		Recommended No. (Per Dispensary)
Forceps	Straight Artery	2
	Curved Artery	2
	Plain	2
	Toothed	2
	Sponge Holding	2
	Dressing	2
	Allies	2
	Tooth Holding	2
	Cheatel	2
Surgical Scissors	Straight Small	2
	Curved Small	2
	Straight Big	2
	Curved Big	2
	Stitch Removing	2
Surgical Knife		2
Scalpel		2
BP Handle		2
Needle Holder	Big	2
	Small	2
Foreign Body Remover		2
Insertion Probe		2
Nasal Retractor		2
Instrument Tray		2
Kidney Tray		2
Boiler/ Sterilizer		1
Dressing Drum		2
Autoclave		1

**INSTRUMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES**

Name of the Equipment	Recommended No. (Per Dispensary)
Basin	1
Basin Stand	1
Steam Inhaler	1
Hot Water Bag	1

**INSTRUMENTS AND EQUIPMENTS FOR INVESTIGATION SERVICES**

Name of the Equipment	Recommended No. (Per Dispensary)
Glucometer	1
Hemoglobinometer	1

**EQUIPMENTS FOR PHARMACY AND DISPENSING SERVICES**

Name of Equipment	Recommended No. (Per Dispensary)
<b>MEDICINE PREPARATION APPLIANCES*</b>	
Gas Stove	1
LPG Cylinder with Accessories	2
Kerosene Stove	1 (If Gas Supply not available)
Heater	1
Mixer Grinder	1
Pressure Cooker	1
Weighing Scale	1
Saucepan with Lid	1
Kadai	1
Ganji (Vessel)	2
Measuring Glass	2
Measuring Jug	1

<b>Sieves</b>	2(1 Big & 1 Small)
<b>Jug</b>	2
<b>Glass</b>	6
<b>Bowls</b>	6
<b>Spoons</b>	6
<b>Flask</b>	1
<b>Knife</b>	1
<b>Ordinary Scissor</b>	1
<b>Buckets</b>	2
<b>Mugs</b>	2
<b>MEDICINE DISPENSING EQUIPMENTS</b>	
<b>Kharal</b>	1
<b>Imam Dasta*</b>	1
<b>Measuring Spoons*</b>	1
<b>Medicine Preparation Tile*</b>	1
<b>Dispensing Cup*</b>	2
<b>Funnel*</b>	1

\*Only for Ayurveda and Unani dispensaries

#### 5. RECOMMENDATION FOR RECURRING SUPPLY:

<b>NAME OF FURNISHING MATERIAL</b>	<b>RECOMMENDED NO. (PER DISPENSARY)</b>
Doctor Chair Towel	2
Doctor Table Glass	1
Doctors Apron	2
Napkin/ Towel Rod	2
Towels	4
Pillow with Covers	2

Staff Apron	2
Table Sheets	4
Sheet for Examination Table	2
Mattress for Examination Table	1
Paper Weight	4
Pen Stand	2
Clock	2
Magazine/ Paper Stand	1
Calling Bell	1
Curtains	As per Need
Curtain Rod	
Lock	
<b>MEDICINE STORAGE MATERIAL</b>	
Medicine Supply Container	As per Need
PET	
<b>MEDICINE DISPENSING MATERIAL</b>	
Plastic Pouch for Medicine Packing	As per Need
Plastic Vials(Small Bottles)	
Plain Paper for Medicine Packing	
Labels for Medicine Containers	
Small Labels for Medicine Dispensing Pouch	
<b>RECORD KEEPING MATERIAL</b>	
OPD cum Dispensing Register	1
Medicine Stock Register	1
Receipt and Dispatch Register	1
Attendance Register	1
Permanent Articles Stock Register	1

Ayushdeep Meetings Register	1
Dressing Material Register	1
Cashbook Ledgers Register	1
Contingency Register	1
Daily Stock Register	1
Inspection Register	1
Stationery Register	1
National Programs (Malaria/ TB/ Leprosy/ Motiyabind) Register	1
Soochna/RTI Information Register	1
Complaint Register	1
Dispensary land and Infrastructure Register	1
Paudha Ropan Register	1
Electricity Bill Register	1
Activity/Movement Register	1
Camp Register	1, If Service is Provided
God Gram Register	
Ayurvedgram Register*	
<b>STATIONERY MATERIAL</b>	
Prescription Slips	As Per Need
Referral Slips	
Files	
Pen and Pencil	
White Paper	
Carbon Paper	
Stapler	
All Pins	
Gum	

\*Only for Ayurveda dispensaries

<b>IEC MATERIALS</b>	
Pamphlets	As per Need
Books	
Daily News Paper	
Magazines	
Mike with Amplifier	
Camera	

<b>MEDICAL CONSUMABLES</b>	
Surgical Gloves	As per Need
Surgical Blade	
Suturing Thread	
Rubber Catheters	
Folley's Catheter	
IV Cannula	
Infusion Set	
Disposable Syringes	
Suturing Needles(Straight & Curved)	

**6. RECOMMENDATION FOR ELECTRICAL APPLIANCES:**

<b>NAME OF ELECTRICAL APPLIANCES</b>	
Fan	1 per room
Cooler	2
Table lamp	2
Exhaust Fan	1 per room
Emergency Light	2
Refrigerator	1
<b>LIGHTING APPLIANCES</b>	
CFL	1 per room

## **CHAPTER-IV**

# **AYURVEDIC DISPENSARIES**

## **Ayurveda:**

Ayurveda is one of the great gifts of the sages of ancient India to mankind. It is one of the oldest scientific medical systems in the world, with a long record of clinical experience. However, it is not only a system of medicine in the conventional sense of curing disease. It is also a way of life that teaches us how to maintain and protect health. It shows us both how to cure disease and how to promote longevity. Ayurveda treats man as a “whole” – which is a combination of body, mind and soul. Therefore it is a truly holistic and integral medical system. (29)

Ayurveda is, perhaps, the oldest science of life, a system of diet, healing and health maintenance that is deeply spiritual in origin. Unlike traditional Western medicine, Ayurveda is not confined to healing of disease in a superficial treatment of symptoms. Instead, it evaluates the complete body mind of the individual.

Ayurveda teaches us to understand our body; our particular nature; and our individual mixture of elements at a deep physical, mental and emotional level. With that knowledge we are able to identify activities, conditions, herbs and foods that either keep us healthy and in balance, or make us ill and throw us out of balance.

Ayurveda includes all aspects of daily life like:

- Maintenance of health
- Prevention of disease
- Harmonization of body and mind
- Natural treatments
- Holistic and complimentary healing techniques

Ayurveda combines yoga, meditation, food, natural preparations, cleansing and regenerative treatments. The overall effect is physical strength, better health, mental clarity, inner peace and calmness. (30)

Etymologically, the word Ayurveda is made up of two basic terms - Ayu and Veda. Ayu means life and Veda means knowledge or science. So the literal meaning of the word Ayurveda is the science of life. Ayurveda is a science of life so to know more about it, we must know what is life. Life according to Ayurveda is a combination of senses, mind, body and soul. From this definition is clear that Ayurveda is not limited to body or physical symptoms. It gives a comprehensive knowledge about spiritual, mental and social health laying the path to a complete way of fit and healthy life.(14,28,33,) Hence Ayurveda indicates the science by which life in its totality is understood. (29)

Ayurveda stresses the prevention of disease and advocates the use of healing herbs. In Ayurveda, there are defined means of knowledge and modes of evidence as the foundation: (1) *Apta*: unbiased and intuitive direct knowledge of the masters, (2) *Pratyaksha*: observational data from the senses or their extensions,(3) *Anumana*: derivative evidence due to a constant association, (4) *Upamana*:evidence by analogy or similarity of the variables and lastly (5) *Yukti*: facts ascertained from a planned intervention to test an idea or evaluate an observation. It is often not known in the west that such an approach to evidence exists as a lasting foundation of Ayurveda

*The treatment in Ayurveda system is individualized and has two components:*

**A. Preventive:** Preventive aspect of Ayurveda is called Svasth-Vritt and includes personal hygiene, regular daily routine, appropriate social behaviour and Rasayana Sevana, i.e, use of rejuvenative materials/food and rasayans drugs.

**B. Curative:** The curative treatment consists of three major categories of procedures Aushadhi (drugs); (ii) Anna (diets) and (iii) Vihara(exercises and general mode of life).(28)

During the Samhita period (1000 BC), Ayurveda developed into eight branches of specialties, which was a reason for it being called Ashtang Ayurveda. These are: -

- (1) *Kayachikitsa* : The closest synonym would be internal medicine,
- (2) *Shalya*: General Surgery,
- (3) *Shalakya*:Speciality dealing with head and neck disorders,
- (4) *Kaumar-bhritya*: obstetrics and pediatrics

(5) *Rasayana*: geriatrics and rejuvenative/repairative medicine

(6) *Vajikaran*: Sexology and reproductive medicine,

(7) *Agad-Tantra*: the body of knowledge on poisons, venoms and toxic substances,

(8) *Bhuta-Vidya*: infectious diseases and mental illness.

The fact that such a systemic categorization was established so early bespeaks of the evidence and skills being central to the practice of Ayurveda. (31) (32) (30)

#### **Ayurvedic Dispensary:**

From the Ayurvedic healthcare units, dispensary is the first or the primary contact point between people and the Ayurvedic health care system. In Ayurvedic Dispensaries OPD care with ayurveda therapy is provided along with health promotional activities.

#### **Standards for Ayurveda Dispensaries:**

An exploration into the literature of ancient systems of medicine reveals that the physicians of those times were not the experts in the subject of medicine alone, but considered every aspect of healthcare as imperative for successful healing and treatment. The literary writings of great scholars of Ayurveda system of medicine, Sushruta and Charak have laid down certain characteristics as were also revealed by Dhanvantari, the hindu mythological god which were regarded as standards for healthcare in those times. An exploration into the literature on ancient system of medicine, 'Ayurveda,' divulges that great scholars and vadiyas of that time, Charak and Sushruta were not just expert in curative or therapeutic part of disease. Their literary writings consist of guidelines regarding the infrastructural set up, the arrangement of equipments, essentials and other accessories that are required by the physician for successful treatment as well as the qualities and duties of the physician and his paramedical staff has been mentioned.

Charak in Charak Samhita (15<sup>th</sup> chapter in Sutrasthana), has emphasized on the arrangement of building, equipments and other essentials, that were composed by Agniseva and redacted by Charak. They described that physician should first of all arrange for an auspicious building which should be strong, wind free, ventilated, having comfortable moving space, not situated in a

valley, inaccessible to smoke, the sun, water, taste, sight and smell and provided with water – reservoir, mortar – pestle, lavatory, bathroom and kitchen (33)

Then he illustrated that arrangements are to be made for attendants such as cook for preparing pulses and soups, cook for rice, bath attendant, shampooer, lifter, helper in lying down and drug-grinders, who are endowed with good conduct, cleanliness, good behavior, affection, dexterity and favour; expert in attendance, conversant with and favorable for all the works. There should also be experts in (vocal) music, instrumental music, speech, verses, stories, narratives, history and ancient lores and also companions who know the desires, are favorites and are acquainted with place and time. Birds and animals like common quail, grey partridge, hare, black buck, antelope, blacktailed deer, red deer and wild sheep should also be there. A milch cow with good temper, free from disease and calf alive along with all necessary arrangements for her such as fodder, shelter and water should be there. Arrangement should also be made for dish, water pot, water reservoir, manika, ghata and pitcher, boiling pan, small and big pitchers, saucer, ladle, met, bucket, cooking utensils, churning stick, leather, cloth, thread, cotton, wool etc. Beds and chairs should be provided with a (flower) vase and spittoon, bed well-equipped with carpet, bed sheet and pillow along with supporting pillows; and should be comfortable for attending to lying down, sitting, unction, fomentation, massage, pasting, showering, after-paste, emesis, purgation, non-unctuous and unctuous enema, head- evacuation, urination and defecation. There should be stone slabs (for grinding) - smooth, coarse and medium- along with well- washed pestles, sharp equipments (spade, scissors etc.), smoking pipe, pipe for enema and douches, broom, weighing scales and measuring vat. Articles like ghee, oil, fat, marrow, honey, phanita (a type of jaggery), salt, fuel, water, wines, vinegar of various types, curd, curdwater, buttermilk and urines; grains like sali, swastika(rice), green gram, black gram, barley, sesamum, horse gram, jujube, grapes, gambhari, parusaka, haritaki, amalaka and bibhitaka. Various accessories for unction, fomentation and drugs- emetic, purgative, emetic- purgative, astringent, appetizer, digestive, etc. In addition to the listed above, whatever equipment is necessary for counter- acting the complications and promoting pleasure should be arranged (33).

Another stalwart, Sushruta has elaborated four essentials for successful treatment as '**Chikitsa ke Chatuspaad**' in which the Physician (Vaidya), Patient (Vyādhi upsrsta), Medicine (Bhesaja) and Attendant (nurse/ Paricārarka) have been included. Out of these, the Physician has

been considered the most important, for in the absence of the Physician, the other three lose their necessity or significance. This has been cited in Chapter 34 in Sutra Sthana of Sushruta Samhita (33) as:

### **Qualities of the Physician (Vaidya)**

Who (he) is well read (*tatvādhigata sastrārtha*), has observed the various procedures keenly (*drista karma*), has practiced these procedures repeatedly and perfectly (*svayam kriti*), has a swift hand (*laghu hasta*), has a pure body and mind (*suci*), is brave in facing the disease/diseased (*sura*), is well equipped with necessary instruments and medicines (*sajjopaskara bhesaja*), has good intelligence, reacts swiftly according to situations, is enthusiastic and not frightened of taking up difficult cases (*dhiman, vyavasāyi*) is well learned (*visārada*), honest (*satya*) and righteous (*dharma para*).

### **Qualities of the Patient (Rogi)**

Should have a long life (*āyusmān*), balanced mind (*satvavān*), curable disease (*sādhyā vyādhi*), wealthy (*dravyavān*), control over his senses (*ātmaavān*), belief in gods (*āstika*), obey the orders laid down by the physician (*vaidya vākyaastho*)

### **Qualities of the Drug**

Should have grown in an auspicious region (*prautasasta desa sambhuta*), plucked on an auspicious day (*prasasta ahani*), used in necessary quantity (*yuktamātram*), pleasing to the mind (*mānas kāntam*), endowed with good taste, odour, colour (*gandhavarna rasānvitam*), mitigate the vitiated dosa (*dosagham*), not cause fatigue (*aglāni karam*), not produce any abnormalities (*avikāri*), administered in proper time.

### **Qualities of the Attendants**

Should be affectionate (*snigdha*), not disgusting (*ajugupsu*), strong (*balavān*), desirous of protecting the patient (*vyadhita raksane yukta*), obeying the instructions of the physician scrupulously and untiringly (*vaidya vākya krud srantaha*)

After these significant works no sincere efforts have been made either to implement them or amend them for development of definite standards.

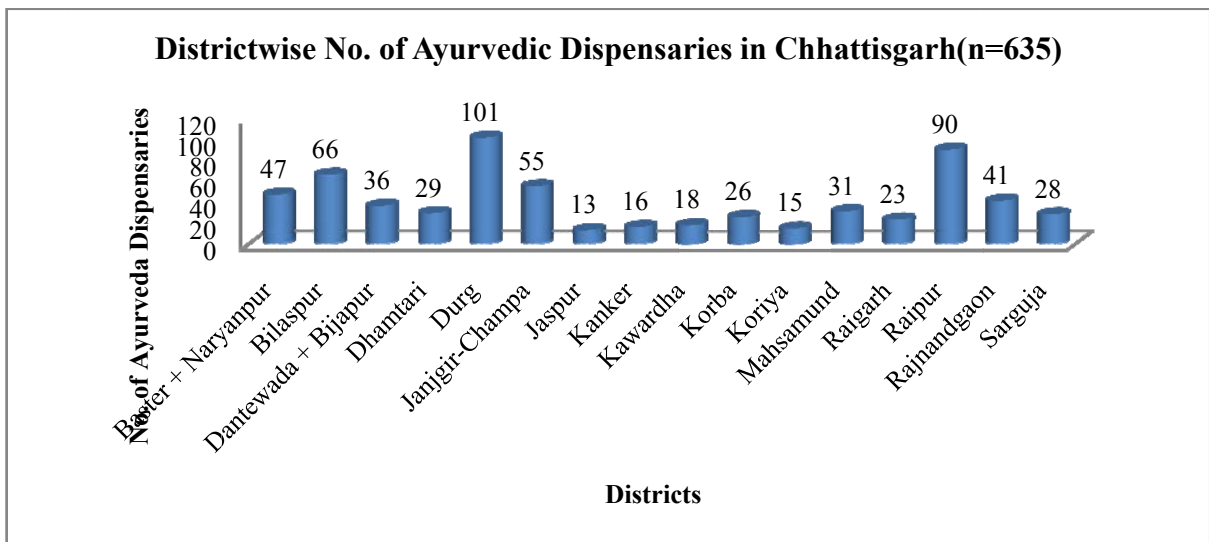
Although in the 21st century, Indian Public Health Standards (IPHS) and National Accreditation Board for Hospitals (NABH) laid down some standards for Ayurvedic health care units. As per IPHS guidelines, ‘Operational Guidelines of Mainstreaming of AYUSH under NRHM as per the Modified Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries’ (2009) specify minimum space and manpower norms that have been laid down for AYUSH healthcare units which are co-located with PHC, CHC or District Hospitals (34)

NABH (National Accreditation Board for Hospitals) a constituent board of Quality Council of India which is a national accreditation and quality promoting organization, has laid down structural standards for Ayurveda Hospitals but not for dispensaries. (35)

#### **Ayurvedic Dispensaries in Chhattisgarh:**

Currently Chhattisgarh had strength of 635 Ayurvedic dispensaries. District wise details are given in chart given below.

**Chart A1:** District Wise Details of Ayurveda Dispensaries in Chhattisgarh



## RECOMMENDED ESSENTIAL SERVICES AT THE AYURVEDA DISPENSARY

### MEDICAL CARE SERVICES

- OPD services: A total of 6 hours of OPD services out of which 4(8-12 PM) hours in the morning and 2(4-6PM) hours in the afternoon in all working days and 9 to 11 AM in all holidays
- Minimum OPD attendance should be 15 patients per doctor per day.
- 24 hours First Aid Services

### HEALTH PROMOTION SERVICES

Ensure the health for each person/resident of the area falling under dispensary jurisdiction by

- Taking information about food habits and daily routine of the resident of concerned area and imparting correct Knowledge and activities.
- Teaching them the basics of health promotional concepts of Ayurveda
- Giving information about the *Rutucharya* (seasonal routine) and *Din charya* (daily routine) to all residents of served area.
- Promote wider application of community knowledge, practices and innovation related to biodiversity with their approval and participation.
- Impart knowledge on the importance of the available Ayurvedic herbs and drugs and encouraging them for their production and use.
- Encouraging farmers to cultivate the herbal plants in the form or kitchen garden.
- Imparting skills of treating common ailments with the home remedies.
- Successful coordination and integration of the all national health program
- Creating awareness in order to prevent the diseases prevalent in that area like TB, malaria, Dengue & water borne disease and its treatment and cure.

### PROMOTION OF SAFE DRINKING WATER AND BASIC SANITATION

- Health Education and Behavior Change Communication (BCC)
- Promotion of disinfection activities of water sources and ensure safe water supply to the community through coordination concerned departments
- Promotion of sanitation including use of toilets and appropriate garbage disposal.
- Prevention and control of locally endemic diseases like malaria, Kalaazar etc

### ORAL HEALTH

- Promotion of Oral health through Ayurveda Concepts
- Diagnosis and management of common oral problems with Ayurveda Therapy

## **NUTRITION SERVICES**

- Diagnosis of nutritional deficiency disorders in the community
- Supplementation of micronutrients deficiencies through Ayurveda preparation
- Management of anaemia and vitamin A deficiency through Ayurveda therapy
- Management of the nutritional deficiency disorders by the use of Herbs plants
- Coordination with ICDS for nutritional promotional activities.

## **SERVICES UNDER NATIONAL PROGRAMS**

### **MATERNAL AND CHILD HEALTH CARE INCLUDING FAMILY PLANNING**

#### **A. Antenatal care:**

- Early registration of all pregnancies ideally in the first trimester
- Examination of Pregnant lady as per prevalent modern as well as Ayurveda concept
- Advise Garbhini Paricharya : Care of the Pregnant Woman- On the basis of Garbhini paricharya (Systematic and monthwise regimen plus a list of do's and dont's to be followed in the antenatal phase) provide guidences on these three topics:
  1. Maasaanumasika pathya : monthwise dietary regimen and prescriptions,
  2. Garbhasthaapaka aushadhi/ dravyaas - Substances beneficial for maintenance of pregnancy
  3. Garbhopghaatha kara bhaavas - Activities harmful to the foetus
- Advised antenatal checkups services according to norms and provision of complete package of services.
- Screening for High Risk Pregnancies
- Nutrition Health counseling
- Supplementation of micronutrients deficiencies through Ayurveda Therapy
- Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.
- Associated services like providing injection Tetanus Toxoid etc
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.
- Tracking of missed and left out ANC
- Promotion of Institutional Deliveries
- Management of Pregnancy Induced hypertension including referral

#### **Postnatal Care**

- Ensure post- natal care for the both mother and new-born
- Ensure additional care for a low birth weight baby (less than 2500 gm.)
- Initiation of early breast-feeding within one hour of birth
- Education on nutrition, hygiene, contraception, essential new born care
- Tracking of missed and left out PNC.

### **New Born Care**

- Use of Ayurvedic preparations in order to build a healthy body and sharp intellect, right from infancy to adulthood. With special emphasis on baby care by emphasizes on the use of certain tonics and medications that can develop immunity power, intelligence in the children and shield them from various kinds of diseases as mention in ‘Kaumarbhratya
- Promotion of Oil massage Therapy for baby: Kashyap Samhita describes the natural ways to build up the power of immunity in children. The best way to develop immunity and maintain vitality in children is oil massage. Oil massage is one of the best ways to take care of the overall health of the infant. Massage with bala taila, oil specially formulated for children, is the first therapy that newborns should receive after birth. Apart from increasing immunity, snehana increases the mental capacity of the child.
- Early initiation of breast feeding within one hour of birth.
- Management of neonatal hypothermia (provision of warmth / Kangaroo Mother Care (KMC), infection protection, cord care
- Identification of sick newborn and prompt referral

### **CARE OF THE CHILD**

- Promotion of Svarn pashan to adds to the power of immunity of the children
- Regular checkups for Growth and weight Monitoring of children in the Ayurvedic Dispensaries
- Promotion of exclusive breast-feeding for 6 months.
- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI
- Management of Vitamin A deficiencies to the children by Ayurveda Therapy
- Prevention and control of routine childhood diseases, infections like diarrhoea, pneumonia and anemia etc.
- Routine care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and prompt referral.
- Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

<b>FAMILY PLANNING</b>
<ul style="list-style-type: none"> <li>➤ Education, Motivation and Counseling to adopt appropriate Family planning methods.</li> <li>➤ Provision of contraceptives such as condoms, oral pills, emergency contraceptives,</li> <li>➤ Promote and advise the IUD insertions, Permanent methods like Tubal ligation and vasectomy</li> <li>➤ Follow up services to the eligible couples adopting permanent methods (Tubectomy/ Vasectomy).</li> <li>➤ Counseling and appropriate referral for couples having infertility.</li> </ul>
<b>Medical Termination of Pregnancies</b>
<ul style="list-style-type: none"> <li>➤ Counseling and appropriate referral for safe abortion services (MTP) for those in need.</li> </ul>
<b>Management of Reproductive Tract Infections / Sexually Transmitted Infections:</b>
<ul style="list-style-type: none"> <li>➤ Health education for prevention of RTI/ STIs</li> <li>➤ Treatment of RTI by Ayurveda Therapy</li> </ul>
<b>SCHOOL HEALTH PROGRAMS</b>
<ul style="list-style-type: none"> <li>➤ Regular checkups including eye, dental and skin</li> <li>➤ Appropriate treatment including de worming etc through Ayurveda Therapy</li> <li>➤ Referral and follow-ups</li> </ul>
<b>ADOLESCENT HEALTH CARE</b>
<ul style="list-style-type: none"> <li>➤ Life style education(Dincharya)</li> <li>➤ Health Counseling,</li> <li>➤ Screening for diseases and appropriate treatment through Ayurveda Therapy.</li> </ul>
<b>PHYSICAL MEDICINE AND REHABILITATION (PMR) SERVICES</b>
<ul style="list-style-type: none"> <li>➤ Primary prevention of Disabilities,</li> <li>➤ Screening, early identification and detection,</li> <li>➤ Counseling</li> <li>➤ Basic treatments through Ayurveda therapy, referral to higher centers and follow up etc.</li> <li>➤ Community based Rehabilitation Services</li> </ul>
<b>GERIATRIC HEALTH CARE</b>
<ul style="list-style-type: none"> <li>➤ Understanding the Geriatric disorders at present through Data collection from various agencies/departments concerned (Panchayat /ANM/Social Welfare Dept. etc ) about chronic diseases prevalent in Geriatric age group</li> <li>➤ IEC activities on healthy aging for Enabling the citizens to understand aging and reduce the Health seeking insecurities</li> <li>➤ Weekly geriatric clinic at Dispensary for providing complete health assessment of elderly</li> </ul>

persons, Medicines, Management of chronic diseases and referral services.

- Empowering the aged by enhancing the provision of preventive and curative Ayurveda therapy (Use of Rejuvenative recipes of dietary regimen and Rasayana)
- Provides optimum care for Basic Geriatric disorders like Psychosomatic and neurologic, Musculoskeletal, Cardiovascular, Respiratory disorders, Metabolic (Diabetes) and Digestive disorders through Ayurveda therapy.
- **Psychosomatic and neurological (Stress management, Antidepression, Anti alzheimers):** Basic meditative techniques for stress , Basic breathing technique, Relaxative asanas and Herbs efficient to reduce stress and depression
- **Musculoskeletal (Osteoarthritis, Rheumatoid Arthritis & Osteoporosis Programmes)-**  
Anti Rheumatoid Programme (Life style change, Amapachak drugs herbs, Reduction of debility and management and Yoga to reduce chronic derangement)  
Osteoarthritis Programme (Life style management , Weight management and Vata reducing herb – Aswagandha,Nirgundi Guggulu etc)
- **Cardiovascular-** Life style modification, Concern on right diet (*Aahar vihar*), Right exercise (*Swasthyavritt*), Relaxative techniques in yoga, Anti cholesterol herbs - Guggulu, Rason and Cardiac tonics in Ayurveda - Arjun, Pushkermul
- **Respiratory-**Dietary regulation, Avoid constipation, Expectorant herbs and Rasayana (Chavanprash etc) to strengthen the respiratory system
- **Metabolic (Diabetes management programme)-**Dietary modulation, Stress on physical activity,Pancha karma (Asthan) and Antidiabetic herbs
- **Digestive -** Dietary regulation- Timely diet, Diet as per prakruti, Avoiding constipation- Amaltas,Trifla , Precautions on vagadharanam and Deepan drugs-Trikatu, Nagermotha

#### **National Tobacco Control Programme (NTCP)**

- Making Dispensary tobacco free.
- Health education and IEC activities regarding harmful effects of tobacco use and smoking (Active and passive).
- Promote quitting of tobacco in the community by provide advice on tobacco cessation to all smokers/tobacco users
- Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.

<b>National Iodine Deficiency Disorders Control Programme (NIDDCP)</b>
<ul style="list-style-type: none"> <li>➤ IEC activities to promote the consumption of iodated salt by the people</li> <li>➤ Monitoring of Iodated salt through salt testing kits</li> </ul>
<b>National Cancer Control Programme (NCCP)</b>
<ul style="list-style-type: none"> <li>➤ IEC services for prevention of cancer and early symptoms.</li> <li>➤ Early detection of cancer with warning signals.</li> <li>➤ Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis.</li> </ul>
<b>National Vector Borne Disease Control Programme (NVBDCP)</b>
<ul style="list-style-type: none"> <li>➤ Diagnosis of Malaria cases, microscopic confirmation and treatment</li> <li>➤ Diagnosis of Dengue cases and timely referral along with advise of Ayurveda supplementation for increase of Platelets counts</li> </ul>
<b>National Mental Health Programme (NMHP)</b>
<ul style="list-style-type: none"> <li>➤ IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation / role of Community for primary prevention of mental disorders</li> <li>➤ Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and management through Ayurveda and Yoga therapy</li> <li>➤ Promote referral to Panchkarma therapy centers</li> </ul>
<b>Revised National Tuberculosis Control Programme (RNTCP)</b>
<ul style="list-style-type: none"> <li>➤ Function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines</li> <li>➤ Treatment of common complications of TB and side effects of drugs by Ayurveda Therapy</li> <li>➤ Facility for Collection and transport of sputum samples</li> </ul>
<b>National Programme for Prevention and Control of Fluorosis (NPPCF)</b>
<ul style="list-style-type: none"> <li>➤ IEC activities to prevent Fluorosis</li> <li>➤ Monitoring of village/ community level activity to prevent Fluorosis</li> <li>➤ Referral Services</li> </ul>
<b>National Programme for Prevention and Control of Deafness (NPPCD)</b>
<ul style="list-style-type: none"> <li>➤ Early detection of cases of hearing impairment and deafness and referral</li> <li>➤ Basic Diagnosis and treatment services for common ear diseases</li> <li>➤ IEC services for prevention, early detection of hearing impairment/deafness and greater participation /role of community in primary prevention of ear problems.</li> </ul>
<b>National Programme on Prevention and Control of Diabetes, CVD and Stroke (NPDCS)</b>

Health Promotion Services to modify individual, group and community behaviour especially through

- Promotion of Healthy Dietary Habits.
- Increase physical activity.
- Avoidance of tobacco and alcohol.
- Stress Management
- Identify vulnerable, high risk and those suffering from disease
- Early detection, management and referral of Diabetes Mellitus, Hypertension through through Yoga and Ayurveda Therapy.

#### **National Programme for Control of Blindness (NPCB)**

- Awareness generation through appropriate IEC strategies for prevention and
- Promotion of Ayurveda therapy for Eye Care
- Greater participation /role of community in primary prevention of eye problems
- Vision Testing with Vision drum/ Vision Charts and early detection of impaired Provision of Basic services for Diagnosis and treatment of common eye diseases
- The early detection of visual impairment and their referral.
- Detection of cataract cases and referral for cataract surgery

#### **Integrated Disease Surveillance Project (IDSP)**

- Provide coordination to other health system for the collection and analyse of the data for epidemic prone diseases from the village
- Report information to Block medical officer, district surveillance unit and District Ayurvedic Officer on out break situation.
- Appropriate preparedness and first level action in out-break situations.

#### **National Leprosy Eradication Programme**

- Health education to community regarding Leprosy
- Diagnosis and management of Leprosy and its Complications (reactions)
- Training of leprosy patients having ulcers for self- care
- Counselling for leprosy patients for treatment and prevention of disability

#### **National AIDS Control Programme**

- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- Organizing School Health Education Programme
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence.
- Integrated Counseling and Testing Centre for STI services
- Screening of persons practicing high-risk behaviour with one rapid test to be conducted at the Dispensary level and development of referral linkages with the nearest ICTC at the District Hospital level for confirmation of HIV status
- Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital
- Linkage with Microscopy Centre for HIV-TB coordination
- Pre and post-test counseling of AIDS patients by dispensary staff

#### **BASIC INVESTIGATION SERVICES**

- Rapid diagnostic tests for Pf malaria in endemic districts
- Rapid diagnostic tests for pregnancy.
- Rapid tests Blood Sugar
- Hb% and Sickling Test
- Rapid test kit for fecal contamination of water

#### **FUNCTIONAL LINKAGES WITH SUB-CENTRES AND PHC**

- ASHAs and Anganwadi Workers may be appreciated if they attend the meeting
- Ayurvedic Medical officer should orient Mitanins /ASHAs on selected topics of health activities including awareness generation about the uses of medicinal plants and local health practices.
- Co-ordination with ANM to provide JSY benefits

#### **REFERRAL SERVICES**

- Promote referred for specialized Care to Ayurveda specialized therapy centres (Panchkarma/ Ksharsutra)
- Appropriate and prompt referral of cases of injuries / Accident/ Dog bite/Snake bite/Scorpion bite and other emergency conditions needing specialist care to higher centres after providing First Aid Services/ Primary management
- Providing transport facilities either by dispensary vehicle or other available referral transport
- Appropriate support for patient during transport

**RECORD OF VITAL EVENTS AND REPORTING**

- Maintenance of all the relevant records concerning services provided in Dispensary
- Records/maintains all data of village health profile
- Recording and reporting of Vital statistics

**MONITORING, SUPERVISION AND COORDINATION**

- Monitoring and supervision of activities of Ayurveda gram, god garihta gram, adopted centres and others centres as advised by the higher authorities through regular meetings / periodic visits by AMO
- Monitoring activities of Mitanins/ASHAs for Ayurveda Therapy protocol
- Monitoring of all National Health Programmes
- Locally available medicinal herbs/plants should be grown around the Sub Centre, PHC etc

## **REQUIREMENT FOR DELIVERY OF THE RECOMMENDED ESSENTIAL SERVICES AT AYURVEDIC DISPENSARY:**

The following section wise requirements are being projected/ recommended based on the basis of recommended services. It would be a dynamic process in the sense that if the utilization goes up, the standards would be further upgraded. The present status as well as expressed need has also been shown correspondingly. The various components being discussed are as follows:

- WORKFORCE
- INFRASTRUCTURE
- FURNITURE
- EQUIPMENTS
- RECURRING SUPPLY
- ELECTRICAL APPLIANCES
- MEDICINES

These broad sections have further been subdivided into various sections as explained further.

### **1. WORK FORCE**

**Table A1:** Recommended Workforce for Ayurveda Dispensary

<b>Staff</b>	<b>Present Set up</b>	<b>Recommended Norms</b>
<b>Ayurveda Doctor</b>	1	1
<b>Ayurvedic Compounder</b>	1	1
<b>Multi Purpose Health Worker</b>	0	1
<b>Aushdhalya Sewak</b>	1	1
<b>Mahila Swasthya Karyakarta</b>	1	0
<b>ANM Trained in Ayurveda</b>	0	1
<b>Part Time Sweeper</b>	1	1

At the time of visit, ayurvedic doctor was found to be present in all the ayurvedic dispensaries. Out of which, in 171 dispensaries, it was as per norms whereas in 5 dispensaries 2 ayurvedic doctors were present. Need for ayurvedic doctor varied. In 140 centres, doctors expressed need for one ayurvedic doctor per dispensary whereas in 36 centres need for 2 doctors per dispensary was expressed. Ayurvedic compounder was found to be present in 157 dispensaries, whereas in 19 dispensaries, no compounder was present. Aushdhalya Sewak was found to be present in 114

dispensaries while in 62 centres no Aushdhalya Sewak was present. Part time sweeper and Mahila Swasthya karyakarta was found to be present in 142 and 21 dispensaries respectively. Expressed need for the above workforce is also enumerated in the table (Table A2.)

**Table A2.:** Workforce status in Ayurveda Dispensary (n=176) against AYUSH CG Norms

Category of Workforce	Norms per Dispensary	Centres with Availability			Centres with Expressed Need by Respondents		
		As per Norms	Above Norms	Below Norms	Norms are OK	Need more than norms	Need less than norms
Ayurveda Doctor	1	171	5	0	140	36	0
Ayurvedic Compounder	1	157	0	19	157	19	0
Aushdhalya Sewak	1	114	0	62	166	9	1
Part Time Sweeper	1	142	0	34	58	0	118
Mahila Swasthya Karyakarta	1*	21	0	155	81	0	95

\*Post sanctioned in 68 centres

#### Extra Work Force Required:

In addition to the workforce sanctioned as per norms, need for additional workforce such as homeopathy, unani and allopathic doctor, homeopathy and unani compounder, nurse, lab technician, eye technician, panchkarma technician, security guard, dresser and full time sweeper was also expressed by respondents which is enumerated in the table given below (Table A3.)

The requirement for homeopathic, unani and allopathic doctor came out as part of a general view where the respondents expressed their views on changing dispensary into a polyclinic.

**Table A3:** Number of Ayurveda Dispensaries with expressed need over and above the existing norms for Workforce of AYUSH CG

Category of Workforce	Expressed Need of	
	One	Two
Homoeopathy Doctor	7	0
Unani Doctor	2	0
Allopathic Doctor	1	0
Homoeopathy Compounder	4	0
Unani Compounder	1	0
Nurse	General	52
	Ayurveda	33
Lab Technician	5	0
Eye Technician	2	0
Panchkarma Technician	4	0
Security Guard	2	0
Dresser	1	0
MPW/ Field Worker	2	1
Female Medical Assistant	1	0
Full Time Sweeper	129	5

# **INFRASTRUCTURE**

### ACCESSIBILITY/LOCATION:

Out of the total 176 dispensaries, 160 were located within main habitation, 14 were outside main habitation within distance of 1 Km, and 2 were present outside main habitation at distance of more than 1 Km. 167 dispensaries were connected to motor able road.

**Table A4: Accessibility Status of Ayurvedic Dispensaries (n=176)**

Components	Condition	Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
			Recommended Norms	No. of Dispensaries	
				As per Norms	Gap
Location of Dispensary	Within Main Habitation	160	Within Main Habitation	160	16
	Outside Main Habitation within 1 Km	14			
	Outside Main Habitation more than 1 Km	2			
Connected to Motor able Roads	Yes	167	Yes	167	9
	No	9			

### STATUS OF BUILDINGS:

Out of the 176 Ayurvedic dispensaries, 131 dispensaries are functional in designated govt. building, whereas rest 46 dispensaries were functional in other buildings. 66 dispensaries had presence of boundary wall (in some complete and in others partial, refer table A5 above) while in rest 110 dispensaries, no boundary wall was present. Condition of plaster of walls was found to be intact in 119 dispensaries, and of roof in 93 dispensaries. Roof was found to be made of RCC slab in 141 dispensaries and condition of floor was found to be good in 123 dispensaries.

Herbal plantations were found to be present in 102 ayurvedic dispensaries. Refer Table A5.

**Table A5: Status of Buildings of Ayurvedic Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Presence of Boundary Wall	Yes	Complete with Main Gate	36	Complete with Main Gate	36	140
		Complete without Main Gate	11			
		Partial	19			
	No		110			
Presence of Fencing	Yes	Complete with Main Gate	5	Boundary wall Recommended	-	-
		Complete without Main Gate	2			
		Partial	4			
	No		165			
Designation/status of Dispensary Building	Designated Gov. Dispensary Building		131	Designated Gov. Dispensary Building	131	45
	Other Government		32			
	Donated		9			
	Rented premises		3			
	Temporarily Donated		1			
Present Stage of Construction of Building	Complete		164	Fully Constructed Building	164	12
	Partial/Incomplete		12			
Condition of Plaster of Walls	Intact Everywhere		119	Intact Everywhere	119	57
	Coming off in some places		57			
Condition of Floor	Floor in Good condition		123	Floor in Good condition	123	53
	Floor with Many holes		53			
Type of Roof	RCC Slab		141	RCC Slab	141	35
	Tiled		31			
	Sheets		4			
Condition of Roof	Intact Everywhere		93	Intact Everywhere	93	83
	Leaking at Some Places		83			
Herbs Plantation	Yes, In	Pots and Garden	3	Garden	20	156
		Pots and Scattered Plantation	6			
		Garden	17			
		Scattered Plantation	67			
		Pots	9			
	No		74			

**STATUS OF ELECTRICITY AND WATER FACILITY:**

When talking of electricity supply, it was found to be present in 122 ayurvedic dispensaries. Electric wiring in all parts was found in 102 dispensaries and in some parts in 35 dispensaries.

Electric wiring was present in concealed form in 114 dispensaries and in rest 62 dispensaries, open wiring was found. None of the ayurvedic dispensaries had any provision of electricity backup appliances.

**Table A6: Status of Electricity and Water Facility in Ayurvedic Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
<b>ELETRICITY FACILITY</b>						
Electricity Supply	Yes		122	Yes	122	54
	No		54			
Electric Wiring	Yes	All Parts	102	Yes, In All Parts	102	74
		Some Parts	35			
	No		39			
Type of Electric Wiring	Concealed		114	Concealed	114	62
	Open		62			
Electricity Backup Appliances	Yes		0	Invertor/ Generator	0	176
	No		176			
<b>WATER FACILITY</b>						
Water Supply in the Dispensary	Yes		33	Yes	33	143
	No		143			
Water Supply Source in the Dispensary	Yes	Bore/ Tube well/ hand Pump	13	Bore/ Tube well/ hand Pump/Piped	33	143
		Piped	20			
	No		143			
Water Pump/ Motor	Yes, in working order		6	Yes, in working order	6	170
	Yes, not in working order		1			
	No		169			
Overhead Water Tank	Yes, with Capacity	> 1000 lts	1	Yes	24	152
		Upto 1000 lts	2			
		Upto 500 lts	21			
	No		152			
Feature of Available Water Supply in the Dispensary	Continuous		18	Continuous	18	158
	Interrupted		15			
	Not Available		143			
Quality of Available Water Supply in the Dispensary	Fit for Drinking		30	Fit for Drinking	30	146
	Unfit for Drinking		3			
	Not Available		143			
Water Supply Source outside the Dispensary	Yes	Bore/ Tube well/ Hand Pump	125	Water Supply within dispensary Recommended	-	-
		Piped	15			
		Well	3			
	Not Applicable		17			

Water supply was found to be present in the dispensary 33 dispensaries only and in rest 143 it is present outside the dispensary. Out of 33 dispensaries in which water supply was present in the dispensary, 18 had continuous water supply while rest 15 had interrupted supply. In 30 dispensaries, water was found to be fit for drinking whereas in 3 it was unfit for drinking. Water pump was found to be present in only 7 dispensaries, and overhead water tank in 24 dispensaries.

### DRINKING WATER FACILITY:

Drinking water source was located within dispensary in 33 places while in 107 it was located within distance of 100 mts outside the dispensary. Water purifier was found only in 11 dispensaries. Container for drinking water was found to be present at 154 places and in rest 22 dispensaries, no container for drinking water was found.

**Table A7:** Status of Drinking Water facility in Ayurvedic Dispensaries

Components	Condition		Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Location of Source of Drinking Water	In the Dispensary		33	In the Dispensary	33	143
	Outside the Dispensary	Within 100 mts	107			
		Within 200 mts	23			
		Within 300 mts	5			
		>300 mts	8			
Water Purifier	Yes		11	Yes	11	165
	No		165			
Container for Drinking Water	Yes	Container attached with water purifier	10	Container attached with water purifier	10	166
		Steel Drum	90			
		Earthen Pot	18			
		Camphor	3			
		Bucket	29			
		Bottles	4			
	No		22			

**TOILET FACILITY:**

Out of the total 176 dispensaries, only 75 were found to have toilet facility. In need, 153 respondents expressed need for separate toilet facility with washbasin and running water supply in the dispensary while 15 expressed need for common toilet with washbasin and running water supply. In 16 dispensaries, urinal facility was present and that too in a very bad condition.

**Table A8: Status of Toilet Facility in Ayurvedic Dispensaries**

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Toilet Facility in Dispensary Area	Yes	Separate for staff with washbasin + Running water	6	153	Yes, (With washbasin+ Running water)	11	165
		Common with washbasin + Running water	5	15			
		Separate for staff with Running water	7	6			
		Common with Running water	1	1			
		Separate for staff without Running water	25	0			
		Common without Running water	20	0			
		Separate for staff with Washbasin without Running water	5	0			
		Common with Washbasin without Running water	6	0			
	No		101	1			
Urinal Facility	Yes, with running water supply	1	Need not Explored	Toilet Facility Recommended	-	-	
	Yes, without running water supply	15					
	No	160					

## CLEANLINESS:

Soap for hand washing was present in 116 dispensaries, and in 108 dispensaries, soap case was also present. Cleanliness of floor was found in 153 dispensaries, absence of littering in 137 dispensaries. Cleaning material was present in 147 dispensaries. Detergent/ phenyl were present in 122 dispensaries.

**Table A9:** Status of Cleanliness in Ayurvedic Dispensaries

Components	Condition		Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Hand Washing Soap/ Liquid	Yes		116	Yes	116	60
	No		60			
Soap Case	Yes		108	Yes	108	68
	No		68			
Presence of Littering	No		137	No	137	39
	Yes		39			
Cleanliness of Floor	Yes		153	Yes	153	23
	No		23			
Door Mats	Yes		16	Yes	16	160
	No		160			
Cleaning Material	Yes	Broom, and Floor Wipes	53	Broom, and Floor Wipes	53	123
		Floor Wipes	2			
		Broom	92			
	No	29				
Detergent/ Phenyl	Yes		122	Yes	122	54
	No		54			

## WASTE MANAGEMENT:

In none of the dispensaries, segregation of Bio medical waste at source was done using color coding method. In most of the dispensaries (111), it was found to be dumped in open; in 39 dispensaries, open burning was done; and only in 5 dispensaries, waste was buried in a pit. Method used for solid waste disposal is also open dumping in majority of dispensaries (126). Waste water disposal method was absent in most of the dispensaries (149) and present only in 27 dispensaries.

**Table A10: Status of Waste Management in Ayurvedic Dispensaries**

Components	Condition	Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
			Recommended Norms	No. of Dispensaries	
				As per Norms	Gap
Dust Bins	Yes	89	Yes	89	87
	No	87			
Segregation of Bio-Medical Waste at Source (Use of Color Coding)	Yes	0	Yes	0	176
	No	176			
Bio Medical Waste Disposal Method	Buried in a pit	5	Buried in a pit	5	171
	Buried in a pit and Burning	13			
	Open Dumping, Burning and Sale in Market	1			
	Open Dumping and Burning	4			
	Open Burning	39			
	Municipal Dust Bin	1			
	Open Dumping	111			
	Not Generated	1			
Solid Waste Disposal Method	Buried in a pit	13	Buried in a pit/ Municipal dust bins	14	162
	Municipal dust bins	1			
	Open Dumping and Burning	6			
	Open Burning	30			
	Open Dumping	126			
Waste Water Disposal Method	Connected to Public Drainage System	27	Connected to Public Drainage System	27	149
	Drains into Open Ground	149			

**IEC ACTIVITIES:**

Dispensary name was displayed in 170 dispensaries. Citizen’s charter and signage were present in 48 and 13 dispensaries respectively. Section name plate was present in 32 dispensaries, name plate in 19 dispensaries only and suggestion/ complaint box in 1 dispensary only.

**Table A11: Status of IEC Activities in Ayurvedic Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status Against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Display of Dispensary Name	Yes	On Board and Wall in Hindi	17	Yes	170	6
		On Separate Board in Hindi	81			
		On Front wall in Hindi	72			
	No	6				
Citizen's Charter	Yes, in Hindi		48	Yes	48	128
	No		128			
Signage	Yes, In Hindi		13	Yes	13	163
	No		163			
Section Name Plate	Yes, In Hindi		32	Yes	32	144
	No		144			
Name Plate	Yes	In Hindi	10	Yes	19	157
		In English and Hindi	7			
		In English	2			
	No	157				
Suggestion/ Complaint Box	Yes		1	Yes	1	175
	No		175			

**SPECIALIZED ROOMS/AREAS:**

Reception/ Enquiry counter was found only in 2 ayurvedic dispensaries and need were expressed in 131 dispensaries. Waiting area was found to be present in 139 dispensaries and need for separate waiting area was expressed in 168 dispensaries. In majority of dispensaries (58), OPD room without any attached facility was present; and in 4 dispensaries OPD room with attached washbasin and without running water was present and in 2 dispensaries OPD room with attached washbasin running water supply. In most of the dispensaries (156), no separate examination room was present whereas in 19 dispensaries examination room without any attached facility was present and in 1 dispensary only, examination room with attached washbasin and running water supply. Dressing and First Aid room was not present in most of the dispensaries (171) and present only in 5 dispensaries. All the dispensaries lacked laboratory facility, separate room for medicine preparation room and staff duty room. Drug dispensing room was present in 103 dispensaries, drug storage room in 89 dispensaries, and store room in 69 dispensaries. Need expressed for these parametes is also enumerated in table- A12.

**Table A12: Status of Specialized Rooms/ Areas in Ayurvedic Dispensaries**

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Reception/ Enquiry Counter	Yes		2	131	Yes	2	131
	No		174	45			
Waiting Area	Yes		139	168	Yes	139	37
	No		37	8			
OPD Room	Yes	With attached Washbasin + Toilet + Running water	2	164	With attached Washbasin + Toilet + Running water	2	174
		With attached Washbasin + Toilet	2	0			
		With attached Toilet + Running water	2	0			
		With attached Toilet	7	0			
		With attached Washbasin + Running water	4	7			
		With attached Washbasin	1	0			
		Without any attached facility	158	5			
	No	0	0				
Examination Room	Yes	With attached Washbasin + Running water	1	156	With attached Washbasin + Running water	1	175
		without any attached facility	19	8			
	No	156	12				
Dressing and First Aid Room	Yes	With attached Washbasin	1	0	With attached Washbasin + Running water	0	176
		With attached Washbasin + Running water	0	160			
		Without any attached facility	4	5			
	No	171	11				
Laboratory*	Yes	With attached Washbasin + Running water	0	152	Not Recommended in dispensary	--	
		Without any attached facility	0	3			
	No	176	21				

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Medicine Preparation Room	Yes	With attached Washbasin + Running water	0	124	With attached Washbasin + Running water	0	176
		Without any attached facility	0	4			
	No	176	48				
Drug Dispensing Room	Yes		103	171	Yes	103	73
	No		73	5			
Drug Storage Room	Yes		89	169	Yes	89	87
	No		87	7			
Store Room	Yes		69	154	Yes	69	107
	No		107	22			
Staff Duty Room*	Yes	With attached Washbasin + Toilet + Running water	0	149	Not Recommended	--	
		With attached Washbasin + Running water	0	1			
		Without any attached facility	0	4			
	No	176	22				
Any Other Room	Yes		54	93	Yes	54	122
	No		122	83			
Doctor's Rest Room**	Yes	With attached Washbasin + Toilet +Running water	0	154	With attached Washbasin + Toilet +Running water	0	176
		With attached Toilet +Running water	0	0			
		With attached Toilet	1	0			
		With attached Washbasin + Running water	0	0			
		Without any attached facility	20	4			
	No	155	18				
<b>Doctor's Residence Facility:</b>							
Doctor's Residence Facility	Yes	In the Dispensary	34	36	Outside Dispensary within same Compound	3	173
		Outside Dispensary within same Compound	3	134			
		Outside Dispensary within Village/ Urban Ward	4	4			
	No	135	2				

\*Desirable \*\*If Residence Facility is not available

**DOCTOR ‘S RESIDENCE FACILITY:**

Doctor’s rest room was present only in 21 dispensaries and absent in rest of the 155 dispensaries. Residence facility was provided to 41 doctors only while no residence facility was provided to 135 dispensary doctors. But need has been expressed by 174 doctors for residence facility.

**REFERRAL AND COMMUNICATION FACILITIES:**

None of the dispensaries was found to have any transport facility for patient referral, although need has been expressed in 139 dispensaries. There is no provision of communication facilities in any of the dispensaries, but need has been expressed in 170 dispensaries for provision of communication facilities (Table A13).

**Table A13:** Status of Referral and Communication Facilities in Ayurvedic Dispensaries

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Transport Facility for Referral	Yes, Ambulance		0	139	Ambulance	0	176
	Yes, Two Wheeler		0	2			
	No		176	35			
Communication Facilities	Yes	Telephone, Mobile, Fax, Internet	0	1	Telephone	0	176
		Telephone, Fax and Internet	0	1			
		Telephone and Fax	0	2			
		Telephone and Internet	0	5			
		Mobile and Internet	0	1			
		Mobile and Telephone	0	2			
		Telephone	0	124			
		Mobile Phone	0	34			
	No		176	6			

**WATER AND ENERGY CONSERVATION TECHNIQUES:**

When asked about rain water harvesting, it is done in 4 ayurvedic dispensaries but in need, 108 doctors expressed the need of rain water harvesting. When talked about alternative sources of energy, they are not used in any of the dispensaries but in 108 dispensaries, doctors expressed need of using solar energy and 4 doctors expressed need of using biogas as alternative sources of energy.

**Table A14:** Status of Water and Energy Conservation Techniques in Ayurvedic Dispensaries

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Rain Water Harvesting	Yes		4	108	Yes	4	172
	No		172	68			
Alternative Sources of Energy	Yes	Solar	0	108	Yes, Solar	0	176
		Biogas	0	4			
	No		176	64			

# **FURNITURE**

Availability and Need expressed for each furniture item varies from 0 to more than 3 as shown in table given below. The recommended number for each item of furniture (per dispensary) has also been provided in the table. In the Service based category of furniture, only shirodhara table, delivery table, IV stand were present in 2 ayurvedic dispensaries while bed was present in 1 dispensary only. Their need was expressed in some dispensaries as enumerated in table.

**Table A15: Status of Furniture in Ayurvedic Dispensaries**

Name of Furniture	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms			
	Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries		
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	(Gap) <Norms	
<b>ESSENTIAL FURNITURE</b>												
Doctor Chair	10	162	4	0	0	120	52	4	1	166	10	
Doctors Table	11	163	2	0	0	153	20	3	1	165	11	
Visitors Chair	84	17	34	41	5	10	55	106	3	41	135	
Patient Stool	36	85	43	12	0	46	103	27	2	55	121	
Examination Table	91	81	4	0	1	152	22	1	1	85	91	
Footstep	168	7	1	0	13	131	30	2	1	8	168	
Bedside Screen	157	19	0	0	11	127	33	5	1	19	157	
Staff Chair	16	27	53	80	0	4	9	163	4	29	147	
Staff Table	155	17	4	0	156	12	7	1	1	21	155	
Registration Table	141	35	0	0	15	150	10	1	1	35	141	
Dispensing Table	58	110	6	2	1	145	27	3	1	118	58	
Waiting Bench	23	77	51	25	0	15	92	69	3	25	151	
Almirah	4	54	59	59	0	4	23	149	3	59	117	
Medicine Rack	68	77	22	9	4	19	63	90	3	9	167	
Iron Box	168	1	7	0	171	3	1	1	-	-	-	
<b>DESIRABLE</b>												
Side Wooden Rack	164	10	1	1	29	101	36	10	1	12	164	
Bookshelf	173	2	1	0	37	123	13	3	1	3	173	
<b>SERVICE BASED FURNITURE</b>												
Shirodhara table	174	2	0	0	174	2	0	0	Decide on the basis of Services to be provided in Dispensaries	-	-	
Snehan Table	0	0	0	0	174	2	0	0		-	-	
Delivery Table	174	2	0	0	174	2	0	0		-	-	
Bed	175	1	0	0	175	1	0	0		-	-	
IV Stand	174	2	0	0	174	1	1	0		-	-	
Dispensing trolley	176	0	0	0	174	1	1	0		-	-	

# **EQUIPMENTS**

## EQUIPMENTS FOR OPD ROOM:

The availability status and expressed need for different OPD equipments that are essential and desirable for providing OPD services in a dispensary are enumerated in table provided below (Table A16). The table also lists the recommended number of each equipment (per dispensary).

**Table A16:** Status OPD Equipments in Ayurvedic Dispensaries

Name of Equipment	OPD	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms			
		Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries		
		=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap	
<b>ESSENTIAL OPD EQUIPMENTS</b>													
BP Apparatus		62	85	25	4	0	31	72	73	1		114	62
Stethoscope	Adult	14	85	55	22	1	37	100	38	1		162	14
	Pediatric	174	2	0	0	81	87	8	0	1		2	174
Thermometer	Oral	56	51	31	38	0	23	54	99	2		69	107
	Rectal	175	1	0	0	118	40	16	2	1		1	175
Tongue Depressor	Steel	29	40	56	51	15	45	75	41	1		147	29
	Disposable	175	0	1	0	147	3	4	22	As per need		-	-
Torch		75	62	25	14	7	57	91	21	1		101	75
Hammer		174	2	0	0	48	121	7	0	1		2	174
ENT Diagnostic Set		69	97	10	0	53	112	10	1	1		107	69
Proctoscope		119	31	12	14	69	59	32	16	1		57	119
Weighing Machine	Adult	46	105	24	1	2	100	66	8	1		130	46
	Infant	168	8	0	0	81	92	3	0	1		8	168
	Baby	172	4	0	0	111	63	2	0	1		4	172
Height Measuring	Instrument	176	0	0	0	33	135	8	0	1		0	176
	Tape	171	5	0	0	36	131	7	2	1		5	171
<b>DESIRABLE OPD EQUIPMENTS</b>													
Vision Testing	Chart	168	8	0	0	116	30	29	1	1 Chart or 1 Box		8	168
	Box	176	0	0	0	82	89	5	0			0	176
X-Ray View Box		176	0	0	0	73	101	2	0	1		0	176
Otoscope		176	0	0	0	173	3	0	0	1		0	176
Oro Pharyngoscope		176	0	0	0	175	1	0	0	1		0	176

## EQUIPMENTS FOR PHARMACY AND DISPENSING SERVICES

### Medicine Preparation Appliances:

The availability status and expressed need for different Medicine preparation equipments that are required in a ayurvedic dispensary are enumerated in table provided below (Table A17). The table also lists the recommended number of each appliance (per dispensary).

**Table A17:** Status of Medicine Preparation Appliances in Ayurvedic Dispensaries

Name of Equipment	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms			
	Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries		
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap	
Gas Stove	176	0	0	0	14	158	4	0	1	0	176	
LPG Cylinder with Accessories	176	0	0	0	9	132	34	1	2	0	176	
Kerosene Stove	122	47	7	0	139	34	2	1	1 (If Gas Supply not available)	54	122	
Heater	169	6	0	1	168	7	0	1	1	7	169	
Mixer Grinder	173	3	0	0	170	5	1	0	1	3	173	
Pressure Cooker	157	17	1	1	154	18	3	1	1	19	157	
Weighing Scale	160	14	2	0	159	16	2	0	1	16	160	
Saucepan with Lid	130	40	5	1	10	89	52	25	1	46	130	
Measuring Glass	78	44	26	28	22	53	61	40	2	54	122	
Measuring Jug	153	17	5	1	28	83	52	13	1	23	153	
Sieves	166	9	1	0	35	84	40	17	2	1	175	
Jug	91	64	18	3	8	60	84	24	2	21	155	
Glass	43	22	39	72	2	4	12	158	6	24	152	
Bowls	125	17	14	20	21	16	33	106	6	3	173	
Spoons	125	11	12	28	7	5	12	152	6	15	161	
Flask	169	4	3	0	21	94	51	10	1	7	169	
Knife	153	12	10	1	15	65	69	27	1	23	153	
Ordinary Scissor	71	73	28	4	6	67	82	21	1	105	71	
Buckets	49	83	40	4	3	20	81	72	2	44	132	
Mugs	97	47	30	2	4	22	97	53	2	32	144	

### Medicine Dispensing Equipments:

The availability status and expressed need for different Medicine preparation machines that are required for medicine preparation in a dispensary are enumerated in Table-A18. The table also lists the recommended number of each appliance (per dispensary).

**Table A18: Status of Medicine Dispensing Equipments in Ayurvedic Dispensaries**

Name of Equipment	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Kharal	23	63	56	34	2	39	91	44	1	153	23
Imam Dasta	140	33	3	0	16	126	31	3	1	36	140
Measuring Spoons	176	0	0	0	15	27	88	46	1	0	176
Medicine Preparation Tile	171	4	1	0	172	3	1	0	1	5	171
Medicine Preparation Spatula	172	3	1	0	175	1	0	0	1	4	172
Gailey Pot	170	2	0	4	176	0	0	0	1	6	170
Dispensing Cup	141	10	5	20	30	33	79	34	2	25	151
Funnel	167	4	4	1	171	2	3	0	1	9	167
Cork Screw Bottle Opener	160	16	0	0	169	6	1	0	Not Recommended	-	-

**INSTRUMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES**

The availability status and expressed need for different instruments that are require for dressing, suturing and first aid services are enumerated in Table- A19. The table also lists the recommended number of each appliance (per dispensary).

**Table A19: Status of Instruments for Dressing, suturing and first aid in Ayurvedic Dispensaries**

Name of Equipment		Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
		=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Forceps	Straight Artery	24	32	31	89	36	27	46	67	2	120	56
	Curved Artery	98	24	25	29	77	29	38	32	2	54	122
	Plain	67	32	36	41	59	21	63	33	2	77	99
	Toothed	52	67	38	19	53	48	54	21	2	57	119
	Sponge Holding	55	83	24	14	60	62	45	9	2	38	138
	Dressing	116	33	11	16	74	49	28	25	2	27	149
	Allies	93	43	20	20	109	33	22	12	2	40	136
	Tooth Holding	83	54	29	10	95	39	37	5	2	137	37
	Cheatel	167	7	2	0	169	3	3	1	2	2	174

Name of Equipment		Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
		=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Surgical Scissors	Straight Small	31	32	41	72	16	45	58	57	2	113	63
	Curved Small	103	27	27	19	85	37	37	17	2	46	130
	Straight Big	91	38	19	28	67	48	35	26	2	47	129
	Curved Big	131	28	12	5	115	31	22	8	2	17	159
	Stitch Removing	137	35	4	0	145	24	3	4	2	4	172
Surgical Knife		147	19	3	7	108	38	17	13	2	10	166
Scalpel		116	35	14	11	105	37	25	9	2	25	151
BP Handle		53	51	36	36	57	45	44	30	2	72	104
Needle Holder	Big	105	50	11	10	86	50	26	14	2	21	155
	Small	95	39	16	26	68	50	39	19	2	42	134
Foreign Body Remover		49	37	33	57	49	49	36	42	2	90	86
Insertion Probe		90	45	19	22	84	46	22	24	2	41	135
Nasal Retractor		107	36	19	14	94	53	20	9	2	33	143
Instrument Tray		36	55	38	47	27	35	58	56	2	85	91
Kidney Tray		26	34	49	67	18	22	66	70	2	116	60
Boiler/ Sterilizer		102	62	10	2	44	103	25	4	1	74	102
Dressing Drum		117	38	18	3	108	36	26	6	2	21	156
Autoclave		167	9	0	0	164	10	2	0	1	9	167
Suction Apparatus		176	0	0	0	175	1	0	0	1	0	176
Steam Inhaler		165	9	1	1	169	7	0	0	1	11	165
Hot Water Bag		55	54	30	37	48	47	46	35	1	121	55
Basin		76	67	25	8	42	73	48	13	1	100	76
Basin Stand		101	65	8	2	50	81	38	7	1	75	101
Oval Steel Tray		171	3	2	0	174	2	0	0	1	75	171
<b>INSTRUMENTS FOR BASIC INVESTIGATION</b>												
Glucometer		175	1	0	0	172	4	0	0	1	1	175
Haemoglobinometer		176	0	0	0	175	1	0	0	1	0	176

## OTHER SERVICE BASED INSTRUMENTS:

During visit some extra instruments were found in the dispensaries which are used for specialized services and are not needed for recommended essential services for Ayurveda dispensaries. Although need for few of these instruments were expressed in the some dispensaries. So their supply should be decided on the basis of services provided in the dispensaries.

**Table A20:** Status of Other Service Based Instruments in Ayurveda Dispensaries

Name of Equipment	Availability & Need Status (No. of Dispensaries)							
	Availability				Expressed Need			
	=0	=1	=2	≥3	=0	=1	=2	≥3
<b>INSTRUMENTS AND EQUIPMENTS FOR INVESTIGATION SERVICES</b>								
Steel Needles	171	0	1	4	176	0	0	0
Glass Syringe	167	5	1	3	174	1	0	1
Glass Slide Box	167	6	1	2	170	2	2	2
Test Tube Holder	174	2	0	0	175	1	0	0
Spirit Lamp	156	11	9	0	167	6	2	1
Microscope	174	2	0	0	173	3	0	0
<b>INSTRUMENTS FOR GYNECOLOGICAL AND OBSTETRICS, INVESTIGATION SERVICES</b>								
Vaginal Speculum	160	11	5	0	166	7	3	0
Foetoscope	176	0	0	0	175	1	0	0
Vallsellum	175	1	0	0	175	0	1	0
Doosh Pump	157	15	4	0	163	6	4	3
Infra Red lamp	159	17	0	0	162	13	0	1
Breast Pump	100	44	13	19	81	49	26	20
<b>INSTRUMENTS FOR IPD SERVICES</b>								
Shirodhara Yantra	169	7	0	0	172	4	0	0
Ice Bag	141	22	4	9	100	36	29	11
Enema Pot	80	43	27	26	65	58	36	17
Enema Accessories	132	25	15	4	72	56	36	12
Flatus Tube	172	3	1	0	152	14	8	2
Urine Pot	76	27	33	26	79	37	44	16
Bed Pan	77	51	22	26	85	54	28	9

# **RECURRING SUPPLY**

## FURNISHING MATERIAL:

Some furnishing materials like lock and table sheets were present in most of the dispensaries (150 & 139 respectively); curtains, paper weight, clock and towels were found to be present in 78, 79, 74 and 69 dispensaries respectively. Some materials like calling bell, doctor's chair towel, sheet for examination table, doctor's table glass were present in few dispensaries and others like doctor's and staff apron were not found in any of the dispensaries. Although availability status is less for these materials but need has been expressed in most of the dispensaries as enumerated in the table (Table A21) given below. The table also lists the recommended supply of furnishing material.

**Table A21: Status of Furnishing Material in Ayurvedic Dispensaries**

Name of Furnishing Material	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non- Availability)
Doctor Chair Towel	38	176	2	138
Doctors Apron	0	170	2	176
Doctor Table Glass	44	172	1	132
Napkin/ Towel Rod	4	173	2	172
Towels	69	172	4	107
Pillow with Covers	7	174	1	169
Staff Apron	0	172	2	176
Table Sheets	139	167	4	37
Mattress for Examination Table	19	171	1	157
Sheet for Examination Table	38	173	2	138
Pen Stand	55	169	2	121
Magazine/ Paper Stand	0	166	1	176
Calling Bell	28	166	1	148
Clock	74	173	2	102
Paper Weight	79	170	4	97
Curtains	78	172	As Per Need	98
Curtain Rod	31	170		145
Lock	150	168		26

## RECORD KEEPING, STATIONERY AND IEC MATERIAL:

The various registers which were found to be present in all the dispensaries included OPD cum dispensing register, medicine stock, receipt and dispatch, and attendance register. The various other registers maintained are enumerated in the Table- A22.

**Table A22: Status of Record Keeping, Stationery and IEC Material in Ayurvedic Dispensaries**

Name of Resister	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with non Availability)
OPD cum Dispensing	176	176	1	0
Medicine Stock	176	176	1	0
Receipt and Dispatch	175	176	1	1
Attendance	176	174	1	0
Permanent Articles Stock	172	173	1	4
Dressing Material	149	171	1	27
Stationery	19	18	1	157
Contingency	128	164	1	48
Daily Stock	47	146	1	129
Cashbook Ledgers	124	169	1	152
Inspection	50	48	1	126
Ayushdeep Meetings	164	171	1	12
Camp	48	47	1	128
Ayurvedgram	15	15	1	161
National Programs (Malaria/ TB/ Leprosy/ Motiyabind)	17	14	1	159
School Health Programme	19	18	-	157
Family Welfare	5	4	-	171
God Gram	10	9	1	166
Paudha Ropan	1	1	1	175
Electricity Bill	4	5	1	172
Dispensary land and Infrastructure	4	4	1	172
Complaint	3	4	1	173
Soochna	3	3	1	173
Samachar Patra	1	1	Not Recommended	-
Allopathic Medicine Stock	1	2		-
Daak Ticket	18	17		-
Salary	4	8		-
Internship	1	1		-
<b>STATIONERY MATERIAL</b>				
Prescription Slips	59	176	As Per Need	117
Referral Slips	0	171		176
Files	170	174		6
Pen and Pencil	105	174		71
<b>IEC MATERIAL</b>				
Pamphlets	96	174	As Per Need	80
Books	64	171		112
Daily News Paper	0	170		176
Magazines	3	171		173
Mike with Amplifier	0	1		176
Camera	0	1		176

Stationery such as pen and pencil and files were found to be present in 105 and 170 dispensaries respectively. Prescription slips were found in 59 dispensaries while no referral slips were found in any of the dispensaries. Need for these were expressed in almost all the dispensaries (Table A22). Pamphlets were present in 96 dispensaries and books in 64 dispensaries only. In one dispensary each, need for mike and camera for IEC activities was expressed.

### **MEDICINE STORAGE AND DISPENSING MATERIAL:**

In most of the dispensaries, medicine supply containers were found whereas need for PET containers have been expressed in majority of the dispensaries (100).

In medicine dispensing material, newspaper was found to be used in majority of dispensaries (166), followed by plastic pouch (60) and plain paper (21). But in most of the dispensaries need has been expressed for plastic pouch (166) followed by plain paper (122) and news paper (48). Labels for medicine containers were found in most of the dispensaries, whereas small labels for medicine dispensing pouch were found only in 32 dispensaries. Need for these were expressed in almost all the dispensaries (Table A23).

**Table A23: Status of Medicine Storage and dispensing Material in Ayurvedic Dispensaries**

Name of Furnishing Material	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with non Availability)
<b>MEDICINE STORAGE MATERIAL</b>				
Medicine Supply	167	8	As per Need	9
PET	17	100	As Per Need	159
Plastic Transparent	46	33	Not Recommended	-
Steel	2	9		-
Glass	0	2		-
<b>MEDICINE DISPENSING MATERIAL</b>				
Plastic Vials	-	-	As per Need	-
Plastic Pouch for Medicine Packing	60	166	As per Need	116
Plain Paper for Medicine Packing	21	122	Not Recommended	-
Newspaper for Medicine Packing	166	48		-
Labels for Medicine Containers	148	163	As per Need	28
Small Labels for Medicine Dispensing Pouch	32	163	As per Need	144

### **STATUS OF MEDICAL CONSUMABLES IN AYURVEDIC DISPENSARIES:**

Surgical blade, suturing thread and surgical gloves were found to be present in 113, 109 and 55 dispensaries whereas their need was expressed in 123, 121 and 169 dispensaries respectively.

Suturing needles were also found to be present in most of the dispensaries and need has also

been expressed by majority of the dispensary in charges. Need for some other medical consumables have also been expressed as shown in Table- A24.

**TableA24:** Status of Medical Consumables in Ayurvedic Dispensaries

Name Of Medical Consumable	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with non Availability)
Surgical Gloves	55	169	As per Need	121
Surgical Blade	113	123		63
Suturing Thread	109	121		67
Rubber Catheters	83	96		89
Folley's Catheter	33	82		143
Disposable Syringes	0	1		176
Straight Suturing Needles	122	128		46
Curved Suturing Needles	123	140		53
Ryle's tube	4	3	Not Recommended	-
IV Cannula	0	1		-
Infusion Set	2	1		-

# **ELECTRICAL APPLIANCES**

**Table A25: Status of Electrical Appliances in Ayurvedic Dispensaries**

Name of Electrical Appliances	Number of Dispensaries with								Status Against Recommended Norms	
	Availability				Expressed Need				Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with non Availability)
	=0	=1	=2	≥3	=0	=1	=2	≥3		
Fan	70	32	32	42	1	1	24	150	1 per room	70
Exhaust Fan	174	1	1	0	173	2	1	0		174
Cooler	152	232	2	0	2	79	79	16	As per need	152
Table lamp	175	1	0	0	54	95	25	2	2	175
Emergency Light	174	2	0	0	173	1	3	0	2	174
Refrigerator	175	1	0	0	171	5	0	0	1	175
Room Heater	175	1	0	0	81	74	18	19	Not Recommended	-
Laalten	173	3	0	0	173	3	0	0		-

The availability and expressed need status for various electrical appliances is enumerated as shown in the table above (Table A25). These can be supplied according to the building structure and requirement of various dispensaries.

## LIGHTING APPLIANCES

Majority of dispensaries were using bulb followed by tube light and CFL for lightning purpose.

**Table A26: Status of Lighting Appliances in Ayurvedic Dispensaries**

Name of Electrical Appliances	Frequency (%) of Dispensaries with Availability	Recommended Supply (per Dispensary)
CFL	41 (23.3)	1 per room
Tube light	64 (36.4)	Not Recommended
Bulb	76 (43.2)	

# **SERVICES**

OPD services were provided in all the dispensaries. Dressing services, first aid, suturing and assistance in national health programmes were being provided in 168, 156, 112 and 137 dispensaries respectively. Although Panchkarma, investigation and emergency services were not being provided in any of the dispensaries but their need was expressed in 143, 161 and 127 dispensaries respectively. The availability and expressed need in relation to other services are also enumerated in the table given below (table A27).

**Table A27: Status of Services in Ayurvedic Dispensaries**

Services	Number (%) of Dispensaries with	
	Availability	Expressed Need
<b>OPD</b>	176 (100)	176 (100)
<b>Purvekarma</b>	13 (7)	150 (85)
<b>Panchkarma</b>	0	143 (81)
<b>Ksharsutra</b>	2 (1)	120 (68)
<b>Investigation</b>	0	161 (91)
<b>Dressing</b>	168 (95)	175 (99)
<b>Suturing</b>	112 (63)	166 (94)
<b>First Aid</b>	156 (88)	170 (96)
<b>Emergency</b>	0	127 (72)
<b>Minor Surgery</b>	55 (31)	128 (72)
<b>Family Planning</b>	49 (27)	132 (75)
<b>Obstetrics and Gynecology</b>	26 (14)	131 (74)
<b>Immunization</b>	2 (1)	126 (71)
<b>National Health Programmes</b>	137 (77)	170 (96)

# **MEDICINES**

For analysis of medicines, four groups have been made according to availability status of medicines as:

**Table A28:** Grouping Pattern acc. To Availability Status of Medicines in Ayurvedic Dispensaries

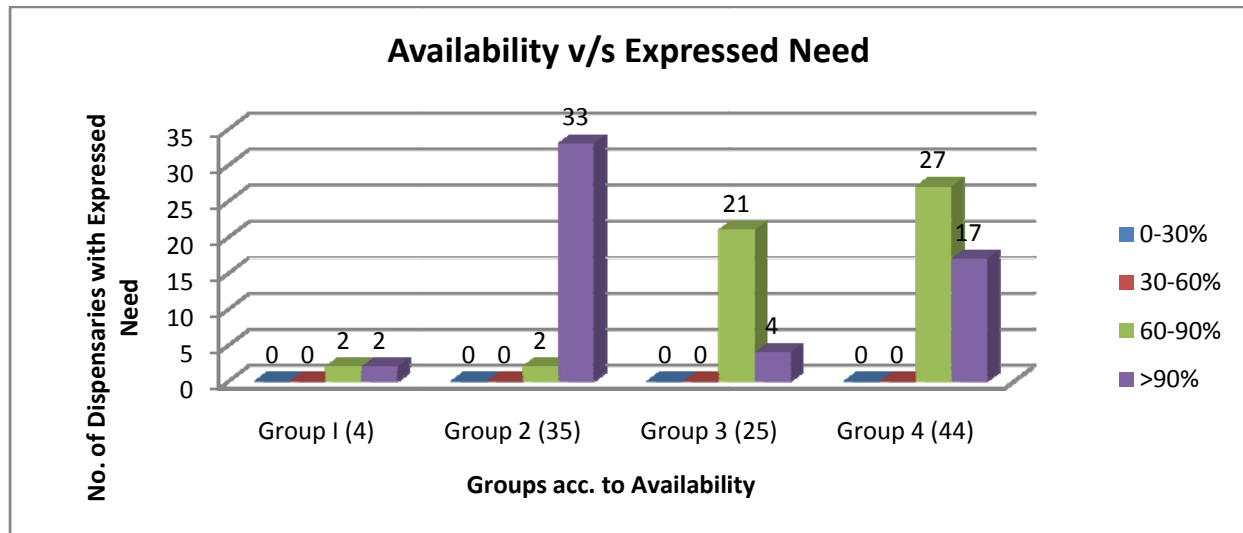
Group Name	Availability Status (%)
1 <sup>st</sup> Group	>90%
2 <sup>nd</sup> Group	60-90%
3 <sup>rd</sup> Group	30-60%
4 <sup>th</sup> Group	0-30%

Further, the expressed need has been analyzed for medicines belonging to different groups as shown in the table below. This gives us a comparative analysis of expressed need for medicines against availability status of medicines in different groups. (For details, refer ANNEXURE IA)

**Table A29:** Status of Medicines in Ayurvedic Dispensaries

Groups acc. to Availability	Expressed Need Status			
	0-30%	30-60%	60-90%	>90%
Group I (4)	0	0	2	2
Group 2 (35)	0	0	2	33
Group 3 (25)	0	0	21	4
Group 4 (44)	0	0	27	17

**Chart A2:** Availability v/s Expressed Need Status of Medicines in Ayurvedic Dispensaries



Along with this, expressed need for any extra medicines needed was also explored. A list of these medicines along with reason for their need has also been given in detail at Annexure IA

## **DISCUSSION AND CONCLUSION**

With regards to Workforce, physician was found to be 100% in place, although at 5 places, two medial officers were present, the reason for which might be administrative. The paramedical staff was found lacking at some places, with the post of Ayurvedic compounder, aushadhalya sewak and PTS being vacant in 10%, 35% and 19% of the dispensaries respectively. In majority places, the post of Mahila Swasthya Karyakarta has not being sanctioned; however the sanctioned posts have also not been filled completely. Similar gaps were have also been cited in the Evaluation study in Delhi, where gaps in workforce were found in all the cadres i.e. medical officers in 29% dispensaries, pharamacist was found in none of the dispensaries and masseur in 95% dispensaries whereas nursing orderly was found in almost all the dispensaries (11).

When discussing about infrastructure, majority of dispensaries were located within the main habitation and connected by motorable roads.

Our result of majority of the dispensaries functioning in designated Government dispensary buildings, replicates the findings of the study conducted by Orissa Voluntary Health Association, Bhubhneswar(2006) (12). However, differing findings of majority, functioning in Allopathic hospitals and dispensaries have been cited in case of Ayurvedic Dispensaries of Delhi (2006) (11).

Moreover, the finding of absence of boundary wall in majority of the dispensaries coincides with the Orissa Voluntary Health Association study (2006) (12).

Our findings of lack of water and toilet facility in larger proportion of the dispensaries are similar to the findings of the Evaluation study of Ayurvedic dispensaries of Delhi (2006) and Evaluation study of Ayurvedic and Homoeopathic dispensaries of Orissa(2006) (12).

The overall cleanliness was well maintained in most of the dispensaries but since there was absence of cleaning material in most of them, so it can be inferred that it may vary, since it was an informed visit. Waste management was found to be poor with larger proportion of the dispensaries openly dumping Bio-medical waste along with Solid waste. The status of display or IEC activities was found to be poor. The medical officers need to sincerely sensitized about Bio-medical waste management and also, along with the other dispensary staff trained and sensitized about the importance of display of dispensary boards, name plate, citizen's charter, signage, etc which in turn will be helpful in mobilizing the community.

Majority of the dispensaries had no Reception and Enquiry counter. Medicine preparation room was not found in any of the dispensaries indicating that medicines are not prepared at the dispensary level. Examination Room, Dressing and first aid room, Drug- dispensing, Drug storage and store room were also not present in most of the dispensaries and wherever they were present were not as per standards. Doctor's residence facility was present in only 23% but that also was not as per standards. In 30% dispensaries the availability of extra room, can be used for extension of services like for providing Purvekaram, etc., if equipments for it are provided and also, if the doctor's are sensitized for the same.

No referral and communication facilities were available in any of the dispensaries either government or through PPP. As for water and energy conservation techniques, rain water harvesting was found to be practiced in only a small percentage of dispensaries.

The absence of essential furniture like Doctor's chair and table, dispensing table, registration table, staff table, visitor's chair, waiting bench, medicine rack, examination table, bedside screen, and footstep needs to be given serious consideration as these are needed for the basic functioning of a dispensary.

The situation regarding availability of equipments needs a serious concern with these lacking in most of the dispensaries, whereas dressing, suturing and first aid equipments wherever present were found lying packed and unused.

Medicine preparation and dispensing equipments were found lacking in most of the dispensaries which makes it difficult for them to prepare medicines.

Some of the instruments were found to be present in Ayurveda dispensaries which are used for providing specialized services like Investigations, Gynaecological and IPD services, but are not needed for recommended essential services in the dispensary. So their supply should be made on the basis of services that are to be provided and also on the demand of the physician.

The supply of furnishing, stationery, IEC material record keeping material, medicine storage and dispensing material was not found to be available in sufficient quantities in most of the dispensaries whereas the availability of medical consumables was found to be satisfactory.

Ayurvedic dispensaries can function properly both administratively and clinically if all these consumables are supplied regularly and as per need of the physician

Electrical appliances like fan, cooler, table lamp, emergency light and eco friendly lighting appliances like CFL were not found in majority of the dispensaries.

Need based and regular supply of electrical and lighting appliances will help in congenial working of the dispensary.

In none of the dispensaries, investigative and emergency services and Panchkarma therapy were being provided. Majority of the dispensaries were providing OPD, Dressing, First aid services and also participating in National Health Programmes. However, Purvekaram and Ksharsutra services were provided at a few places but that too with major constraints on a personal basis. Specialized therapies like Purvekaram and Ksharsutra, can help in providing better services at the dispensaries.

## **CHAPTER-V**

# **HOMOEOPATHY DISPENSARIES**

## **Homoeopathy**

Homeopathy, or homeopathic medicine, is a holistic system of treatment that originated in the late eighteenth century. The name homeopathy is derived from two Greek words that mean "like disease." It is based on the axiom: *Similia Similibus Curantur* which means like cures like.

The system is based on the idea that substances that produce symptoms of sickness in healthy people will have a curative effect when given in very dilute quantities to sick people who exhibit those same symptoms. Homeopathic remedies are believed to stimulate the body's own healing processes.

## **History of Homoeopathy**

During the 18<sup>th</sup> century, Europe was marked by an overabundance of theories and hypotheses concerning the nature of disease and its causation. Thus, there were numerous and diverse therapeutic methods. A German physician Dr. Christian Friedrich Samuel Hahnemann was disappointed by the lack of any fixed principle of healing. Thus, he refused to practice and devoted himself to the translation of medical classics that were available at that time. In 1790, while translating Cullen's *Materia Medica* from English to German, he was unsatisfied by the remark of the author that cinchona bark cured malaria because of its bitterness and tonic effects on the stomach. In order to discover its true method of action, Hahnemann himself ingested cinchona. Surprisingly, he was attacked by symptoms very similar to malaria fever. He conducted similar experiments on himself for other medicines whose curative action had been well established. Thus, he found that in healthy persons the medicines produce symptoms similar to what they cure in diseased individuals (S. Hahnemann, *An Essay on a New Principle for ascertaining the Curative Power of Drugs and Some Examinations of the Previous Principles* 1796). The whole homoeopathy derives from this law. Actually, the law of similar was previously described by Hippocrates and Paracelsus and was utilized by many cultures, including the Mayans, Chinese, Greeks, Native American Indians, and Asian Indians, but it was Hahnemann who codified the law of similar into a systematic medical science called Homoeopathy.

### **Principles of Homoeopathy**

Homeopathy holds several paramount principles. The first is that like cures like. Natural products that cause similar symptoms to those experienced by a patient can be used to stimulate the body's immune system to fight the illness and heal the body.

The second principle is the law of infinitesimal dosage. Giving an extremely small dosage of the substance that causes the same symptoms experienced by the patient will stimulate the immune system to fight the "infection" all on its own, obtaining a full recovery.

### **Benefits of Homoeopathy:**

Due to the nature of the remedies being all natural, the presence of side effects from homeopathic remedies is much less than that experienced by modern drugs. Virtually no side effects are experienced with the natural remedies. Due to the lack of interactions with drugs, homeopathic remedies can be used alongside medications without harm. The natural remedies can even be used without complications on patients, such as newborns and pregnant women who are warned against taking standard drugs.

Another benefit of homeopathic remedies is that they can be extremely effective. They bring about relief and healing very quickly, thus minimizing the amount of remedy that must be taken.

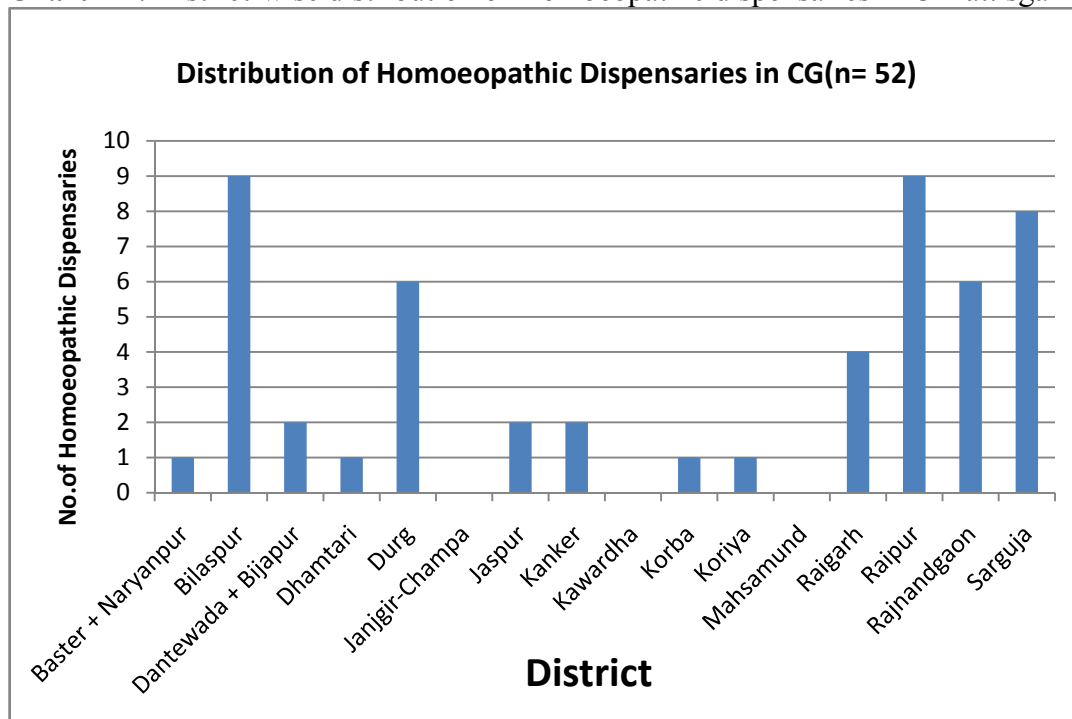
### **HOMOEOPATHIC DISPENSARY:**

Homoeopathic Dispensary in Chhattisgarh serves as a primary healthcare facility which acts as the first point of contact between the patients and the Homoeopathic healthcare system.

### **DISTRIBUTION OF HOMOEOPATHIC DISPENSARIES IN CHHATTISGARH**

In Chhattisgarh there are 52 Homoeopathic dispensaries. The number of Homoeopathic dispensaries with respect to each district has been detailed in Chart H1

**Chart H1:** District-wise distribution of Homoeopathic dispensaries in Chhattisgarh



### STANDARDS FOR HOMOEOPATHIC DISPENSARIES

An exploration into the literature on Homoeopathy reveals, that Dr. Samuel Hahnemann known as the father of Homoeopathy (discoverer of *Homoeopathy as a system of healing*) in 1810, in his *Organon of Medicine* clarifies the highest and the most important duty of the physician as to restore the sick to health and to cure. In the preface to the first edition of this book he has described freedom from prejudice; untiring zeal and preclusion of indolence, love of ease and obstinacy as the qualities to practice the true system of medicine. Also, in Aphorism 3, in the 5<sup>th</sup> and 6<sup>th</sup> edition, of the *Organon of Medicine* the characteristics of a true practitioner of the healing art as one who has knowledge of disease, *indication*; knowledge of medicinal powers; knows what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient; choice of the remedy, *the medicine indicated*; proper dose of the medicine; knowledge about repeating the dose; and knows the obstacles to recovery in each case and is aware how to

remove them with regards to each individual case. Moreover, he describes the physician to be the preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health (36).

No significant efforts have been made for development of definite standards. Although in the 21st century, Indian Public Health Standards (IPHS) and National Accreditation Board for Hospitals (NABH) laid down some standards for AYUSH system.

As per IPHS guidelines, ‘Operational Guidelines of Mainstreaming of AYUSH under NRHM as per the Modified Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries’ (2009) specify minimum space and manpower norms that have been laid down for AYUSH healthcare units which are co- located with PHC, CHC or District Hospitals (34).

With regards to standardization, **NABH, a constituent board of Quality Council of India** which is a national accreditation and quality promoting organization, has laid down structural standards for Homoeopathic Hospitals but not for dispensaries.

For Homeopathic Hospitals, NABH (2009) standards are available **for 10-50 and 51-100 bedded Homeopathic Hospitals**. These give basic guidelines about the area of the hospital, Site information including the physical description of the area (bearings, boundaries, topography, surface area, land used in adjoining areas, etc.), and factors to be considered in locating a district. The document also confers about the availability of OPD, IPD and other rooms, services and facilities that are necessary for running a Homoeopathic hospital (37).

## **RECOMMENDED ESSENTIAL SERVICES AT THE HOMOEOPATHY DISPENSARY**

### **MEDICAL CARE**

- OPD services: A total of 6 hours of OPD services out of which 4(8-12 PM) hours in the morning and 2(4-6PM) hours in the afternoon in all working days and 9 to 11 AM in all holidays
- Minimum OPD attendance should be 15 patients per doctor per day.
- 24 hours First Aid Services

### **PROMOTION OF SAFE DRINKING WATER AND BASIC SANITATION**

- Health Education and Behavior Change Communication (BCC)
- Promotion of sanitation including use of toilets and appropriate garbage disposal.
- Disinfection of water sources and Coordination with Public Health Engineering department for safe water supply
- Prevention and control of locally endemic diseases like malaria, Kalaazar etc

### **ORAL HEALTH**

- Oral health promotion and checkups & appropriate treatment and referral if, required

### **NUTRITION SERVICES**

- Diagnosis of nutritional deficiency disorders in the community
- Management of nutritional deficiency disorders
- Coordination with ICDS.
- Treatment of Nutrition Disorders based on Homoeopathic principles.

### **GERIATRIC HEALTH CARE**

- Strengthening monitoring and evaluation and Data collection about chronic diseases prevalent in Geriatric age group for understanding the Geriatric disorders at present
- IEC activities on healthy aging for Enabling the citizens to understand aging and reduce the Health seeking insecurities
- Weekly geriatric clinic at Dispensary for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.
- Provide optimum care and treatment for Geriatric disorders like Psychoneurologic, Musculoskeletal, Cardiovascular, Respiratory disorders, Metabolic (Diabetes) and Digestive disorders through Homoeopathy.

### **MATERNAL AND CHILD HEALTH CARE INCLUDING FAMILY PLANNING**

#### **A. Antenatal care:**

- Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy).
- Examination of Pregnant lady
- Advised antenatal checkups services according to norms and provision of complete package of services.
- Screening for High Risk Pregnancies
- Nutrition Health counseling
- Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.
- Associated services like providing injection Tetanus Toxoid etc
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.
- Tracking of missed and left out ANC
- Promotion of Institutional Deliveries
- Management and appropriate treatment of Pregnancy Induced complications.

#### **Postnatal Care**

- Ensure post- natal care for the both mother and new-born
- Ensure additional care for a low birth weight baby (less than 2500 gm.)
- Initiation of early breast-feeding within one hour of birth
- Education on nutrition, hygiene, contraception, essential new born care
- Tracking of missed and left out PNC.

#### **New Born Care**

- Early initiation of breast feeding within one hour of birth.
- Management of neonatal hypothermia (provision of warmth / Kangaroo Mother Care (KMC), infection protection, cord care and identification of sick newborn and prompt referral

#### **Care of the Child**

- Growth and weight Monitoring
- Regular checkups of children in the Homoeopathic Dispensaries
- Promotion of exclusive breast-feeding for 6 months.
- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI.
- Prevention and control of routine childhood diseases, infections like diarrhoea, pneumonia and anemia etc.

- Routine care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and prompt referral.
- Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

#### **Medical Termination of Pregnancies**

- Counseling and appropriate referral for safe abortion services (MTP) for those in need.

#### **Management of Reproductive Tract Infections / Sexually Transmitted Infections:**

- Health education for prevention of RTI/ STIs
- Treatment of RTI by Homoeopathy

#### **SCHOOL HEALTH PROGRAMS**

- Regular checkups including eye, dental and skin
- Appropriate treatment including deworming etc. through Homoeopathy
- Referral and follow-ups

#### **ADOLESCENT HEALTH CARE**

- Life style education
- Health Counseling,
- Screening for diseases and appropriate treatment through Homoeopathy.

#### **PHYSICAL MEDICINE AND REHABILITATION (PMR) SERVICES**

- Primary prevention of Disabilities
- Screening, early identification and detection,
- Counseling
- Basic treatments through Homoeopathy, referral to higher centers and follow up etc.
- Community based Rehabilitation Services

#### **BASIC INVESTIGATION SERVICES**

- Rapid diagnostic tests for Pf malaria in endemic districts
- Rapid diagnostic tests for pregnancy.
- Rapid tests Blood Sugar
- Hb% and Sickling Test
- Rapid test kit for fecal contamination of water

### **FUNCTIONAL LINKAGES WITH SUB-CENTRES AND PHC**

- ASHAs and Anganwadi Workers may be appreciated if they attend the meeting
- Co-ordination with ANM to provide JSY benefits

### **RECORD OF VITAL EVENTS AND REPORTING**

- Maintenance of all the relevant records concerning services provided in Dispensary
- Records/maintains all data of village health profile
- Recording and reporting of Vital statistics

### **MONITORING, SUPERVISION AND COORDINATION**

- Monitoring and supervision of activities of god grahita gram, adopted centres and others centres as advised by the higher authorities through regular meetings / periodic visits by HMO
- Monitoring of all National Health Programmes

### **REFERRAL SERVICES**

- Promote referral to Ayurveda specialized therapy centres like Panchkarma and Ksharsutra for specialized Care, if the cure and management for illness prevails outside the preview of Homoeopathy
- Stabilization of patient
- Appropriate support for patient during transport
- Providing transport facilities either by dispensary vehicle or other available referral transport Appropriate and prompt referral of cases needing specialist care

### **SERVICES UNDER OTHER NATIONAL HEALTH PROGRAMMES**

#### **Family Planning**

- Education, Motivation and Counseling to adopt appropriate Family planning methods.
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives,
- Promote and advise the IUD insertions, Permanent methods like Tubal ligation and vasectomy
- Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
- Counseling and appropriate referral for couples having infertility.

**National Tobacco Control Programme (NTCP)**

- Making Dispensary tobacco free.
- Health education and IEC activities regarding harmful effects of tobacco use and smoking (Active and passive).
- Promote quitting of tobacco in the community by provide advice on tobacco cessation to all smokers/tobacco users
- Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.

**National Iodine Deficiency Disorders Control Programme (NIDDCP)**

- IEC activities to promote the consumption of iodated salt by the people
- Monitoring of Iodated salt through salt testing kits

**National Cancer Control Programme (NCCP)**

- IEC services for prevention of cancer and early symptoms.
- Early detection of cancer with warning signals.
- Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis.

**National Vector Borne Disease Control Programme (NVBDCP)**

- Diagnosis of Malaria cases, microscopic confirmation and treatment
- Diagnosis of Dengue cases and timely referral along with advise of Homoeopathic supplementation for increase of Platlets count

**National Mental Health Programme (NMHP)**

- IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation / role of Community for primary prevention of mental disorders
- Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and management through Homoeopathy
- Promote referral to Panchkarma therapy centers, if the cure and management for illness prevails outside the preview of Homoeopathy

**National Programme on Prevention and Control of Diabetes, CVD and Stroke (NPDCS)**

Health Promotion Services to modify individual, group and community behaviour especially through

- Promotion of Healthy Dietary Habits.
- Increase physical activity.
- Avoidance of tobacco and alcohol.
- Stress Management
- Identify vulnerable, high risk and those suffering from disease
- Early detection, management and referral of Diabetes Mellitus, Hypertension through Homoeopathy

**National Programme for Prevention and Control of Deafness (NPPCD)**

- Early detection of cases of hearing impairment and deafness and referral
- Basic Diagnosis and treatment services for common ear diseases
- IEC services for prevention, early detection of hearing impairment/deafness and greater participation /role of community in primary prevention of ear problems.

**Revised National Tuberculosis Control Programme (RNTCP)**

- Function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines
- Treatment of common complications of TB and side effects of drugs by Homoeopathy
- Facility for Collection and transport of sputum samples

**National AIDS Control Programme**

- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- Organizing School Health Education Programme
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence.
- Integrated Counseling and Testing Centre for STI services
- Screening of persons practicing high-risk behavior with one rapid test to be conducted at the Dispensary level and development of referral linkages with the nearest ICTC at the District Hospital level for confirmation of HIV status
- Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital

- Linkage with Microscopy Centre for HIV-TB coordination
- Pre and post-test counseling of AIDS patients by dispensary staff

#### **Integrated Disease Surveillance Project (IDSP)**

- Provide coordination to other health system for the collection and analyze of the data for epidemic prone diseases from the village
- Report information to Block medical officer, district surveillance unit and District Ayurvedic Officer on outbreak situation.
- Appropriate preparedness and first level action in out-break situations.
- Prevent the spread of epidemic by use of ‘Genus Epidemicus’

#### **National Programme for Control of Blindness (NPCB)**

- Awareness generation through appropriate IEC strategies for prevention and early detection of impaired vision and other eye conditions
- Greater participation /role of community in primary prevention of eye problems
- Vision Testing with Vision drum/ Vision Charts
- Provision of Basic services for Diagnosis and treatment of common eye diseases
- The early detection of visual impairment and their referral.
- Detection of cataract cases and referral for cataract surgery
- The provision for removal of Foreign Body

#### **National Leprosy Eradication Programme**

- Health education to community regarding Leprosy
- Diagnosis and management of Leprosy and its Complications (reactions)
- Training of leprosy patients having ulcers for self- care
- Counselling for leprosy patients for treatment and prevention of disability

#### **National Programme for Prevention and Control of Fluorosis (NPPCF)**

- IEC activities to prevent Fluorosis
- Monitoring of village/ community level activity to prevent Fluorosis
- Referral Services

**REQUIREMENT FOR DELIVERY OF THE RECOMMENDED ESSENTIAL SERVICES AT HOMOEOPATHIC DISPENSARY:**

The following section wise requirements are being projected/ recommended based on the basis of recommended services. It would be a dynamic process in the sense that if the utilization goes up, the standards would be further upgraded. The present status as well as expressed need has also been shown correspondingly. The various components are being discussed as follows:

- WORKFORCE
- INFRASTRUCTURE
- FURNITURE
- EQUIPMENTS
- RECURRING SUPPLY
- ELECTRICAL APPLIANCES
- MEDICINES

These broad sections have further been subdivided into various sections as explained further.

## WORK FORCE:

**Table H1:** Recommended workforce for Homoeopathic dispensary

Staff	Present Set up	Recommended Norms
Homoeopathic Doctor	1	1
Homoeopathic Compounder	1	1
Mahila Swasthya Karyakarta	1	0
Nurse/ANM with training in AYUSH	0	1
Aushdhalya Sewak	1	1
MPW	0	1
Part Time Sweeper	1	1

At the time of visit, Homoeopathic doctor was present in all the 36 dispensaries as per norms, whereas in only 18 dispensaries a Compounder was present. As regards with Aushadhalya Sewak and PTS, one each was present in 30 and 25 dispensaries respectively. Expressed need for these staff is also enumerated in the tableH2 below.

In addition to the workforce sanctioned as per norms, need for additional workforce such as Ayurvedic doctor, Ayurvedic Compounder, Mahila Swasthya Karyakarta, nurse, full time sweeper, lab technician, security guard, record keeper and MPW has also been expressed as enumerated in the below Table H 3

**Table H 2** Workforce status in Homoeopathy Dispensaries (n=36) against AYUSH CG Norms

Category of Workforce	Norms (Per Dispensary)	Centres with Availability			Centres with Expressed Need by Respondents		
		As per Norms	Above Norms	Below Norms (Vacant)	Matching with Norms	Above Norms	Below Norms
Homoeopathy Doctor	1	36	0	0	27	9	0
Compounder	1	18	0	18	31	5	0
Aushdhalya Sewak	1	30	0	6	26	8	0
Part Time Sweeper	1	25	0	11	11	0	25

In addition to the workforce sanctioned as per norms, need for additional workforce such as Ayurvedic doctor, Ayurvedic Compounder, Mahila Swasthya Karyakarta, nurse, full time sweeper, lab technician, security guard, record keeper and MPW has also been expressed as enumerated in the below Table H3. The requirements for ayurvedic staff came out as part of

general view, where the respondents expressed their views on changing dispensary into a polyclinic.

**Table H3:** Number of Homoeopathy Dispensaries with expressed need over and above the existing norms of AYUSH CG for Workforce

Category of Workforce		Expressed Need of 1	Expressed Need of 2
Ayurvedic Doctor		1	0
Ayurvedic Compounder		1	0
MahilaSwasthya Karyakarta		11	0
Nurse	General	11	0
	Homoeopathy	13	1
Full Time Sweeper		28	3
Lab Technician		1	0
Security Guard		1	0
MPW/ field worker		1	0
Record Keeper		4	0

# **INFRASTRUCTURE**

## ACCESSIBILITY/LOCATION:

Majority of the Homoeopathic dispensaries are located within the main habitation and all of them are connected to motorable roads. Only, 3 dispensaries are located outside the main habitation at a distance of more than 1 Km.

**Table H4:** Accessibility status of Homoeopathy Dispensaries (n=36)

Components	Condition	Availability Status (No. of Dispensaries)	Status against Recommended Norms		
			Recommended Norms	No. of Dispensaries	
				As per Norms	Gap
Location of Dispensary	Within Main Habitation	31	Within Main Habitation	31	5
	Outside Main Habitation within 1 Km	2			
	Outside Main Habitation more than 1 Km	3			
Connected to Motor able Roads	Yes	36	Yes	36	0
	No	0			

## STATUS OF THE BUILDINGS:

At the time of visit, out of 36 Homoeopathic dispensaries, only 17 were functioning in designated government dispensary buildings whereas 9 were running in other government buildings like Janpad building, etc., 7 dispensaries are running in rented premises, 2 were running in donated buildings and only one dispensary was running in goodwill with a dharamshala. Majority of the dispensaries that were visited had no boundary wall but buildings of all the 36 dispensaries were completely constructed. In 21 dispensaries, floor was found to be in good condition and in the rest 15, floor had cracks. With regards to condition of plaster on walls, in 22 dispensaries it was intact whereas in 14 dispensaries it was coming off at some places. Majority of the dispensaries i.e. 34 out of 36 had RCC slab and the rest 2 had tiled roofs whereas in 16 out of 36 dispensaries, the roof leaked at some places. No herbal plantation was found in majority of the dispensaries.

**Table H 5:** Status of buildings of Homoeopathy dispensaries

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Presence of Boundary Wall	Yes	Complete with Main Gate	5	Complete with Main Gate	5	31
		Complete without Main Gate	1			
		Partial	0			
	No	30				
Designation/ status of Dispensary Building	Designated Gov. Dispensary Building		17	Designated Gov. Dispensary Building	17	19
	Other Government		9			
	Donated		2			
	Rented premises		7			
	One Room of Dharmshala		1			
Present Stage of Construction of Building	Complete		36	Completely constructed building	36	0
	Partial/Incomplete		0			
Condition of Plaster of Walls	Intact Everywhere		22	Intact Everywhere	22	14
	Coming off in some places		14			
Condition of Floor	Floor in Good condition		21	Floor in Good condition	21	15
	Floor with Many holes		15			
Type of Roof	RCC Slab		34	RCC Slab	34	2
	Tiled		2			
Condition of Roof	Intact Everywhere		20	Intact Everywhere	20	16
	Leaking at Some Places		16			
Herbs Plantation	Yes,	Pots and Garden	0	Garden	1	35
		Pots and Scattered Plantation	1			
		Garden	1			
		Scattered Plantation	7			
		Pots	4			
	No	23				

**STATUS OF ELECTRICITY AND WATER FACILITY:**

With regards to status of electricity in Homoeopathic dispensaries, electricity supply was present in only 29 out of 36 dispensaries. Electric wiring in all parts of the building was present in 30 dispensaries whereas in 2 dispensaries, electric wiring was present only in some parts and in the rest 4 dispensaries, no electric wiring had been fitted. Open electric wiring was found in 10 dispensaries. None of the dispensaries had power backup appliances like generator, inverter, etc as shown in Table H6

**Table H 6:** Status of Electricity and Water Facility in the Homoeopathy Dispensary buildings

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
<b>ELECTRICITY FACILITY</b>						
Electricity Supply	Yes		29	Yes	29	7
	No		7			
Electric Wiring	Yes	All Parts	30	In All Parts	30	6
		Some Parts	2			
	No	4				
Type of Electric Wiring	Concealed		26	Concealed	26	10
	Open		10			
Electricity Backup Appliances	Yes		0	Yes	0	36
	No		36			
<b>WATER FACILITY</b>						
Water Supply in the Dispensary	Yes		12	In the Dispensary	12	24
	No		24			
Water Supply Source in the Dispensary	Yes	Bore/ Tube well/ hand pump	4	Bore/ Tube well/ Hand Pump/ Piped	11	25
		Piped	7			
		Well	1			
	No	24				
Water Pump/ Motor	Yes		4	Yes	4	32
	No		32			
Overhead Water Tank	Yes,with	> 1000 lts	2	Yes	8	28
		Upto 1000 lts	1			
		Upto 500 lts	5			
	No	28				
Feature of Available Water Supply in the Dispensary	Continuous		7	Continuous	7	29
	Interrupted		5			
	Not Available		24			
Quality of Available Water Supply in the Dispensary	Fit for Drinking		11	Fit for Drinking	11	25
	Unfit for Drinking		1			
	Not Available		24			
Water Supply Source outside the Dispensary	Yes	Bore/ Tube well/ Hand Pump	18	Water supply in the dispensary Recommended	-	-
		Piped	5			
		Well	1			
	Not Applicable	12				

Water Supply in the dispensary was not present in 24 out of 36 dispensaries, out of which water supply source outside the dispensary in 18 dispensaries is Bore/Tubewell/Handpump, in 5 dispensaries it was piped and in remaining one the source was well. The 12 dispensaries in which water supply was present in the dispensary itself, the source of water was

Bore/Tubewell/Handpump in 4 dispensaries, piped in 7 dispensaries and well in one dispensary. The feature of available water supply in 12 dispensaries was found to be continuous in 7 dispensaries and interrupted in 5 dispensaries respectively with doctor of 11 dispensaries considered the available water supply in the dispensary as fit for drinking and only one considered it as unfit. Majority of the dispensaries had no water pump/ motor and also, overhead water tank was not present in 28 out of 36 dispensaries.

### DRINKING WATER FACILITY:

Drinking water source was located within the dispensary at only eleven places. While in 16 dispensaries it was at a distance within 100 mts from the dispensary while in only 2 dispensaries it was located at a distance of more than 300 mts from the dispensary. The drinking water was kept in steel drum in 10 dispensaries and in bucket in 8 dispensaries. On the other hand there were 12 dispensaries in which no container was used for keeping or storing drinking water. Water purifier or filter was found in three out of 36 dispensaries visited

**Table H 7:** Drinking Water Facility in the Homoeopathy Dispensaries

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
			As per Norms		Gap	
Location of Source of Drinking Water	In the Dispensary		11	In the Dispensary	11	25
	Outside the Dispensary	Within 100 mts	16			
		Within 200 mts	6			
		Within 300 mts	1			
		>300 mts	2			
Water Purifier	Yes		3	Yes	3	33
	No		33			
Container for Drinking Water	Yes	Container attached with water purifier	1	Container attached with water purifier	1	35
		Steel Drum	10			
		Earthen Pot	2			
		Camphor	1			
		Bucket	8			
	Bottles	2				
No		12				

### TOILET FACILITY:

Toilet facility was not present in 22 dispensaries and in the remaining 14 dispensaries where this facility was present, 6 out of them had common toilet facility without running water and only 2

dispensaries had separate toilet facility for staff with washbasin with running water. In expressed need, majority of the dispensary in- charges had posed a need for separate toilet for staff with washbasin and running water.

In only 4 dispensaries urinal facility was found and that too without running water supply.

**Table H 8:** Status of Toilet Facility in the Homoeopathy Dispensaries

Components	Condition		Availability and Need Status (No. of Dispensaries)		Status against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Toilet Facility	Yes	Separate for staff + washbasin + running water	2	31	Separate for staff + washbasin + running water	2	34
		Common + washbasin + running water	1	4			
		Separate for staff + running water	2	0			
		Common + running water	2	0			
		Common without running water	6	0			
		Separate for staff + washbasin without running water	1	0			
		Separate for staff without running water	0	1			
		No	22	0			
Urinal Facility	Yes, without running water supply		4	Not Explored	Toilet facility Recommended	-	-
		No	32				

**CLEANLINESS:**

On visiting 36 homoeopathic dispensaries, littering was absent and cleanliness of floor was present in 32 dispensaries and 35 dispensaries respectively. Doormats were present in only 4 dispensaries. Cleaning material was present in 24 dispensaries either in the form of only broom or broom and floor wipes or broom, floor wipes and wiper as is shown in the table above. Detergent or Phenyl is present in 27 out of 36 dispensaries. Soap for handwashing is present in 50% of the dispensaries with soap dish present in only 16 dispensaries.

**Table H 9:** Status of Cleanliness in Homoeopathy Dispensaries

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Hand Washing Soap/ Liquid	Yes		18	Yes	18	18
	No		18			
Soap Case	Yes		16	Yes	16	20
	No		20			
Presence of Littering	Yes		4	No	32	4
	No		32			
Cleanliness of Floor	Yes		35	Yes	35	1
	No		1			
Door Mats	Yes		4	Yes	4	32
	No		32			
Cleaning Material	Yes	Broom +Floor Wipes+ wiper	1	Broom+ Floor Wipes	12	24
		Broom+ Floor Wipes	12			
		Broom	12			
	No	11				
Detergent/ Phenyl	Yes		27	Yes	27	9
	No		9			

### WASTE MANAGEMENT:

In none of dispensaries, segregation of Bio medical waste at source is being done using color coding method. In most of the dispensaries (23), biomedical waste was dumped in open along with solid waste. Bio medical waste material was being buried in a pit in only 1 dispensary.

System for waste water disposal was absent in most of the dispensaries, and drained into the open ground. Public drainage system was present only in 13 dispensaries. Dustbins were present in only 4 dispensaries.

**Table H 10: Status of Waste management in Homoeopathy Dispensaries**

Components	Condition	Availability Status (No. of Dispensaries)	Status against Recommended Norms		
			Recommended Norms	No. of Dispensaries	
				As per Norms	Gap
Dust Bins	Yes	13	Yes	13	23
	No	23			
Segregation of Bio-Medical Waste at Source (Use of Color Coding)	Yes	0	Yes	0	36
	No	36			
Bio Medical Waste Disposal Method	Buried in a pit	2	Buried in a pit	2	34
	Buried in a pit and Burning	1			
	Open Dumping, Burning and Sale in Market	0			
	Open Dumping and Burning	0			
	Open Burning	10			
	Open Dumping	23			
Solid Waste Disposal Method	Buried in a pit	3	Buried in a pit/ Municipal dust bins	4	32
	Municipal dust bins	1			
	Open Burning	6			
	Open Dumping	26			
Waste Water Disposal Method	Connected to Public Drainage System	13	Connected to Public Drainage System	13	23
	Drains into Open Ground	23			

**IEC/ DISPLAY:**

Dispensary name was displayed in 34 homoeopathic dispensaries either on front wall or separate board or both in Hindi or English, whereas at 2 places the dispensary name was not displayed at the time of visit. Citizen's charter was not found in any of the 36 dispensaries. Section name Plate was present only in 5 dispensaries in Hindi. Signages were present in only 2 dispensaries in Hindi and Name Plate was found in 9 dispensaries (5 in English and Hindi both and 4 in only Hindi). Suggestion/Complaint box was absent in all the dispensaries.

**Table H 11: Status of IEC activity in Homoeopathy Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Display of Dispensary Name	Yes	On Front wall in Hindi	7	Yes	34	2
		On Separate Board in Hindi	25			
		On Board and Wall in English	2			
	No	2				
Citizen's Charter	Yes		0	Yes	0	36
	No		36			
Signage	Yes, In Hindi		2	Yes	2	34
	No		34			
Section Name Plate	Yes, In Hindi		5	Yes	5	31
	No		31			
Name Plate	Yes	In English and Hindi	5	Yes	5	31
		In Hindi	4			
	No		27			
Suggestion/ Complaint Box	Yes		0	Yes	0	36
	No		36			

### **SPECIALIZED ROOMS/AREAS:**

A separate Reception/ Enquiry Counter was absent in all the dispensaries, and need had been expressed by in-charges of 28 homoeopathic dispensaries. Waiting Area was present in 21 dispensaries, and need had been expressed in all the homoeopathic dispensaries. OPD Room was present in all dispensaries, in 34 it was present without any attached facility and two dispensaries had attached washbasin and running water facility. The dispensary in- charges of all the dispensaries had posed a need of OPD room with attached washbasin, toilet and running water. Examination Room is present in only 1 dispensary and that too without any attached facility, but need has been expressed in 34 out of 36 dispensaries for a separate examination room with attached washbasin and running water whereas 2 dispensaries had not expressed a need for a separate examination room. A separate Dressing and First Aid Room was present in only 2 dispensaries without any attached facility, but need has been expressed in 32 dispensaries with attached washbasin and running water facility whereas in 4 dispensaries need for separate dressing and first aid room was not expressed. There is no separate laboratory facility present in any of the dispensaries. But 28 dispensary in charges expressed need for laboratory with attached washbasin with running water. Medicine Preparation Room is not present in any of the 36

dispensaries and need has been expressed in only 6 dispensaries for a medicine preparation room with attached washbasin and running water facility. Drug Dispensing Room is present in 16 dispensaries, but need for separate drug dispensing room has been expressed in 33 dispensaries. Drug Storage Room is present in 17 dispensaries, and need has been expressed in 33 dispensaries. Store Room is present in only 18 dispensaries, whereas in 28 dispensaries need for store room was expressed. Staff Duty Room is not present in any of the dispensaries, but its need has been expressed in 23 dispensaries with attached washbasin and toilet with running water.

**Table H 12:** Status of Specialized Rooms/Areas in Homoeopathy Dispensaries

Components	Availability and Need Status (No. of Dispensaries)			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Dispensaries		
					As per Norms	Gap	
Reception/ Enquiry Counter	Yes	0	28	Yes	0	36	
	No	36	8				
Waiting Area	Yes	21	36	Yes	21	15	
	No	15	0				
OPD Room	Yes	With attached washbasin + toilet + running water	0	36	Yes, With attached washbasin + toilet + running water	0	36
		With attached toilet + running water	0	0			
		With attached washbasin + running water	2	0			
		Without any attached facility	34	0			
	No	0	0				
Examination Room	Yes	With attached washbasin+ running water	0	34	Yes, With attached washbasin + running water	0	36
		Without any attached facility	1	0			
	No	35	2				
Dressing and First Aid Room	Yes	With attached washbasin+ running water	0	32	Yes, With attached washbasin + running water	0	36
		Without any attached facility	2	0			
	No	34	4				
Laboratory	Yes, with attached washbasin+ running water	0	28	Not recommended in dispensary	-	-	
	No	36	8				

Components	Availability and Need Status (No. of Dispensaries)			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Dispensaries		
					As per Norms	Gap	
Medicine Preparation Room	Yes, attached washbasin+ running water	0	6	Not Recommended	--		
	No	36	30				
Drug Dispensing Room	Yes	16	33	Yes	16	20	
	No	20	3				
Drug Storage Room	Yes	17	33	Yes	17	19	
	No	19	3				
Store Room	Yes	18	28	Yes	18	18	
	No	18	8				
Staff Duty Room*	Yes	With attached washbasin + toilet + running water	0	23	Yes, With attached washbasin + toilet + running water	0	36
		With attached toilet + running water	0	0			
		With attached washbasin + running water	0	1			
	No	36	12				
Any Other Room	Yes	7	8	Not Recommended	--		
	No	29	28				
Doctor's Rest Room**	Yes	With attached washbasin+ toilet + running water	0	29	Yes, With attached washbasin + toilet + running water	0	36
		With attached toilet + running water	0	0			
		With attached toilet without running water	2	0			
		With attached washbasin + running water	0	1			
		Without any attached facility	5	0			
	No	29	6				
<b>DOCTOR'S RESIDENCE FACILITY</b>							
Doctor's Residence Facility	Yes	In the Dispensary	6	6	Outside Dispensary within same Compound	0	36
		Outside Dispensary within same Compound	0	28			
		Outside Dispensary within Village/ Urban Ward	2	2			
	No	28	0				

\*Desirable \*\* If residence facility is not available

### DOCTOR'S RESIDENCE FACILITY:

There is no Doctor's Rest Room in 29 of the dispensaries, in 5 dispensaries it was present without any attached facility and in 2 dispensaries it was present with attached toilet without running water but in 29 dispensaries need for doctor's rest room with attached wash basin and

toilet facility with running water supply had been expressed. Residence facility had been provided to 8 dispensary doctors only, 6 of which were located in the dispensary itself and 2 were located outside the dispensary within same village/ urban ward. All dispensary in-charges had expressed need for doctor's residence facility, majority of which preferred it to be outside dispensary but within same compound.

### REFERRAL AND COMMUNICATION:

None of the dispensaries had transport facility for patient referral, although in 23 dispensaries need for an ambulance has been expressed. No facility for communication has been provided in any of the dispensaries, but need has been expressed in 33 dispensaries for some form of communication facilities like telephone, mobile and internet etc., only 3 dispensaries have not posed a need for any communication facility.

**Table H 13:** Status of Referral and Communication in Homoeopathy Dispensaries

Components	Availability and Need Status (No. of Dispensaries)			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Dispensaries		
					As per Norms	Gap	
Transport Facility for Referral	Yes, Ambulance	0	23	Ambulance (Govt./ PPP)	0	36	
	No	36	13				
Communication Facilities	Yes	Telephone and Internet	0	4	Telephone	0	36
		Mobile and Internet	0	1			
		Telephone	0	19			
		Mobile Phone	0	9			
	No	36	3				

### WATER AND ENERGY CONSERVATION TECHNIQUES:

In Homoeopathic dispensaries, Rain water harvesting, was being practiced at two places but in need, 18 doctors expressed the need for rain water harvesting. Alternative sources of energy were not being used in any of the dispensaries but in 12 dispensaries, doctors expressed their need of using solar energy as an alternative source of energy.

**Table H 14:** Status of Water and Energy Conservation Techniques in Homoeopathy Dispensaries

Components	Availability and Need Status (No. of Dispensaries)			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommend ed Norms	No. of Dispensaries		
					As per Norms	Gap	
Rain Water Harvesting	Yes	2	18	Yes	2	34	
	No	34	18				
Alternative Sources of Energy	Yes	Solar and Biogas	0	Solar	0	36	
		Solar	0				12
		Biogas	0				0
	No	36	24				

# **FURNITURE**

For essential furniture, as is evident from the table above the availability of furniture shows a varied pattern with presence in some dispensaries and absence in others. Doctor's chair and table was not found in two dispensaries and one dispensary respectively, patient stool and staff chairs were found lacking in seven dispensaries whereas waiting bench and almirah was not present in three dispensaries. Furniture which was found to be lacking in all or most of the dispensaries included foot step, registration table, dispensing table, bedside screen, examination table, and staff table. Need expressed for each furniture item varies from 0 to more than 3 as expressed in table given below (Table H15).. On considering the results for desirable furniture i.e. side wooden rack, bookshelf, bed and dispensing trolley, majority of the dispensaries were found lacking them. The expressed need and the recommended number for them are given in the table above. **The recommended number for each item of furniture (per dispensary) has also been provided in the table**

**Table H 15:** Status of Furniture in Homoeopathic Dispensaries

Name of the Furniture	Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
	≥0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap (≤Norms)
<b>ESSENTIAL</b>											
Doctor Chair	2	33	1	0	0	23	12	1	1	34	1
Doctor's Table	1	35	0	0	0	32	4	0	1	35	1
Visitor's Chair	23	4	4	5	0	3	9	24	3	5	31
Patient Stool	7	18	8	3	0	8	20	8	2	11	26
Examination Table	25	11	0	0	0	35	1	0	1	11	25
Footstep	35	1	0	0	2	28	5	1	1	1	35
Bedside Screen	31	5	0	0	3	25	8	0	1	5	31
Staff Chair	7	8	10	11	0	0	5	31	4	5	31
Staff Table	31	3	2	0	30	4	2	0	1	5	31
Registration Table	34	2	0	0	2	33	1	0	1	2	34
Dispensing Table	24	11	1	0	0	30	5	1	1	12	24
Waiting Bench	3	21	7	5	0	6	17	13	3	5	31
Almirah	3	20	6	7	0	1	5	30	3	7	29
Medicine Rack	13	12	9	2	1	3	11	21	3	2	34
Iron Box	32	2	2	0	32	1	2	1	As per need	-	-
<b>DESIRABLE</b>											
Side Wooden Rack	35	1	0	0	4	24	7	1	1	1	35
Book Shelf	36	0	0	0	9	22	5	0	1	0	36
<b>SERVICE BASED</b>											
Bed	35	1	0	0	34	0	2	0	On the basis of services to be provided	-	-
Dispensing Trolley	34	2	0	0	34	1	1	0		-	-

# **EQUIPMENTS**

## EQUIPMENTS FOR OPD ROOM

The table below enumerates the availability, expressed need of the essential OPD equipments that are required for providing OPD services. The non-availability of BP Apparatus was found in ten dispensaries, adult stethoscope was not available in three dispensaries whereas oral thermometer was lacking in four dispensaries. The recommended number (per dispensary) with regards to essential and desirable OPD equipments has also been listed in Table H16.

**Table H 16:** Status of OPD Equipments in Homoeopathic Dispensaries

Name of the OPD Equipment		Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
		=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap (≤Norms)
<b>ESSENTIAL OPD EQUIPMENT</b>												
<b>BP Apparatus</b>		10	21	3	2	0	11	15	10	1	26	10
<b>Stethoscope</b>	Adult	3	15	12	6	0	11	21	4	1	33	3
	Pediatric	36	0	0	0	12	22	2	0	1	0	36
<b>Thermometer</b>	Oral	4	16	9	7	0	5	16	15	1	32	4
	Rectal	36	0	0	0	27	6	3	0	1	0	36
<b>Tongue Depressor</b>	Steel	5	11	11	9	3	12	14	7	1	31	5
	Disposable	36	0	0	0	26	0	0	10	As per Need	-	-
<b>Torch</b>		17	15	4	0	1	16	15	4	1	19	17
<b>Hammer</b>		36	0	0	0	11	23	2	0	1	0	36
<b>ENT Diagnostic Set</b>		22	11	2	1	15	19	2	0	1	14	22
<b>Proctoscope</b>		26	8	1	1	29	5	2	0	1	10	26
<b>Weighing Machine</b>	Adult	10	25	1	0	0	23	13	0	1	26	10
	Infant (5Kg)	32	4	0	0	9	25	2	0	1	4	32
	Baby (10Kg)	35	1	0	0	27	9	0	0	1	1	35
<b>Height Measuring</b>	Instrument	36	0	0	0	5	29	2	0	1	0	36
	Tape	36	0	0	0	5	29	2	0	1	0	36
<b>DESIRABLE OPD EQUIPMENT</b>												
<b>Vision Testing</b>	Chart	35	1	0	0	25	6	4	1	1*	1	35
	Box	36	0	0	0	25	10	1	0		0	36
<b>X-Ray View Box</b>		36	0	0	0	17	18	1	0	1	0	36

\*Either chart/ box

## EQUIPMENTS FOR PHARMACY AND DISPENSING EQUIPMENTS:

### Medicine Preparation Appliances:

Some medicine preparation appliances were found in Homoeopathic dispensaries and their need was also expressed by few. But since, medicines cannot be prepared in a homoeopathic dispensary so these are not required there. (Table H17).

**Table H 17:** Status of Medicine Preparation Appliances in Homoeopathic Dispensaries

Name of the Equipment	Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap (≤Norms)
Glass	11	9	7	9	0	0	5	31	3	9	27
Spoons	31	1	2	2	11	1	6	18	3	2	34
Jug	20	15	0	1	1	21	12	2	1	16	20
Ordinary Scissor	15	17	4	0	0	23	13	0	1	21	15
Buckets	9	13	12	2	0	5	21	10	Not Recommended	---	
Mugs	29	7	0	0	3	9	20	4			
Gas Stove	36	0	0	0	21	15	0	0			
LPG Cylinder with Accessories	36	0	0	0	21	13	2	0			
Kerosene Stove	28	7	1	0	30	6	0	0			
Heater	36	0	0	0	35	1	0	0			
Pressure Cooker	33	2	1	0	36	0	0	0			
Saucepan with Lid	26	9	1	0	17	13	5	1			
Measuring Glass	24	5	6	1	18	9	8	1			
Measuring Jug	35	1	0	0	22	10	4	0			
Sieves	35	1	0	0	21	11	4	0			
Knife	33	1	2	0	16	9	11	0			
Bowls	32	3	0	1	17	4	4	11			
Flask	36	0	0	0	15	12	7	2			

### Medicine Dispensing Equipments:

The availability status and expressed need for different medicine dispensing equipments that are required in a Homoeopathic dispensary are enumerated in table provided below (Table H18). The table also lists the recommended number for every equipment (per dispensary).

**Table H 18:** Status of Medicine Dispensing Equipments in Homoeopathic Dispensaries

Name of the Equipment	Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	No. of Dispensaries	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Kharal	21	10	4	1	19	11	6	0	1	15	21
Imam Dasta	34	2	0	0	30	6	0	0	Not Recommended	---	
Measuring Spoons	36	0	0	0	18	6	8	4			
Dispensing Cup	23	5	7	1	19	4	11	2			

## INSTRUMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES

The availability status and expressed need for instruments and equipments for **Dressing, Suturing and First Aid services** that are required in a Homoeopathic dispensary are enumerated above. **The table also lists the recommended number for all equipments (per dispensary).**

**Table H 19:** Status of Dressing, Suturing and First Aid Instruments in Homoeopathic Dispensaries

Name of the Equipment		Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (≤ Norms)
		=0	=1	=2	≥3	=0	=1	=2	≥3			
<b>Forceps</b>	Straight Artery	9	11	10	6	17	88	8	3	2	16	20
	Curved Artery	21	7	3	5	25	5	3	3	2	8	28
	Plain	20	9	2	5	19	8	6	3	2	7	29
	Toothed	23	10	1	2	24	9	2	1	2	3	33
	Sponge Holding	23	11	1	1	24	7	5	0	2	2	34
	Dressing	27	7	1	1	23	10	1	2	2	2	34
	Allies	19	12	0	5	24	9	0	3	2	5	31
	Tooth Holding	29	6	0	1	30	5	0	1	2	1	35
<b>Surgical Scissors</b>	Straight Small	8	7	4	17	7	14	10	5	2	21	15
	Curved Small	23	4	3	6	23	5	7	1	2	9	27
	Straight Big	23	5	2	6	23	5	6	2	2	8	28
	Curved Big	29	4	2	1	27	4	4	1	2	3	33
	Stitch Removing	29	7	0	0	33	2	1	0	2	0	36
<b>Surgical Knife</b>		36	0	0	0	32	2	1	1	2	0	36
<b>Scalpel</b>		35	0	2	0	33	1	1	1	2	0	36
<b>BP Handle</b>		18	12	4	2	24	7	4	1	2	6	30
<b>Needle Holder</b>	Big	32	2	0	2	31	1	2	2	2	0	36
	Small	19	12	2	3	27	5	4	0	2	5	31

Name of the Equipment	Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms		
	No of Dispensaries with								Recommended No. (Per Dispensary)	≥ Norms	Gap (≤ Norms)
	Availability				Expressed Need						
	=0	=1	=2	≥3	=0	=1	=2	≥3			
<b>Foreign Body Remover</b>	14	9	4	9	19	10	4	3	2	13	23
<b>Insertion Probe</b>	31	1	2	2	31	3	0	2	2	4	32
<b>Nasal Retractor</b>	27	6	1	2	28	6	1	1	2	3	33
<b>Instrument Tray</b>	14	14	4	4	8	17	7	4	2	8	28
<b>Kidney Tray</b>	14	8	8	6	11	10	12	3	2	14	22
<b>Boiler/ Sterilizer</b>	25	11	0	0	20	15	1	0	2	0	36
<b>Dressing Drum</b>	23	10	2	1	22	11	3	0	2	3	33
<b>Basin</b>	16	16	4	0	14	18	3	1	2	4	32
<b>Basin Stand</b>	18	16	2	0	15	18	2	1	2	2	34
<b>Steam Inhaler</b>	35	1	0	0	35	1	0	0	2	0	36
<b>Hot Water Bag</b>	14	12	4	6	15	11	9	1	2	10	26

#### **OTHER SERVICE BASED INSTRUMENTS:**

Some of the instruments were found to be present in Homoeopathic dispensaries which are used for providing specialized services like investigations, gynaecological and IPD services, but are not needed for recommended essential services in the dispensary. Although, need for some of these instruments was expressed in some of the dispensaries, so their supply should be made on the basis of services that are to be provided.

**Table H20: Status of other Service Based Instruments in Homoeopathic Instruments**

Name of the Equipment	Availability and Need Status (No. of Dispensaries)							
	Availability				Expressed Need			
	=0	=1	=2	≥3	=0	=1	=2	≥3
<b>INSTRUMENTS FOR GYNECOLOGICAL AND OBSTETRICS SERVICES</b>								
Vaginal Speculum	34	2	0	0	34	0	2	0
Vallselum	36	0	0	0	35	1	0	0
Breast Pump	17	12	0	7	25	6	3	2
Microscope	35	1	0	0	35	1	0	0
<b>INSTRUMENTS FOR IPD SERVICES</b>								
Ice Bag	28	6	1	1	24	11	1	0
Infra Red lamp	35	1	0	0	36	0	0	0
Enema Pot	27	6	3	0	29	4	3	0
Enema Accessories	30	4	2	0	29	4	3	0
Flatus Tube	36	0	0	0	34	2	0	0
Urine Pot	24	3	5	4	27	4	5	0
Bed Pan	27	5	0	4	28	7	0	1

**RECURRING SUPPLY**

## FURNISHINGS MATERIAL:

The availability status for and expressed need for Furnishing materials that are required in a Homoeopathic dispensary have been listed (**Table H 21**). It is evident from the table that availability of apron for doctor and staff and stand for magazines/ newspapers was lacking in all the dispensaries.

**Table H 21: Status of Furnishing Material in Homoeopathic Dispensaries**

Name of Furnishing Material	Availability and Need Status (No. of Dispensaries)		Status against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (Dispensaries with Non-Availability)
Doctor Chair Towel	2	35	2	34
Doctors Apron	0	32	2	36
Doctor Table Glass	9	35	1	27
Napkin/ Towel Rod	1	34	2	35
Towels	17	36	4	19
Pillow with Covers	2	34	1	34
Staff Apron	0	35	2	36
Table Sheets	27	36	4	9
Mattress for Examination Table	0	35	1	36
Sheet for Examination Table	2	36	2	34
Pen Stand	5	34	2	31
Magazine/ Paper Stand	0	30	1	36
Calling Bell	7	33	1	29
Clock	8	36	2	28
Paper Weight	17	36	4	19
Curtain Rod	3	36	As per Need	33
Curtains	17	36		19
Lock	25	36		11

## RECORD KEEPING MATERIAL, STATIONARY AND IEC MATERIAL:

In Homoeopathic dispensaries, among registers; OPD cum dispensing, medicine stock, receipt and dispatch, attendance were present in all the dispensaries and need for them had also been expressed by all the in- charges. Prescription slips and referral slips were available in only eighteen and four dispensaries respectively. Files were available in thirty three dispensaries and pen- pencil in 19 dispensaries. The availability and expressed need for other registers and stationary items was varied which can be seen (Table H22). Pamphlets are present in twelve, books in sixteen whereas magazines and daily news paper are present in none of the

Homoeopathic dispensaries. Need for pamphlets and books were expressed in all the dispensaries whereas daily newspaper and magazines were needed by thirty four and thirty two dispensary in- charges.

**Table H 22:** Status of Record Keeping, Stationary and IEC Material in Homoeopathic Dispensaries

Name of Material	Availability and Need Status (No. of Dispensaries)		Status against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (Dispensaries with Non-Availability)
<b>RECORD KEEPING MATERIAL</b>				
OPD cum Dispensing	36	36	1	0
Medicine Stock	36	36	1	0
Receipt and Dispatch	36	36	1	0
Attendance	36	36	1	0
Permanent Articles Stock	29	35	1	7
Ayushdeep Meetings	34	35	1	2
Contingency	23	34	1	13
Dressing Material	26	33	1	10
Cashbook Ledgers	26	31	1	10
Daily Stock	5	23	1	31
Camp	15	18	1, If Service is Provided	21
Inspection	18	18	1	18
National Programs (Malaria/ TB/ Leprosy/ Motiyabind)	4	4	1	32
Stationary	3	3	1	33
God Gram	3	3	1, If Service is Provided	33
Daak Ticket	2	2	1	34
Family Welfare	2	2	1	34
School Health Programme	1	1	1	35
Complaint	1	1	1	35
<b>STATIONARY MATERIAL</b>				
Prescription Slips	18	36	As per Need	18
Files	33	36		3
Pen and Pencil	19	36		17
Referral Slips	4	31		32
<b>IEC MATERIAL</b>				
Pamphlets	12	36	As per Need	24
Books	16	36		20
Daily News Paper	0	34		36
Magazines	0	32		36

### MEDICINE STORAGE AND DISPENSING MATERIAL:

At the time of visit, medicine was stored in medicine supply containers in all the dispensaries whereas in some dispensaries other type of containers (like plastic transparent, PET and steel) for medicine storage were also available. The expressed need for each type of container has been depicted above (**Table H 23**). The availability and expressed need for consumables required for medicine dispensing in Homoeopathic dispensaries has been shown in the above table.

**Table H 23:** Status for Medicine Storage and Dispensing Material in Homoeopathic Dispensaries

Name of Material	Availability and Need Status (No. of Dispensaries)		Status against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (Dispensaries with Non-Availability)
<b>MEDICINE STORAGE</b>				
Medicine Supply	36	18	As per Need	0
PET	1	8	Not Recommended	35
Plastic Transparent	1	6		-
Steel	4	1		-
<b>MEDICINE DISPENSING</b>				
One Dram Vials	21	36	As per Need	15
Stoppers	11	36		25
Half Dram Vials	23	35		13
One Ounce Bottles	9	35		27
Half Ounce Bottles	9	35		27
Plastic Pouch for Medicine Packing	8	24		28
Two Dram Vials	2	6		34
Biochemic Dispensing Bottles	2	2		34
Labels for Medicine Containers	32	33		4
Small Labels for Medicine Dispensing Pouch	3	33		33
Plain Paper for Medicine Packing	8	20	Not Recommended	--
Newspaper for Medicine Packing	19	4		

### MEDICAL CONSUMABLES:

The availability and expressed need for medical consumables in Homoeopathic dispensaries has been shown below (Table H24).

**Table H 24:** Status for Medical Consumable Material in Homoeopathic Dispensaries

Name of Material	Availability and Need Status (No. of Dispensaries)		Status against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (Dispensaries with Non- Availability)
<b>MEDICAL CONSUMABLES</b>				
Surgical Gloves	13	30	As per Need	23
Surgical Blade	18	17		18
Suturing Thread	14	16		22
Straight Suturing Needles	19	14		17
Curved Suturing Needles	19	13		17
Rubber Catheters	12	12		24
Folley's Catheter	3	11		33
Ryle's tube	3	1		33

# **ELECTRICAL APPLIANCES**

**Table H 25:** Status of Electrical Appliances in Homoeopathic Dispensaries

Name of the Appliance	Availability and Need Status (No. of Dispensaries)								Status against Recommended Norms	
	Availability				Expressed Need				Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non-Availability)
	=0	=1	=2	≥3	=0	=1	=2	≥3		
Fan	13	5	5	13	0	0	3	33	1 per room	13
Cooler	34	2	0	0	2	16	15	3	As per need	34
Room Heater	36	0	0	0	18	17	0	1	Not Recommended	-
Table Lamp	36	0	0	0	8	25	3	0	2	36
Emergency Light	36	0	0	0	34	2	0	0	1	36

At the time of visit, as for electrical appliances, room heater, table lamp and emergency light was not present in any of the dispensaries whereas fan was not present in thirteen and cooler was present in only two dispensaries. The expressed need for these electrical appliances is shown above in Table H25. In Homoeopathic dispensaries, CFL was found in two dispensaries, tube light and bulb in twenty and seventeen dispensaries. This has been shown in the above Table H26.

### LIGHTING APPLIANCES

**Table H 26:** Status of Lighting Appliances in Homoeopathic Dispensaries

Name of the Appliance	No. and % of Dispensaries with Availability	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non-Availability)
CFL	2(5.6)	1 per room	34
Tubelight	20(55.6)	Not Recommended	---
Bulb	17(47.2)		

# **SERVICES**

**Table H 27: No. and % of Homoeopathy Dispensaries in relation to availability and Expressed need of Services**

Services	No. and % of Dispensaries with	
	Availability	Expressed Need
<b>OPD</b>	36 (100)	36 (100)
<b>Investigation</b>	0	32 (89)
<b>Dressing</b>	30 (83)	33 (92)
<b>Suturing</b>	7 (19)	21 (58)
<b>First Aid</b>	22 (61)	28 (78)
<b>Emergency</b>	0	16 (44)
<b>Minor Surgery</b>	5(14)	15 (42)
<b>Family Planning</b>	8(22)	29 (80)
<b>Obstetrics and Gynecology</b>	5(14)	23 (64)
<b>Immunization</b>	5(14)	24 (67)
<b>National Health Programmes</b>	28(78)	34 (94)

At the time of visit, OPD Services were being provided in all the dispensaries and need has also been expressed in all the dispensaries. Dressing and First Aid services were provided in thirty and twenty two dispensaries respectively. Suturing Services, Family Planning Services and National Health Programme Services were being provided in seven, eight and twenty eight dispensaries respectively. Minor Surgery Services, Immunization Services and Obstetrics and Gynecological Services were provided in five dispensaries whereas Investigation and emergency Services were not being provided in any of the dispensaries; while number of dispensary in-charges expressing their need for providing these services is enumerated above in Table H34.

# **MEDICINES**

For analysis of medicines, four groups have been made according to availability status of medicines as:

**Table H28:** Grouping Pattern acc. To Availability status of Medicines in Homeopathic Dispensaries

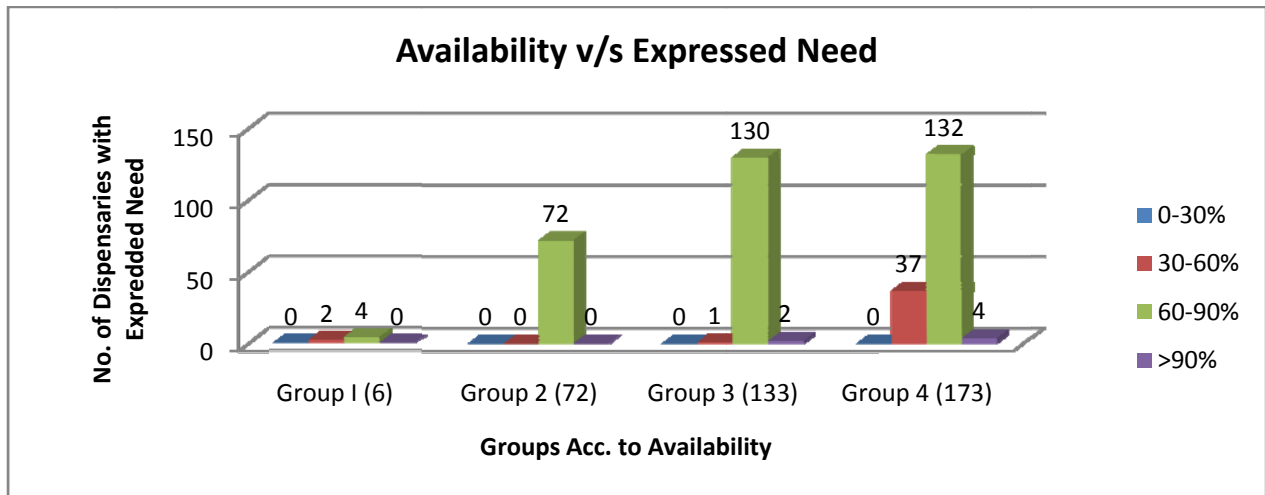
Group Name	Availability Status (%)
1 <sup>st</sup> Group	>90%
2 <sup>nd</sup> Group	60-90%
3 <sup>rd</sup> Group	30-60%
4 <sup>th</sup> Group	0-30%

Further, the expressed need has been analyzed for medicines belonging to different groups as shown in the table below. This gives us a comparative analysis of expressed need for medicines against availability status of medicines in different groups. (For details, refer ANNEXURE IB)

**Table H29:** Status of Medicines in Homeopathic Dispensaries

Groups Acc. to Availability	Expressed Need Status Between			
	0-30%	30-60%	60-90%	>90%
<b>Group I (6)</b>	0	2	4	0
<b>Group 2 (72)</b>	0	0	72	0
<b>Group 3 (133)</b>	0	1	130	2
<b>Group 4 (173)</b>	0	37	132	4

**Chart H2:** Availability v/s Expressed Need Status of Medicines in Homeopathic Dispensaries



## **DISCUSSION AND CONCLUSION**

With regards to staff in Homoeopathic dispensaries, Medical Officers were present in all the Homoeopathic dispensaries whereas gaps were found in relation to paramedical staff. In 50% of the dispensaries, the post of compounder was vacant and in the rest 50% dispensaries, compounder with any particular recognized qualification was not present. 16% and 30% of the dispensaries were without aushadhalya sewak and PTS respectively. However, these gaps also, confer with the evaluation study on Govt. Homoeopathic dispensaries of Delhi, which was conducted by the Evaluation unit of the Planning Department, Delhi (2003) (10) wherein 12% and 14% of dispensaries were without pharmacist and Nursing orderly/ Messenger.

Compounder trained in Homoeopathy as well as posting of MSK or ANM trained in Homoeopathy, who can cater as a female attendant, can boost the services that are to be provided through the dispensary. A course for paramedical staff should be started so as to improve the functioning of Homoeopathic dispensaries.

With regards to Infrastructure, majority of these dispensaries were located within the main habitation and were connected by motor able roads, 52% were functioning in non designated government buildings with a large proportion running in only one room.

Our result of majority of the dispensaries functioning in non designated Government dispensary buildings with a large proportion running in only one room, replicates the findings of the study on Evaluation of Homoeopathic Dispensaries of Delhi (2003) (10), wherein most were functioning in rented or buildings of Director Health Services with majority running in less than 3 rooms. Certainly, different results of most dispensaries functioning in government owned buildings have been cited in the study by Orissa Voluntary Health Association, Bhubhneswar(2006) (12)

Moreover, the finding of absence of boundary wall in majority of the dispensaries coincides with the Orissa Voluntary Health Association study(2006)(12).

Basic infrastructural facilities like electricity were found in most of the dispensaries. Our findings of lack of water and toilet facility in larger proportion of the dispensaries are corresponding to the findings of the Evaluation study of Ayurvedic and Homoeopathic dispensaries of Orissa (2006) (12). However, the results differed with the study of Evaluation

unit of Planning department, Delhi (2003) (10), but both the studies point to a common observation of unclean toilets

The overall cleanliness was well maintained in most of the dispensaries but since there was absence of cleaning material in most of them, so it can be inferred that it may vary, since it was an informed visit. Waste management was found to be poor with larger proportion of the dispensaries openly dumping Bio-medical waste along with Solid waste. The status of display or IEC activities was poor. The doctors need to be sensitized regarding Bio- medical waste segregation at source and its management an also, train the staff at the dispensary regarding display of sinages, name plate, citizens charter, etc. which can help in providing updated information to the community.

With regards to rooms available, Reception and Enquiry counter, Staff duty room were lacking in all the dispensaries. In most of the dispensaries, OPD room was present in all the dispensaries but was not per standards. Since majority, were one room dispensaries Examination Room, Dressing and first aid room, Drug- dispensing, Drug storage were not present and wherever present were not found as per recommended standards. Doctor's residence facility was present in only 22% but that also was not as per standards. Proper space and rooms if made available wherever it is not present and sensitize the doctors about proper utilization, if adequate space is available.

No referral and communication facilities were available in any of the dispensaries either government or through PPP. As for water and energy conservation techniques, rain water harvesting was found in only a small percentage of dispensaries. Such eco-friendly practices should be encouraged at the dispensary level as it can also be favorable for the community.

With regards to essential furniture except for Doctor's chair and table, other furniture like dispensing table, registration table, staff table, visitor's chair, examination table, bedside screen, and footstep were lacking in most of the dispensaries.

The presence of minimum essential furniture is obligatory for the basic functioning of the dispensary.

The scenario of essential OPD equipments needs to be given importance with these lacking in majority of the dispensaries but as for equipments for dressing, suturing and first aid although present at only few places were lying unused and packed.

Some medicine preparation appliances were found in Homoeopathic dispensaries and their need was also expressed by few. But since, medicines cannot be prepared in a homoeopathic dispensary so these are not required there. But basis necessities of providing Glass, Spoons, Jug, Ordinary Scissor, Buckets and Mugs should be taken into consideration. Some of the instruments were found to be present in Homoeopathic dispensaries which are used for providing specialized services like Investigations, Gynaecological and IPD services, but are not needed for recommended essential services in the dispensary. So their supply should be made on the basis of services that are to be provided and also on the demand of the physician. Although basic investigation equipments like Glucometer and Haemoglobinometer must be provided in the dispensary.

The supply of furnishing, stationary, IEC material and medical consumables was not found to be available in sufficient quantities in most of the dispensaries whereas the availability of record keeping material, medicine storage and dispensing material was found to be satisfactory and as per need of the in-charge.

The supply of all these consumables if supplied regularly and as per need of the physician will help in proper administrative and clinical functioning of Homoeopathic dispensaries.

Electrical appliances like fan was found in only 1/3 rd of the dispensaries whereas other electrical appliances like cooler, table lamp, emergency light and eco friendly lighting appliances like CFL was not found in majority of the dispensaries.

As with the supply of consumables, electrical and lighting appliances, if is need based and regular will cater to congenial working of the dispensary.

In none of the dispensaries immunization, investigative and emergency services were being provided. Majority of the dispensaries were providing OPD services and also participating in National Health Programmes. Dressing, First aid services, Obstetrical and Gynaecological services in the form of Antenatal care, minor surgery, etc were also being provided in few

dispensaries. These few number of dispensaries participating in these services might be due to lack of supply of supportive measures such as anesthetics which are required for performing these procedures. Other reason could be absence of interest of workforce posted in these dispensaries. There is need to specify various services that can be provided in these dispensaries and accordingly supply of various materials should be made.

## **CHAPTER-VI**

# **UNANI DISPENSARIES**

The Unani System of Medicine has a long and impressive record in India. Unani Medicines got enriched by imbibing what was best in the contemporary systems of traditional medicines in Egypt, Syria, Iraq, Persia, India, China and other Middle East countries. In India, Unani System of Medicine was introduced by Arabs and soon it took firm roots. The system suffered a severe setback during the British rule in India. The allopathic system was introduced and gained ground. The Unani system of the Medicine saw the beginning of its revival during the freedom struggle. After independence the Unani System along with other Indian systems of medicine received a fresh boost under the patronage of the National Government and its people. Government of India took several steps for the all round development of this system. It passed laws to regulate and promote its education and training. It established research institutions, testing laboratories and standardized regulations for the production of drugs and for its practice. Today, India is one of the leading countries in so far as the practice of Unani medicine is concerned.

Unani system of medicine is quite popular among the masses. The practitioners of Unani medicine scattered all over the country, form an integral part of national health care delivery structure. According to official figures available, there are 47963 registered Unani practitioners in the country. Presently, 15 States have Unani hospitals. The total number of hospitals functioning in different states of the country is 263. The total bed strength in all these hospitals is 4686. Twenty states in country have Unani dispensaries. The Total number of Unani dispensaries is 1028. Besides, ten dispensaries are functioning under the Central Government Health Schemes (CGHS). At present, there are 40 recognized colleges of Unani Medicine in the Country, which provide education and training facilities in the system. These Colleges have a total admission capacity of about 1,770 students per year for undergraduate courses. Postgraduate educations and research facilities are available in the subjects of *Ilmul Advia* (Pharmacology), *Moalijat* (Medicine), *Kulliyat* (Basic Principles), *Hifzan-e-Sehat* (Hygeine), *Jarrahiyat* (Surgery), *Tahafuzi wa Samaji Tibb*, *Amraz-e-Atfal* and *Qabala-wa-Amraz-e-Niswan* (Gynaecology). The total admission capacity to these courses is 79. Considering the large size of India's population it is important not only need to increase the number of unani colleges, dispensaries and hospitals but steps also to be taken to standardize the facilities provided in these institutions. When talking

of Standardization of Unani Services, very few studies and data are available on this. Only NABH has laid down standards for it and that too for Unani Hospitals only.

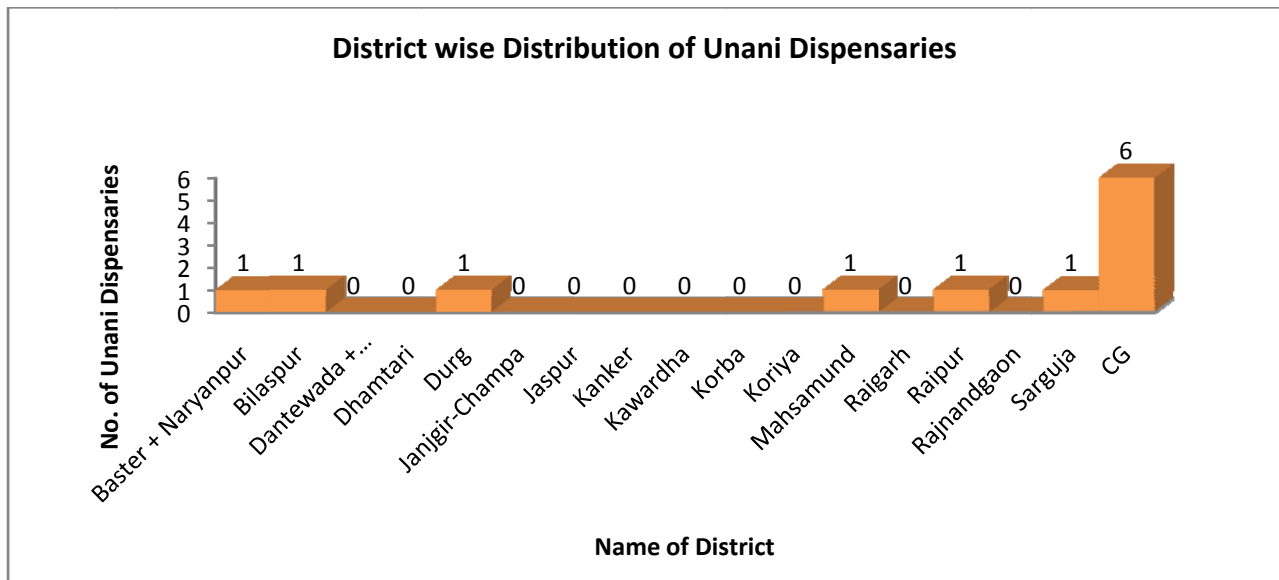
Standards for Unani hospitals size and area of the hospital with regards to Sub-district (31-50 bedded), 51-100 bedded, 101- 300 bedded and 301- 501 bedded hospitals respectively. Infrastructural components Site information, factors to be considered in locating a district hospital and the site selection criteria with the building and space requirements for Administrative Block, Circulation Areas, Floor Height, Entrance Area, Clinics, Physical Facilities, Ambulatory Care Area (OPD) and Waiting Spaces, location of the Ward Unit, Private ward, Pharmacy (Dispensary), Regimental Therapy Unit, Committee Room and Residential Quarters have been taken into account. Moreover, Nursing Services, Diagnostic Services including Imaging and Clinical Laboratory, Intermediate Care Area (Inpatient Nursing Units), Hospital Services (Hospital Kitchen/ Dietary Service Central Sterile and Supply Department (CSSD) Hospital Laundry Medical and General Stores), Public Health Engineering including Water Supply, Drainage and Sanitation, Waste Disposal System, Fire Protection Telephone and Intercom have been cited. The survey into the NABH standards for Unani hospitals reveals specifications along with the required number on manpower including the doctor, paramedical staff, administrative staff and OT staff with respect to Sub-district (31-50 bedded), 51-100 bedded, 101- 300 bedded and 301- 501 bedded hospitals respectively. It also mentions the number of equipments, instruments, furniture and availability of consumables, electrical appliances and other necessary fittings for Imaging, X-Ray, Cardiac, Labour and neonatal, Ophthalmology, OT, Laboratory, Anaesthesia and administrative unit. A framework for Citizens charter and list of medicine and drugs has also been given along with other standards. These standards apart from mentioning the minimum services that should be provided at the hospital also recommend the solution for illnesses. (38)

Standards are the main driver for continuous improvements in quality. Setting standards is a dynamic process. Standards are a means of describing the level of quality that health care organization are expected to meet or aspire to. Standardization can create trust and confidence in the services provided and increase beneficiary number. Standardization of Unani healthcare facilities is important so as to bring uniformity in services and prevent duplication of resources. For standardization, it is first important to prescribe certain basic recommended norms for

various services and components. Components such as infrastructure, furniture, equipments and instruments, consumables etc. need to be assured first and then assessing the present status of the healthcare facility as per the drafted standards to know the gaps present.

The no. of Unani dispensaries in Chhattisgarh is quite low, only 6 dispensaries are present located in six districts as shown below:

**Chart U1:** District wise Distribution of Unani Dispensaries in Chhattisgarh



Unani dispensary is the smallest unit in unani healthcare system where the first contact or the primary contact of health system with the community takes place. So it becomes important to draft certain minimum recommended norms for the unani dispensary first. These recommended norms include the suggested layout of a unani dispensary indicating the space for the building and other infrastructure facilities. A list of services, workforce, infrastructure, furniture, equipment and drugs needed for providing the assured and desirable services at the Unani dispensary has been incorporated in the document. The monitoring process and quality assurance mechanism is also included.

## RECOMMENDED ESSENTIAL SERVICES AT THE UNANI DISPENSARY

<b>MEDICAL CARE</b>
<ul style="list-style-type: none"><li>➤ OPD services: A total of 6 hours of OPD services out of which 4(8-12 PM) hours in the morning and 2(4-6PM) hours in the afternoon in all working days and 9 to 11 AM in all holidays</li><li>➤ Minimum OPD attendance should be 15 patients per doctor per day.</li><li>➤ 24 hours First Aid Services</li></ul>
<b>HEALTH PROMOTIONAL ACTIVITIES</b>
<ul style="list-style-type: none"><li>➤ Ensure the health for each person of the <i>area and</i> Teaching them the basics of good health according to Unani principals and promotion and treatment of common ailments.</li><li>➤ Taking information about food habits and daily routine of villagers/residents and imparting correct knowledge and activities.</li><li>➤ Impart knowledge on the importance of the available unani herbs and drugs in the villages and encouraging them for their production and use.</li><li>➤ Imparting skills of treating common ailments with the home remedies Unani Drugs.</li><li>➤ Encouraging farmers to cultivate rather than to replace the existing crops with Unani plants in the form of kitchen garden.</li><li>➤ Creating awareness in order to prevent the diseases prevalent in that area like TB, malaria, Dengue &amp; water borne disease and its treatment and cure.</li><li>➤ Promote wider application of community knowledge, practices and innovation related to biodiversity with their approval and participation.</li><li>➤ Successful coordination and integration of the all national health programs in his area.</li></ul>
<b>PROMOTION OF SAFE DRINKING WATER AND BASIC SANITATION</b>
<ul style="list-style-type: none"><li>➤ Health Education and Behavior Change Communication (BCC)</li><li>➤ Promotion of sanitation including use of toilets and appropriate garbage disposal.</li><li>➤ Disinfection of water sources and Coordination with Public Health Engineering department for safe water supply</li><li>➤ Prevention and control of locally endemic diseases like malaria, Kala azar etc</li></ul>
<b>ORAL HEALTH</b>
<ul style="list-style-type: none"><li>➤ Oral health promotion and checkups &amp; appropriate referral on identification</li></ul>
<b>NUTRITION SERVICES</b>

- Diagnosis of nutritional deficiency disorders in the community
- Supplementation of micronutrients deficiencies through Unani preparation
- Management of the nutritional deficiency disorders by the use of Herbal plants
- Coordination with ICDS.

### **GERIATRIC HEALTH CARE**

- Strengthening monitoring and evaluation and Data collection about chronic diseases prevalent in Geriatric age group for understanding the Geriatric disorders at present
- IEC activities on healthy aging for Enabling the citizens to understand aging and reduce the Health seeking insecurities
- Weekly geriatric clinic at Dispensary for providing complete health assessment of elderly persons, Medicines, Management of chronic diseases and referral services.
- Empowering the aged by enhancing the provision of preventive and curative Unani therapy (Use of Rejuvenative recipes of dietary regimen and Rasayana)
- Provides optimum care for Basic Geriatric disorders like Psychoneurologic, Musculoskeletal, Cardiovascular, Respiratory disorders, Metabolic (Diabetes) and Digestive disorders through appropriate Unani therapy.
- **Cardiovascular**- Life style modification, Concern on right diet, Right exercise, Anti cholesterol herbs
- **Respiratory**-Dietary regulation, Avoid constipation, Expectorant herbs and Rasayana to strengthen the respiratory system
- **Metabolic** (Diabetes management programme)-Dietary modulation, Stress on physical activity and Anti-diabetic herbs
- **Digestive** - Dietary regulation- Timely diet, Diet as per temperament, Avoiding constipation- by taking Unani drugs

### **MATERNAL AND CHILD HEALTH CARE INCLUDING FAMILY PLANNING**

#### **A. Antenatal care**

- Early registration of all pregnancies ideally in the first trimester (before 12th week of pregnancy).
- Examination of Pregnant lady according to Unani concept

**Other ANC Care Activities**

- Advised antenatal checkup services according to norms and provision of complete package of services
- Screening for High Risk Pregnancies
- Nutrition Health counseling
- Supplementation of micronutrients deficiencies through Unani Therapy
- Brief advice on tobacco cessation if the antenatal mother is a smoker or tobacco user and also inform about dangers of second hand smoke.
- Associated services like providing injection Tetanus Toxoid etc
- Chemoprophylaxis for Malaria in high malaria endemic areas for pregnant women as per NVBDCP guidelines.
- Tracking of missed and left out ANC
- Promotion of Institutional Deliveries
- Management of Pregnancy Induced hypertension including referral

**Postnatal Care**

- Ensure post- natal care for the both mother and new-born
- Ensure additional care for a low birth weight baby (less than 2500 gm.)
- Initiation of early breast-feeding within one hour of birth
- Education on nutrition, hygiene, contraception, essential new born care
- Tracking of missed and left out PNC.

**New Born Care**

- Use of Unani preparations in order to build a healthy body and sharp intellect, right from infancy to adulthood. With special emphasis on baby care by emphasizing on the use of certain tonics and medications that can develop immunity power, intelligence in the children.
- Early initiation of breast feeding within one hour of birth.
- Management of neonatal hypothermia (provision of warmth / Kangaroo Mother Care (KMC), infection protection, cord care and identification of sick newborn and prompt referral.

**Medical Termination of Pregnancies**

- Counseling and appropriate referral for safe abortion services (MTP) for those in need.

**Management of Reproductive Tract Infections / Sexually Transmitted Infections**

- Health education for prevention of RTI/ STIs
- Treatment of RTI by Unani Therapy

**Care of the Child**

- Growth and weight Monitoring
- Regular checkups of children in the Unani Dispensaries
- Promotion of exclusive breast-feeding for 6 months.
- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GOI.
- Prevention and control of routine childhood diseases, infections like diarrhea, pneumonia and anemia etc.
- Routine care of sick children including Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy and prompt referral.
- Management of severe acute malnutrition cases and referral of serious cases after initiation of treatment as per facility based guidelines.

**SCHOOL HEALTH PROGRAMS**

- Regular checkups including eye, dental and skin
- Appropriate treatment including de-worming etc through Unani Therapy
- Referral and follow-ups

**ADOLESCENT HEALTH CARE**

- Life style Education
- Health Counseling,
- Screening for diseases and appropriate treatment through Unani Therapy.

**PHYSICAL MEDICINE AND REHABILITATION (PMR) SERVICES**

- Primary prevention of Disabilities,
- Screening, early identification and detection,
- Counseling
- Basic treatments through Unani therapy, referral to higher centers and follow up etc.
- Community based Rehabilitation Services

**BASIC INVESTIGATION SERVICES**

- Rapid diagnostic tests for Pf malaria in endemic districts
- Rapid diagnostic tests for pregnancy.
- Rapid tests Blood Sugar
- Hb% and Sickling Test
- Rapid test kit for fecal contamination of water

**FUNCTIONAL LINKAGES WITH SUB-CENTRES AND PHC**

- Unani Medical officer should orient Mitanins /ASHAs on selected topics of health care and take up public health education activities including awareness generation about the uses of medicinal plants and local health practices.
- Co-ordination with ANM to provide JSY benefits

**RECORD OF VITAL EVENTS AND REPORTING**

- Maintenance of all the relevant records concerning services provided in Dispensary
- Records/ maintains all data of village health profile
- Recording and reporting of Vital statistics

**MONITORING, SUPERVISION AND COORDINATION**

- Monitoring and supervision of activities of area, god grahita gram, adopted centres and others centres as advised by the higher authorities through regular meetings / periodic visits by UMO
- Monitoring of all National Health Programmes
- Locally available medicinal herbs/plants should be grown around the Sub Centre, PHC etc

**REFERRAL SERVICES**

- Promote referral to specialized therapy centres of Ayurveda like Panchkarma and Ksharsutra for specialized Care (for Strengthening and integrating AYUSH)
- Stabilization of patient
- Appropriate support for patient during transport
- Providing transport facilities either by dispensary vehicle or other available referral transport
- Appropriate and prompt referral of cases needing specialist care

**SERVICES UNDER OTHER NATIONAL HEALTH PROGRAMMES****Family Planning**

- Education, Motivation and Counseling to adopt appropriate Family planning methods.
- Provision of contraceptives such as condoms, oral pills, emergency contraceptives,
- Promote and advise the IUD insertions, Permanent methods like Tubal ligation and vasectomy
- Follow up services to the eligible couples adopting permanent methods (Tubectomy/Vasectomy).
- Counseling and appropriate referral for couples having infertility.

<b>National Tobacco Control Programme (NTCP)</b>
<ul style="list-style-type: none"> <li>➤ Making Dispensary tobacco free.</li> <li>➤ Health education and IEC activities regarding harmful effects of tobacco use and smoking (Active and passive).</li> <li>➤ Promote quitting of tobacco in the community by provide advice on tobacco cessation to all smokers/tobacco users</li> <li>➤ Watch for implementation of ban on smoking in public places, sale of tobacco products to minors, sale of tobacco products within 100 yards of educational institutions.</li> </ul>
<b>National Iodine Deficiency Disorders Control Programme (NIDDCP)</b>
<ul style="list-style-type: none"> <li>➤ IEC activities to promote the consumption of iodated salt by the people</li> <li>➤ Monitoring of Iodated salt through salt testing kits</li> </ul>
<b>National Cancer Control Programme (NCCP)</b>
<ul style="list-style-type: none"> <li>➤ IEC services for prevention of cancer and early symptoms.</li> <li>➤ Early detection of cancer with warning signals.</li> <li>➤ Referral of suspected cancer cases with early warning signals for confirmation of the diagnosis.</li> </ul>
<b>National Vector Borne Disease Control Programme (NVBDCP)</b>
<ul style="list-style-type: none"> <li>➤ Diagnosis of Malaria cases, microscopic confirmation and treatment</li> <li>➤ Diagnosis of Dengue cases and timely referral</li> </ul>
<b>National Mental Health Programme (NMHP)</b>
<ul style="list-style-type: none"> <li>➤ IEC activities for prevention, stigma removal, early detection of mental disorders and greater participation / role of Community for primary prevention of mental disorders</li> <li>➤ Diagnosis and treatment of common mental disorders such as psychosis, depression, anxiety disorders and management through Unani therapy</li> <li>➤ Promote referral to Panchkarma therapy centers (integration with Ayurveda therapy)</li> </ul>
<b>National Programme for Prevention and Control of Deafness (NPPCD)</b>
<ul style="list-style-type: none"> <li>➤ Early detection of cases of hearing impairment and deafness and referral</li> <li>➤ Basic Diagnosis and treatment services for common ear diseases</li> <li>➤ IEC services for prevention, early detection of hearing impairment/deafness and greater participation /role of community in primary prevention of ear problems.</li> </ul>
<b>Revised National Tuberculosis Control Programme (RNTCP)</b>
<ul style="list-style-type: none"> <li>➤ Function as DOTS Centres to deliver treatment as per RNTCP treatment guidelines</li> <li>➤ Facility for Collection and transport of sputum samples</li> </ul>

**National Programme on Prevention and Control of Diabetes, CVD and Stroke (NPDCS)**

Health Promotion Services to modify individual, group and community behavior especially through

- Promotion of Healthy Dietary Habits.
- Increase physical activity.
- Avoidance of tobacco and alcohol.
- Stress Management
- Identify vulnerable, high risk and those suffering from disease
- Early detection, management and referral of Diabetes Mellitus, Hypertension through Unani Therapy.

**National AIDS Control Programme**

- IEC activities to enhance awareness and preventive measures about STIs and HIV/AIDS, Prevention of Parents to Child Transmission (PPTCT) services.
- Organizing School Health Education Programme
- Condom Promotion & distribution of condoms to the high risk groups.
- Help and guide patients with HIV/AIDS receiving ART with focus on adherence.
- Integrated Counseling and Testing Centre for STI services
- Screening of persons practicing high-risk behavior with one rapid test to be conducted at the dispensary level and development of referral linkages with the nearest ICTC at the District Hospital level for confirmation of HIV status
- Risk screening of antenatal mothers with one rapid test for HIV and to establish referral linkages with CHC or District Hospital
- Linkage with Microscopy Centre for HIV-TB coordination
- Pre and post-test counseling of AIDS patients by dispensary staff

**Integrated Disease Surveillance Project (IDSP)**

- Provide coordination to other health system for the collection of the data for epidemic prone diseases from the village
- Report information to Block medical officer, district surveillance unit and District Ayurvedic Officer on outbreak situation.
- Appropriate preparedness and first level action in out-break situations.

**National Programme for Prevention and Control of Fluorosis (NPPCF)**

- IEC activities to prevent Fluorosis
- Monitoring of village/ community level activity to prevent Fluorosis
- Referral Services

**National Programme for Control of Blindness (NPCB)**

- Awareness generation through appropriate IEC strategies for prevention and early detection of impaired vision and other eye conditions
- Promotion of Ayurveda therapy for Eye Care
- Greater participation /role of community in primary prevention of eye problems
- Vision Testing with Vision drum/ Vision Charts
- Provision of Basic services for Diagnosis and treatment of common eye diseases
- The early detection of visual impairment and their referral.
- Detection of cataract cases and referral for cataract surgery
- The provision for removal of Foreign Body

**National Leprosy Eradication Programme**

- Health education to community regarding Leprosy
- Diagnosis and management of Leprosy and its Complications (reactions)
- Training of leprosy patients having ulcers for self- care
- Counseling for leprosy patients for treatment and prevention of disability

The services listed here and use of modern medicines in the National Health Programmes is subject to state guidelines and directives in relation to that.

The services that have to be provided in a unani dispensary need further consideration with regards to the strengths and weaknesses of the unani therapy and the services can be further added or deleted after having discussion with experts committee on unani therapy.

## **REQUIREMENT FOR DELIVERY OF THE RECOMMENDED ESSENTIAL SERVICES AT UNANI DISPENSARY:**

The following section wise requirements are being projected/ recommended on the basis of services recommended above. It would be a dynamic process in the sense that if the utilization goes up, the standards would be further upgraded. The availability status and expressed need for different components has also been described correspondingly in various sections as follows:

- Workforce
- Infrastructure
- Furniture
- Equipments
- Recurring supply
- Electrical appliances
- Medicines

These broad sections have further been subdivided into various sections as explained further.

### **1. RECOMMENDED WORKFORCE**

**Table U1: Recommended Workforce for Unani Dispensary**

<b>Staff</b>	<b>Present Setup</b>	<b>Recommended Norms</b>
<b>Unani Doctor</b>	1	1
<b>Unani Compounder</b>	1	1
<b>Aushdhalya Sewak</b>	1	1
<b>MPW/ Field Worker</b>	0	1
<b>Mahila Swasthya Karyakarta</b>	1	0
<b>ANM with Unani training</b>	0	1
<b>Part Time Sweeper</b>	1	1

Unani doctor will be the in-charge of unani dispensary i.e. will have the overall responsibility for the dispensary. Unani compounder will be next in line, and will be in-charge of medicine dispensing and medicine storing. Aushdhalya Sewak and MPW could be provided for activities like record keeping, field work, and any extra work as per any services or activities. MSK or most preferably ANM with some minimum basic training in Unani therapy should be present in the unani dispensary. Along with this, PTS should be present in the unani dispensary. And if

required, Part Time Sweeper can be made Full Time Sweeper by paying him through the fund of Ayushdeep Samiti.

## WORK FORCE

**Table U2: Workforce status in Unani Dispensaries (n=6) against AYUSH CG norms**

Category of Workforce	Norms per Dispensary	Availability Status			Expressed Need by Respondents		
		As per Norms	Above Norms	Below Norms (Vacant)	Norms are OK	Need more than norms	Need less than norms
Unani Doctor	1	6	0	0	4	2	2
Compounder	1	1	0	5	5	1	1
Aushdhalya Sewak	1	6	0	0	5	1	1
Part Time Sweeper	1	5	0	1	1	0	5
Mahila Swasthya Karyakarta	1*	2	0	4	5	0	1

\* Post sanctioned in 2 dispensaries

**Table U3: Number of Unani Dispensaries (n=6) with expressed need over and above the existing norms for Workforce of AYUSH CG**

Category of Workforce	Expressed Need of	
	ONE	TWO
Ayurvedic Doctor	1	0
Ayurvedic Compounder	1	0
General Nurse	1	0
Full Time Sweeper	3	2
Gardener	1	0
Dresser	1	0
MPW	1	0

At the time of visit, Unani doctor and Aushdhalya Sewak were found to be present in all the 6 dispensaries, whereas compounder was present only in one dispensary, PTS in 5 dispensaries and MSK in 2 unani dispensaries. Expressed need for these staff is also enumerated in the table given above. In 5 dispensaries, need for full time sweeper was expressed in place of PTS. In addition to the workforce sanctioned as per norms, need for additional workforce such as ayurvedic doctor, ayurvedic compounder, nurse, full time sweeper, gardener, dresser and MPW was also expressed as enumerated in the table (Table U3) given above. Need for ayurvedic doctor and compounder in a unani dispensary was explored with a view to identify some centres where some multi-clinic type of set-up could be run.

# **INFRASTRUCTURE**

### ACCESSIBILITY/ LOCATION:

All the Unani dispensaries were found to be located within main habitation and were connected to motor able roads. This is in accordance with the norms recommended for these parameters. It is recommended to have the location of the dispensary within main habitation and connected to motor able roads.

**Table U4: Accessibility Status of Unani Dispensaries**

Components	Condition	Availability Status (No. of Dispensaries)	Status against Recommended Norms		
			Recommended Norms	No. of Dispensaries	
				As per Norms	Gap
Distance of Location of Dispensary from Main Habitation	Within Main Habitation	6	Within Main Habitation	6	0
	Outside Main Habitation within 1 Km	0			
Connected to Motor able Roads	Yes	6	Yes	6	0
	No	0			

### STATUS OF BUILDINGS:

Out of the 6 Unani dispensaries, only one was functioning in designated govt. dispensary building, whereas 3 were functional in buildings donated by some person or organization in that region, and rest two were functional in other govt. buildings such as Janpad building etc. Only one dispensary building had complete boundary wall with gate while in 3 dispensaries there was no Boundary wall. Herbal plantations were also present in 3 dispensaries only in pots or as scattered plantations, whereas in rest 3 dispensaries, there were no herbal plantations.

Construction work in all the dispensaries was complete. In 4 dispensaries, plaster of walls was intact, whereas in rest two, it was coming off in some places. Roof was made of RCC slab in all dispensaries, out of which it was intact in 5 dispensaries, but was leaking in one dispensary.

Floor was intact in 5 dispensaries but had cracks in one dispensary. Herbal garden is a must for any unani dispensaries as most of the treatment is based on herbs. For that a boundary wall with main gate is an essential requisite. Floor, walls and Roof are also required to be present in good condition with no seepage.

**Table U5: Status of Buildings of Unani Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Presence of Boundary Wall	Yes	Complete with Main Gate	1	Complete with Main Gate	1	5
		Complete without Main Gate	1			
		Partial	1			
	No	3				
Designation/ Status of Dispensary Building	Designated Govt. Dispensary Building		1	Designated Govt. Dispensary Building	1	5
	Other Government		2			
	Donated		3			
Present Stage of Construction of Building	Complete		6	Complete	6	0
	Partial/Incomplete		0			
Condition of Plaster of Walls	Intact Everywhere		4	Intact Everywhere	4	2
	Coming off in some places		2			
Condition of Floor	Floor in Good condition		5	Floor in Good condition	5	1
	Floor with Many holes		1			
Type of Roof	RCC Slab		6	RCC Slab	6	0
	Tiled		0			
Condition of Roof	Intact Everywhere		5	Intact Everywhere	5	1
	Leaking at Some Places		1			
Herbs Plantation	Yes , In Pots and Scattered Plantation		1	In Garden	0	6
	Yes, Scattered Plantation		2			
	No		3			

**STATUS OF ELECTRICITY AND WATER FACILITY:**

When talking of electricity supply, it was present in all the unani dispensaries, but wiring was in concealed form only in 3 dispensaries while in rest 3, open wiring was present. None of the unani dispensaries had got provision of any electricity backup appliances.

Water supply was found to be present in 5 dispensaries, in which 4 had bore well or tube well as the water source and 1 had piped water supply. In the remaining one dispensary, water source was well located at a distance of 300 meters from the dispensary. Out of 5 dispensaries in which, water supply was present, it was continuous in 3 dispensaries and in rest two, it was interrupted. Water available in all 5 dispensaries was found to be fit for drinking. Water tank was present in 4

dispensaries with a capacity ranging from 500 litres to above 1000 litres. Water pump was present in 4 dispensaries, out of which it was in non-working condition in 1 dispensary.

**Table U6: Electricity and Water Facility Status of Unani Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
<b>ELECTRICITY FACILITY</b>						
Electricity Supply	Yes		6	Yes	6	0
	No		0			
Electric Wiring	Yes, In All Parts		6	Yes, In All Parts	6	0
	No		0			
Type of Electric Wiring	Concealed		3	Concealed	3	3
	Open		3			
Electricity Backup Appliances	Yes		0	Invertor/ Generator	0	6
	No		6			
<b>WATER FACILITY</b>						
Water Supply in the Dispensary	Yes		5	In the Dispensary Campus	5	1
	No		1			
Water Supply Source in the Dispensary	Yes	Bore/ Tube well/ hand Pump	4	Bore/ Tube well/ hand Pump/ Piped	5	1
		Piped	1			
	No		1			
Water Pump/ Motor	Yes, In Working Order		3	Yes	3	3
	Yes, Not in Working Order		1			
	No		2			
Overhead Water Tank	Yes, with Capacity	> 1000 lts	2	Yes	4	2
		Upto 1000 lts	1			
		Upto 500 lts	1			
	No		2			
Feature of Available Water Supply in the Dispensary	Continuous		3	Continuous	3	3
	Interrupted		2			
	Not Available		1			
Quality of Available Water Supply in the Dispensary	Fit for Drinking		5	Fit for Drinking	5	1
	Not Available		1			
Water Supply Source outside the Dispensary	Yes, Well		1	Water supply in the Recommended	-	-
	Not Applicable		5			

### DRINKING WATER FACILITY:

Drinking water source was located within the dispensary at five places. While in one dispensary it was at a distance of more than 300 meters from the dispensary. Container for drinking water (steel drum or earthen pot) was kept in five dispensaries, while in remaining one dispensary; no container for drinking water was kept.

**Table U7: Status of Drinking Water Facility in Unani Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries)	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Location of Source of Drinking Water	In the Dispensary		5	In the Dispensary	5	1
	Outside the Dispensary >300 mts		1			
Water Purifier	Yes		0	Yes	0	6
	No		6			
Container for Drinking Water	Yes	Steel Drum	4	Container attached with water purifier	0	6
		Earthen Pot	1			
	No	1				

### TOILET FACILITY:

Although Toilet facility was found to be present in 5 unani dispensaries as enumerated in table above, but in 3 dispensaries, there was no running water supply present. In need expressed for toilet, all the dispensary in-charges wanted a separate toilet facility for staff and patients with washbasin and running water facility.

**Table U8: Status of Toilet Facility in Unani Dispensaries**

Component	Condition		Availability & Need Status (No. of Dispensaries)		Status against Recommended Norms		
					Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Toilet Facility in Dispensary Area	Yes	Separate for staff with washbasin + running water	1	6	Yes, with washbasin with running water	2	4
		Common with washbasin + running water	1	0			
		Common without running water	2	0			
		Common with washbasin without running water	1	0			
	No	1	0				

## CLEANLINESS:

Soap for hand washing was present in 5 dispensaries and in 4 dispensaries, soap case was also present. Cleanliness of floor and absence of littering was found in all dispensaries. Door mats were present only in one dispensary. Cleaning material was present in all dispensaries either in the form of broom only or broom and floor wipes both. Detergent or phenyl for cleaning purpose was present in all the dispensaries.

**Table U9: Status of Cleanliness in Unani Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries )	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
<b>Hand Washing Soap/ Liquid</b>	Yes		5	Yes	5	1
	No		1			
<b>Soap Case</b>	Yes		4	Yes	4	2
	No		2			
<b>Presence of Littering</b>	No		6	No	6	0
	Yes		0			
<b>Cleanliness of Floor</b>	Yes		6	Yes	6	0
	No		0			
<b>Door Mats</b>	Yes		1	Yes	1	5
	No		5			
<b>Cleaning Material</b>	Yes	Broom and Floor Wipes	3	Broom and Floor Wipes	3	3
		Broom	3			
	No		0			
<b>Detergent/ Phenyl</b>	Yes		6	Yes	6	0
	No		0			

## WASTE MANAGEMENT:

In none of dispensaries, segregation of Bio medical waste at source was done using color coding method. In most of the dispensaries, biomedical waste was dumped in open (4). In one dispensary, it was found to be thrown in municipal dust bins along with solid waste and waste material (both general solid waste and bio medical) was found to be buried in a pit in 1 dispensary only. System for waste water disposal was found to be absent in most of the dispensaries, and drained into open ground only. Public drainage system was present only in two dispensaries.

**Table U10: Status of Waste Management in Unani Dispensaries**

Components	Condition	Availability Status (No. of Dispensaries )	Status against Recommended Norms		
			Recommended Norms	No. of Dispensaries	
				As per Norms	Gap
Dust Bins	Yes	4	Yes	4	2
	No	2			
Segregation of Bio-Medical Waste at Source (Use of Color Coding)	Yes	0	Yes (Use of Color Coding)	0	6
	No	6			
Bio Medical Waste Disposal Method	Buried in a pit	1	Buried in a pit	1	5
	Municipal Dust Bins	1			
	Open Dumping	4			
Solid Waste Disposal Method	Municipal Dust Bins	1	Buried in a pit/ Municipal Dust Bins	2	4
	Buried in a pit	1			
	Open Dumping	4			
Waste Water Disposal Method	Connected to Public Drainage System	2	Connected to Public Drainage System	2	4
	Drains into Open Ground	4			

**IEC ACTIVITIES:**

Dispensary name was displayed in all the unani dispensaries either on front wall or separate board or both in Hindi. Citizen's charter was found to be present in 2 dispensaries and Section name Plate was also present in two dispensaries in Hindi. Signage and Suggestion/Complaint box were absent in all the dispensaries. Name Plate of doctor was present in 4 dispensaries in Hindi and English.

**Table U11: Status of IEC Activities in Unani Dispensaries**

Components	Condition		Availability Status (No. of Dispensaries )	Status against Recommended Norms		
				Recommended Norms	No. of Dispensaries	
					As per Norms	Gap
Display of Dispensary Name	Yes	On Front wall and Separate Board in Hindi	1	Yes	6	0
		On Front wall in Hindi	3			
		On Separate Board in Hindi	2			
	No	0				
Citizen's Charter	Yes, In Hindi		2	Yes	2	4
	No		4			
Signage	Yes		0	Yes	0	6
	No		6			
Section Name Plate	Yes, In Hindi		2	Yes	2	4
	No		4			
Name Plate	Yes	In English and Hindi	2	Yes	4	2
		In Hindi	2			
	No		2			
Suggestion/ Complaint Box	Yes		0	Yes	0	6
	No		6			

**SPECIALIZED SERVICE ROOMS/AREAS:**

In all the unani dispensaries, no Reception/ Enquiry Counter was found, but need was expressed by in-charges of four unani dispensaries for a separate reception/ enquiry counter in the dispensary. Waiting Area was present in 5 dispensaries, and need for waiting area was expressed in all the unani dispensaries. OPD Room was found to be present in all dispensaries, but in 5 dispensaries, it was present without any attached facility and in one dispensary which is running in a District Hospital had attached washbasin and running water facility. In none of the dispensaries, separate Examination Room was found, but need for separate examination room with attached washbasin and running water facility was expressed in all the dispensaries. Dressing and First Aid Room was also not present in any of the dispensaries, but need was expressed in 5 dispensaries for this room with attached washbasin and running water facility and in 1 dispensary without any attached facility. No separate laboratory facility was present in any of the dispensaries. But 4 dispensary incharges expressed need for laboratory with attached washbasin with running water. Medicine Preparation Room was present in 2 dispensaries but

without any attached facility, but need was expressed in 3 dispensaries for a medicine preparation room with attached washbasin and running water facility. Drug Dispensing Room was present in 3 dispensaries, but need for separate drug dispensing room was expressed in all the six dispensaries. Drug Storage Room was found to be present in five dispensaries, and need has also been expressed in five dispensaries. Store Room was present in only 3 dispensaries, whereas need for store room was expressed in 4 dispensaries. Staff Duty Room was not present in any of the dispensaries, but its need was expressed in 4 dispensaries with attached washbasin and toilet with running water facility.

Doctor's Rest Room was not present in any of the unani dispensaries, but need for doctor's rest room with attached wash basin and toilet facility with running water supply was expressed in 4 dispensaries.

**Table U12: Status of Specialized Rooms/ Areas in Unani Dispensaries**

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status against Recommended Norms		
					Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Reception/ Enquiry Counter	Yes		0	4	Yes	0	6
	No		6	2			
Waiting Area	Yes		5	6	Yes	5	1
	No		1	0			
OPD Room	Yes	With attached washbasin + toilet + running water	0	6	Yes (With attached Toilet + Washbasin + Running water)	0	6
		With attached washbasin + running water	1	0			
		Without any attached facility	5	0			
	No		0	0			
Examination Room	Yes, with Attached Washbasin + Running Water		0	6	Yes, with Attached Washbasin + Running Water	0	6
	No		6	0			
Dressing and First Aid Room	Yes	With attached washbasin + running water	0	0	With attached washbasin + running water	0	6
		Without any attached facility	0	0			
	No		6	0			

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status against Recommended Norms		
			Availability	Expressed need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
Laboratory*	Yes, with attached washbasin + running water		0	4	Yes, with attached washbasin + running water	0	6
	No		6	0			
Medicine Preparation Room	Yes	Without any Attached Facility	2	0	With attached washbasin + running water	0	6
		With attached washbasin + running water	0	3			
	No		4	3			
Drug Dispensing Room	Yes		3	6	Yes	3	3
	No		3	0			
Drug Storage Room	Yes		5	5	Yes	5	1
	No		1	1			
Store Room	Yes		3	4	Yes	3	3
	No		3	2			
Staff Duty Room*	Yes, With attached washbasin and toilet with running water		0	4	Yes, With attached washbasin and toilet with running water	0	6
	No		6	2			
Any Other Room	Yes		0	5	Yes	0	6
	No		6	1			
Doctor's Rest Room**	Yes, With attached washbasin and toilet with running water		0	4	Yes, With attached washbasin and toilet with running water	0	6
	No		6	2			
<b>DOCTOR'S RESIDENCE FACILITY</b>							
Doctor's Residence Facility	Yes	Outside Dispensary within same Compound	0	4	Outside Dispensary within same Compound	1	6
		Outside Dispensary within Village/ Urban Ward	1	1			
	No		5	1			

\*Desirable \*\*(If Residence Facility is not available)

Residence facility was provided to one dispensary doctor only, which was located outside the dispensary within same village/ urban ward. Need for doctor's residence facility was expressed by five dispensary in-charges.

### REFERRAL AND COMMUNICATION FACILITIES:

None of the dispensaries was found to have any Transport facility for patient referral, although in five dispensaries need for an ambulance was expressed. No facility for communication was provided in any of the dispensaries, but need was expressed in all dispensaries for some form of communication facilities like telephone, mobile and internet etc.

**Table U13:** Status of Referral and Communication Facilities in Unani Dispensaries

Components	Condition		Availability & Need Status (No. of Dispensaries)		Status against Recommended Norms		
			Availability	Expressed need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
<b>Transport Facility for Referral</b>	Yes, Ambulance		0	5	Yes, (Ambulance) Govt./ PPP	0	6
	No		6	1			
<b>Communication Facilities</b>	Yes	Telephone, Mobile and Internet	0	1	Yes, Telephone	0	6
		Telephone and Mobile	0	1			
		Telephone	0	4			
	No		6	0			

### WATER AND ENERGY CONSERVATION TECHNIQUES:

When asked about rain water harvesting, it was found to be unavailable in any of the unani dispensaries but four doctors expressed the need for rain water harvesting. None of the dispensaries were found to be using alternative sources of energy. Need for using alternative sources of energy was expressed in three unani dispensaries

**Table U14:** Status of Water and Energy Conservation Techniques in Unani Dispensaries

Name of Technique	Condition		Availability & Need Status (No. of Dispensaries)		Status against Recommended Norms		
			Availability	Expressed need	Recommended Norms	No. of Dispensaries	
						As per Norms	Gap
<b>Rain Water Harvesting</b>	Yes		0	4	Yes	0	6
	No		6	2			
<b>Alternative Sources of Energy</b>	Yes,	Solar and Biogas	0	0	Yes (Solar)	0	6
		Solar	0	3			
		Biogas	0	0			
	No		6	3			

# **FURNITURE**

### ESSENTIAL AND DESIRABLE FURNITURE:

The furniture has been analyzed by making various categories in availability and expressed need status according to the number found during the study. Among the essential dispensary furniture, Doctor's chair and table, patient stool and almirahs were found to be present in all the dispensaries. Other furniture showed a varied pattern with presence in some dispensaries and absence in others. Furniture which was found to be lacking in all or most of the dispensaries included foot step, registration table, bedside screen, examination table, and staff table. Dispensing table and waiting bench were found to be lacking in only one dispensary. Need expressed for each furniture item varies from 0 to more than 3 as expressed in table given above. Among desirable furniture, side wooden rack and book shelf were lacking in all the unani dispensaries, but need was expressed in most of the dispensaries as enumerated in the table below. **The recommended number for each item of furniture (per dispensary) has also been provided in the table.**

**Table U15: Status of Furniture in Unani Dispensaries**

Name of Furniture	AVAILABILITY & NEED STATUS (No. of Dispensaries)								Status Against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (< Norms)
	=0	=1	=2	≥3	=0	=1	=2	≥3			
<b>ESSENTIAL DISPENSARY FURNITURE</b>											
Doctor Chair	0	6	0	0	0	3	3	0	1	6	0
Doctor's Table	0	6	0	0	0	5	1	0	1	6	0
Visitor's Chair	3	1	1	1	0	1	0	5	3	1	5
Patient Stool	0	4	2	0	0	4	2	0	2	2	4
Examination Table	4	2	0	0	1	4	1	0	1	2	4
Footstep	6	0	0	0	0	5	1	0	1	0	6
Bedside Screen	5	1	0	0	0	5	1	0	1	1	5
Staff Chair	2	1	3	0	0	0	1	5	4	0	6
Staff Table	4	2	0	0	5	1	0	0	1	2	4
Registration Table	6	0	0	0	0	6	0	0	1	0	6
Dispensing Table	1	4	1	0	0	5	1	0	1	5	1
Waiting Bench	1	2	3	0	0	1	3	2	3	0	6
Almirah	0	2	2	2	0	0	1	5	3	2	4
Medicine Rack	1	3	1	1	0	0	1	5	3	1	5
<b>DESIRABLE DISPENSARY FURNITURE</b>											
Side Wooden Rack	6	0	0	0	2	2	2	0	1	0	6
Book Shelf	6	0	0	0	1	4	1	0	1	0	6

# **EQUIPMENTS**

## EQUIPMENTS FOR OPD ROOM

The availability status and expressed need for essential and desirable OPD equipments that are required for providing OPD services in a dispensary are enumerated in table provided below (Table U16). The table also lists the recommended number for each equipment (per dispensary).

**Table U16:** Status of OPD Equipments in Unani Dispensaries

Name of OPD Equipment		Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (< Norms)
		= 0	= 1	= 2	≥ 3	= 0	= 1	= 2	≥ 3			
<b>ESSENTIAL OPD EQUIPMENTS</b>												
BP Apparatus		0	3	2	1	0	0	3	3	1	6	0
Stethoscope	Adult	0	2	1	3	0	2	2	2	1	6	0
	Pediatric	6	0	0	0	4	2	0	0	1	0	6
Thermometer	Oral	0	1	4	1	0	0	2	4	2	5	1
	Rectal	6	0	0	0	5	1	0	0	1	0	6
Tongue Depressor	Steel	1	3	1	1	1	4	1	0	1	5	1
	Disposable	6	0	0	0	4	0	0	2	As per need	0	6
Torch		2	1	3	0	0	1	4	1	1	4	2
Hammer		5	1	0	0	5	1	0	0	1	1	5
ENT Diagnostic Set		1	4	1	0	1	4	1	0	1	5	1
Proctoscope		4	1	0	1	4	1	0	1	1	2	4
Weighing Machine	Adult	0	5	0	1	0	4	1	1	1	2	4
	Infant (5Kg)	5	1	0	0	3	3	0	0	1	1	5
	Baby (10Kg)	6	0	0	0	4	2	0	0	1	0	6
Height Measuring	Instrument	6	0	0	0	1	5	0	0	1	0	6
	Tape	6	0	0	0	1	4	1	0	1	0	6
<b>DESIRABLE OPD EQUIPMENTS</b>												
Vision Testing	Chart	6	0	0	0	4	2	0	0	1 Chart or 1 Box	0	6
	Box	6	0	0	0	3	3	0	0		0	6
X-Ray View Box		6	0	0	0	0	6	0	0	1	0	6

## EQUIPMENTS FOR PHARMACY AND DISPENSING SERVICES

### Medicine Preparation Appliances

The availability status and expressed need for different Medicine preparation equipments that are required in a unani dispensary are enumerated in table provided below (Table U17). **The table also lists the recommended number of each appliance (per dispensary).**

**Table U17: Status of Medicine Preparation Appliances in Unani Dispensaries**

Name of OPD Equipment	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (< Norms)
	=0	=1	=2	≥3	=0	=1	=2	≥3			
Gas Stove	6	0	0	0	0	6	0	0	1	0	6
LPG Cylinder with Accessories	6	0	0	0	0	4	2	0	2	0	6
Kerosene Stove	4	2	0	0	4	2	0	0	1 (If Gas Supply not available)	2	4
Pressure Cooker	6	0	0	0	5	1	0	0	1	0	6
Weighing Scale	4	1	1	0	4	1	1	0	1	2	4
Saucepan with Lid	3	2	0	1	1	2	3	0	1	3	3
Measuring Glass	4	1	1	0	0	1	4	1	2	1	5
Measuring Jug	6	0	0	0	1	1	4	0	1	0	6
Sieves	5	0	1	0	1	2	1	2	2	1	5
Jug	2	4	0	0	0	2	4	0	2	0	6
Glass	1	1	2	2	0	0	0	6	6	1	5
Bowls	6	0	0	0	1	1	1	3	6	2	4
Spoons	6	0	0	0	0	1	0	5	6	0	6
Flask	6	0	0	0	0	3	3	0	1	0	6
Knife	4	2	0	0	0	2	3	1	1	2	4
Ordinary Scissor	1	5	0	0	0	3	3	0	1	5	1
Buckets	0	2	2	2	0	1	4	1	2	4	2
Mugs	2	3	0	1	0	0	6	0	2	1	5

### Medicine Preparation Machines

The availability status and expressed need for different Medicine preparation machines that are required for medicine preparation in a unani dispensary are enumerated in table provided below (Table U18). **The table also lists the recommended number of each appliance (per dispensary).**

**Table U18: Status of Medicine Preparation Machines in Unani Dispensaries**

Name of OPD Equipment	Availability & Need Status (No. of Dispensaries)								Recommended No. (Per Dispensary)
	Availability				Expressed Need				
	=0	=1	=2	≥3	=0	=1	=2	≥3	
Paste Preparation Machine	0	1*	0	0	0	1	0	0	Decide on the basis of Services to be provided in the Dispensary
Distillation Apparatus	0	1*	0	0	0	1	0	0	
Kild up Machine	0	1	0	0	0	1	0	0	
Electric Grinder Machine	0	1	0	0	0	1	0	0	

\*Not Functional

### Medicine Dispensing Equipments

The availability status and expressed need for different Medicine preparation machines that are required for medicine preparation in a dispensary are enumerated in table provided above (Table U19). **The table also lists the recommended number of each appliance (per dispensary).**

**Table U19: Status of Medicine Dispensing Equipments in Unani Dispensaries**

Name of OPD Equipment	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (< Norms)
	=0	=1	=2	≥3	=0	=1	=2	≥3			
Kharal	2	1	1	2	2	2	2	0	1	4	2
Imam Dasta	3	2	1	0	1	5	0	0	1	3	3
Measuring Spoons	6	0	0	0	0	2	2	2	5	0	6
Dispensing Cup	6	0	0	0	1	2	2	1	2	0	6

### INSTRUMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES

The availability status and expressed need for different instruments that are require for dressing, suturing and first aid services are enumerated in table provided below (Table U20). **The table also lists the recommended number of each appliance (per dispensary).**

**Table U20: Status of Instruments for Dressing, Suturing and First Aid in Unani Dispensaries**

Name of OPD Equipment		Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (< Norms)
		= 0	= 1	= 2	≥ 3	= 0	= 1	= 2	≥ 3			
Forceps	Straight Artery	2	0	1	3	3	1	1	1	2	4	2
	Curved Artery	4	1	1	0	4	1	1	0	2	1	5
	Plain	0	1	0	4	1	1	1	3	2	4	2
	Toothed	2	2	1	1	1	1	2	2	2	2	4
	Sponge Holding	1	2	1	2	1	2	1	1	2	3	3
	Dressing	2	3	0	1	2	2	1	1	2	1	5
	Allies	2	3	0	1	2	2	1	1	2	1	5
	Tooth Holding	3	3	0	0	3	2	1	0	2	1	5
Surgical Scissors		0	1	0	5	1	0	0	5	8*	3	3
Stitch Removing Scissors		4	2	0	0	4	2	0	0	2	0	6
Surgical Knife		5	0	0	1	4	0	1	1	2	1	5
Scalpel		3	2	1	0	2	2	2	0	2	1	5
BP Handle		3	2	0	1	1	2	2	1	2	1	5
Needle Holder	Big	4	2	0	0	3	2	1	0	2	0	6
	Small	4	1	0	1	3	1	1	1	2	1	5
Foreign Body Remover		2	1	0	3	2	1	2	1	2	3	3
Insertion Probe		3	2	0	1	3	1	1	1	2	1	5
Nasal Retractor		4	1	0	1	4	1	1	0	2	1	5
Instrument Tray		2	1	2	1	0	2	3	1	2	3	3
Kidney Tray		2	2	0	2	1	2	2	1	2	2	4
Boiler/ Sterilizer		2	4	0	0	1	5	0	0	1	0	6
Dressing Drum		3	2	0	1	3	1	1	1	2	1	5
Steam Inhaler		6	0	0	0	0	1	0	0	1	0	6
Hot Water Bag		1	3	1	1	1	3	1	1	1	2	4
Basin		2	4	0	0	0	5	1	0	1	4	2
Basin Stand		2	4	0	0	1	4	1	0	1	4	2

\*of different size & types

#### OTHER SERVICE BASED INSTRUMENTS:

Some of the instruments were found to be present in unani dispensaries which are used for providing specialized services like investigations, and IPD services, but are not required for recommended essential services in dispensary. The table (Table U21) provided below gives the availability and expressed need status as well as recommended norms for such instruments. Although need for some of these instruments was expressed in some dispensaries, but their supply can be decided on the basis of such services to be provided in the dispensaries.

**Table U21: Status of Other Service Based Instruments in Unani Dispensaries**

Name of OPD Equipment	Availability & Need Status (No. of Dispensaries)								Status Against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Dispensary)	≥ Norms	Gap (< Norms)
	=0	=1	=2	≥3	=0	=1	=2	≥3			
<b>INSTRUMENTS AND EQUIPMENTS FOR INVESTIGATION SERVICES</b>											
Glucometer	0	0	0	0	0	1	0	0	1	0	6
<b>INSTRUMENTS FOR IPD SERVICES</b>											
Ice Bag	5	0	0	1	3	3	0	0	<b>Decide on the basis of Services to be provided in the Dispensary</b>		
Breast Pump	5	0	0	1	4	1	0	1			
Infra Red lamp	6	0	0	0	5	1	0	0			
Enema Pot	5	0	1	0	2	3	1	0			
Enema Accessories	5	0	1	0	2	3	1	0			
Urine Pot	4	1	0	1	4	2	0	0			
Bed Pan	2	2	2	0	4	2	0	0			

# **RECURRING SUPPLY**

## FURNISHING MATERIAL:

Doctor table glass, Table sheets, Lock were found to be present in 5 unani dispensaries: curtains were present in 4 unani dispensaries, but curtain rod was present in 2 dispensaries; Doctor's chair towel and towels for general use were present in 3 dispensaries, but towel rod was lacking in all the dispensaries. Sheet for examination table was present in 2 dispensaries and mattress in one dispensary. Apron for doctor and staff, Pillows and stand for magazines/ newspapers was lacking in all the dispensaries. Need for all this material was expressed in all the dispensaries. (Table U 22). The table also lists the recommended number for each material.

**Table U22: Status of Furnishing Material in Unani Dispensaries**

Name of Furnishing Material	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non-availability)
<b>FURNISHING MATERIAL</b>				
Doctor Table Glass	5	6	1	1
Table Sheets	5	6	4	1
Towels	3	6	4	3
Doctor Chair Towel	3	6	2	3
Sheet for Examination Table	2	6	2	4
Mattress for Examination Table	1	6	1	5
Doctors Apron	0	6	2	6
Staff Apron	0	6	2	6
Pillow with Covers	0	6	2	6
Napkin/ Towel Rod	0	6	2	6
Magazine/ Paper Stand	0	6	1	6
Clock	2	6	2	4
Calling Bell	2	6	1	4
Paper Weight	4	6	4	2
Pen Stand	4	6	2	2
Curtains	4	6	As per Need	2
Curtain Rod	2	6		4
Lock	5	6		1

## RECORD KEEPING, STATIONERY AND IEC MATERIAL:

Among registers; OPD cum dispensing, medicine stock, receipt and dispatch, permanent articles stock, attendance and contingency were present in all the dispensaries. Dressing material, cashbook ledgers and ayushdeep meetings register were present in 5, 4 and 3 dispensaries respectively. Need for all these registers was expressed in all the dispensaries. Daily stock register was maintained only in two dispensaries, while need was expressed in 5 dispensaries. Camp and inspection register were present in two dispensaries and need was expressed in two dispensaries. Register for National health programmes was present in one dispensary and need was expressed in one dispensary only (Table U23). **The table also lists the recommended supply of these materials.**

**Table U23:** Status of Record Keeping, Stationery and IEC Material in Unani Dispensaries

Name of Furnishing Material	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non Availability)
<b>RECORD KEEPING MATERIAL</b>				
OPD cum Dispensing	6	6	1	0
Medicine Stock	6	6	1	0
Receipt and Dispatch	6	6	1	0
Permanent Articles Stock	6	6	1	0
Contingency	6	6	1	0
Attendance	6	6	1	0
Dressing Material	5	6	1	1
Cashbook Ledgers	4	6	1	2
Ayushdeep Meetings	3	6	1	1
Daily Stock	2	5	1	2
Inspection	2	2	1	2
Camp	2	2	1, If Service is Provided	2
Malaria/TB/Kusht Rog/Motiyabind	1	1		0
<b>STATIONERY MATERIAL</b>				
Pen and Pencil	6	6	As per Need	0
Files	5	6		1
Prescription Slips	2	6		4
Referral Slips	0	6		6
<b>IEC MATERIAL</b>				
Pamphlets	2	6	As per Need	4
Books	1	6		5
Magazines	0	6		6
Daily News Paper	0	6		6

In Stationery, pen and pencil were present in all the dispensaries; files for keeping documents were present in 5 dispensaries. Prescription slips were present only in two and referral slips in nine of the unani dispensaries. Need for all this stationery material was expressed in all the dispensaries (Table U23). **The table also lists the recommended supply of these materials.** Pamphlets were present in 2, books in 1 whereas magazines and daily news paper were present in none of the unani dispensaries. Need for all this IEC material was expressed in all the dispensaries (Table U23). **The table also lists the recommended supply of these materials.**

### **MEDICINE STORAGE AND DISPENSING MATERIAL:**

For medicine dispensing plastic pouch and newspaper were used in 4 dispensaries. Plain paper was used only in two dispensaries. Need for plastic pouch for medicine packing was expressed in all the dispensaries whereas only 2 dispensaries expressed need of using newspaper. Plain paper was present in 2 dispensaries, and need was expressed in 3 dispensaries. Labels for medicine containers were available in all dispensaries while small labels for medicine dispensing pouch were found to be available in one dispensary only. Need for labels for medicine containers was expressed in all dispensaries and for medicine dispensing pouch in 4 dispensaries. (Table U 24).

**The table also lists the recommended supply of these materials.**

**Table U24:** Status of Medicine Storage and Dispensing Material in Unani Dispensaries

Name of Furnishing Material	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non Availability)
<b>MEDICINE STORAGE MATERIAL</b>				
Medicine Supply Containers	5	0	As per Need	1
PET Containers	0	4		6
Plastic Transparent	2	1	Not Recommended	-
Steel Containers	2	1		-
<b>MEDICINE DISPENSING MATERIAL</b>				
Plastic Pouch for Medicine Packing	4	6	As per Need	2
Plain Paper for Medicine Packing	2	3		4
Labels for Medicine Containers	6	6		0
Small Labels for Medicine Dispensing Pouch	1	4		5
Newspaper for Medicine Packing	4	2	Not Recommended	-

**MEDICAL CONSUMABLES:**

Surgical blade and suturing thread were present in 3 dispensaries; whereas surgical gloves, rubber catheters and Folley's catheters were present in one dispensary only. Need for surgical blade was expressed in all dispensaries, suturing thread and surgical gloves in 5 dispensaries and rubber catheters and Folley's catheters in 2 dispensaries only (Table U23). **The table also lists the recommended supply of these materials.**

**Table U25:** Status of Medical Consumables in Unani Dispensaries

Name of Furnishing Material	Availability & Need Status (No. of Dispensaries)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended No. (Per Dispensary)	Gap (No. of Dispensaries with Non Availability)
Surgical Blade	3	6	As per Need	3
Suturing Thread	3	5		3
Surgical Gloves	1	5		5
Rubber Catheters	1	2		5
Folley's Catheter	1	2		5

# **ELECTRICAL APPLIANCES**

## ELECTRICAL APPLIANCES

**Table U26:** Status of Electrical Appliances in Unani Dispensaries

Name of Appliance	Availability & Need Status (No of Dispensaries)								Status Against Recommended Norms	
	Availability				Expressed Need				Recommended No. (per Dispensary)	Gap (No. of Dispensaries with Non-Availability)
	=0	=1	=2	≥3	=0	=1	=2	≥3		
Fan	2	0	2	2	0	0	2	4	1 per room	2
Cooler	4	2	0	0	0	4	1	1	As per Need	6
Table Lamp	5	1	0	0	1	4	1	0	2	5
Room Heater	6	0	0	0	2	2	2	0	Not Recommended	6

## LIGHTING APPLIANCES

**Table U27:** Status of Lighting Appliances in Unani Dispensaries

Name of Appliance	Availability Status (Frequency (%) of Dispensaries)	Status Against Recommended Norms	
		Recommended Supply (per Dispensary)	Gap (No. of Dispensaries with Non-Availability)
CFL	1 (16.7)	1 per room	5
Tubelight	5 (83.3)	Not Recommended	1
Bulb	3 (50)		3

The tables (Table U26 and U27) given above shows the availability and expressed need status as well as the recommended supply for electrical appliances.

# **SERVICES**

OPD and National Health Programme Services were provided in all the dispensaries and need was also expressed in all the dispensaries. Dressing and First Aid services were being provided in 5 dispensaries. Suturing Services, Family Planning Services, Obstetrics and Gynecology were provided in 4, 3 and 2 dispensaries respectively; while need for providing Dressing and Family planning services was expressed in all the dispensaries, for First Aid and Suturing services in 5 and for obstetrics and gynecology in 4 dispensaries. Minor Surgery Services were provided in only one dispensary and need for providing such services was also expressed in one dispensary only. Investigation, Emergency and Immunization were not being provided in any of the dispensaries but need was expressed for providing these services in future (Investigation and Immunization services in 5, Emergency services in 3 dispensaries).

**Table U28: Availability and Expressed Need Status of Various Services in Unani Dispensaries**

Name of Service	Number (%) of Dispensaries with	
	Availability	Expressed Need
OPD	6 (100)	6 (100)
National Health Programmes	6 (100)	6 (100)
Dressing	5 (83.3)	6 (100)
First Aid	5 (83.3)	5 (83.3)
Suturing	4 (66.7)	5 (83.3)
Family Planning	3 (50)	6 (100)
Obstetrics and Gynecology	2 (33.3)	4 (66.7)
Minor Surgery	1 (16.7)	1 (16.7)
Investigation	0	5 (83.3)
Emergency	0	3 (50)
Immunization	0	5 (83.3)

# **MEDICINES**

For analysis of medicines, four groups have been made according to availability status of medicines as:

**Table U29:** Grouping Pattern acc. To Availability Status of Medicines in Unani Dispensaries

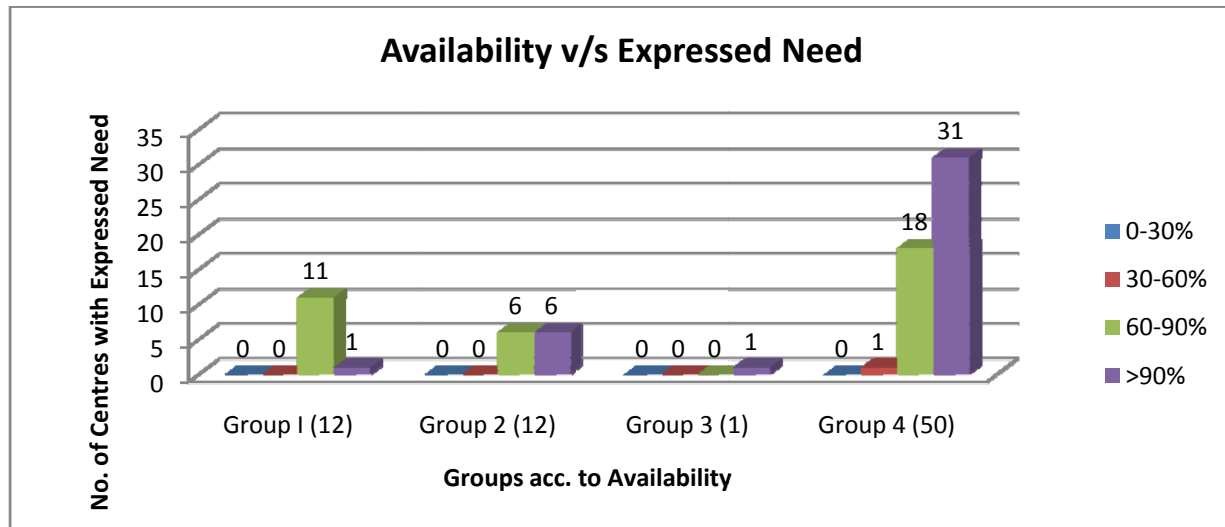
Group Name	Availability Status (%)
1 <sup>st</sup> Group	>90%
2 <sup>nd</sup> Group	60-90%
3 <sup>rd</sup> Group	30-60%
4 <sup>th</sup> Group	0-30%

Further, the expressed need has been analyzed for medicines belonging to different groups as shown in the table below. This gives us a comparative analysis of expressed need for medicines against availability status of medicines in different groups. (For details, refer ANNEXURE IC)

**Table U30:** Status of Medicines in Unani Dispensaries

Groups acc. to Availability	Expressed Need Status			
	0-30%	30-60%	60-90%	>90%
Group I (12)	0	0	11	1
Group 2 (12)	0	0	6	6
Group 3 (1)	0	0	0	1
Group 4 (50)	0	1	18	31

**Chart U2:** Availability v/s Expressed Need Status of Medicines in Unani Dispensaries



## **DISCUSSION AND CONCLUSION:**

There are still gaps in the workforce of unani dispensaries particularly in relation to paramedical staff. As per the sanctioned norms of CG govt., Unani dispensaries are working with a staff of 5 personnel and in that also there are a lot of deficiencies. This is accordance with findings of a study carried by Sankar et al in 2001 which revealed that majority of non- allopathic systems in Kerala function with only less than five members including the physician (13). The deficient workforce in dispensaries is similar to condition present in states of Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan where the actual numbers of AYUSH doctors already in place in PHF's was acknowledged to be low (14).

When talking about infrastructure, the condition of unani dispensaries was found to be relatively good as compared to Ayurveda and homeopathic dispensaries. This might be due to very less number (only 6) of total dispensaries of unani therapy in relation to Ayurveda (635) and homeopathy (52) dispensaries. So, providing basic provision of electricity and water supply and ensuring other basic equipments is relatively easy as compared to other therapies. Out of the total 6 unani dispensaries, only 2 are running in designated govt. buildings. Electricity supply is present in all the dispensaries but presence of concealed wiring needs to be considered seriously in all dispensaries. Although water supply was found to be present in 5 dispensaries, but there is need to ensure continuity of water supply in these healthcare facilities. Toilet facility should be present in the dispensary for patients as well as staff with ensured water supply.

There is great need to sensitize the dispensary doctors about the right way of bio medical waste disposal. Training of doctors regarding the segregation of BMW at source as well proper disposal method of Bio medical waste needs to be provided. Also there is need to provide proper drainage system for disposal of waste water. Knowledge about proper display of citizen's charter, signage and section name plate needs to be given.

For the specialized service areas/rooms there is need to sensitize the doctor's regarding the efficient use of the existing set up. The examination room can be used from within the OPD room by separation with a curtain or with aluminium separation, And likewise for other areas

also. There is need to provide communication facilities and provision for transport facility for referral can be made either through govt. or through PPP.

There is deficiency of some of the essential furniture such as Examination table, footstep and bedside screen in these dispensaries which needs to be looked into. Also consideration for providing book shelf or side wooden rack can also be made.

There is wide variation in relation to various equipments present in these dispensaries. Some of the basic equipments such as torch, hammer, and height measuring instruments are not present in some dispensaries whereas other equipments are present in high numbers and are not even in use in these dispensaries. Many equipments were found to be lying packed and unused. This is especially true in case of surgical instruments such as artery forceps, needle holders, surgical scissors etc. Even the kidney tray and instrument trays were found to be lying unused in many dispensaries. There is need to ensure that over supply and over burdening of the dispensaries with equipments not useful to them should be avoided.

Some equipments which are used for IPD services such as enema pot, bed pan, urine pot etc. were also found to be present in majority of dispensaries. These equipments should only be provided on the basis of services that are to be provided in these dispensaries.

There was a wide variation seen in the recurring supply in most of the dispensaries. This might be because of the fact that their supply is very much irregular and discontinuous. There is need to ensure continuous and regular supply of these items in these dispensaries.

There is need to encourage workforce posted in these dispensaries to use energy saving appliances such as CFL instead of tube lights and bulbs. Also there is need to ensure the supply of other electrical appliances in these dispensaries.

Although OPD services are being provided in all the dispensaries but it has been observed that dressing and suturing services are not provided in some dispensaries. This might be due to lack of supply of supportive measures such as anesthetics which are required for performing these procedures. Other reason could be absence of interest of workforce posted in these dispensaries.

There is need to specify various services that can be provided in these dispensaries and accordingly supply of various materials should be made.

In relation to medicines for these dispensaries, most of the medicines were found to be deficient in dispensaries. The supply of the medicines should be need based.

**CHAPTER-VII**  
**CO-LOCATED CENTRES**

India has a great traditional knowledge of Ayurveda, Siddha, Unani, Yoga and Homeopathy systems of medicine. For the time immemorial, these systems of traditional medicine are catering the need of Indian population. People have faith in these medicines which are cost effective, accessible and easily available in every part of the country. There is a huge infrastructure of AYUSH dispensaries, hospitals and medical colleges and hospitals in the country. But these systems have been operating in isolation to cater the need from village to district level. There was no optimum utilization of vast AYUSH infrastructure as well as trained manpower in the official healthcare delivery system of India. With a view to integrate AYUSH health care with mainstream health care services, a Centrally Sponsored Scheme for Development of Health Care Institutions was introduced during the 10<sup>th</sup> Plan. Under the Scheme, financial assistance was provided for setting up AYUSH treatment centres in Allopathic hospitals and procurement of AYUSH drugs and medicines for AYUSH dispensaries located in rural and backward areas. While the scheme was under implementation, the National Rural Health Mission (NRHM) was launched in April, 2005, which had mainstreaming of AYUSH as one of its goals and a conscious decision was taken to mainstream AYUSH systems at PHC, CHC and District level hospital set up. As a core strategy of NRHM, the AYUSH doctors and paramedical staff are being posted at various allopathic institutions. This is how the co-located centres came into being (39).

The guidelines to include AYUSH practitioners at all levels in NRHM including the state health Mission, District Mission and Rogi Kalyan Samiti's have been issued.

The Mainstreaming of AYUSH under NRHM is mainly based on following aspects (40):

1. AYUSH systems of medicine are well accepted by the community, particularly in rural areas. These medicines are economical, comparatively safe, efficacious and easily available and can be prepared from locally available resources.
2. Each AYUSH system has its unique strength to tackle diseases which may not be amenable to treat in other systems like chronic debilitating diseases, lifestyle diseases, musculo-skeletal disorders & joint disorders through Panchkarma therapies etc
3. Integration of AYUSH systems including infrastructure, manpower and AYUSH medicines to strengthen the Public Healthcare delivery system at all levels and promote AYUSH medicines at grass root level or village level with different National Health

Programmes. The AYUSH personnel would work under the same roof of the Public Health Infrastructure.

4. Involvement of AYUSH personnel in policy and planning bodies as well as monitoring and implementation bodies at national, state, district, block and facility levels is envisaged in the guidelines under NRHM. Following bodies at various levels has AYUSH representation in some form or the other:

- Mission Steering Group
- Empowered Programme Committee
- State Health Mission
- State Health Society
- District Health Mission
- District Health Society
- Rogi Kalyan Samiti
- Village Health and Sanitation Committee
- Others as per the state

#### **Strategies and Framework:**

The concept of mainstreaming of AYUSH revolves around optimal use of all available human resources for healthcare provision in the country. Mainstreaming has essentially two aspects:

Firstly, there should be cafeteria approach of making AYUSH and Allopathic systems available under one roof at the PHC/ CHC and District level Hospital. Secondly, the qualified AYUSH practitioners can fill the manpower gaps in Primary healthcare, particularly at the CHC and PHC level.

The main strategies are:

1. Under NRHM, where AYUSH doctors are co-located in the PHC/ CHC/ DHs, essential drugs are supplied from financial assistance provided to the state Governments from the Department of AYUSH, Ministry of Health & Family Welfare, Government of India.
2. At the CHC level, two rooms shall be provided separately for AYUSH practitioners and pharmacist under the IPHS model
3. At the same time, single doctor PHC's shall be upgraded to two doctor PHC's by inducting AYUSH practitioner at that level.

4. AYUSH doctors to be involved in IEC, health promotion, supervisory activities and all National Health Care Programmes, especially in the priority areas like MCH etc.
5. Training of AYUSH doctors in Primary Health Care and National Disease Control Programmes
6. Drug Kit provided to ASHA will contain one AYUSH preparation in the form of iron supplement. Other drugs, which are used in the treatment of common diseases, control of communicable diseases as well as drugs promoting maternal and child health as well as improving quality of life could be included subsequently.
7. The already existing AYUSH infrastructure should be mobilized. AYUSH dispensaries that are not functioning well may be merged with the PHC or CHC
8. Joint monitoring visits to health centres to be undertaken by both AYUSH and Health Care Officials at the District level's/ State level.

#### **RECOMMENDED SERVICES/ ROLES & RESPONSIBILITIES OF AYUSH DOCTOR IN CO-LOCATED CENTRES:**

An important aspect of mainstreaming policy is to know about the strengths of AYUSH systems and promote the culture of cross referral. AYUSH personnel should sensitize other health personnel on strengths and efficacy of ISM&H on various disease conditions.

The following services are to be provided by AYUSH doctors in Co-located centres:

<b>At PHC Level</b>
<b>OPD Services</b>
➤ To provide OPD services to the patients in respective system of medicine.
<b>Health Promotional Activities</b>
➤ Education about nutrition and hygiene through AYUSH system.
<b>School Health Programmes</b>
➤ Management of worm infestation and common skin disorders in school children with AYUSH medicines.
➤ AYUSH doctor will also assist in School Health Programmes including regular checkups.
<b>Emergency and Referral Services</b>

<ul style="list-style-type: none"> <li>➤ Emergency services: Appropriate management of injuries/ first aid, stabilization of the condition of patient before referral</li> <li>➤ Referral Services</li> </ul>
<b>IPD Services</b>
<ul style="list-style-type: none"> <li>➤ In-patient services, if patients have been admitted.</li> </ul>
<b>Pharmacy Services</b>
<ul style="list-style-type: none"> <li>➤ To monitor the inflow of AYUSH medicines to Pharmacy, verify the stock register and recommend to the concerned authority for their replenishment.</li> </ul>
<b>MCH Care &amp; Family Planning</b>
<ul style="list-style-type: none"> <li>➤ To provide assistance for MCH care including Family Planning</li> <li>➤ Education about contraception, essential newborn care etc.</li> </ul>
<b>Services during Epidemics</b>
<ul style="list-style-type: none"> <li>➤ Prevention &amp; control of locally endemic diseases like Malaria, Kala azar and Japanese encephalitis etc. as per the existing guidelines issued in this regard after proper training.</li> <li>➤ Disease Surveillance &amp; control of Epidemics: <ul style="list-style-type: none"> <li>• Being alert to detect unusual health events and proper reporting to referral units</li> <li>• Advise for disinfection of water sources, air and prevention of mosquito breeding by methods like fumigation with medicinal herbs</li> </ul> </li> </ul>
<b>National Health Programmes</b>
<ul style="list-style-type: none"> <li>➤ Relevant services/ support would be provided to National Health Programmes including RCH Programme, Non communicable disease control programmes.</li> </ul>
<b>Training &amp; Monitoring Services</b>
<ul style="list-style-type: none"> <li>➤ Training to be provided to ASHA's/ ANM's/ Health workers on simple AYUSH remedies and preventive and promotive healthcare under AYUSH.</li> <li>➤ Monitoring and Supervision by AYUSH MO through regular meetings/ Periodic visits with ANM/ AHSA/ Health Worker</li> </ul>
<b>Important</b>
<ul style="list-style-type: none"> <li>➤ In single doctor PHC's where AYUSH doctor's are posted, they have to undertake the responsibilities of all the health programmes assigned to modern medical doctors along with AYUSH interventions.</li> </ul>
<b>AT CHC's and DH's Level</b>
<b>OPD/IPD Services</b>
<ul style="list-style-type: none"> <li>➤ To provide OPD/ IPD services to the patients under respective system of medicine.</li> </ul>

<b>Health Promotional Activities</b>
➤ Education about nutrition, hygiene through AYUSH system
<b>School Health Programmes</b>
➤ Management of Worm Infestation and Common skin disorders in school children with ASU&H medicines.
➤ AYUSH doctor also assist in School Health Programmes including regular check up.
<b>Specialized Therapies</b>
➤ To provide specialized AYUSH health care in Panchkarma, Ksharsutra and Geriatric healthcare etc. as per the qualification of the medical officer.
➤ Referral Services
<b>IPD Services</b>
➤ In-patient services as per the no. of beds in the co-located AYUSH facilities, necessary inpatient care to be provided.
<b>Record Maintenance and Pharmacy Services</b>
➤ The AYUSH MO will keep a record of patient attendance in AYUSH OPD, and all the cases of cross reference separately.
➤ To monitor the inflow of AYUSH medicines to Pharmacy, verify the stock register and to recommend to the concerned authority for their replenishment.
<b>MCH Care &amp; Family Planning</b>
➤ To provide assistance for MCH care including Family Planning
➤ Education about contraception, essential newborn care etc.
<b>Services during Epidemics</b>
➤ Prevention & control of locally endemic diseases like Malaria, Kala azar and Japanese encephalitis etc. as per the existing guidelines issued in this regard after proper training.
➤ Disease Surveillance & control of Epidemics
• Being alert to detect unusual health events and proper reporting to referral units
• Advise for disinfection of water sources, air and prevention of mosquito breeding by methods like fumigation with medicinal herbs
<b>National Health Programmes</b>
➤ Relevant services/support would be provided to National Health Programmes including RCH Programme, Non communicable disease control programmes.
<b>Training and Monitoring Services</b>

- Training to be provided to ASHA's/ ANM's/ Health workers on simple AYUSH remedies and preventive and promotive healthcare under AYUSH.
- Monitoring and Supervision by AYUSH MO through regular meetings/ Periodic visits with ANM/ AHSA/ Health Worker

Use of modern medicines for providing various services and under National Health Programmes will subject to Chhattisgarh Regulations and Directives.

There are already set guidelines present as described above by the GOI (IPHS guidelines) regarding various services that are to be provided by AYUSH doctor in the centre along with roles and responsibilities of the Doctor. These are also present in relation to the space availability in the centre and how that space may be created. The various equipments and instruments that are required for providing these services as well as how these will be arranged by different authorities are also clearly explained. The guidelines for providing financial assistance in setting up such units have also been provided. A list of AYUSH medicines and drugs which need to be supplied in such centres has also been provided.

## I. WORK FORCE

### RECOMMENDED WORKFORCE (as per GOI guidelines)

**Table C1: Recommended Workforce for Co-located Centres**

Name of Workforce	Number
At PHC	
AYUSH Doctor	1
AYUSH Pharmacist	1
MPW	1
At CHC	
Outdoor Facility	
AYUSH Specialist	1
Paramedical Staff	1
MPW	1
Indoor Facility	
AYUSH Specialist (for each specialization)	1
Paramedical Staff	2
MPW	1

**Table C2: Workforce status in Co-located Centres (n=20) against AYUSH norms**

Category of Workforce	Norms (per Dispensary)	Centres with Availability			Centres with Expressed Need by Respondents		
		As per Norms	Above Norms	Below Norms (Vacant)	Norms are OK	Need more than norms	Need less than norms
Ayurvedic Doctor	1	19	1	0	13	7	0
Compounder	1	3	0	17	20	0	0
Aushdhalya Sewak	1	3	0	17	20	0	0

One ayurvedic doctor was found to be present in 19 centres whereas in 1 centre, two ayurvedic doctors were found whereas need for one doctor per centre was expressed in 13 centres and for 2 doctors per centre in 7 co-located centres. Compounder and Aushdhalya Sewak were found to be present only in 3 centres each (Table C2). In addition to the workforce sanctioned as per norms, need for additional workforce such as mahila swasthya karyakarta, nurse, part time sweeper, full time sweeper, store keeper, record keeper and panchkarma assistant was also expressed as enumerated in the table (Table C3) given below.

**Table C3: Number of Co-located Centres (n=20) with expressed need over and above the existing norms for Workforce of AYUSH CG**

Category of Workforce		Expressed Need of 1	Expressed Need of 2
MahilaSwasthya Karyakarta		14	0
Nurse	General	4	0
	Ayurvedic	1	0
Part Time Sweeper*		7	0
Full Time Sweeper		11	1
Store Keeper		1	0
Panchkarma Masseur		2	2
Record Keeper		1	0

\*Availability in 1 Centre

# **INFRASTRUCTURE**

**ACCESSIBILITY/LOCATION:**

19 out of 20 co-located centres were found to be located within main habitation and connected to motor able roads whereas 1 centre was located outside main habitation within 1 Km and not connected to motor able roads (Table C4).

**Table C4: Accessibility Status of Co-located Centres**

Components	Condition	Availability Status (No. of Co-located Centres)	Status Against Recommended Norms		
			Recommended Norms	As per Norms	Gap
Distance of Location of Centre from Main Habitation	Within Main Habitation	19	Within Main Habitation	19	1
	Outside Main Habitation within 1 Km	1			
Connected to Motor able Roads	Yes	19	Yes	19	1
	No	1			

**STATUS OF BUILDINGS:****Table C5: Status of Buildings of Co-located Centres**

Components	Condition	Availability Status (No. of Co-located Centres)	Status Against Recommended Norms		
			Recommended Norms	As per Norms	Gap
Presence of Boundary Wall	Yes, Complete with Main Gate	7	Complete with Main Gate	7	13
	Yes, Partial	1			
	No	12			
Designation/status of Centre Building	Designated Govt. Dispensary Building	19	Designated Govt. Dispensary Building	19	1
	Other Government	1			
Present Stage of Construction of Building	Complete	20	Completely constructed building	20	0
	Partial/Incomplete	0			
Condition of Plaster of Walls	Intact Everywhere	16	Intact Everywhere	16	4
	Coming off in some places	4			
Condition of Floor	Floor in Good condition	15	Floor in Good condition	15	5
	Floor with Many holes	5			
Type of Roof	RCC Slab	19	RCC Slab	19	1
	Sheets	1			
Condition of Roof	Intact Everywhere	17	Intact Everywhere	17	3
	Leaking at Some Places	3			
Herbs Plantation	Yes	0	Yes, In Pots & Garden	0	20
	No	20			

Out of the 20 co-located centres, 19 were located in designated govt. building i.e. CHC or PHC and one centre was located in other building. Floor was present in good condition in 15 centres

while plaster and roof were intact in 16 and 17 centres respectively. Herbal plantations were found to be absent in all the centres (Table C5).

### STATUS OF ELECTRICITY AND WATER FACILITY:

**Table C6: Electricity and Water Facility Status of Co-located Centres**

Components	Condition		Availability Status (No. of Co-located Centres)	Status Against Recommended Norms		
				Recommended Norms	As per Norms	Gap
<b>ELECTRICITY FACILITY</b>						
Electricity Supply	Yes		17	Yes	17	3
	No		3			
Electric Wiring	Yes	All Parts	18	Yes, In All Parts	18	2
		Some Parts	1			
	No		1			
Type of Electric Wiring	Concealed		17	Concealed	17	3
	Open		3			
Electricity Backup Appliances	Yes, in Working Condition		2	Yes	2	18
	Yes, Not in Working Condition		1			
	No		17			
<b>WATER FACILITY</b>						
Water Supply in the Centre	Yes		8	Yes, In the Centre	8	12
	No		12			
Water Supply Source in the Centre	Yes	Bore/ Tube well/ hand Pump	7	Bore/ Tube well/ hand Pump/ Piped	8	12
		Piped	1			
	No		12			
Water Pump/ Motor	Yes		7	Yes	7	13
	No		13			
Overhead Water Tank	Yes, with Capacity	> 1000 lts	4	Yes	8	12
		Upto 1000 lts	1			
		Upto 500 lts	2			
		Unknown	1			
	No		12			
Feature of Available Water Supply in the Centre	Continuous		8	Continuous	8	12
	Not Available		12			
Quality of Available Water Supply in the Centre	Fit for Drinking		8	Fit for Drinking	8	12
	Not Available		12			
Water Supply Source outside the Centre	Yes	Bore/ Tube well/ Hand Pump	11	Water supply in the centre Recommended	-	-
		Piped	1			
	Not Applicable		8			

Most of the co-located centres were found to have electricity supply with electric wiring present in all the parts in 18 centres. 3 centres were found to have electricity back up appliances (shared with their PHC or CHC), out of which 2 were having them in working condition and 1 in non-working condition (Table C6). 8 out of 20 centres were having water supply within the centre either through bore well or piped supply and water was also found to be fit for drinking. Overhead water tank and water pump were present in 8 and 7 centres respectively (Table C6).

### DRINKING WATER FACILITY:

Source of drinking water was located within the centre in 8 centres with presence of water purifier in 3 centres. Container for drinking water was found to be kept in 16 centres.

**Table C7: Status of Drinking Water Facility in Co-located Centres**

Components	Condition		Availability Status (No. of Co-located Centres)	Status Against Recommended Norms		
				Recommended Norms	As per Norms	Gap
Location of Source of Drinking Water	In the Centre		8	In the Centre	8	12
	Outside the Centre	Within 100 mts	8			
		Within 200 mts	2			
		Within 300 mts	1			
		>300 mts	1			
Water Purifier	Yes		3	Yes	3	17
	No		17			
Container for Drinking Water	Yes	Container attached with water purifier	2	Container attached with water purifier	2	18
		Steel Drum	7			
		Earthen Pot	1			
		Bucket	2			
		Bottles	4			
	No		4			

### TOILET FACILITY:

Toilet facility was found to be present in 18 centres but need was expressed in all the centres for a toilet facility and in majority (18) of centres, respondents wanted it to be separate for staff with washbasin and running water supply. Urinal facility was present in 4 centres.

**Table C8: Status of Toilet Facility in Co-located Centres**

Room/Area	Condition		Availability & Need Status (No of Centres)		Status against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No of Centres	
						As per Norms	Gap
Toilet Facility in the Centre	Yes	Separate for staff with washbasin with running water	2	18	With washbasin with running water	3	17
		Common with washbasin with running water	1	2			
		Separate for staff with running water	1	0			
		Common with running water	2	0			
		Separate without running water	2	0			
		Common without running water	1	0			
		Common with washbasin without running water	9	0			
	No		2	0			

**CLEANLINESS:****Table C9: Status of Cleanliness in Co-located Centres**

Components	Condition		Availability Status (No. of Centres)	Status against Recommended Norms (No. of Centres)		
				Recommended Norms	As per Norms	Gap
Hand Washing Soap/ Liquid	Yes		10	Yes	10	10
	No		10			
Soap Case	Yes		11	Yes	11	9
	No		9			
Door Mats	Yes		1	Yes	1	19
	No		19			
Detergent/ Phenyl	Yes		12	Yes	12	8
	No		8			
Cleaning Material	Yes	Broom, Floor Wipes and wiper	4	Yes, Broom and Floor Wipes	5	15
		Broom and Floor Wipes	1			
		Broom	8			
	No	7				
Cleanliness of Floor	Yes		18	Yes	18	2
	No		2			
Presence of Littering	No		17	No	17	3
	Yes		3			

Soap was hand washing was present I 10 centres and in 11 centres soap case was also present. Cleanliness of floor was present in 18 centres with presence of door mats only in one centre (Table C9).

## WASTE MANAGEMENT

In none of the centres, segregation of Bio medical waste at source was done using color coding method despite their location in PHC/ CHC. In 14 centres it was dumped in open along with general solid waste followed by open burning (4) and in only 1 centre it was found to be buried in a pit.

**Table C10: Status of Waste Management in Co-located Centres**

Components	Condition	Availability Status (No. of Centres)	Recommended Norms	Status against Recommended Norms (No. of Centres)	
				As per Norms	Gap
Dust Bins	Yes	12	Yes	12	8
	No	8			
Segregation of Bio-Medical Waste at Source (Use of Color Coding)	Yes	0	Yes (Use of Color Coding)	0	20
	No	20			
Bio Medical Waste Disposal Method	Buried in a pit	1	Buried in a pit	1	19
	Open Dumping and Burning	1			
	Open Burning	4			
	Open Dumping	14			
Solid Waste Disposal Method	Buried in a pit	1	Buried in a pit/ Municipal Dust Bins	1	19
	Open Dumping and Burning	1			
	Open Burning	3			
	Open Dumping	15			
Waste Water Disposal Method	Connected to Public Drainage System	7	Connected to Public Drainage System	7	13
	Drains into Open Ground	13			

## IEC ACTIVITIES

Centre name was found to be displayed on front wall in Hindi in 12 centres and on separate board in Hindi in 3 centres. Citizen's charter was not found to be present in 16 centres. Section name plate and name plate were found in 6 and 4 centres respectively. Suggestion box was found to be present in 2 centres only.

**Table C11: Status of IEC Activities in Co-located Centres**

Components	Condition		Availability Status (No. of Centres)	Recommended Norms	Status against Recommended Norms (No. of Centres)	
					As per Norms	Gap
<b>Display of Centre Name</b>	Yes	On Front wall in Hindi	12	Yes	15	5
		On Separate Board in Hindi	3			
	No		5			
<b>Citizen's Charter</b>	Yes	In English and Hindi	1	Yes	4	16
		In Hindi	3			
	No		16			
<b>Signage</b>	Yes, In Hindi		2	Yes	2	18
	No		18			
<b>Section Name Plate</b>	Yes, In Hindi		6	Yes	6	14
	No		14			
<b>Name Plate</b>	Yes	In English	1	Yes	4	16
		In Hindi	3			
	No		16			
<b>Suggestion/ Complaint Box</b>	Yes		2	Yes	2	18
	No		18			

**SPECIALIZED SERVICE ROOMS/AREAS:**

Separate Reception/ Enquiry counter was present in 3 centres only, while in rest 17 centres, it was found to be shared with PHC/ CHC. Separated waiting area was present in 6 centres only. Separate OPD room was present in 10 centres only while in rest 10 centres, there was no provision of separate OPD room for AYUSH doctor. Examination room and dressing and first aid room were found to be present in one centre only. All other rooms such as laboratory facility, medicine preparation room, drug dispensing room, drug storage room, store room and any other room were not found to be provided in any of the co-located centres. But need for these rooms was expressed in most of the centres as given in table above (Table C12).

None of the centres was found to have provision for doctor's rest room while residence facility was found to be provided to one centre in-charge only.

**Table C12: Status of Specialized Service Rooms/ Areas in Co-located Centres**

Room/Area	Condition		Availability & Need Status (No of Centres)		Status against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No of Centres	
						As per Norms	Gap
OPD Room	Yes	With attached washbasin and toilet with running water	1	20	Yes, With attached washbasin and toilet with running water	1	19
		With attached toilet without running water	1	0			
		With attached washbasin with running water	2	0			
		Without any attached facility	6	0			
	No		10	0			
Examination Room	Yes	With attached washbasin with running water	0	19	Yes, With attached washbasin with running water	0	19
		without any attached facility	1	0			
	No		19	1			
Medicine Preparation Room	Yes, attached washbasin with running water		0	17	Yes, attached washbasin with running water	0	20
	No		20	3			
Drug Dispensing Room	Yes		0	20	Yes	0	20
	No		20	0			
Drug Storage Room	Yes		0	20	Yes	0	20
	No		20	0			
Any Other Room	Yes		0	8	Yes	0	20
	No		20	12			
Doctor's Rest Room*	Yes, With attached washbasin and toilet with running water		0	20	Yes, With attached washbasin and toilet with running water	0	20
	No		20	0			
Doctor's Residence Facility	Yes	In the Dispensary	0	2	Yes, Outside Dispensary within same Compound	0	20
		Outside Dispensary within same Compound	0	18			
		Outside Dispensary within Village/ Urban Ward	1	0			
	No		19	0			

\*If Doctor's Residence Facility not available

**REFERRAL AND COMMUNICATION FACILITIES:****Table C13:** Status of Referral and Communication Facilities in Co-located Centres

Component	Condition		Availability & Need Status (No. of Centres)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Centres	
						As per Norms	Gap
Transport Facility for Referral	Yes, Ambulance		0	17	Yes, Ambulance of PHC/ CHC	0	20
	No		20	3			
Communication Facilities	Yes	Telephone	0	19	Yes, Telephone	0	20
		Mobile Phone	0	1			
	No		20	0			

Transport facility for referral and communication facilities were not provided in any of the centres but need for them was expressed in most of the centres as enumerated in table above (Table C13).

**WATER AND ENERGY CONSERVATION TECHNIQUES:**

Rain water harvesting was found to be done in 1 centre only and none of the centres were having any provision for using alternative sources of energy. Need has been expressed in 8 centres for using solar energy as an alternative source of energy (Table C14).

**Table C14:** Status of Water and Energy Conservation Techniques in Co-located Centres

Component	Condition		Availability & Need Status (No. of Centres)		Status Against Recommended Norms		
			Availability	Expressed Need	Recommended Norms	No. of Centres	
						As per Norms	Gap
Rain Water Harvesting	Yes		1	13	Yes	1	19
	No		19	7			
Alternative Sources of Energy	Yes,	Solar and Biogas	0	0	Yes, Solar	0	20
		Solar	0	8			
		Biogas	0	0			
	No		20	12			

# **FURNITURE**

**ESSENTIAL AND DESIRABLE FURNITURE:**

It was found that in most of the co-located centres, no provision of essential furniture was made. As given in table (Table C15), even doctor's chair and table were found lacking in 15 and 13 centres respectively. For other furniture also, condition was found to be worst in most of the co-located centres visited. But their need was expressed in most of the centres. The recommended number for each item of furniture (per centre) has also been provided in the table. Among desirable furniture, side wooden rack and bookshelf were also found to be lacking in all the centres and need for them was expressed in all the centres as shown in table.

**Table C15: Status of Furniture in Co-located Centres**

Name of Furniture	Availability & Need Status (No of Centres)								Status Against Recommended Norms		
	Availability				Expressed Need				Recommended No. (per Centre)	No of Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		As per Norms	Gap
<b>ESSENTIAL FURNITURE</b>											
Doctor Chair	15	5	0	0	0	14	4	2	1	5	15
Doctor's Table	13	7	0	0	0	1	2	3	1	7	13
Visitor's Chair	18	1	1	0	0	0	9	11	3	2	18
Patient Stool	14	2	4	0	0	6	13	1	2	4	16
Examination Table	17	3	0	0	0	19	0	1	1	3	17
Footstep	19	1	0	0	0	18	1	1	1	1	19
Bedside Screen	20	0	0	0	0	15	4	1	1	0	20
Staff Chair	15	0	2	3	0	0	3	17	3	3	17
Staff Table	19	1	0	0	18	2	0	0	1	1	19
Dispensing Table	17	3	0	0	0	20	0	0	1	3	17
Waiting Bench	18	1	1	0	0	1	17	2	3	0	20
Almirah	17	3	0	0	0	0	5	15	2	0	20
Medicine Rack	17	2	1	0	0	2	8	10	3	0	20
<b>DESIRABLE FURNITURE</b>											
Side Wooden Rack	20	0	0	0	3	15	2	0	1	0	20
Book Shelf	20	0	0	0	6	13	0	1	1	0	20

# **EQUIPMENTS**

## EQUIPMENTS FOR OPD ROOM

The availability status and expressed need for different OPD equipments that are required and desirable for providing OPD services in a co-located centre are enumerated in table provided above (Table C19). **The table also lists the recommended number of each equipment (per centre).**

**Table C16: Status of OPD Equipments in Co-located Centres**

Name of OPD Equipment	Availability & Need Status (No of Centres)								Status against Recommended Norms			
	Availability				Expressed Need				Recommended No. (per Centre)	No. of Centres		
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap	
<b>ESSENTIAL OPD EQUIPMENTS</b>												
<b>BP Apparatus</b>		17	3	0	0	0	3	14	3	1	3	17
<b>Stethoscope</b>	Adult	13	7	0	0	0	4	11	5	1	7	13
	Pediatric	20	0	0	0	14	5	1	0	1	0	20
<b>Thermometer</b>	Oral	18	1	1	0	1	0	7	12	2	1	19
	Rectal	20	0	0	0	10	4	2	4	1	0	20
<b>Tongue Depressor</b>	Steel	18	2	0	0	1	6	8	5	1	2	18
	Disposable	20	0	0	0	20	0	0	0	As per need	0	20
<b>Torch</b>		18	2	0	0	5	0	13	2	1	2	18
<b>Hammer</b>		19	1	0	0	5	12	2	1	1	1	19
<b>ENT Diagnostic Set</b>		20	0	0	0	11	7	0	2	1	0	20
<b>Proctoscope</b>		20	0	0	0	8	5	5	2	1	0	20
<b>Weighing Machine</b>	Adult	19	1	0	0	1	12	6	1	1	1	19
	Infant (5Kg)	20	0	0	0	8	10	1	1	1	0	20
	Baby (10Kg)	20	0	0	0	17	2	0	1	1	0	20
<b>Height Measuring</b>	Instrument	20	0	0	0	7	12	0	1	1	0	20
	Tape	20	0	0	0	6	12	1	1	1	0	20
<b>DESIRABLE OPD EQUIPMENTS</b>												
<b>Vision Testing</b>	Chart	20	0	0	0	18	1	1	0	1 Chart or 1 Box	0	20
	Box	19	1	0	0	7	13	0	0		1	19
<b>X-Ray View Box</b>		20	0	0	0	7	12	0	1	1	0	20

Equipments for dressing, and first aid services as well as those needed for providing IPD services have to be provided by their respective PHC or CHC.

## EQUIPMENTS FOR PHARMACY AND DISPENSING SERVICES:

The availability status and expressed need for different Medicine preparation equipments that are required in a co-located centre are enumerated in table provided above (Table C21)The availability status and expressed need for different Medicine dispensing equipments that are

required for medicine dispensing equipments in a co-located centre are enumerated in table. ).  
**The table also lists the recommended number of each appliance (per centre).**

**Table C17: Status of Medicine Preparation and Dispensing Equipments in Co-located Centres**

Equipment Name	No of Centres with								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (per Centre)	No. of Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		As per Norms	Gap
<b>MEDICINE PREPARATION APPLIANCES</b>											
Gas Stove	20	0	0	0	3	16	1	0	1	0	20
LPG Cylinder with Accessories	20	0	0	0	0	15	5	0	2	0	20
Kerosene Stove	20	0	0	0	19	1	0	0	1 (If Gas Supply not available)	0	20
Saucepan with Lid	20	0	0	0	1	6	9	4	1	0	20
Measuring Glass	20	0	0	0	1	3	9	7	2	0	20
Measuring Jug	19	0	0	1	1	4	11	4	1	1	19
Sieves	20	0	0	0	1	8	9	2	2	0	20
Jug	19	0	1	0	0	3	13	4	2	1	19
Glass	20	0	0	0	1	1	1	18	6	0	20
Bowls	20	0	0	0	0	1	5	14	6	0	20
Spoons	20	0	0	0	0	0	5	15	6	0	20
Flask	20	0	0	0	0	11	7	2	1	0	20
Knife	20	0	0	0	2	6	7	5	1	0	20
Ordinary Scissor	18	2	0	0	0	10	8	2	1	2	18
Buckets	20	0	0	0	0	2	10	8	2	0	20
Mugs	19	0	1	0	0	4	9	7	2	1	19
<b>MEDICINE DISPENSING EQUIPMENTS</b>											
Kharaal	17	2	1	0	1	6	7	6	1	3	17
Imam Dasta	18	0	2	0	0	11	8	1	1	2	18
Measuring Spoons	20	0	0	0	0	2	16	2	3	0	20
Dispensing Cup	20	0	0	0	0	3	13	4	2	0	20

### **EQUIPMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES**

Although these instruments need to be provided by the concerned PHC/ CHC, but these were found to be lacking in most of the centres as enumerated in the table below.

Also some of the instruments which are used for providing IPD services were also found to be deficient in majority of the centres. Refer table C18 below.

Table C18: Status of Instruments for dressing, suturing and IPD services in Co-located Centres

Equipment Name		No of Centres with								Status against Recommended Norms	
		Availability				Expressed Need				Recommended No. (per Centre)	Gap (No. of Centres with Non-Availability)
		=0	=1	=2	≥3	=0	=1	=2	≥3		
<b>INSTRUMENTS FOR DRESSING, SUTURING AND FIRST AID SERVICES</b>											
<b>Forceps</b>	Straight Artery	18	1	1	0	9	1	5	5	To be Shared with PHC/ CHC acc. To the services to be provided	18
	Curved Artery	19	0	1	0	10	2	5	3		19
	Plain	19	1	0	0	9	2	8	1		19
	Toothed	19	0	1	0	9	3	6	2		19
	Sponge Holding	19	0	1	0	9	4	5	2		19
	Dressing	20	0	0	0	10	3	5	2		20
	Allies	20	0	0	0	10	5	4	1		20
	Tooth Holding	20	0	0	0	13	2	4	1		20
<b>Surgical Scissors</b>	Small Straight	18	0	1	1	9	3	4	4	18	
	Small Curved	18	1	0	1	10	3	4	3	18	
	Big Straight	19	0	0	1	11	2	5	2	19	
	Big Curved	20	0	0	0	12	2	5	1	20	
<b>Stitch Removing Scissors</b>		19	1	0	0	18	2	0	0	19	
<b>Surgical Knife</b>		20	0	0	0	11	4	4	1	20	
<b>Scalpel</b>		20	0	0	0	12	5	2	1	20	
<b>BP Handle</b>		20	0	0	0	11	2	5	2	20	
<b>Needle Holder</b>	Big	19	1	0	0	10	2	7	1	19	
	Small	20	0	0	0	10	3	4	3	20	
<b>Foreign Body Remover</b>		20	0	0	0	13	2	4	1	20	
<b>Insertion Probe</b>		20	0	0	0	12	5	2	1	20	
<b>Nasal Retractor</b>		20	0	0	0	13	5	1	1	20	
<b>Instrument Tray</b>		20	0	0	0	6	2	9	3	20	
<b>Kidney Tray</b>		20	0	0	0	5	2	8	5	20	
<b>Boiler/ Sterilizer</b>		20	0	0	0	10	5	4	1	20	
<b>Dressing Drum</b>		20	0	0	0	18	0	2	0	20	
<b>Basin</b>		20	0	0	0	10	7	1	2	20	
<b>Basin Stand</b>		19	0	1	0	10	7	1	2	19	
<b>INSTRUMENTS FOR IPD SERVICES</b>											
<b>Ice Bag</b>		20	0	0	0	13	2	3	2	To be Shared with PHC/ CHC acc. To the services to be provided	20
<b>Breast Pump</b>		20	0	0	0	15	3	1	1		20
<b>Flatus Tube</b>		20	0	0	0	17	2	0	1		20
<b>Enema Pot</b>		19	0	1	0	9	6	3	2		19
<b>Enema Accessories</b>		19	0	1	0	10	5	3	2		19
<b>Urine Pot</b>		20	0	0	0	13	2	4	1		20
<b>Bed Pan</b>		20	0	0	0	12	4	3	1		20

# **RECURRING SUPPLY**

**FURNISHING MATERIAL:**

Most of the collocated centres were found to be lacking in furnishing materials but need for these materials has been expressed by majority of the respondents in these centres as enumerated in table.

**Table C19: Status of Furnishing Material in Co-located Centres**

Name of Furnishing Material	Availability & Need Status (No of Centres)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended Supply (per Centre)	Gap ( Centres with Non-Availability)
Table Sheets	4	20	4	16
Sheet for Examination Table	2	20	2	18
Towels	0	20	4	20
Doctor Table Glass	1	20	1	19
Doctor Chair Towel	0	20	2	20
Mattress for Examination Table	0	20	1	20
Doctors Apron	0	20	2	20
Staff Apron	0	20	2	20
Pillow with Covers	0	20	2	20
Napkin/ Towel Rod	0	20	2	20
Magazine/ Paper Stand	0	19	1	20
Clock	0	20	2	20
Calling Bell	1	20	1	19
Paper Weight	2	20	4	18
Pen Stand	2	8	2	18
Curtain Rod	0	20	As per Need	20
Curtains	2	20		20
Lock	8	20		12

**RECORD KEEPING, STATIONERY AND IEC MATERIAL:**

The registers which were found to be maintained in most of the co-located centres included OPD cum dispensing register (15) and attendance register (17). Medicine stock register was found in 11 centres, permanent articles and contingency in 3 centres each and dressing material and cashbook ledgers in 2 dispensaries each. Their expressed need along with recommended supply has been enumerated in table above.

Among Stationery material, Files were found to be present in 11 centres, pen & pencil and prescription slips in 8 centres each. Need for these materials was being expressed in most of the centres. The table also lists the recommended supply for these materials.

Most of the centres lacked material for carrying out IEC activities, but need for these was expressed as enumerated in table above. The table also lists the recommended supply for IEC materials (per centre). These materials were found to be present in very few centres but their need was expressed in most of the centres.

**Table C20:** Status of Record keeping, Stationery and IEC Material in Co-located Centres

Name of Material	Availability & Need Status (No of Centres)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended Supply (per Centre)	Gap ( Centres with Non-Availability)
<b>RECORD KEEPING MATERIAL</b>				
OPD cum Dispensing	15	20	1	5
Medicine Stock	11	20	1	9
Receipt and Dispatch	6	20	To be shared with PHC/CHC	14
Attendance	17	20		3
Permanent Articles Stock	3	20		17
Contingency	3	20		17
Dressing Material	2	19		18
Cashbook Ledgers	2	18	1	18
Daily Stock	1	18	1	19
Inspection	1	1	1	19
Stationery	1	1	1	1
<b>STATIONERY</b>				
Prescription Slips	8	20	To be shared with PHC/CHC	12
Files	11	20		9
Pen and Pencil	8	20		12
Referral Slips	0	17		20
<b>IEC MATERIALS</b>				
Pamphlets	4	20	As per Need	16
Books	0	20		20
Daily News Paper	0	20		20
Magazines	0	20		20

### **MEDICINE STORAGE AND DISPENSING MATERIAL:**

Medicine supply containers were found to be present in 14 co-located centres, while need for PET containers was expressed in 14 centres (Table C21). The table also enumerates the recommended supply (per centre). For medicine dispensaries, newspaper (11) was used in most of the centres followed by plain paper (6) and plastic pouch (1). Labels for medicine containers were present in 8 centres while small labels for medicine dispensing pouch were present only in

1 centre. Expressed need for these materials along with recommended supply is enumerated in table C21.

**Table C21: Status of Medicine Storage and Dispensing Material in Co-located Centres**

Name of Furnishing Material	Availability & Need Status (No of Centres)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended Supply (per Centre)	Gap ( Centres with Non-Availability)
<b>MEDICINE STORAGE MATERIAL</b>				
<b>Medicine Supply Containers</b>	14	0	As per Need	6
<b>PET Containers</b>	1	14		19
<b>Plastic Transparent</b>	0	3	Not Recommended	-
<b>Steel Containers</b>	0	2		-
<b>Glass</b>	0	1		-
<b>MEDICINE DISPENSING MATERIAL</b>				
<b>Plastic Pouch for Medicine Packing</b>	1	19	As per Need	19
<b>Plain Paper for Medicine Packing</b>	6	14		14
<b>Labels for Medicine Containers</b>	8	20		12
<b>Small Labels for Medicine Dispensing Pouch</b>	1	20		19
<b>Newspaper for Medicine Packing</b>	11	8	Not Recommended	-

#### **MEDICAL CONSUMABLES:**

Most of the co-located centres lacked the supply of medical consumables as enumerated in the table below and need for these was expressed in majority of the centres.

**Table C22: Status of Medical Consumables in Co-located Centres**

Name of Furnishing Material	Availability & Need Status (No of Centres)		Status Against Recommended Norms	
	Availability	Expressed Need	Recommended Supply (per Centre)	Gap ( Centres with Non-Availability)
<b>Surgical Gloves</b>	1	19	To be shared with PHC/CHC	19
<b>Suturing Needles</b>	3	19		17
<b>Surgical Blade</b>	2	16		18
<b>Suturing Thread</b>	2	16		18
<b>Rubber Catheters</b>	2	14		18
<b>Folley's Catheter</b>	2	15		18

# **ELECTRICAL APPLIANCES**

**ELECTRICAL APPLIANCES****Table C23: Status of Electrical Appliances in Co-located Centres**

Name of Appliance	No of Centres with								Recommended Supply (per Centre)	Gap (Centres with Non-Availability)
	Availability				Expressed Need					
	=0	=1	=2	≥3	=0	=1	=2	≥3		
Fan	15	4	1	0	1	1	5	13	1 per room	15
Cooler	19	1	0	0	1	12	6	1	As per need	19
Table Lamp	20	0	0	0	6	13	1	0	2	20
Room Heater	20	0	0	0	10	9	1	0	Not Recommended	20

**LIGHTING APPLIANCES****Table C24: Status of Lighting Appliances in Co-located Centres**

Name of Appliance	Frequency (No. of centres)	Recommended Supply (per Centre)	Gap (Centres with Non-Availability)
CFL	2 (10)	1 per room	18
Tube light	10 (50)	Not Recommended	10
Bulb	4 (20)		16

The tables (Table C23 and C24) given above shows the availability and expressed need status as well as the recommended supply for electrical appliances.

# **SERVICES**

The services which were provided in most of the co-located centres include OPD (18), dressing (15) and assistance in National Health Programmes. Although none of the co-located centres were providing investigatory, purvakarma, panchkarma and ksharsutra services but 14 centres expressed need for providing investigatory services, 19 for providing purvakarma, 17 for panchkarma and 13 for ksharsutra services. The detailed status for availability and expressed need for various other services is listed in the table above (Table C25).

**Table C25: Status of Various Services in Co-located Centres**

Name of Service	Number (%) of Centres with	
	Availability	Expressed Need
<b>OPD</b>	18 (90)	20 (100)
<b>Investigation</b>	0	14 (70)
<b>Dressing</b>	15 (75)	17 (85)
<b>Suturing</b>	7 (35)	17 (85)
<b>First Aid</b>	8 (40)	16 (80)
<b>Emergency</b>	0	12 (60)
<b>Minor Surgery</b>	3 (15)	14 (70)
<b>Purvakarma Services</b>	0	19 (95)
<b>Panchkarma Services</b>	0	17 (85)
<b>Ksharsutra Services</b>	0	13 (65)
<b>Family Planning</b>	5 (25)	18 (90)
<b>Obstetrics and Gynecology</b>	2 (10)	15 (75)
<b>Immunization</b>	4 (20)	15 (75)
<b>National Health Programmes</b>	16 (80)	20 (100)

# **MEDICINES**

For analysis of medicines, four groups have been made according to availability status of medicines as:

**Table C26:** Grouping Pattern acc. To Availability Status of Medicines in Co-located Centres

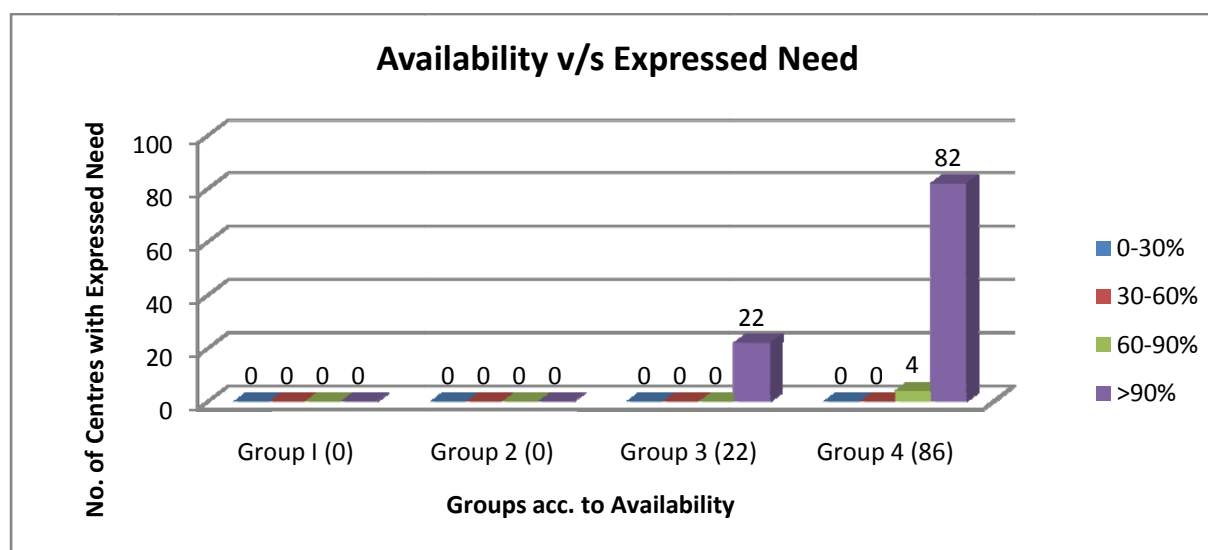
Group Name	Availability Status (%)
1 <sup>st</sup> Group	>90%
2 <sup>nd</sup> Group	60-90%
3 <sup>rd</sup> Group	30-60%
4 <sup>th</sup> Group	0-30%

Further, the expressed need has been analyzed for medicines belonging to different groups as shown in the table below. This gives us a comparative analysis of expressed need for medicines against availability status of medicines in different groups. (For details, refer ANNEXURE ID)

**Table C27:** Status of Medicines in Co-located Centres

Groups acc. to Availability	Expressed Need Status			
	0-30%	30-60%	60-90%	>90%
Group I (0)	0	0	0	0
Group 2 (0)	0	0	0	0
Group 3 (22)	0	0	0	22
Group 4 (86)	0	0	4	82

**Chart C1:** Availability v/s Expressed Need Status of Medicines in Co-located Centres



## CONCLUSION AND DISCUSSION

Most of the co-located centres were found to be deficient in AYUSH manpower. In majority of centres, collocation of AYUSH doctor had been done, but no paramedical staff was being appointed in 17 centres.

In infrastructure also, although there are GOI guidelines for providing 2 separate rooms for AYUSH healthcare facility, but it was seen that in 10 centres, no provision was made for a separate OPD room. Same was found to be true for drug dispensing cum storage room also.

Water facility was found to be present in 8 centres only, this indicates that the condition of PHC's/CHC's where these centres have been co-located is also bad in relation to availability of water facility within the centres.

The condition of these centres in relation to provision of furniture is also very bad. In 15 centres, AYUSH doctors have not been provided with a chair and in other 13 no table has been provided to these doctors. Same is the situation in case of other items of furniture.

When talking of various equipments for OPD and other services, situation is again grim. In majority of these centres, AYUSH doctors have not been provided with basic equipments like BP Apparatus, stethoscope etc.

The situation is no different in case of recurring supply and electrical appliances.

The possible reasons for this could be non implementation of guidelines of Govt. which have been clearly issued for the mainstreaming of AYUSH facilities in national healthcare delivery system. Although AYUSH doctors have been co-located at various allopathic centres, but the provision of some essential equipments and materials as are required for providing various services of this system have not been ensured in these centres.

The medicine supply in these centres is as bad as other supply. There is a huge deficiency in the medicines of these centres.

**CHAPTER-VIII**  
**PANCHKARMA CENTRES**

Panchkarma Therapy centres have been set up in co-location with allopathic centres. The GOI has laid clear cut guidelines related to the space required, manpower and the procedure of setting up such centres.

As per GOI Regulations (39), the Panchkarma therapy centre will consist of following rooms/ areas:

<b>Name of Room/ Area</b>	<b>Size</b>
<b>6 Therapy Rooms</b>	200 sq. ft each
<b>1 OPD Room</b>	200 sq. ft
<b>2 IPD wards with capacity of 5 beds each</b>	300 sq. ft each
<b>Kitchen</b>	200 sq.ft
<b>Office cum record room</b>	200 sq.ft

The various other specifications in regard to panchkarma centres have been provided in specific sections discussed in following section. The location for a panchkarma centre as well as general points in relation to infrastructure will be similar to that of dispensaries. The other parameters have been discussed in their respective sections.

The services to be provided in the panchkarma centres will include all the purvakarma and panchkarma procedures as listed below:

1. Snehan
2. Shirodhara
3. Sarwang Dhara
4. Box Swedan
5. Nadi Swedan
6. Nasya/ Raktmokshan Therapy
7. Vaman
8. Virechan
9. Vasti

These centres will provide both OPD & IPD services to the patients and will promote referral of severe cases to CHC's or DH's. The provisions for various materials and equipments for these centres will be as per GOI guidelines.

# **WORK FORCE**

At the time of visit, one Panchkarma Specialist was present in three centres as against the central government norms of 2 specialists per centre; in the remaining three centres no Panchkarma specialist was present. Panchkarma trained Ayurveda medical officer was present in only four centres. In only one centre, Panchkarma Therapist/Massager, was present as per norms. Two centres have one MPW, three centres had none and one centre had two MPW's. Ayurvedic compounder, Part Time Sweeper and MSK were present in three, five and four centres respectively. The expressed need for this workforce is given as above in Table P1.

**Table P1:** Workforce status in Panchkarma Centres (n=6) against Central Government Norms

Category of Workforce	Norms (Per Centre)	Centres with Availability			Centres with Expressed Need by Respondents		
		As per Norms	Above Norms	Below Norms	Norms are OK	Need more than Norms	Need less than Norms
Panchkarma Specialist	2	0	0	6	3	0	3
AMO	1	4	0	2	2	3	1
Panchkarma Therapist/Massager	4	1	0	5	5	0	1
MPW/Aushdhalya Sewak	1	2	1	3	3	3	0
Ayurvedic Compounder	1	0	3	3	1	5	0
Part Time Sweeper	0	5	1	0	6	0	0
Mahila Swasthya Karyakarta	0	4	2	0	4	2	0

Need for RMO, Nurse, receptionist or clerk, kitchen attendant, full time sweeper and chowkidar had been expressed by in some centres as has been enumerated in Table P2.

**Table P2:** Number of Panchkarma Therapy centres with expressed need over and above the existing norms of AYUSH CG for Workforce

Category of Workforce		Expressed Need of	
		One	Two
Resident Medical Officer	Male	4	0
	Female	4	0
Nurse		0	1*
Receptionist/Record Keeper/Clerk		2	3
Kitchen Attendant		2	2
Chowkidar		1	0
Full Time Sweeper		2	4

\*indicates a need of five nurses

# **INFRASTRUCTURE**

## ACCESSIBILITY/LOCATION:

All the six Panchkarma Therapy Centres were connected to motor able roads but only four of them were located within the main habitation and two were located outside the main habitation.

**Table P3:** Accessibility/Location of Panchkarma Therapy Centres (n=6)

Components	Condition	Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
			Recommended Norms	No. of Panchkarma Therapy Centres	
				As per Norms	Gap
Location of Panchkarma Therapy Centre	Within Main Habitation	4	Within Main Habitation	4	2
	Outside Main Habitation within 1 Km	1			
	Outside Main Habitation more than 1 Km	1			
Connected to Motor able Roads	Yes	6	Yes	6	0
	No	0			

## STATUS OF BUILDINGS:

**Table P4:** Status of buildings of Panchkarma Therapy Centre

Components	Condition		Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
				Recommended Norms	No. of Panchkarma Therapy Centres	
					As per Norms	Gap
Presence of Boundary Wall	Yes, Complete	With Main Gate	4	Complete With Main Gate	4	2
		Without Main Gate	2			
Designation/ status of Centre Building	Designated Government Therapy Centre Building		6	Designated Government Therapy Centre Building	6	0
Present Stage of Construction of Building	Complete		6	Completely constructed building	6	0
Condition of Plaster of Walls	Intact Everywhere		5	Intact Everywhere	5	1
	Coming off in some places		1			
Condition of Floor	Floor in Good condition		5	Floor in Good condition	5	1
	Floor with Many holes		1			
Type of Roof	RCC Slab		4	RCC Slab	4	2
	Sheets		2			
Condition of Roof	Intact Everywhere		3	Intact Everywhere	3	3
	Leaking at Some Places		3			
Herbs Plantation	Yes		0	Yes, in pots & garden	0	6
	No		6			

At the time of visit, all the therapy centres were located in designated government therapy centre building. The construction of all the centre buildings was complete with presence of boundary wall in all the six centres but with main gate present in only four of them. The plaster on walls and floor was in good condition in five centres. With regards to type of roof, RCC slab and sheets was present in four and two centres respectively. The condition of roof was found to intact everywhere in three centres and was found leaking at places in the rest three centres. Herbs plantation was not found at any of the visited therapy centres.

### STATUS OF ELECTRICITY:

In Panchkarma Therapy Centres, although electricity supply was present in all the Panchkarma Therapy Centres, four centres had electric wiring present in all parts and two centres had electric wiring present only in some parts. None of the centres had electricity backup appliances.

**Table P 5:** Status of Electricity Facility in Panchkarma Therapy Centres

Components	Condition		Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
				Recommended Norms	No. of Panchkarma Therapy Centres	
					As per Norms	Gap
Electricity Supply	Yes		6	Yes	6	0
	No		0			
Electric Wiring	Yes	All Parts	4	Yes, in All Parts	4	2
		Some Parts	2			
	No		0			
Type of Electric Wiring	Concealed		3	Concealed	3	3
	Open		3			
Electricity Backup Appliances	Yes		0	Yes	0	6
	No		6			

### WATER FACILITY:

Water Supply inside the centre was found at four places with all of them having a continuous supply of water. In these four centres, the source of supply was piped in three and in the remaining one the supply was through bore/ tube well / hand pump. The in- charges of three centres found the water supply inside the centre as fit for drinking and only one considered it unfit. For the two centres where water supply is not available inside the centre, the source outside the centre was bore/ tube well / hand pump. Water pump/ motor were found in four centres.

Overhead water tank was also found at four centres with capacity of above 1000 lts and upto 1000 lts was in one centre each whereas in two centres the capacity of the tank was unknown.

**Table P 6:** Status of Water Facility in Panchkarma Therapy Centres

Components	Condition		Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
				Recommended Norms	No. of Panchkarma Therapy Centres	
					As per Norms	Gap
Water Supply in the Centre	Yes		4	Yes	4	2
	No		2			
Water Supply Source in the Centre	Yes	Bore/ Tube well/ hand Pump	1	Yes	4	2
		Piped	3			
	No		2			
Water Pump/ Motor	Yes		4	Yes	4	2
	No		2			
Overhead Water Tank	Yes, with Capacity	> 1000 lts	1	Yes	4	2
		Upto 1000 lts	1			
		Unknown	2			
	No		2			
Feature of Available Water Supply in the Centre	Continuous		4	Continuous	4	2
	Not Available		2			
Quality of Available Water Supply in the Centre	Fit for Drinking		3	Fit for Drinking	3	3
	Unfit for Drinking		1			
	Not Available		2			
Water Supply Source outside the Centre	Yes	Bore/ Tube well/ Hand Pump	2	Water supply in the centre Recommended	-	-
	Not Applicable		4			

#### **DRINKING WATER FACILITY:**

In three Panchkarma Therapy Centres, the source of drinking water was located inside the centre and in the remaining three it was located outside within the range of 100 mts. Water purifier was not present in any of the centres and in five centres no container for drinking water was found. Only, in one Panchkarma Therapy Centre steel drum was used as container for drinking water.

**Table P 7: Status of Drinking Water Facility in Panchkarma Therapy Centres**

Components	Condition	Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
			Recommended Norms	No. of Panchkarma Therapy Centres	
				As per Norms	Gap
Location of Source of Drinking Water	In the Centre	3	In the Centre	3	3
	Outside the Centre within 100 mts	3			
Water Purifier	Yes	0	Yes	0	6
	No	6			
Container for Drinking Water	Yes, Steel Drum	1	Yes	1	5
	No	5			

**TOILET FACILITY:**

Toilet facility was not present in two Panchkarma Therapy Centres and in one it was present separate for staff with washbasin and running water, in in two centres it was common for staff and patients with washbasin and running water whereas in one centre it was present with running water and was common for staff and patients. A need for separate toilet facility for staff and patients was expressed by the in- charges of all the centres.

**Table P 8: Status of Toilet Facility in Panchkarma Therapy Centres**

Components	Availability and Need Status (No. of Panchkarma Therapy Centres )			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Panchkarma Therapy Centres		
					As per Norms	Gap	
Toilet Facility in Centre Area	Yes	Separate for staff + washbasin + running water	1	6	Yes, with Washbasin+ Running Water	3	3
		Common + washbasin + running water	2	0			
		Common with running water	1	0			
	No	2	0				

## CLEANLINESS:

With regards to sanitation, littering was absent in all the Panchkarma Therapy Centres.

Cleanliness of floor was not present in only one Panchkarma Therapy Centre at the time of visit.

In three centres cleaning material was present either in the form of broom or broom, floor wipes and wiper whereas in the remaining three centres no cleaning material was present. Detergent/ Phenyl, handwashing soap and soap case was present only in three Panchkarma Therapy Centres.

**Table P 9:** Status of Cleanliness in Panchkarma Therapy centres

Components	Condition		Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
				Recommended Norms	No. of Panchkarma Therapy Centres	
					As per Norms	Gap
Absence of Littering	Yes		6	Yes	6	0
	No		0			
Cleanliness of Floor	Yes		5	Yes	5	1
	No		1			
Door Mats	Yes		2	Yes	2	4
	No		4			
Cleaning Material	Yes	Broom, Floor Wipes and wiper	2	Yes, Broom & Floor Wipes	2	4
		Broom	1			
	No		3			
Detergent/ Phenyl	Yes		3	Yes	3	3
	No		3			
Hand Washing Soap/ Liquid	Yes		3	Yes	3	3
	No		3			
Soap Case	Yes		3	Yes	3	3
	No		3			

## WASTE MANAGEMENT:

As a part of waste management, in four centres, Bio- Medical waste is not generated and at two places where it is generated no segregation using color coding was done and was disposed by open dumping along with solid waste. Public Drainage System for waste water disposal was present in only three centres. Moreover, dustbins were present in only one Panchkarma Therapy Centre.

**Table P 10: Status of Waste Management in Panchkarma Therapy Centres**

Components	Condition	Availability Status (No. of Panchkarma Therapy Centres)	Status against Recommended Norms		
			Recommended Norms	No. of Panchkarma Therapy Centres	
				As per Norms	Gap
Dust Bins	Yes	1	Yes	1	5
	No	5			
Segregation of Bio-Medical Waste at Source (Use of Color Coding)	Yes	0	Yes	0	6
	Not Generated	4			
	No	2			
Bio Medical Waste Disposal Method	Open Dumping	2	Yes	0	6
	Not Generated	4			
Solid Waste Disposal Method	Municipal dust bins	2	Buried in a Pit	0	6
	Open Dumping	4			
Waste Water Disposal Method	Connected to Public Drainage System	3	Connected to Public Drainage System	3	3
	Drains into Open Ground	3			

**IEC/DISPLAY:**

On visiting, Panchkarma Therapy Centres it was found that the name of the centre was displayed on a separate board in Hindi in three centres. Citizen's charter was not found in four centres whereas in one centre it was displayed in Hindi and in the remaining one was present in English and Hindi. Signages were present in Hindi in four centres whereas section name plate in Hindi was found to be present in four centres and in English in one centre. Suggestion/ Complaint Box were present in only two centres.

**Table P 11:** Status of IEC activities in Panchkarma Therapy Centres

Components	Condition		Availability Status (No. of Panchkarma Therapy Centres )	Status against Recommended Norms		
				Recommended Norms	No. of Panchkarma Therapy Centres	
					As per Norms	Gap
Display of Centre Name	Yes	On Board and Front wall in Hindi	1	Yes	5	1
		On in Front wall Hindi	1			
		On Separate Board in Hindi	3			
	No	1				
Citizen's Charter	Yes, in	English and Hindi	1	Yes	2	4
		Hindi	1			
	No	4				
Signage	Yes, In Hindi		4	Yes	4	2
	No		2			
Section Name Plate	Yes, In	Hindi	4	Yes	5	1
		English	1			
	No		1			
Name Plate	Yes, In	English and Hindi	3	Yes	4	2
		Hindi	1			
	No		2			
Suggestion/ Complaint Box	Yes		2	Yes	2	4
	No		4			

**SPECIALIZED ROOMS/AREAS:**

In the visited panchkarma therapy centres, Reception and Enquiry counter was not present whereas need was expressed in all the six centres. Waiting area was available in only four centres whereas its need was expressed at all the centres. OPD room was not present in one of the centres, in two centres it was present with washbasin and running water and in three centres it was present without any attached facility whereas need for OPD room with attached washbasin , toilet and running water in all the six centres. Examination room was available in only one centre and it was without any attached facility but need for an examination room with attached washbasin and running water was expressed in five centres. Changing room was also present in only one centre and its need with attached washbasin and running water in four centres. Snehan Room/ Shirodhara/ Sarwang Dhara Room were present in four centres and box swedan room in two centres. The need for these rooms was expressed in all the centres. Dressing and First Aid room, Laboratory, Staff Duty Room was not available in any of the centres. The expressed need

for these rooms has been shown in the table P12 along with availability and expressed need of Nadi Swedan Room and Nasya/ Raktmokshan Therapy Room, Vaman/ Virechan/ Vasti Room, Drug Dispensing Room, Drug Storage Room and Store Room.

**Table P 12: Status of Specialized Rooms/ Areas in Panchkarma Therapy Centres**

Components	Availability and Need Status (No. of Panchkarma Therapy Centres )			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Panchkarma Therapy Centres		
					As per Norms	Gap	
Reception/ Enquiry Counter	Yes	0	6	Yes	0	6	
	No	6	0				
Waiting Area	Yes	4	6	Yes	4	2	
	No	2	0				
OPD Room	Yes	With attached washbasin+ toilet + running water	0	6	Yes, With attached Washbasin +Toilet+ Running Water	0	6
		With attached washbasin + running water	2	0			
		Without any attached facility	3	0			
	No	1	0				
Examination Room	Yes	With attached washbasin + running water	0	5	Yes, With attached Washbasin +Running Water	0	6
		Without any attached facility	1	1			
	No	5	0				
Changing Room	Yes	With attached washbasin + running water	0	4	Yes, With attached Washbasin +Running Water	0	6
		Without any attached facility	1	2			
	No	5	0				
Snehan Room/ Shirodhara/ Sarwang Dhara Room	Yes	4	6	Yes	4	2	
	No	2	0				
Box Swedan Room	Yes	2	6	Yes	2	4	
	No	4	0				
Nadi Swedan Room	Yes	3	5	Yes	3	3	
	No	3	1				
Nasya/ Raktmokshan Therapy Room	Yes	1	5	Yes	1	5	
	No	5	1				

Components	Availability and Need Status (No. of Panchkarma Therapy Centres )			Status against Recommended Norms			
	Condition		Availability	Expressed Need	Recommended Norms	No. of Panchkarma Therapy Centres	
						As per Norms	Gap
Vaman/ Virechan/ Vasti Room	Yes,	With washbasin and toilet + running water	2	4	Yes, With attached Washbasin +Toilet +Running Water	2	4
		Without any attached facility	2	0			
	No		2	0			
Dressing and First Aid Room	Yes, attached washbasin + running water		0	2	Yes, With attached Washbasin +Running Water	0	6
	No		6	4			
IPD Facility	Yes		1	6	Yes	1	5
	No		5	0			
Laboratory*	Yes,	With washbasin + running water	0	5	Yes, With attached Washbasin +Running Water	0	6
		Without any attached facility	0	0			
	No		6	1			
Medicine Preparation Room	Yes,	With washbasin + running water	0	3	Yes, With attached Washbasin +Running Water	0	6
		Without any attached facility	0	3			
	No		6	0			
Drug Dispensing Room	Yes		5	6	Yes, With attached Washbasin +Running Water	5	1
	No		1	0			
Drug Storage Room	Yes		2	6	Yes	2	4
	No		4	0			
Store Room	Yes		3	6	Yes	3	3
	No		3	0			
Staff Duty Room*	Yes, attached washbasin and toilet with running water		0	6	Yes, With attached Washbasin +Toilet +Running Water	0	6
	No		6	0			
Any Other Room	Yes		1	3	Yes	1	5
	No		5	3			

\*Desirable

### DOCTOR'S RESIDENCE FACILITY:

Doctor's Rest Room and Doctor's Residence Facility was not available in any of the centres.

**Table P13:** Status of Doctor's Residence Facility in Panchkarma Therapy Centres

Components	Availability and Need Status (No. of Panchkarma Therapy Centres )			Status against Recommended Norms		
	Condition	Availability	Expressed Need	Recommended Norms	No. of Panchkarma Therapy Centres	
					As per Norms	Gap
Doctor's Rest Room**	Yes, attached washbasin and toilet with running water	0	6	Yes, attached washbasin and toilet with running water	0	6
	No	6	0			
Doctor's Residence Facility	In the Centre	0	1	Yes	0	6
	Outside Centre within same Compound	0	5			
	No	6	0			

\*\*if doctor's Residence Facility is not available

### REFERRAL AND COMMUNICATION:

None of the centres had transport facility for patient referral but need was expressed by five of the centre in- charges. None of the centres have been provided with any kind of communication facility although in- charges of four centres had expressed a need for telephone and one each for mobile phone and mobile phone with internet respectively.

**Table P14:** Status of Referral and Communication Services in Panchkarma Therapy Centres

Components	Availability and Need Status (No. of Panchkarma Therapy Centres )			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Panchkarma Therapy Centres		
					As per Norms	Gap	
Transport Facility for Referral	Yes, Ambulance	0	5	Yes, Ambulance (Govt./PPP)	0	6	
	No	6	1				
Communication Facilities	Yes	Telephone and Internet	0	0	Yes, Telephone	0	6
		Mobile and Internet	0	1			
		Telephone	0	4			
		Mobile Phone	0	1			
	No	6	0				

## ENERGY CONSERVATION TECHNIQUES:

In one Panchkarma Therapy Centre, availability of alternate source of energy in the form of solar energy was found, whereas in-charges of four centres had expressed need for the same source as is shown above (Table P15)

**Table P15:** Status of Energy Conservation Techniques in Panchkarma Therapy Centres

Components	Availability and Need Status (No. of Panchkarma Therapy Centres )			Status against Recommended Norms			
	Condition	Availability	Expressed Need	Recommended Norms	No. of Panchkarma Therapy Centres		
					As per Norms	Gap	
Alternative Sources of Energy	Yes,	Solar and Biogas	0	0	Solar	1	5
		Solar	1	4			
		Biogas	0	0			
	No	5	2				

# **FURNITURE**

The furniture has been analyzed under two categories namely, for OPD and IPD Services. The furniture required at the therapy centre for providing OPD services with their availability, expressed need and recommended number per centre has been shown in Table P16, wherein Doctor's chair and table and patient stool were present in all the centres. The furniture which was lacking in all the centres was bedside screen, side wooden rack and bookshelf. On considering the furniture required for providing IPD Services in Panchkarma Therapy Centres, only one centre was found of not having bed and bed side trolleys. The expressed need and recommended number per centre for these furnitures has been depicted in the Table.P16.

**Table P16:** Status of Furniture for Panchkarma Therapy Centre for OPD Services

Name of the Furniture	Availability and Need Status (No. of Panchkarma Therapy Centres )								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre )	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
<b>ESSENTIAL</b>											
Doctor Chair	0	3	1	2	0	1	1	4	2	3	3
Doctor's Table	0	4	2	0	0	2	2	2	2	2	4
Examination Table	1	5	0	0	0	2	1	3	1	5	1
Footstep	3	2	1	0	0	1	3	2	1	3	3
Staff Chair	1	0	0	5	0	0	0	6	3	5	1
Visitor's Chair	1	0	0	5	0	1	0	5	3	5	1
Patient Stool	0	1	2	3	0	0	1	5	2	5	1
Waiting Bench	1	1	1	3	0	0	1	5	3	3	3
Registration Table	4	1	1	0	0	4	2	0	1	2	4
Dispensing Table	1	4	1	0	0	3	1	2	1	5	1
Staff Table	2	1	1	2	2	1	0	3	1	4	2
Almirah	1	0	0	5	0	0	0	6	3	5	1
Medicine Rack	4	1	1	0	1	0	0	5	3	0	6
Bedside Screen	6	0	0	0	0	1	0	5	1	0	6
<b>DESIRABLE</b>											
Side Wooden Rack	6	0	0	0	1	1	2	2	1	0	6
Book Shelf	6	0	0	0	1	3	1	1	1	0	6
Computer Table	2	4	0	0	2	4	0	0	1	4	2
<b>SERVICE BASED</b>											
Bed	1	0	0	5	1	0	0	5	10	5	1
Bedside Trolleys	1	0	0	5	1	0	0	5	10	5	1

# **EQUIPMENTS**

## OPD EQUIPMENTS

As for essential OPD equipments BP apparatus and stethoscope was not available in one and two centres respectively. The OPD equipments which were found lacking in all the centres were Hammer, ENT diagnostic set, proctoscope, height measuring instrument and tape. The expressed need of these equipments has been enumerated above. Vision testing box, vision testing chart and X- Ray view box was not found in any of the centres. The need for vision testing chart was expressed by none of the centre in- charges whereas two centre in- charges had expressed a need for vision testing box and X- Ray view box. The recommended number per centre has been given in the Table P17.

**Table P17:** Status of OPD equipments in Panchkarma Therapy Centre

Name of the Equipment		Availability and Need Status (No. of Panchkarma Therapy Centres )								Status against Recommended Norms		
		Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre )	No. of Panchkarma Therapy Centres	
		=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
<b>ESSENTIAL</b>												
BP Apparatus		1	0	0	5	0	0	1	5	2	5	1
Stethoscope	Adult	2	3	0	1	0	0	1	5	2	1	5
	Pediatric	6	0	0	0	3	2	0	1	As per Need	-	-
Thermometer	Oral	1	0	0	5	0	0	1	5	3	5	1
	Rectal	6	0	0	0	4	0	1	1	As per Need	-	-
Tongue Depressor	Steel	2	0	1	3	4	1	1	0	2	4	2
	Disposable	6	0	0	0	5	0	0	1	As per Need	-	-
Torch		1	0	0	5	0	1	0	5	2	5	1
Hammer		6	0	0	0	2	2	0	2	2	0	6
ENT Diagnostic Set		6	0	0	0	4	2	0	0	2	0	6
Proctoscope		6	0	0	0	4	0	1	1	2	0	6
Weighing Machine	Adult	1	0	1	4	0	1	0	5	1	5	1
	Infant (5Kg)	6	0	0	0	5	1	0	0	As per Need	-	-
	Baby (10Kg)	6	0	0	0	4	2	0	0			
Height Measuring	Instrument	6	0	0	0	2	3	1	0	1	0	6
	Tape	6	0	0	0	1	3	1	1	1	0	6
<b>DESIRABLE</b>												
Vision Testing	Chart	6	0	0	0	6	0	0	0	1 Chart/1 Box	0	6
	Box	6	0	0	0	4	2	0	0		0	6
X-Ray View Box		6	0	0	0	4	2	0	0	1	0	6

## PHARMACY AND DISPENSING EQUIPMENTS

### a. MEDICINE PREPARATION APPLIANCES

The availability status, expressed need for medicine preparation appliances with regards to Panchkarma Therapy Centres has been enumerated in Table P18 along with the recommended number of these appliances (per centre).

**Table P18:** Status of Medicine Preparation Appliances in Panchkarma Therapy Centres

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres )								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre )	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Gas Stove	6	0	0	0	0	4	2	0	1	0	6
LPG Cylinder with Accessories	6	0	0	0	0	0	5	1	2	0	6
Pressure Cooker	2	0	4	0	2	0	2	2	1	4	2
Saucepan with Lid	4	0	2	0	1	0	2	3	1	2	4
Kadai	6	0	0	0	1	0	3	2	1	0	6
Ganji(Vessel)	4	0	1	1	0	0	1	5	2	2	4
Mixture Grinder	1	5	0	0	1	1	4	0	1	5	1
Weighing Scale	2	0	3	1	0	2	3	1	1	4	2
Measuring Glass	5	1	0	0	0	0	3	3	2	0	6
Measuring Jug	6	0	0	0	0	1	3	2	1	0	6
Sieves	6	0	0	0	0	1	1	4	2	0	6
Jug	5	0	1	0	0	0	3	3	2	1	5
Glass	5	0	1	0	0	0	1	5	6	0	6
Bowls	6	0	0	0	0	0	0	6	6	0	6
Spoons	6	0	0	0	0	0	0	6	6	0	6
Flask	6	0	0	0	0	1	4	1	1	0	6
Knife	6	0	0	0	0	0	2	4	1	0	6
Ordinary Scissor	5	0	0	1	0	0	4	2	1	1	5
Buckets	3	2	1	0	0	0	2	4	2	3	3
Mugs	5	0	1	0	0	0	2	4	2	1	5

## b. MEDICINE DISPENSING EQUIPMENTS

The availability status and expressed need for different medicine dispensing equipments that are required in a Panchkarma Therapy Centre are enumerated in table provided Table P19. The table also enlists the recommended number for every equipment (per centre).

**Table P19:** Status of Medicine Dispensing equipments in Panchkarma Therapy Centres

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres)								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre)	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Kharal	2	4	0	0	0	1	2	3	2	0	6
Imam Dasta	6	0	0	0	0	2	4	0	2	0	6
Measuring Spoons	6	0	0	0	0	0	3	3	2	0	6
Dispensing Cup	6	0	0	0	0	0	1	5	2	0	6

## OTHER INSTRUMENTS

**Table P20:** Status of other Instruments in Panchkarma Therapy Centres

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres)								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre)	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Sponge Holding Forceps	5	1	0	0	5	0	1	0	2	0	6
Instrument Tray	5	1	0	0	3	1	1	1	2	0	6
Kidney Tray	5	1	0	0	3	1	1	1	2	0	6
Boiler/ Sterilizer	6	0	0	0	4	1	1	0	1	0	6
Basin	5	1	0	0	2	2	1	1	1	1	5
Basin Stand	5	1	0	0	2	2	1	1	1	1	5
Ice Bag	6	0	0	0	3	2	1	0	2	0	6
Steam Inhaler	3	3	0	0	3	1	2	0	1	3	3
Hot Water Bag	6	0	0	0	1	1	1	3	2	0	6
Breast Pump	6	0	0	0	5	0	1	0	Not Recommended	-	-

## PANCHKARMA THERAPY EQUIPMENTS

The availability and expressed need of these equipments for Panchkarma Therapy varied as is shown in Table P20. The equipments which were found lacking in all the centres was Droni with head, Stand to fix Droni, Nasya Applicator, Bloodletting/ Raktmokshan Kit including Leeches, Dhumpan Yantra, Dhumpan Netra, Spinal Swedan Yantra, Tub and Sira Vasti Yantra. The recommended no that are required per centre have also been depicted in the table P20.

**Table P21: Status of Panchkarma Therapy Equipments in Panchkarma Centre**

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres)								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre)	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Massage Table	1	5	0	0	0	1	4	1	1	5	1
Droni with Head	6	0	0	0	1	5	0	0	1	0	6
Stand to fix Droni	6	0	0	0	1	5	0	0	1	0	6
Nadi Swedan Yantra with Suitable Appliances	1	4	1	0	0	0	5	1	1	5	1
Whole Body Swedan Yantra	2	4	0	0	0	1	4	1	1	4	2
Shirodhara Yantra and Appliances	2	4	0	0	0	2	4	0	1	4	2
Vessels for Dhara Therapy	4	2	0	0	0	2	4	0	1	2	4
Vasti Yantra with Accessories	5	1	0	0	0	1	4	1	1	1	5
Vaman Peeth(Chair & Table)	1	5	0	0	0	2	4	0	1	5	1
Vaman Patra with Accessories	3	3	0	0	0	2	3	1	1	3	3
Virechan Chair	1	5	0	0	0	2	4	0	1	5	1
Nasya Peeth	1	5	0	0	0	3	3	0	1	5	1
Nasya Applicator	6	0	0	0	0	1	4	1	1	0	6
Bloodletting/ Raktmokshan Kit including Leeches	6	0	0	0	0	1	0	5	1 Set	0	6
Dhumpan Yantra	6	0	0	0	1	2	3	0	1	0	6
Dhumpan Netra	6	0	0	0	1	3	2	0	1	0	6
Aawgahan Swedan Yantra/ Bath Tub	2	4	0	0	0	3	3	0	1	4	2
Spinal Swedan Yantra	6	0	0	0	5	1	0	0	1	0	6
Tub	6	0	0	0	5	1	0	0	1	0	6
Siro Vasti Yantra	6	0	0	0	5	0	1	0	1	0	6

## INSTRUMENTS FOR IPD SERVICES

**Table P22:** Status of IPD Instruments in Panchkarma Therapy Centres

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres )								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre )	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
Enema Pot	6	0	0	0	3	0	1	2	2	0	6
Enema Accessories	6	0	0	0	3	0	1	2	2	0	6
Flatus Tube	6	0	0	0	5	1	0	0	2	0	6
Urine Pot	6	0	0	0	2	1	0	3	2	0	6
Bed Pan	6	0	0	0	2	1	1	2	2	0	6
Oxygen Cylinder	6	0	0	0	5	1	0	0	1	0	6

# **RECURRING SUPPLY**

## FURNISHING MATERIAL:

**Table P23:** Status of Furnishing Material in Panchkarma Therapy Centre

Name of Furnishing Material	No. of Centres with		Status against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Panchkarma Therapy Centre )	Gap (Panchkarma Therapy Centres with Non-Availability)
Doctors Apron	0	6	4	6
Doctor Table Glass	1	6	2	5
Doctor Chair Towel	0	6	4	6
Mattress for Examination Table	4	6	2	4
Sheet for Examination Table	3	6	4	3
Pillow with Covers	2	6	4	4
Towels	2	6	8	4
Napkin/ Towel Rod	0	6	4	6
Magazine/ Paper Stand	0	6	1	6
Dress for Staff	0	6	As per Need	6
Staff Apron	0	6		6
Table Sheets	4	6		6
Curtain Rod	2	6		4
Curtains	2	6		4
Lock	3	6		3

The availability of apron for doctor and staff, staff dress, doctor chair towel, napkin / towel rod and stand for magazine or newspaper was not found in any of the centres. For rest of the furnishing material the availability varied. The expressed need for the furnishing materials have been expressed by in- charges of all the centres. (**Table P23**)

## MEDICINE STORAGE MATERIAL:

Medicine supply containers were available as medicine storage material in five centres whereas one centres each; plastic transparent and PET containers were available for medicine storage. The expressed need for these containers is also enumerated in **Table P24** along with the availability and expressed need for consumables required for medicine packing and dispensing in Panchkarma therapy centres.

**Table P24: Status of Medicine Storage and Medicine Material in Panchkarma Therapy Centre**

Name of Material	Availability and Need Status (No. of Panchkarma Therapy Centres )		Status against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Panchkarma Therapy Centre )	Gap (Panchkarma Therapy Centres with Non-Availability)
<b>MATERIAL</b>				
Plastic Transparent	1	2	Not Recommended	-
Medicine Supply	5	0	As Per Need	1
PET	1	4		5
<b>MEDICINE PACKING MATERIAL</b>				
Plastic Pouch for Medicine Packing	1	6	As Per Need	5
Labels for Medicine Containers	4	5		2
Small Labels for Medicine Dispensing Pouch	0	6		6
Plain Paper for Medicine Packing	0	2	Not Recommended	-
Newspaper for Medicine Packing	5	0		-

**Record Keeping Material:**

Among registers; OPD cum dispensing, medicine stock, and attendance register was present in all the centres and need for them has also been expressed by the in- charges of all the centres. Doctor daily activity dairy was not present in any of the centres but need has been expressed by in- charge of only one centre. The availability and expressed need for other registers was varied and is can be seen in the above Table P25.

In Panchkarma centres, Prscription Slips were available in all the centres and need has also been expressed at all the centres visited. Files and pen- pencil were available only at four and two centres respectively. Need for Referral slips, Files, Pen- Pencil has been expressed at all the centres. The availability and expressed need for other stationery items is enumerated in table P25. IEC material like pamphlets was available in only one centre wheras books, daily newspaper and magazines was not present in any of the centres visited. A need for all these IEC materials was expressed at all the six centres. In Panchkarma Therapy Centres, medical consumables including surigal gloves and rubber catheters were not available at any of the centres whereas their need was expressed at all the centres.

**Table P25:** Status of Record Keeping, Stationery, IEC Materials and Medical Consumable in Panchkarma Therapy Centre

Name of Material	Availability and Need Status (No. of Panchkarma Therapy Centres )		Status Against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Panchkarma Therapy Centre )	Gap (Panchkarma Therapy Centres with Non- Availability)
<b>RECORD KEEPING MATERIAL</b>				
OPD cum Dispensing	6	6	1	0
Medicine Stock	6	6	1	0
Receipt and Dispatch	5	6	1	1
Attendance	6	6	1	0
Permanent Articles Stock	5	6	1	1
Contingency	2	6	1	4
Cashbook Ledgers	2	5	1	4
Daily Stock	1	4	1	5
Ayushdeep Meetings	1	3	1	5
Panchkarma Therapy	2	3	1	4
Inspection	2	3	1	4
Instruments	1	1	1	5
Stationery	1	1	1	5
Doctor Daily Activity Diary	0	1	1	6
<b>STATIONERY</b>				
Prescription Slips	6	6	As Per Need	0
Referral Slips	0	6		6
Files	4	6		2
Pen and Pencil	2	6		4
White Paper	0	2		6
Carbon Paper	0	2		6
Stapler	0	2		6
All Pins	0	1		6
Gum	0	1		6
<b>IEC MATERIAL</b>				
Pamphlets	1	6	As Per Need	5
Books	0	6		6
Daily News Paper	0	6		6
Magazines	0	6		6
Camera & Video	0	1		6
<b>MEDICAL CONSUMABLE</b>				
Surgical Gloves	0	6	As Per Need	6
Rubber Catheters	0	6		6

**Panchkarma Therapy Consumable:**

**Table P26:** Status of Medical consumables in Panchkarma Therapy Centres

Panchkarma Therapy Consumable	No. of Centres with		Status Against Recommendation	
	Availability	Expressed Need	Recommended No. (Per Panchkarma Therapy Centre )	Gap (Panchkarma Therapy Centres with Non-Availability)
Panchkarma Procedure Chart	1	6	As Per Need	5
Plastic Aprons, Gloves and Masks	1	6		5
Small Pilow covered with Rexin	2	6		4
Muslin Cloth	0	6		6
McIntosh	1	6		5
Plastic sheets clear PVC	0	6		6
Urad Atta	1	6		5

The availability with regards to Panchkarma Therapy consumables varied which is shown in the above table P26 but their need was expressed in all the six centres.

**IPD Facility Consumables:**

**Table P27:** Status of IPD consumables in Panchkarma Therapy Centres

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres )								Status against Recommended Norms		
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre )	No. of Panchkarma Therapy Centres	
	=0	=1	=2	≥3	=0	=1	=2	≥3		≥ Norms	Gap
<b>Mattress</b>	1	0	0	5	1	0	0	5	As Per Need	5	1
<b>Bed Sheets</b>	1	0	0	5	1	0	0	5		5	1
<b>Blankets</b>	1	0	0	5	1	0	0	5		5	1
<b>Pillows</b>	2	0	0	4	2	0	0	4		4	2

The availability, expressed need and recommended number with regards to IPD consumables for Panchkarma Therapy varied which is shown in the above table P27.

## ELECTRICAL APPLIANCES

**Table P 28:** Status of Electrical Appliances in Panchkarma Therapy centres

Name of the Equipment	Availability and Need Status (No. of Panchkarma Therapy Centres )								Status against Recommended Norms	
	Availability				Expressed Need				Recommended No. (Per Panchkarma Therapy Centre )	Gap( No. of Panchkarma Therapy Centres with Non Availability)
	=0	=1	=2	≥3	=0	=1	=2	≥3		
Fan	0	1	0	5	0	0	0	6	1 per room	0
Cooler	5	0	1	0	0	2	0	4	As per Need	1
Room Heater	6	0	0	0	5	0	0	1	1	6
Heater	2	0	4	0	2	0	1	3	1	4
Geyser	6	0	0	0	2	1	3	0	1	6
Refrigerator	3	3	0	0	3	3	0	0	1	3
A.C	5	1	0	0	5	1	0	0	1	5
Table Lamp	6	0	0	0	1	0	3	2	2	6
Emergency Light	2	0	0	4	2	0	1	3	1	2

The availability and expressed need for electrical appliances in Panchkarma Therapy Centre has been enumerated in the table P28.

## LIGHTING APPLIANCES:

**Table P 29:** Status of Lighting Appliances in Panchkarma Therapy centres

Name of Appliance	No. and % of Centres with Availability
<b>CFL</b>	3 (50)
<b>Tubelight</b>	5 (83.3)
<b>Bulb</b>	2 (33.3)

In Panchkarma Therapy Centres, CFL was available in only three centres and tubelight and bulb in five and two centres respectively. This has been enumerated above (Table P29)

# **SERVICES**

As regards to services only OPD services were being provided at all the centres, Purvekarma and Panchkarma services were being provided at five out of six centres that were visited and National Health Programme services were available at three centres. All the other services were not available at any of the centres. The expressed need of the in-charges of these centres for providing these services has been enlisted in the table P30.

**Table P30:** Status of Services in Panchkarma Therapy Centres

Services	No. of Centres with	
	Availability	Expressed Need
OPD	6(100)	6(100)
Investigation	0	6(100)
Dressing	0	1(17)
Suturing	0	1(17)
Minor Surgery	0	1(17)
First Aid	0	2(33)
Emergency	0	1(17)
Minor Surgery	0	1(17)
Purvekarma	5(83)	6(100)
Panchkarma	5(83)	6(100)
Ksharsutra	0	2(33)
Family Planning	0	3(50)
Obstetrics and Gynecology	0	3(50)
Immunization	0	2(33)
National Health Programmes	3(50)	4(67)

# **MEDICINES**

For analysis of medicines, four groups have been made according to availability status of medicines as:

**Table P31:** Grouping Pattern acc. To Availability Status of Medicines in Panchkarma Centres

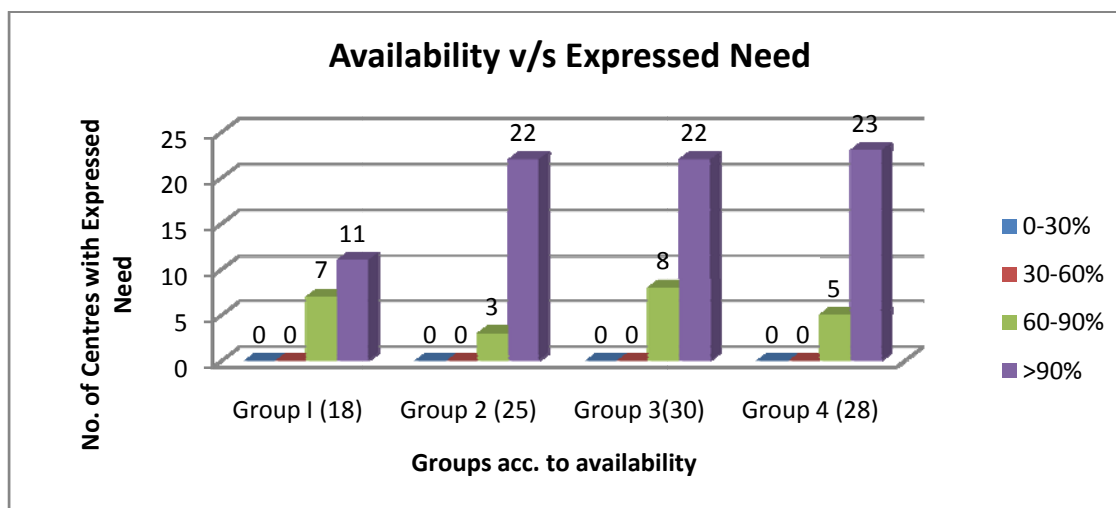
Group Name	Availability Status (%)
1 <sup>st</sup> Group	>90%
2 <sup>nd</sup> Group	60-90%
3 <sup>rd</sup> Group	30-60%
4 <sup>th</sup> Group	0-30%

Further, the expressed need has been analyzed for medicines belonging to different groups as shown in the table below. This gives us a comparative analysis of expressed need for medicines against availability status of medicines in different groups. (For details, refer ANNEXURE IE)

**Table P32:** Status of Medicines in Panchkarma Centres

Groups acc. to availability	No. of medicines in different Gps.	Expressed Need Status of medicines for availability status			
		0-30%	30-60%	60-90%	>90%
Group I (>90%)	18	0	0	7	11
Group 2 (60-90%)	25	0	0	3	22
Group 3(30-60%)	30	0	0	8	22
Group 4 (0-30%)	28	0	0	5	23

**Chart P1:** Availability v/s Expressed Need Status of Medicines in Panchkarma Centres



## **CONCLUSION & DISCUSSION:**

In relation to workforce, none of the centres are having any Panchkarma specialist, although 1 centre was found to have posting of 2 ksharsutra specialists. Ayurvedic graduate doctors were found to be present in 4 centres. Although therapists were present in most of centres, but in 5 centres they were found to be below norms. There are deficiencies seen in workforce of panchkarma therapy centres, which needs to be looked into.

The buildings of majority of panchkarma centres was a designated govt. building, with complete boundary wall present in 4 centres. None of the centres was found to have a herbal garden. This might be because of the non availability of space for garden in these centres.

Electricity facility was present in all the centres, but with open electrical wiring in 3 centres. Water supply within the centre was lacking in 2 centres. Toilet facility which is a must for these centres especially for virechan procedure was found to be lacking in 2 centres.

Bio medical waste generated is not segregated at source and there is need for training in relation to proper disposal of general as well as bio medical waste.

OPD Room was found to be present in 5 centres, but without any attached facility. Changing room was found to be present only in 1 centre. Other rooms required in panchkarma therapy centre were found to be present in some, while absent in others. Lack of doctor's residence facility was seen in all the centres.

Communication facilities were found absent in all the centres. Use of solar energy as alternative sources of energy was found to be present in only 1 centre.

Essential furniture was present in almost all centres with deficiencies seen in some items. There is need to ensure supply of essential furniture items in these centres.

Essential OPD equipments were present in almost all centres, with few exceptions. Medicine preparation equipments and appliances need to be provided in these centres. When talking of

Panchkarma equipments, some equipments like droni with head, dhumpan yantra, dhumpan netra, siro vasti yantra were found not be provided in any of the centres. Instruments and equipments required for IPD services were found to be lacking in all the centres.

When talking of recurring supply for these centres, gaps were found in most of items due to lack of continuous & regular supply of these materials. There is need to ensure their regular supply.

Some electrical appliances were found to be in appropriate numbers, while some were found to be lacking in many centres. Use of CFL was found in 50% of centres only. There is need to sensitize doctors and other staff for use of paramedical staff.

These centres are providing purvakarma & panchkarma services in addition to the OPD services. In case of medicines, huge supply side deficiencies were found. The supply of medicines in these centres should be based on the need and requirement of these centres.

Medicine supply was found to be insufficient and deficient in many centres. Need based supply of medicines should be ensured.

**CHAPTER-IX**

**DISTRICT AYURVEDIC  
HOSPITALS**

Among all the district hospitals visited, it was found that there was no uniform pattern or set of services found in any of the hospitals.

Out of the 6 hospitals visited, 5 were found to have good infrastructure. But the lack of manpower and management were found to be present everywhere. All the hospitals are providing OPD services for Ayurveda only and some are providing panchkarma services and 1 of them was found to provide ksharsutra services.

The overall condition of cleanliness and maintenance was found to be very bad.

There is requirement of providing staff in hospitals according to the no. of beds as per IPHS norms. And moreover NABH has laid down the structural and other standards for 30 bedded hospitals of Ayurveda, homeopathy, unani & Siddha. These standards should be followed and there must be a hospital superintendent provided in every hospital who will be responsible for overall management of the hospital.

There is need of further detailed assessment of hospitals in the state to know their status and exact condition.

**CHAPTER-X**  
**CLIENT SATISFACTION**

## RESPONDENT'S PROFILE

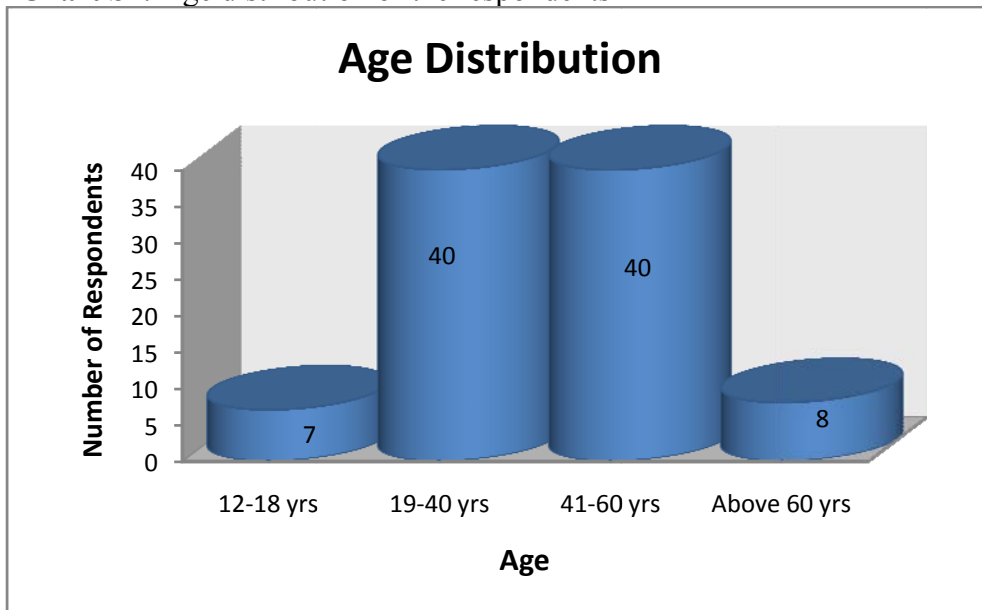
**Chart S1:** Sex distribution of the respondents



The respondents for the client satisfaction schedule consisted of 64% males and 36% females as shown above in Chart S1.

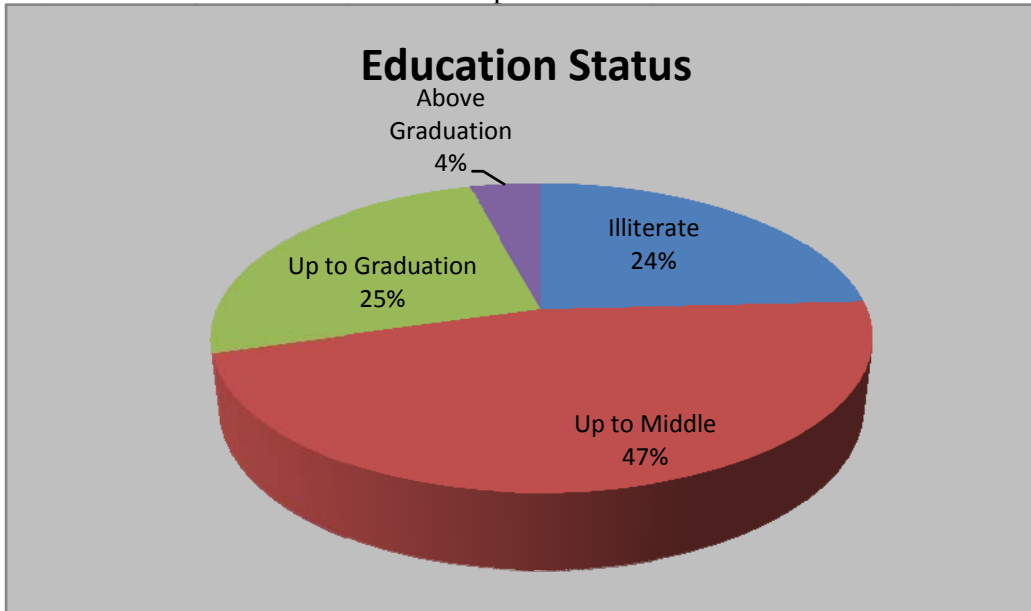
Most of the respondents were in the age group of 19-60 years as has been depicted below in the Chart S2

**Chart S2:** Age distribution of the respondents



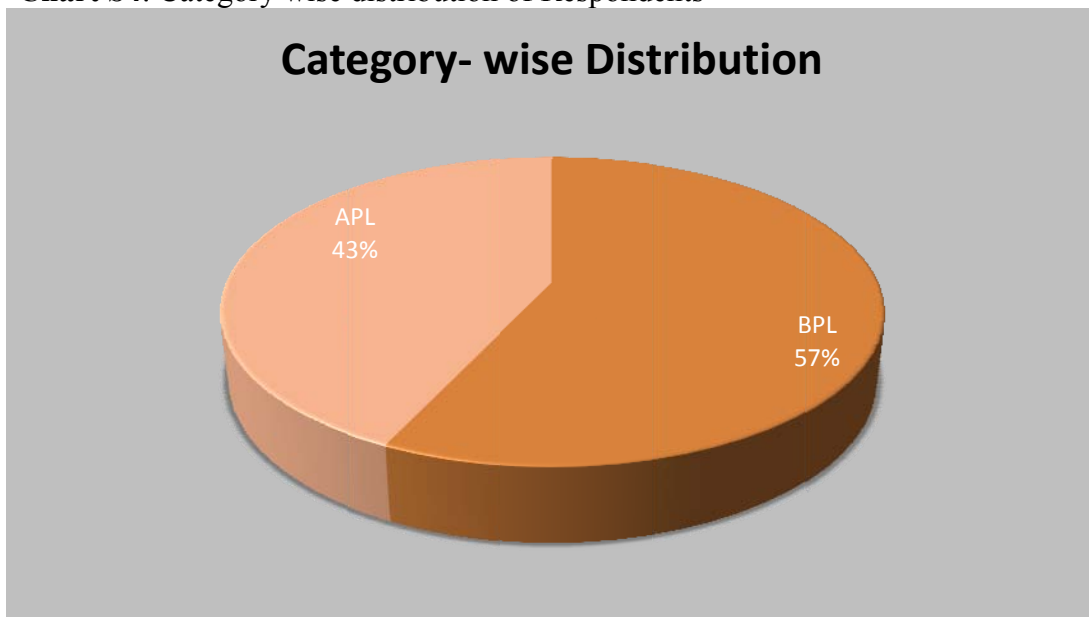
The education status of the respondents depicting majority being educated up to middle school is depicted in the chart below (Chart S3).

**Chart S3:** Education Status of the respondents



57% of the respondents belonged to BPL category; this can be referred from the Chart S4 below.

**Chart S4:** Category wise distribution of Respondents



## SATISFACTION LEVEL:

**Table S1:** Satisfaction level of Patients

Variable	Status	Frequency (%)
<b>Waiting Time for Registration</b>	Too Short(0-5minutes)	69 (73)
	Appropriate(5-10minutes)	21 (22)
	Too Long(10-15minutes)	5 (5)
	Can't Say	0
<b>Waiting Time for Doctor's Consultation</b>	Too Short(0-5minutes)	68 (72)
	Appropriate(5-10minutes)	22 (23)
	Too Long(10-15minutes)	4 (4)
	Can't Say	1 (1)
<b>Waiting Time for Receiving Medicines</b>	Too Short(0-5minutes)	69 (73)
	Appropriate(5-10minutes)	22 (23)
	Too Long(10-15minutes)	3 (3)
	Can't Say	1 (1)
<b>Reason for Choosing Service</b>	No other service available	28 (28)
	Prefer this service	66 (72)
<b>Satisfaction with Working Days and Timings</b>	Very much satisfied	11 (12)
	Satisfied	72 (76)
	Not Satisfied	12 (13)
<b>Satisfaction with Behavior of Doctor and Staff</b>	Very helpful	25 (26)
	Helpful	65 (68)
	Not Helpful	5 (5)
<b>Satisfaction with Privacy at the Place of Examination</b>	Very much satisfied	10 (10)
	Satisfied	70 (74)
	Not Satisfied	15 (16)
<b>Satisfaction with Availability of Prescribed Medicines</b>	Very much satisfied	9 (9)
	Satisfied	53 (56)
	Not Satisfied	33 (35)

Variable	Status	Frequency (%)
<b>Satisfaction with Medicines and Care provided for the Entire Period</b>	Very much satisfied	2 (2)
	Satisfied	59 (62)
	Not Satisfied	34 (35)
<b>Satisfaction with Doctor's Advice on Healthy Practices</b>	Very much satisfied	6 (6)
	Satisfied	78 (82)
	Not Satisfied	11 (12)
<b>Available Existing Services</b>	Sufficient	65 (68)
	Not Sufficient	30 (32)
<b>Satisfaction with Sitting Arrangement</b>	Very much satisfied	10 (10)
	Satisfied	63 (66)
	Not Satisfied	22 (23)
<b>Satisfaction with Quality of Drinking Water</b>	Very much satisfied	3 (3)
	Satisfied	52 (55)
	Not Satisfied	39 (41)
	Never used/ Can't say	1 (1)
<b>Satisfaction with Toilet Facility</b>	Very much satisfied	0
	Satisfied	37 (39)
	Not Satisfied	57 (60)
	Never used/ Can't say	1 (1)

(% in parenthesis)

According to most of the patients, the waiting time for registration, doctors consultation and receiving medicines, was less than 5 minutes. 76% of the respondents were satisfied with the working days and timings of the dispensary/ centre. Majority (68%) remarked the behavior of the doctor and staff at the health facility as helpful. 74% was satisfied with privacy at the place of examination. Most of them were satisfied with the availability of prescribed medicines and stated that medicines and care was provided for the entire period of the illness at the dispensary/ centre and also with the sitting arrangement. 82% mentioned that the doctor gave advice on healthy practices besides providing medicines. Services available at the dispensary/centre were regarded as insufficient by 32% of the respondents. As regards to satisfaction with the quality of drinking water and toilet facility, majority were satisfied. 28% people came to the AYUSH health facility

because no other health facility service was available to them whereas 78% visited the facility because they preferred AYUSH healthcare services the reasons for which were, it being government and providing free of cost treatment, belief in AYUSH treatment, doctor's availability and also, AYUSH medicines having no side effects and being more effective than allopathic medicines.

## USER FEES

**Table S2:** User fees

Variable	Status	Frequency (%)
User Fees (Any Charges)	No	40(42)
	Yes	55(58)

(% in parenthesis)

58% of the respondents stated that they were charged some amount as user fees ranging from Re1 to Rs. 70 either for consultation/ registration or allopathic medicines and injections that were given to them.

## DISCUSSION AND CONCLUSION

Majority, of the patients who were interviewed, belonged to lower socio- economic status. Most of the patients were satisfied with the overall services that were available in the dispensary and also with the medicine availability, waiting time and behavior of the doctor and staff. They reported that they were satisfied with basic facilities, like drinking water, toilet, etc., this might be because they never felt the need to do use it. Moreover, the reasons for preference to AYUSH systems was no side effects, cost effectiveness, belief in AYUSH treatment, doctor's availability and also, AYUSH medicines having no side effects These results are in accordance with the study conducted in Delhi on Homoeopathic dispensaries (2003) (10) and on Ayurveda dispensaries(2006) (11). The study on Ayurvedic and Homoeopathic dispensaries of Orissa (2006) (12) also report similar findings with regards to preference for the system. Other results on the reasons for preference for treatment to AYUSH system also, coincide with other studies

like Singh et al(2005) (19) , Hans (1980) (20), Srivastava et al. (1974) (18), Majumder (2006) (21) shows no side- effects and low cost of treatment as reasons for preference to ISM& H systems; cost effectiveness has been shown as the reasons for opting homoeopathy by Manchanda et al(2005) (22) .

## **ROADMAP FOR STANDARDIZATION OF AYUSH SERVICES**

### **1. Situational Analysis**

Assessment of the community profile as well as available health care services should be done. On the basis of this, the type of AYUSH healthcare facility to be provided in a particular area should be decided.

### **2. Decide service Package**

After the situational analysis, services to be provided at the AYUSH healthcare facilities should be decided according to the strengths of different systems.

### **3. Assessment of the Requirements for services decided**

Various components such as workforce, infrastructure, furniture, equipments, consumable, electrical appliances as well as medicines required to carry out the decided services should be assessed. This would be a dynamic process in the sense that if the utilization goes up, the requirements could be further upgraded.

2 and 3<sup>rd</sup> step together will constitute the Standards for that AYUSH healthcare facility.

### **4. Assessment of Available Resources**

The available resources should be assessed in relation to finance, manpower etc.

### **5. Gap Analysis against Standards**

The gaps in the existing set up corresponding to all the components (viz. workforce, infrastructure, furniture, equipments, consumable, electrical appliances as well as medicines) should be assessed.

### **6. Prioritization**

On the basis of gaps assessed above, priorities for taking different actions should be decided. The priority is decided on the basis of the need expressed for that and efforts required to fill those gaps.

### **7. Formulating Strategies**

On the basis of priorities decided above, plan the strategies to implement the required step.

### **8. Implementation of Formulated Strategy**

The strategy formulated should be implemented to bring about the required action with great managerial skills.

### **9. Monitoring and Surveillance**

Effective monitoring and surveillance is the backbone of any system. So, to check the outcome of the implemented strategies, a strong monitoring and surveillance system should be developed.

### **10. Modification**

On the basis of outcome from monitoring and Surveillance, modifications should be made, where ever necessary.

## **SPECIAL OBSERVATIONS**

➤ GOVT. INITIATIVES

➤ INDIVIDUAL EFFORTS

➤ SOME BOTTLENECKS

# **GOVT. INITIATIVES**

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**AYUSHDEEP  
SAMITI: A NEW  
RAY OF HOPE FOR  
AYUSH DOCTORS  
IN  
CHHATTISGARH**



**Well Furnished  
AYUSH  
Healthcare  
Facilities**









**BRINGING SMILES TO THE FACES OF AYUSH  
DOCTORS...**

**AYUSH MELAS  
AND  
PROMOTION OF  
AYUSH  
ACTIVITIES  
THROUGH  
KALA JATHAS**





## IEC ACTIVITIES



## WELL MAINTAINED OPD ROOM



## HERBAL PLANTATIONS



## IEC ACTIVITIES



---

**DISPENSARY  
BOARDS AND  
IEC MATERIAL**

---



---

**WELL  
FURNISHED  
OPD**



**BUT ..**

**IGNORED  
INFRASTRUCTURE**



**IGNORED  
HEALTH  
PROMOTIONAL  
ACTIVITIES**

**आयुर्वेद ग्राम**  
**अवधारणाएँ -**

1. जन जन की स्वस्थवृत्त की जानकारी देना ।
2. औषधीय पेड़-पौधों, जड़ी-बूटियों से घरेलू उपचार ।
3. औषधीय पेड़-पौधों की गाम में रोपित करना ।
4. कृषकों को औषधीय खेती के लिये प्रेरित करना ।
5. गाम में ही रसोएयोगी औषधीयों का निर्माण ।
6. संवर्धन एवं आयुर्वेद चिकित्सा पद्धति से उपचार ।
7. वि: शुल्क चिकित्सा शिविरों का आयोजन ।
8. मलेरिया, उल्टी-दस्त से बचाव एवं उपचार ।
9. राष्ट्रीय स्वास्थ्य कार्यक्रमों का क्रियान्वयन ।



**‘SOME PEOPLE DON’T DO  
DIFFERENT THINGS, THEY DO  
THINGS DIFFERENTLY. .!!!’**

**This section of the report is attributable to those people who have worked differently in this field. During the visit, some excellent examples of some well maintained healthcare facilities were seen. It showed that in charges of some facilities had made efforts to improve the infrastructure as well as service provision. Some of these are shared in the following pages.**

**.**

**Case No.1:**  
**Well Maintained**  
**Dispensary Building**

**Details of Facility:**

**Name:** Government  
**Homeopathic Dispensary**  
**Location:** Wadrafnagar,  
**Block-** Wadrafnagar,  
**District-** Sarguja

**Main Features:**

- ❖ Well maintained  
Herbal Garden
  - ❖ Well maintained  
building
- 



## **Case No. 2**

### **Working in Co-ordination with NGO and ANM**

#### **Details of Facility:**

**Name: Government  
Ayurvedic Dispensary**

**Location: Village-  
Banbaghera, Block-  
Kheragarh, District:  
Rajnandgaon**

**Main Features:  
With the help of a NGO  
(World Vision India),  
following has been done:**

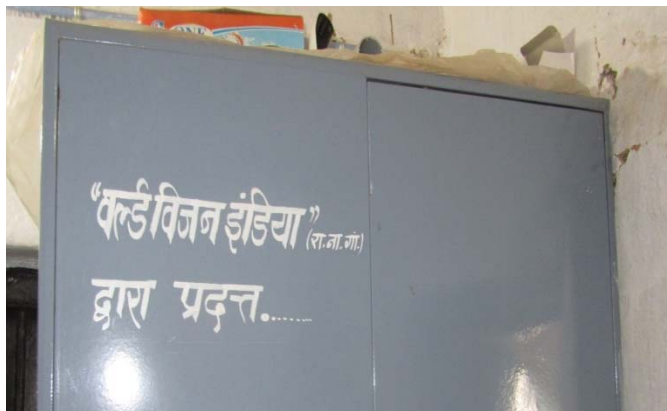
- ❖ **Well Furnished  
Toilet Facility**
- ❖ **Installation of Water  
Pump**
- ❖ **Overhead Water  
Tank (Capacity-  
1000lts)**



**Various Furniture and Equipments provided by**

**NGO:**

- ❖ **Revolving Doctor Chair-1**
- ❖ **Patient Stool-1**
- ❖ **Visitor' Chairs-4**
- ❖ **Table-1**
- ❖ **Wooden Bench-2**
- ❖ **Patient Bed-1**
- ❖ **Refrigerator (with Stand)-1**
- ❖ **Steel Almirah-1**
- ❖ **Fan (Standing)-1**
- ❖ **Exhaust Fan-1**
- ❖ **CFL Bulb-6**



- ❖ Well displayed IEC Activities



**Working in Co-ordination with ANM:**

- ❖ Conducts deliveries along with providing ANC Care
- ❖ Provides JSY benefit to beneficiaries



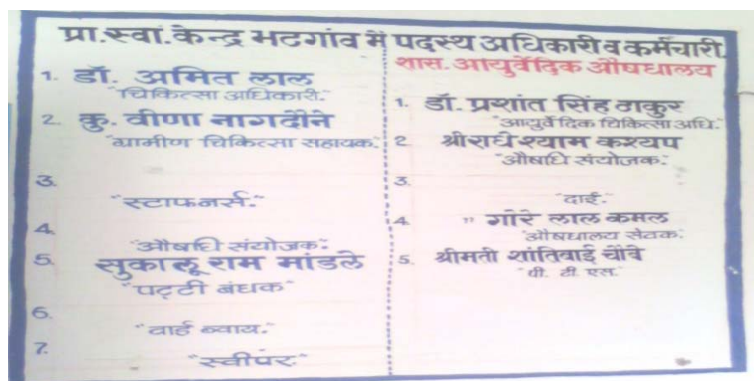
### Case No. 3:

Providing JSY benefits by working in co-ordination with ANM

#### Details of Facility:

Name: Government Ayurvedic Dispensary (Co-located with PHC)

Location: Village- Bhatgaon, Block- Patharia, District- Bilaspur



**Case No. 4:**

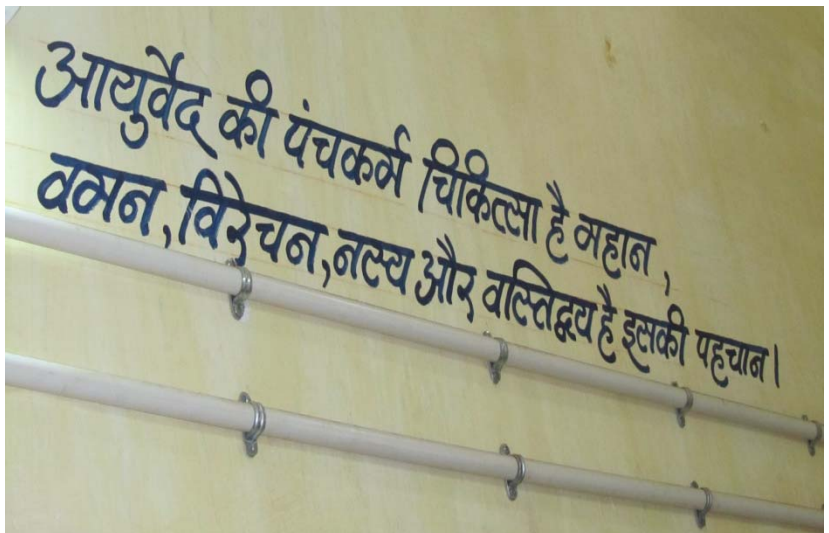
**Well Maintained and  
Functional Panchkarma  
Centres/ AYUSH Wings**

**Details of Facility:**

**AYUSH Wing, Durg;  
AYUSH Wing,  
Rajnandgaon; Panchkarma  
Centre, Balod**

**Main Features:**

- ❖ **Well Maintained  
Centres**
- ❖ **Use of Raw Herbs for  
Medicine reparation**
- ❖ **Well displayed IEC  
Activities**



**Various Panchkarma**

**Procedures:**

- ❖ Sarwang Swedan
- ❖ Jaanu Kati
- ❖ Naadi Swedan

- ❖ **Highly Motivated  
and Hard- working  
Staff**



# **SOME BOTTLENECKS**

## LACK OF INFRASTRUCTURE



*ROOF IN BAD CONDOTION*



*FLOOR AND URINAL FACILITIES IN BAD CONDITION*



## SINGLE ROOM DISPENSARIES



## ENCROACHMENT IN DISPENSARY BUILDINGS



## ***GAPS IN NEW INFRASTRUCTURE***



- **Delay in handover**
- **Lack of boundary wall**
- **Inappropriate height of Cemented Sitting Bench**
- **Toilet facility provided in residential area only**

*UNUSED AND PACKED INSTRUMENTS AND EQUIPMENTS*



# UNUSED AND PACKED INSTRUMENTS AND EQUIPMENTS



*UNUSED AND PACKED INSTRUMENTS AND EQUIPMENTS*



## *INTEGRATED PRACTICES BY DOCTORS IN DISPENSARIES*



## *ALLOPATHY MEDICINES IN DISPENSARIES*



## Bibliography

1. **Datta, Dr. K.K.** *Public Health Workforce in India: Career Pathways for Public Health Personnel*. 2009.
2. HRH: Policy Note#2 India's Health workforce: Size, Composition and Distribution. [Online] [Cited: march 1, 2010.] [www.hrhindia.org](http://www.hrhindia.org).
3. **Health Human resource Development Center, Ministry of Health, P.R China.** *Annual Review of HRH Situation in Asia- Pacific Region*. s.l. : Health Human resource Development Center, Ministry of Health, P.R China, 2006-2007.
4. **Planning Commission, India.** Plans: Eleventh Five Year Plan. *Planing Commision, India*. [Online] 2007. [Cited: February 20, 2010.] <http://www.planning commission.nic.in>.
5. **DEPARTMENT OF AYUSH.** [Online] [Cited: September 12, 2010.] <http://indianmedicine.nic.in/>.
6. NATIONAL HEALTH POLICY. [Online] [Cited: September 10, 2010.] <http://www.mohfw.nic.in/kk/955/ii/95ii0101.htm>.
7. **NATIONAL POLICY ON INDIAN SYSTEMS OF MEDICINE & HOMEOPATHY-2002.** [Online] [Cited: September 12, 2010.] [http://www.whoindia.org/LinkFiles/AYUSH\\_NPolicy-ISM&H-Homeopathy.pdf](http://www.whoindia.org/LinkFiles/AYUSH_NPolicy-ISM&H-Homeopathy.pdf).
8. **NHSRC, New Delhi.** *Mainsteaming AYUSH and Revitalization Local Health Tradition under NRHM*. s.l. : NHSRC, New Delhi, 2009.
9. C'garh gets 'fastest developing state' award. *The Hitavada*. 2010.
10. **Evaluation Unit, Planning Department, Govt. of NCT of Delhi.** *Evaluation Study Report To Assess the Efficacy of Exsiting Homoeopathic Dispensaries*. Delhi : s.n., 2003. Study Report.
11. **Evaluation Unit, Planning Department, Govt. of NCT Delhi.** *Evaluation Study Report on Ayurvedic Dispensaries of Delhi Govt*. Delhi : s.n., 2006. Study Report.
12. **Orissa Voluntary Health Assosiation, Bhubhaneshwar.** *Evaluation Study of Ayurvedic and Homoeopathic Dispensaries and Herbal Gardens in all the EightKBK Districts of Orissa*. Orissa : s.n., 2006. Study Report.
13. **Sankar, Deepa.** *The Role of Traditional and Alternative Health Systems In Providing Health Care Options: Evidence from Kerala*. Delhi : Institute of Economic Growth, 2001. Discussion Paper.

14. **Gill, Kaveri.** *A Primary Evaluation of Service Delivery under the National Rural Health Mission (NRHM): Findings from a Study in Andhra Pradesh, Uttar Pradesh, Bihar and Rajasthan.* s.l. : Planning Commission, 2009. Study Report.
15. *Report of Medical Officers under Indian Systems of Medicine Working in Primary Health Centres (Baseline information).* **Garg, Sita and Nath, D.H.** 1986, NIHFJ Journal.
16. *Delivery of Health Care Services Through Indigenous System of Medicine in Gwalior District of Madhya Pradesh.* **K.Chopra and T.Mathiyazhagan.** 4, 1997, NIHFJ Journal, Vol. 20, pp. 173-183.
17. **Bodeker, G.** *A framework for cost benefit analysis of traditional medicine & conventional medicine.* 2001.
18. *A study of utilisation and pattern of demand for the CGHS ayurvedic dispensaries in Delhi.* **Srivastava, A.B.L and Bhandari, S.C.** 1974.
19. *Utilization of indigenous systems of medicine & homoeopathy in India.* **Singh, Padam and Pandey, R.J. Yadav and Arvind.** 2005, Indian Journal of Medical Research, pp. 137-142.
20. *Perception and Utilisation of Ayurvedic Medical Care by Rural Community.* **Hans, P.N.** 1980.
21. *Utilisation of Health Care in North Bengal: A Qualitative Study on Preference for a Care with Respect to Type of Facility and System of Medicine.* **Majumder, Amlan.** 1, s.l. : Kamla-Raj Publishers, 2006, The Anthropologists, International Journal of Contemporary and Applied Sciences of Man, Vol. 8, pp. 33-41.
22. **Manchanda, Raj Kumar and Kulashreshtha, Mukul.** Government of NCT Delhi. *Delhi Homoeopathic Anusandhan Parishad Website.* [Online] May 4, 2005. [Cited: September 29, 2010.] <http://www.delhihomeo.com/paperberlin.html>.
23. *Why patients use alternative medicine: results of a national study.* **Astin, John.A.** 19, 1998, Journal of American Medical Association, Vol. 279, pp. 1548-1553.
24. *Integrating traditional medicine into modern health care systems: examining the role of Chinese medicine in Taiwan.* **Chi, Chunhuei.** 3, 1994, Social Science and Medicine, Vol. 39, pp. 307-321.
25. *Utilization of health services among rural women in Gujrat, India.* **Vissandjée, B and Barlow, R and D W Fraser.** 3, 1997, Public Health, Vol. 111, pp. 135-148.

26. *Maternal and child health in an ethno medical perspective: traditional and modern medicine in coastal Kenya*. **Boerma, J T and Baya, M S.** s.l. : 5, 1990, Health Policy and Planning, Vol. 4, pp. 347-357.
27. *Use of Traditional and Orthodox Health Services in Urban Zimbabwe*. **Winston, C M and Patel, V.** 4, 1995, International Journal of Epidemiology, Vol. 25, pp. 1006-12.
28. *The importance of traditional midwives in the delivery of health care in the Republic of South Africa*. **Troskie, T R.** 1, 1997, Curationis, Vol. 20, pp. 15-20.
29. **Charak Ayurveda.** What is Ayurveda. [Online] [Cited: April 30, 2010.] <http://www.charakayurveda.com>.
30. **Tripathi, A D.** *Sushruta Samhita*. Varanasi : Chaukambha Sanskrit Sansthan, 1999.
31. HerbalNet Digital Repository: India . [Online] [Cited: September 23, 2010.] [www.heralnet.healthrepository.org](http://www.heralnet.healthrepository.org).
32. **AYUSH,India.** *AYUSH,India website*. [Online] [Cited: September 28, 2010.] <http://indianmedicine.nic.in>.
33. **Tripathi, B K.** *Charak Samhita*. Varanasi : Choaukhamba Surbharti Parkashan, 1978.
34. **MOHFW,India.** Home: IPHS. *MOHFW, India Web Site*. [Online] [Cited: March 15, 2010.] [www.mohfw.nic.in](http://www.mohfw.nic.in).
35. **NABH.** Accreditation Standards for Ayurveda Hospitals. *National Accreditation Board for Hospitals and Healthcare Providers Web site*. [Online] August 2009. [Cited: July 5, 2010.] [http://www.indianmedicine.nic.in/Accreditation\\_Standards\\_for\\_Ayurveda\\_Hospitals.pdf](http://www.indianmedicine.nic.in/Accreditation_Standards_for_Ayurveda_Hospitals.pdf).
36. **Samuel, Hahnemann.** *Organon of Medicine*. s.l. : B. Jain publishers, 2003.
37. **NABH.** Structural Standards For Homeopathy Hospitals. *National Accreditation Board for Hospitals and Healthcare Providers Web site*. [Online] August 2009. [Cited: July 5, 2010.] [http://www.indianmedicine.nic.in/Homeopathy\\_Structural\\_standards.pdf](http://www.indianmedicine.nic.in/Homeopathy_Structural_standards.pdf).
38. —. Structural Standards for Unani Hospitals. *National Accreditation Board for Hospitals and Healthcare Providers Web site*. [Online] August 2009. [Cited: July 5, 2010.] [http://www.indianmedicine.nic.in/Unani\\_Structural\\_Standards.pdf](http://www.indianmedicine.nic.in/Unani_Structural_Standards.pdf).
39. **Government of India.** *A Manual for Doctors on mainstreaming of AYUSH under NRHM*. New Delhi : Pearl Offset Press Pvt. Ltd, 2008.
40. **MOHFW, Department of AYUSH.** "Modified Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries: Operational Guidelines. [Online] [Cited:

July 10, 2010.] [http://indianmedicine.nic.in/writereaddata/linkimages/6651934195-Operational\\_Guidelines-09-09-](http://indianmedicine.nic.in/writereaddata/linkimages/6651934195-Operational_Guidelines-09-09-)

41. **HSDWHO, SEARO.** *Integrated Health System Strengthening: An operational framework.* 2006. Discussion Paper.

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