

**Directorate of Indian Systems of Medicine
Jammu & Kashmir**

Approach paper on 12th Five Year Plan



[2011]

Executive Summary

Directorate of Indian Systems of Medicine, J&K has over the last 23 years excelled in many areas of the preventive health care, however, there are many areas that need to be organized and strengthened to improve services for the society. In order to develop long term Strategies and Perspective Plan for the 12th plan, past experience, current activities and future direction have been taken into account for preparation of this approach paper.

Some of the challenges faced by the directorate are being addressed by the on-going programs and the upcoming challenges particularly those of scare manpower and infrastructure are proposed in the approach paper. In addition to these some new initiatives have also been proposed. Some of the major issues faced by the Directorate that are proposed to be addressed during the 12th five year plan are:

- i. Providing accessible and affordable preventive health care services to the rural population with focus on underserved and un-served areas through rural health facilities.
- ii. Increasing bed strength in AYUSH hospitals which has unfortunately remained static at 25 beds due to scare resources since 1977. In addition to a Unani Hospital, one Specialized Hospital & Research Centre is being proposed during the next plan.
- iii. Strengthening and up-gradation of the infrastructure that has not changed since 1987.
- iv. Fill the huge gaps in manpower where no creation has taken place in the past two decades. It is pertinent to mention here that the directorate didn't get any share in the employment package announced by PM in 1996 consisting of 26000 posts. 68 dispensaries are presently being run on internal arrangement basis and 45 are being run single handedly.
- v. Increasing the reach to provide much needed affordable preventive health care services at the door steps of rural people, especially poor women and children by organising outreach camps in all the areas especially in inaccessible areas of Doda, Kishtwar, Kupwara, Gurez, Poonch, Rajouri etc.
- vi. Flow of information from bottom to top has been an area of concern since the inception of the directorate as there has been acute shortage of manpower at all the levels. While the availability of information at right time and place for informed decision making cannot be undermined the absence of same has been hampering the decision making and administrative functions. The directorate proposes to put in place MIS at all the levels over the next five years. Till the manpower is in position on the analogy of NRHM, it is proposed that flow of information as required under AYUSH will be outsourced.
- vii. Ensuring quality of drugs by establishing drug testing laboratory and pharmacy. In addition to this, the drug control mechanism is proposed to be strengthened in the directorate to ensure accountability in supply of quality drugs.
- viii. Focus on education at under-graduate and post graduate level along with paramedical education. There has been paucity of AYUSH colleges in the state and two colleges, one Ayurveda and another Unani are being established in the state.

- ix. Promoting and Propagating indigenous systems of medicine at all the levels. AROGYA which was organized in 2009 in the state was a great success. Similar events are proposed to be organized on yearly basis.
- x. Given the enormous tourism potential that the state has, it is proposed to take up Herbal tourism in the state under which Panchkarma Therapy center's will be set up at all the tourist resorts of the state. A pilot therapy centre was set up at Royal spring golf course in collaboration with tourism department which proved to be a tremendous success.
- xi. **Monitoring:** There are 8 newly established districts where monitoring has suffered due to absence of vehicles. The directorate proposes to procure monitoring vehicles for these newly created districts in the five year plan.
- xii. The directorate has been relentlessly providing basic health care services to the people of the state however; there are huge infrastructural gaps in terms of access and provision of quality health care services. Due to the difficult terrain, geographical conditions and shortage of doctors and paramedic staff, there are many areas that are underserved which require special attention. Mobile Medical Unit is one such mode to cater to these areas. The Directorate proposes procurement of Mobile Medical Unit for high focus districts in phased manner.
- xiii. Till date no Panchayati Raj institutions were in place in the state. However, the elections for the same are near completion and the institutions are expected to be in place very soon. The Directorate plans to put in place community monitoring when the Panchayati raj institutions start functioning.
- xiv. The state is a treasure trove of herbs, and the potential of medicinal species that are found here is immense. The State Medicinal Plants Board was established in 2001 in the state with a onetime grant of Rs. Ten lacs. The board continues to function with the skeleton staff as the directorate is already scarce on manpower.

APPROACH PAPER ON 12TH FIVE-YEAR PLAN

Directorate of I.S.M was established in 1987, before which it was a part of Department of Health Services J&K and used to function under the administrative control of Directorate of Health services. Since then the Directorate has been rendering yeomanly service in the Health care delivery system despite the fact that the Department gets only 4.61% of budgetary allocation when compared to health department. The Department provides health care to the people all over the State particularly in remote and to far-flung areas through a network of 417 sanctioned Ayurvedic and Unani dispensaries and 68 internal-arrangement ISM Institutions. The state being mountainous and full of hilly terrains, majority of the people living in far-flung areas depend on indigenous systems of medicine only, either because of the firm belief in the traditional systems or due to the fact that only this system of medicine is available to them in these areas.

The department provides Health care services to the people through 451 Ayurvedic/Unani doctors, and 574 Pharmacists (sanctioned posts). In addition to these ISM doctors and Pharmacists have also been engaged under National Rural Health Mission (NRHM) who are discharging their services in Health care delivery System through PHCs of Health Department. Along with Ayurvedic and Unani doctors, the department has also introduced Homoeopathic System of Medicine in 2007 under which 30 Medical officer provide the option of Homoeopathic system of medicine to the people.

The state of Jammu & Kashmir is a treasure trove of herbs and the Department ensures conservation, sustainability and development of these through State Medicinal Plants Board. Directorate of I.S.M acts as a Nodal agency for State Medicinal Plants Board which has been set up in the State in 2001 with a view to ensure conservation, development and a marketing of Medicinal plants and to coordinate, monitor and give directions in accordance with the policies of National Medicinal Plants Board (NMPB) Department of AYUSH, Government of India.

EXISTING FACILITIES

Facility report of the availability of infrastructure, manpower, equipment and medicine at the dispensaries and AYUSH units co-located in Primary Health Centres, Community Health Centres and District Hospitals. The report is based on 485 dispensaries, 345 primary health centre, 44 community health centres and 8 district hospital.

Infrastructure refers to the basic support system in the form of ownership and condition of the building, and the basic facilities available within the building for the smooth functioning of the dispensaries. Some of the facilities included are supply of water, electricity, separate toilet with running water, furniture, number of beds for indoor patients, standby facility in the form of a generator, etc., telephone, functional vehicle, investigative facility (ECG, X-ray, etc).

Break-up of Dispensaries/Manpower Strength J&K

Jammu & Kashmir

Total No. of Dispensaries	485
No. of Sanctioned Dispensaries	417
Ayurvedic Dispensaries	271
Unani Dispensaries	214
Internal Arrangement Dispensaries	68
AYUSH Units	17
Total Staff Strength in Dispensaries	1144
Physician Specialists	7
A-Grade	2
B-Grade	5
MO's in Ayurvedic Hospital Jammu	4
Medical Officers in Dispensaries	417
Vacancies of MO's	17
Pharmacists in Dispensaries	575
Vacancies of Pharmacists	46
Nursing Orderly's in Dispensaries	141
Vacancies of NO's	21
Total Vacancies	84
Homeopathic Doctors	30

Block wise List of Dispensaries & Manpower Strength

Jammu & Kashmir

District	Block	IA	Ayurvedic	Unani	Sanctioned Staff						Total	
					Medical Officers		Pharmacist		Nursing Orderly		Sanctioned Staff	Vacancies
					Sanctioned Staff	Vacancy	Sanctioned Staff	Vacancy	Sanctioned Staff	Vacancy		
Jammu	Akhnoor	0	1	0	12	1	6	1	0	0	18	2
	Palanwala	0	5	0	5	0	7	0	2	0	14	0
	Kote Bhalwal	0	7	0	7	0	7	0	1	0	15	0
	Sohanjna	2	8	0	6	0	8	0	2	0	16	0
	Dansal	0	4	0	4	0	7	0	1	0	12	0
	Bishna	1	6	0	5	0	9	0	0	0	14	0
	Jammu City	1	3	1	3	0	3	0	3	0	9	0
	Purmunda I	2	5	1	4	0	5	0	2	0	11	0
	R.S. Pora	7	11	0	4	0	4	0	1	0	9	0
		13	50	2	50	1	56	1	12	0	118	2
Samba	Purmunda I	0	3	0	3	0	4	0	2	0	9	0
	Ram Garh	0	3	0	3	0	3	0	0	0	6	0
	Samba	0	3	0	3	0	4	0	0	0	7	0
	Hira Nagar	0	3	0	3	0	5	1	2	0	10	1
		0	12	0	12	0	16	1	4	0	32	1
Udhampur	Basanatgrah	0	5	0	5	2	6	0	1	1	12	3
	Ramnagar	0	10	0	10	2	13	0	1	1	24	3
	Magalta	1	5	0	4	0	3	0	1	1	8	1
	Tikre	2	5	0	3	0	2	0	1	0	6	0
	Chenani	0	5	0	5	1	5	0	4	0	14	1
		3	30	0	27	5	29	0	8	3	64	8
Reasi	Katra	1	3	0	2	0	3	0	0	0	5	0
	Reasi	0	3	0	3	1	6	3	0	0	9	4
	Pouni	0	3	0	3	0	3	1	2	1	8	2
	Mahore	0	8	0	8	3	7	1	1	1	16	5
		1	17	0	16	4	19	5	3	2	38	11
Doda	Ghat	1	9	0	8	1	10	2	4	0	22	3
	Assar	0	5	2	7	0	10	2	4	0	21	2
	Bhaderwah	4	14	1	11	0	14	3	2	0	27	3
	Gundoh	1	6	0	5	0	5	0	1	0	11	0
		6	34	3	31	1	39	7	11	0	81	8
Kishtwar	Kishtwar	1	12	5	16	0	17	2	8	1	41	3

	Dachian	0	2	1	3	1	1	1	2	0	6	2
	Padder	1	3	0	2	0	1	0	1	1	4	1
		2	17	6	21	1	19	3	11	2	51	6
Ramban	Batote	0	6	2	8	0	8	4	1	0	17	4
	Banihal	0	1	4	5	0	5	3	3	0	13	3
	Ukheral	0	1	1	2	0	3	2	1	1	6	3
		0	8	7	15	0	16	9	5	1	36	10
Rajouri	Dharhal	1	4	4	7	0	8	2	3	0	18	2
	Kandi	0	1	1	2	0	1	0	1	0	4	0
	Sunder Bani	0	5	0	5	0	5	1	2	0	12	1
	Nowshara	0	7	1	8	1	5	1	2	0	15	2
		1	17	6	22	1	19	4	8	0	49	5
Poonch	Mandi	1	7	2	8	1	7	0	5	1	20	2
	Suran Kote	1	2	2	3	0	3	0	1	0	7	0
	Mandhar	0	5	2	7	1	5	1	4	2	16	4
		2	14	6	18	2	15	1	10	3	43	6
Kathua	Parole	3	13	0	10	0	13	4	1	0	24	4
	Hera Nagar	0	7	0	7	0	9	1	2	0	18	1
	Bani	0	4	0	4	1	3	0	2	1	9	2
	Basohli	3	7	0	4	0	6	2	0	0	10	2
	Billwar	0	17	0	17	1	16	2	4	0	37	3
		6	48	0	42	2	47	9	9	1	98	12
		34	251	30	254	17	275	40	81	12	610	69
Pulwama	Pulwama	1	0	7	6	0	10	0	4	1	20	1
	Pampora	0	1	3	5	0	7	0	3	1	15	1
	Tral	0	0	3	3	0	4	0	1	0	8	0
		1	1	13	14	0	21	0	8	2	43	2
Shopian	Shopian	0	2	6	8	0	13	1	0	0	21	1
	Keller	1	0	2	1	0	2	0	1	1	4	1
		1	2	8	9	0	15	1	1	1	25	2
Kupwara	Tangdar	0	0	4	4	0	7	1	0	0	11	1
	Kralpora	0	0	4	4	0	6	0	0	0	10	0
	Trehgam	0	0	1	1	0	2	0	0	0	3	0
	Kupwara	0	0	2	2	0	4	0	1	0	7	0
	Sogam	1	0	3	2	0	4	1	1	0	7	1
	Handwara	0	0	1	1	0	1	0	1	0	3	0
	Langate	1	0	2	1	0	2	0	0	0	3	0
	Zachaldar	0	0	1	1	0	2	0	0	0	3	0
		1	0	3	2	0	3	0	1	0	6	0
		3	0	21	18	0	31	2	4	0	53	2
Budgam	Chattergam	0	0	2	2	0	4	0	1	0	7	0

	Soibugh	2	1	3	2	0	4	0	2	1	8	1
	Chariesha rief	1	1	2	2	0	4	0	1	0	7	0
	Magam	0	0	3	3	0	6	0	1	0	10	0
	Beerwah	1	0	4	3	0	6	0	2	0	11	0
	Nagam	0	1	3	4	0	8	0	1	0	13	0
	Khag	0	1	0	1	0	2	0	0	0	3	0
	Chadora	0	1	3	4	0	7	0	1	0	12	0
	Khan Sahab	0	1	0	1	0	2	0	1	1	4	1
	Budgam	1	0	5	4	0	8	0	1	0	13	0
		5	6	25	26	0	51	0	11	2	88	2
Srinagar	Hazratbal	0	0	5	5	0	10	0	4	0	19	0
	Khanyar	2	1	3	3	0	5	0	2	0	10	0
	Zadibal	0	0	1	1	0	2	0	0	0	3	0
	Lal Mandi	1	0	4	4	0	8	0	1	0	13	0
	Batamalo o	1	0	3	2	0	3	0	1	0	6	0
		4	1	16	15	0	28	0	8	0	51	0
Ganderbal	Kangan	3	0	8	5	0	10	0	1	0	16	0
	Lar	2	0	3	1	0	1	0	1	1	3	1
	Wakoora	1	0	1	0	0	0	0	0	0	0	0
	Ganderbal	2	1	5	4	0	6	0	3	0	13	0
		8	1	17	10	0	17	0	5	1	32	1
Anantnag	Shangus	0	0	2	2	0	4	0	1	0	7	0
	Achhabal	0	0	1	1	0	2	0	0	0	3	0
	Shan gas	0	0	1	1	0	2	0	1	0	4	0
	Mattan	1	1	3	3	0	5	0	2	0	10	0
	Bijbehara`	0	0	3	3	0	5	0	1	0	9	0
	Qaimoh	1	0	2	1	0	1	0	0	0	2	0
	Qauzigun d	0	0	5	5	0	9	0	0	0	14	0
	Verinag	1	1	2	2	0	2	0	0	0	4	0
	Larnoo	0	0	5	5	0	6	0	2	0	13	0
Achabal	0	0	1	1	0	2	0	0	0	3	0	
		3	2	25	24	0	38	0	7	0	69	0
Kulgam	Kulgam	0	3	2	5	0	7	0	2	0	14	0
	D.H. Pora	1	1	5	5	0	8	0	0	0	13	0
	Qazigund	0	0	2	2	0	2	0	1	0	5	0
	Yaripora	2	0	4	2	0	2	0	0	0	4	0
		3	4	13	14	0	19	0	3	0	36	0
Baramulla	DH Sheeri	0	0	1	2	0	3	0	1	0	6	0
	Uri	1	0	2	1	0	2	0	1	1	4	1
	Boniyar	0	1	2	3	0	6	1	1	1	10	2
	Sheeri	1	0	3	2	0	4	0	1	0	7	0

	Kreeri	0	1	6	7	0	15	0	4	0	26	0
	Sopore	0	1	3	4	0	9	0	1	0	14	0
	Rohama	0	0	1	1	0	2	0	0	0	3	0
	Dangiwachha	0	0	2	2	0	4	0	0	0	6	0
	Pattan	0	0	3	3	0	4	0	2	1	9	1
	Kunzeer	2	0	4	2	0	4	0	1	0	7	0
	Tangmarg	0	0	3	3	0	6	0	0	0	9	0
		4	3	30	30	0	59	1	12	3	101	4
Bandipora	Bandipora	1	0	9	8	0	12	0	0	0	20	0
	Gurez	1	0	7	6	0	9	2	1	0	16	2
		2	0	16	14	0	21	2	1	0	36	2
		34	20	184	174	0	300	6	60	9	534	15
	Total	68	271	214	428	17	575	46	141	21	1144	84

AMCHI SYSTEM OF MEDICINE:

This system of medicine is practiced in Ladakh (J&K), Lahaul (Himachal Pradesh), Arunachal Pradesh, Sikkim and some other regions' of the Himalayas. Tibetan medicines take various forms, from decoctions, powders, general pills, precious pills to syrups, and are prescribed in small doses. Out of a total of 131 dispensaries in India, 82 are functioning in Ladakh division of J&K.

STATE MEDICAL PLANTS BOARD (JKSMPB):

Medicinal Plants Scenario:

World Health Organization (WHO) has estimated that approximately 80% of the world population relies on traditional medicines which are mostly plant-based drugs. About 7500-8000 species of plants are estimated to be used for human and veterinary health care in the country, across the various ecosystems from Ladakh to Kanyakumari and from Rajasthan to the hills of the North-East India. Indian systems of medicine use various raw materials of which medicinal plants constitute 90% of the raw material. About 3000 plants species are reported to be used in the codified Indian Systems of Medicine like Ayurveda (900 species), Siddha (800 species), Unani (700 species) and Amchi (300 species). The rest of the species are used in local health traditions and with folk Indian systems. Medicinal plants thus contribute an important component of the plant resource wealth of our country. In addition to their use in the preparation of tradition medicines, the medicinal plants are being used in preparation of various pharmaceuticals and health products under the modern medicine system.

The state of Jammu & Kashmir is situated in the lap of the northwest Himalayas having its borders with Punjab and Himachal Pradesh. The abundant natural resources of the state, coupled with the years of experiences and empirical knowledge of many tribes in traditional medicine are assets, which are too valuable to be ignored in the development of natural based industry of the state. Unfortunately, the support through systematic efforts in the cultivation & preservation of the plants did not meet the pace of domestic utilization of medicinal plants for medication and exports. Availability of so many varieties of medicinal plants in the state indicates that the climate and soil condition are very supportive for the sustainable development of medicinal plant cultivation. The topography of a significant part of the State is mountainous and contains remote and inaccessible areas. In some parts, extreme weather conditions exist and these areas remain cut off from the rest of the State during winters. This supportive environment makes cultivation cost effective and also preserves the genetic quality of the plants as medicine.

The wealth of resources that the state has particularly the richness in biological and traditional medicinal knowledge makes the state a suitable hub for medicinal plant conservation and cultivation. Moreover, it is believed that the situation of traditional medicine in Kashmir is more or less characteristic to that in other states like Uttaranchal and Himachal.

Traditional medicine is perceived as efficient, safe, cost effective and affordable. Moreover, it is accessible, especially for the poor and for those living in remote areas, which tend to depend more on traditional and herbal medicines than people living in urban areas. The traditional knowledge of the local community needs to be collected and preserved. While modern or western medicine remains the mainstreams of healthcare in the state, traditional medicinal treatments continue to enjoy considerable popularity. Furthermore over the past decade, the utilization of traditional medicine has increased sharply, partly because formal healthcare has become less affordable and partially due to the fact that allopathic health care facilities are not reaching to the far flung and cut off areas which the indigenous system of medicine is through Directorate of Indian Systems of Medicine.

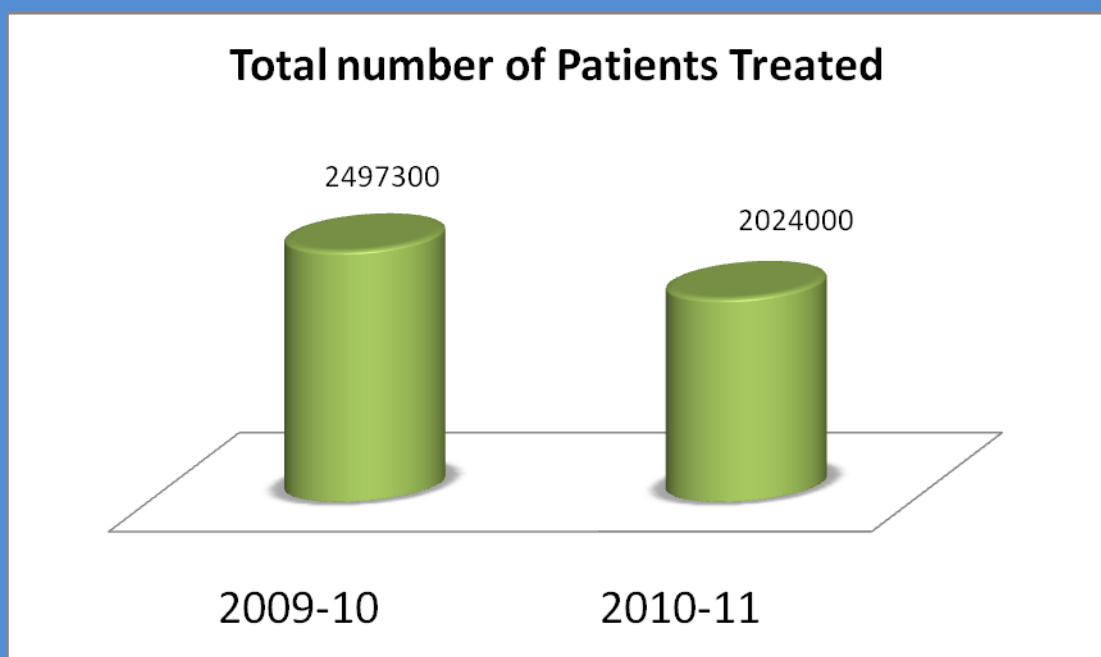
Establishment of J&K State Medicinal Plants Board:

- ① J&K State Medicinal Plants Board was established in 2001, as an independent entity in its working to coordinate, monitor and give directions in accordance with the programs and policies of National Medicinal Plants Board related.
- ② J&K State Medicinal Plants Board is a registered society constituted under the Chairmanship of Hon'ble Minister for Health, for development and sustainable use of medicinal plants in Jammu & Kashmir State.
- ③ Its main functions include coordination, monitoring and give directions in accordance with the programs and policies of National Medicinal Plants Board Deptt. of AYUSH Govt. of India.

MAJOR ACHIEVEMENTS DURING 2009-10 & 2010-11:-

- ① 101 ISM doctors have been appointed through Public service commission. 75 additional posts of Medical Officers ISM under NRHM have been sanctioned for posting in difficult areas (PHCs).
- ① Construction of Govt. Unani Hospital, Shalteng has been taken up. Two Blocks of the Hospitals stand completed and the services of the OPD facility is likely to be made available for the public very soon.
- ① Notification for transfer 101 Kanals land to ISM Department for establishing Govt. Ayurvedic Medical College, Jammu stands issued. A memo has been submitted by the Revenue Department to GAD for putting the same in the Cabinet.
- ①
- ① 30 ISM Dispensaries are being constructed under NABARD financial assistance at an estimated cost of Rs. 19.67 Crores.
- ① Construction work of Govt. Unani Hospital at Shalteng Srinagar is nearing completion.
- ① Rs. 16.00 crores has been sanctioned by GoI under CSS of AYUSH for conservation and cultivation of Medicinal plants undertaken by Horticulture Mission and Forest Department.
- ① Land measuring 15 kanals has been transferred by the Revenue Department of ISM Department for construction of Specialized Hospital & Research Center.
- ① Detailed Project Reports stand prepared and submitted to Government for construction of Ayurvedic Medical College and Hospital and Unani Medical College and Hospital at an estimated cost of Rs. 25.80 crores & Rs. 32.50 crores respectively. 78 Kanals land at Ganderbal has been transferred by Revenue Department for construction of Unani Medical College.
- ① All Divisional and District offices of ISM have been equipped with computers and Xerox machines along with other office accessories for smooth functioning of the department and ensuring accountability.
- ① A National Health fair (AROGYA) was organized for the first time in the State which was attended by more than 50,000 people from all-walks of life.
- ① AYUSH units have been established in Govt. Medical College Jammu and Srinagar and 17 District Hospitals of the State including Leh and Kargil.

- ⦿ Establishment of Poly Clinic (Ayurveda, Yoga & Unani) at Govt. Ayurvedic Jammu and Poly Clinic at Govt. Unani Hospital Srinagar is under process.
- ⦿ Construction of Additional block-Polyclinic at Govt Ayurvedic Hospital Jammu at an estimated cost of Rs. 77.00 Lacs is near completion.
- ⦿ Conference Hall equipped with audio visual facilities stands completed in the Directorate Office at Jammu.
- ⦿ A system of Professional audit has been put in place to improve work culture, transparency and accountability in the directorate.
- ⦿ A monitoring system has been put in place to improve performance and ensure transparency in the Directorate. Work done reports at all levels is accessible to everyone and made available on the Official website www.jkhealth.org on month basis. Seniority list along with posting of M.O's / paramedical staff are also on the official website.
- ⦿ Medical camps for poor and needy were conducted in all the districts of J&K state where medicine and consultation was made available free of cost.
- ⦿ Amchi System of Medicine has been recognized by Govt. of India. Services of 26 Amchi practitioners have been hired in Leh and Kargil (08 posted).
- ⦿ A comprehensive project proposal for creation of various posts and regularization of 68 ISM centers run on internal arrangement basis and is under active consideration in Planning and Development Department.



ACHIEVEMENTS IN CONSERVATION AND DEVELOPMENT OF MEDICINAL PLANTS.

Work Done Under Contractual Farming

- ⦿ About 816 acres of land are under commercial cultivation of Medicinal plants taken up by Farmers, Growers through the Projects sanctioned by NMPB with following species:

S. No.	Medicinal plant	Area in Acres
1	Valriana	18
2	Kutki	123
3	Atees	88
4	Bankakri	128
5	Kuth	88
6	Kesar	88
7	Taxus	3
8	Chirata	79
9	Dhoop	45
10	Diascorea	95
11	Safed musli	3
12	Rheum emodi	3
13	Sarpgandha	12
14	Makoy	15
15	Lavender	28
	Total	816

- ⦿ Information, Education and Communication Programme Block RS Pora, Jammu & Block Langate Kashmir(Year 2005-06)

- A) Health Melas (4 in each Block)
 - i. Block Langate Distt Kupwara Kmr
 - ii. Block R.S. Pora Distt Jammu
- B) B. Training of ISM Practitioners

⦿ Conservation Sustainability & Development of Medicinal Plants

(Total Villages involved = 20)

S. No.	Activity	No. of programs
1	Visit of specialists to villages for promoting	12
2	Seminars (50 farmers each program)	12
3	Workshops (20 participants)	12
4	Visit to demonstration centres' (20 farmers each	4
5	Audi0 /Visual campaigns	1
	Total number of programs	41

⦿ Establishment of District Level Herbal Garden

- J&K SMPB in co-ordination with Lien Departments viz a viz Bhaderwah Dev authority, Deptt of Agriculture, Floriculture has been able to establish Demonstration Herbal Gardens in Various Districts of the State for promoting the herbal wealth.
- Two herbal gardens established in Bhaderwah (One at Dradoo & other at Baloot) were recently inaugurated by Hon'ble Union Minister of Health & FW Sh. Gulam Nabi Azad.

⦿ Assess of Demand & Supply position of Medicinal plants of J&K State

- Field survey and Data collection across three regions of the State Viz-a-Viz Jammu, Kashmir & Ladakh
- Data Entry and Analysis
- Final Report
- Printing of publication

⦿ National level Buyer Sellers Meet

⦿ National Campaign on Amla in J&K State

J&K SMPB has already launched the campaign and has covered the following activities: -

- ⦿ Development of 2 No. of Nurseries in collaboration with State Forest Institute & Directorate of Horticulture, Jammu.

- Awareness Campaign in the state through print and electronic media.
- School/College programs in 155 institutions.
- Training programs of 1500 persons.

SWOT ANALYSIS OF ISM&H J&K:

Strengths:-

- ⦿ Ayurved and Unani systems of medicine have been used for ages for treatment of common ailments in the state.
- ⦿ Use of home remedies for common ailments is still prevalent in the state although there has been a sharp decline in the traditional kit that used to be in every home some decades back.
- ⦿ The state is rich in medicinal herbs, herbal farms, research institutions.
- ⦿ AYUSH practitioners are treated at par with the allopathic doctors by the people in general.
- ⦿ Increase in dependence on traditional medicine across the world
- ⦿ AYUSH and Allopathic systems combined can substantially reduce the disease burden. It can also substantially reduce the cost of treatment in most types of common problems as well as in serious cases of degenerative diseases.
- ⦿ Traditional sector being practiced over ages, the people of our state firmly believe in AYUSH system.
- ⦿ Support system- 485 ISM dispensaries, 2 private Unani colleges and 1 private Ayurvedic college.
- ⦿ Transparent and accountable healthcare delivery system. Dynamic leadership at State level.

Weaknesses:-

- ⦿ There has been virtually no increase in the inputs both financial as well as physical since the department was independently established in 1987. Facilities at dispensary level are generally poor and there is huge scope for modernized and up-gradation.
- ⦿ Cultivation of medicinal plants on large scale has not picked up at the expected rate for various reasons which include lack of technical information, accessibility to market place, dominance of intermediaries etc.
- ⦿ Propagation and promotion is an area that has not been vigorously followed.
- ⦿ Lack of education institutions (Undergraduate as well as post graduate).
- ⦿ Paucity of manpower at most of the dispensaries.
- ⦿ Lack of adequate funds sanctioned by GOI, Less than 5 % of the total health budget for the state is granted to ISM.

- ⦿ Low level of entrepreneurial aggressiveness.
- ⦿ Lack of regulation for registration of Ayush Hospitals, Nursing Homes/Colleges/ Para-Medical Training Schools

Opportunities:-

- ⦿ Scope for collocation at CHC and DH level.
- ⦿ Tremendous scope for large scale contractual farming.
- ⦿ Potential for cultivation of medicinal herbs at high altitude forest lands included denuded and degraded especially now that the cabinet has approved the bill that forest land can be taken up for non forest activities.
- ⦿ Whatever export of material takes place from the state is that of raw herbs. There is ample scope for value addition what needs to be tapped.
- ⦿ Our state being the center of excellence in terms of tourism, focus can be developed towards medical tourism coupled with AYUSH systems of medicine.
- ⦿ High cure rate in Chronic illnesses.

Threats:-

- ⦿ Quacks prescribing AYUSH drugs.
- ⦿ Sector might become irrelevant to issues of health care for want of innovation/ R&D.
- ⦿ Mushroom growth of unrecognized AYUSH Clinics/Hospitals.

MISSION & OBJECTIVES OF DIRECTORATE OF ISM & H, J&K

The mission and broad objectives of the Directorate of ISM&H, J&K are classified below which have been worked out based on the experience of the initiatives over the last 25 years of independent existence of the directorate and the policies of Department of AYUSH, Ministry of Health & Family Welfare:

Mission

- Promotion and propagation of Ayurveda, Unani, Siddha, Yoga, Naturopathy and Homoeopathy systems of medicine in J&K to help the country attain global leadership in the field of traditional medicine.
- Establishing a dynamic and vibrant education system for these systems of medicine.
- Focusing a need-based research with due emphasis on emerging epidemiological shifts and potentiality of the systems.
- Recognition of growing demand for AYUSH systems of health care and focusing on value addition.
- Ensuring good manufacturing practices, and strengthening Drug Control mechanism in the state.
- Expansion of AYUSH systems and Integration of Indian Systems of Medicines and Homoeopathy in the national health programmes and health delivery system.

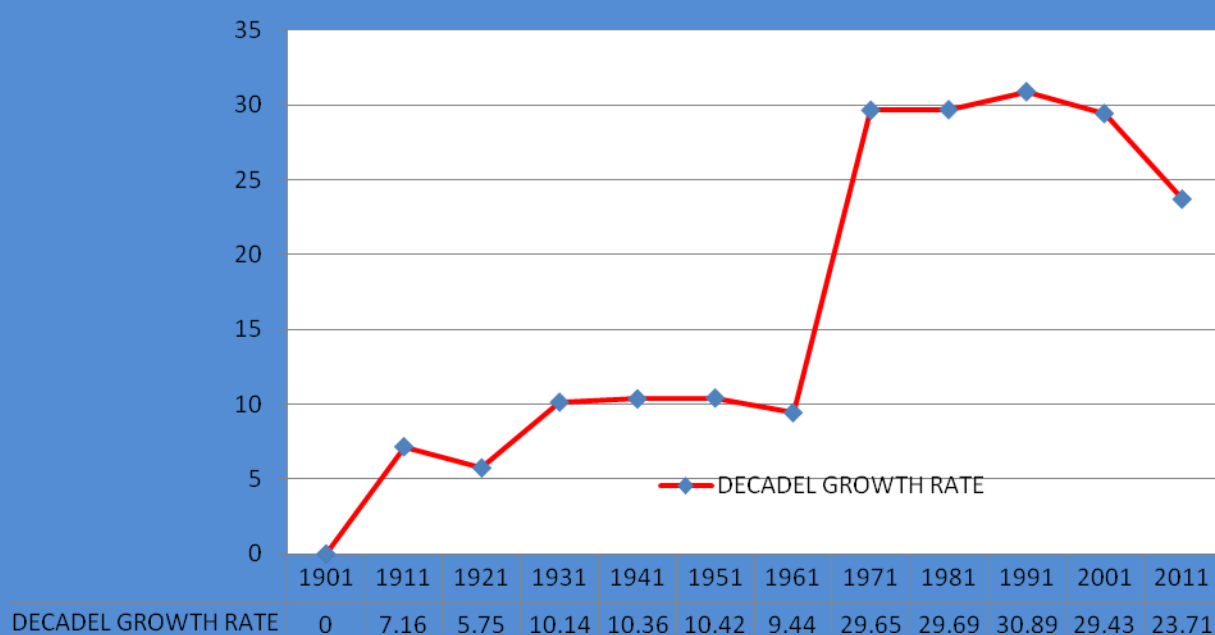
Objectives:

- Promoting good health and expanding the outreach of health care.
- Improving the quality of clinicians of various AYUSH systems.
- Ensuring affordable AYUSH services and drugs which are safe and efficacious.
- Facilitating availability of raw drugs which are authentic and contain essential components
- Integrating AYUSH systems in health care delivery system and National Programmes
- Re-orientation and prioritization of research in AYUSH systems

- Creating awareness about the strengths of AYUSH systems and sensitizing other stakeholders and providers of health, and
- Providing full opportunity for the growth and development of AYUSH systems.
- To promote good health and expand the outreach of health care to our people, particularly those not provided health cover, through preventive, promotive, mitigating and curative intervention through ISM&H.
- To improve the quality of teachers and clinicians by revising curricula to contemporary relevance and researches by creating model institutions and Centers of Excellence and extending assistance for creating infrastructural facilities.
- To ensure affordable ISM&H services & drugs which are safe and efficacious.
- To facilitate availability of raw drugs which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export.
- Integrate ISM&H in health care delivery system and National Programmes and ensure optimal use of the vast infrastructure of hospitals, dispensaries and physicians.
- Re-orient and prioritize research in ISM&H to gradually validate therapy and drugs to address in particular the chronic and new life style related emerging diseases.
- Create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health.
- To provide full opportunity for the growth and development of these systems and utilization of the potentiality, strength and revival of their glory.

GAP ANALYSIS:

Directorate of ISM & H was established in 1987 before which it was a part of Department of Health Services J&K and used to function under its administrative control. The State has registered a net addition of 13.71 lakh persons raising the population from 46.16 lakhs in 1971 to 59.87 lakhs in 1981. The state population contributes less than one percent of the country's population. Nevertheless, the rate of growth observed during the last two decades at 29.65 % and 29.69% has been substantially higher than the national growth rates of 24.80 % and 25% respectively. The decadal growth rate of population in the state that was around 10% in the preceding three decades has almost trebled in the last two decades.



Decadal Growth rate of Jammu & Kashmir

As against one third in Maharashtra and West Bengal and one fourth in Karantaka, only one fifth of the population in J&K resides in urban areas. 23.83 % population has been recorded as urban in the state against the National Average of 25.72%. Jammu city has recorded very rapid growth and presently ranks as the 48th biggest city in the country. Besides the cities of Jammu and Srinagar, other important towns are the district headquarters of Anantnag, Pulwama, Budgam, Baramulla, Kupwara, Udhampur, Kathua, Rajouri, Poonch, Doda, Leh and Kargil.

Dispensaries are peripheral contact point for people living in rural areas. Majority of these dispensaries are located in far flung areas where allopathic facilities are not available. With only

143 Dispensaries (Govt. buildings) and 342 (rented) catering to the fast growing populace of the state, the government has not been able to provide much needed affordable preventive health care services at the door steps of rural people, especially poor women and children due to insufficient infrastructural facilities and scare manpower.

STATE WISE NUMBER OF AYUSH DOCTORS (IQ+NIQ REGISTERED PRACTITIONERS') PER 10,000 POPULATION AS ON 1.1.2005

S.No.	STATES/UT's	Total Provisional Population as per 2001 census *	Total IQ+NIQ	AYUSH doctor per 10000 population
1	Andhra Pradesh	75727541	30049	4.0
2	Arunachal Pradesh	1091117	74	0.7
3	Assam	26638407	874	0.3
4	Bihar	82878796	162383	19.6
5	Chattishgarh	20795956	534	0.3
6	Delhi	13782976	6228	4.5
7	Goa	1343998		0.0
8	Gujarat	50596992	25794	5.1
9	Haryana	21082989	27006	12.8
10	Himachal Pradesh	6077248	8666	14.3
11	Jammu & Kashmir	10069917	505	0.5
12	Jharkhand	26909428		0.0
13	Karnataka	52733958	23256	4.4
14	Kerala	31838619	25245	7.9
15	Madhya Pradesh	60385118	56994	9.4
16	Maharashtra	96752247	93663	9.7
17	Manipur	2388634		0.0
18	Meghalaya	2306069	230	1.0
19	Mizoram	891058		0.0
20	Nagaland	1988636	1997	10.0
21	Orissa	36706920	7571	2.1
22	Punjab	24289296	33563	13.8
23	Rajasthan	56473122	29734	5.3
24	Sikkim	540493		0.0
25	Tamil Nadu	62110839	37665	6.1
26	Tripura	3191168		0.0
27	Uttar Pradesh	166052859	100252	6.0
28	Uttranchal	8479562		0.0
29	West Bengal	80221171	45280	5.6
30	A&N Islands	356265		0.0
31	Chandigarh	900914	297	3.3
32	D a N Haveli	220451		0.0
33	Daman & Diu	158059		0.0
34	Lakshadweep	60595		0.0
35	Pondichery	973829		0.0
	TOTAL	1027015247	717860	7.0

Table: 5

PERCENTAGE AVAILABILITY OF INFRASTRUCTURE (JAMMU & KASHMIR)

S. No	Indicators	Total Dispensaries	Total DHs
1.	Building (Govt. + Donated)	30	100
2.	Building (Rented)	70	0
3.	Water Supply (Tap, bore well/ hand-pump/tube well, well)	43	Available
4.	Electricity	47	Available
5.	Electric supply (power generation stabilization)	0	Available
6.	Separate Toilet	0	Available
7.	Separate Toilet with running water	0	Available
8.	Adequate Furniture	30	Available
9.	Quarter for staff	0	Available
10.	Telephone	0	Available
11.	Computer	0	Available
12.	Generator/Invertors	0	Available
13.	Vehicle	0	Available
14.	Emergency Room / Casualty	0	Available
15.	Separate wards for males and females	0	Available
16.	No. of beds : Male Total	0	
17.	No. of beds : Female	0	
18.	Availability of ECG facilities	0	
19.	X-Ray facility	0	
20.	Ultrasound facility	0	0
21.	Other Investigative Facility	0	
22.	Heating ventilation & air conditioning	0	0

System-wise percentage Distribution of AYUSH Dispensaries in States/Union Territories as on 01.04.2007

States/UTs	Ayurveda	Unani	Siddha	Yoga	Naturopathy	Homeopathy	Amchi
Andhra	4.1%	19.6%			15.1%	5.0%	
Arunachal	0.0%			1.5%		0.8%	4.6%
Assam	2.8%	0.1%		36.8%	0.9%	1.3%	
Bihar	2.3%	14.4%				3.2%	
Chhattisgarh	4.6%	0.6%			2.2%	0.9%	0.8%
Delhi	1.1%	2.5%		5.9%	4.3%	1.7%	3.1%
Goa	0.6%				0.9%	1.0%	
Gujarat	3.7%			1.5%	5.6%	3.8%	0.8%
Haryana	3.4%	1.9%			0.9%	0.4%	
Himachal	8.1%	0.3%				0.2%	9.2%
Jammu &	2.0%	23.5%					63.1%
Jharkhand	0.9%	3.0%				1.0%	
Karnataka	4.3%	5.1%			13.8%	0.7%	5.4%
Kerala	5.4%	0.1%	1.3%		8.6%	10.2%	
Madhya	10.4%	5.0%			3.9%	2.6%	
Maharashtra	3.4%	2.5%			4.3%		1.5%
Manipur					0.9%	0.2%	
Meghalaya	0.1%					0.2%	0.8%
Mizoram						0.0%	
Nagaland	0.0%				0.4%	0.1%	
Orissa	4.6%	0.9%		51.5%	12.9%	10.6%	1.5%
Punjab	3.7%	3.5%		1.5%	2.2%	1.9%	
Rajasthan	25.6%	9.2%			4.7%	2.6%	
Sikkim	0.0%					0.0%	2.3%
Tamil Nadu	0.3%	2.1%	95.4%	1.5%	11.2%	0.8%	
Tripura	0.4%					1.6%	
Uttar Pradesh	2.5%	4.9%			2.6%	26.1%	0.8%
Uttarakhand	3.4%	0.3%			1.3%	1.1%	2.3%
West Bengal	2.2%	0.3%			2.2%	21.5%	3.8%
A&N Islands	0.0%					0.3%	
Chandigarh	0.0%					0.1%	
D&N Haveli	0.0%					0.0%	
Daman & Diu	0.0%						
Lakshadweep	0.0%					0.0%	
Pondicherry	0.1%		3.3%		1.3%	0.1%	

State -wise AYUSH registered Practitioners(Doctors)as on 01.01.2007

States/UTs	Ayurveda	Unani	Siddha	Naturapathy	Homeopathy	Total
Andhra Pradesh	15231	5022		374	9422	30049
Arunachal Pradesh					94	94
Assam	442				669	1111
Bihar	132981	4202			27864	165047
Chhattisgarh	794	9			221	1024
Delhi	3088	1625			3149	7862
Goa	290				274	564
Gujarat	20985	256			8503	29744
Haryana	18726	2212			5570	26508
Himachal Pradesh	7236	456			1121	8813
Jammu & Kashmir	1952	1956				3908
Karnataka	20352	1121	4	234	5003	26714
Kerala	15068	64	1326		9273	25731
Madhya Pradesh	47602	609		2	9380	57593
Maharashtra	63030	4079			38407	105516
Meghalaya					240	240
Nagaland					1997	1997
Orissa	4448	17			3106	7571
Punjab	18424	4033			3742	26199
Rajasthan	23861	1619			4778	30258
Tamil Nadu	3612	1014	5271	278	17268	27443
Tripura					145	145
Uttar Pradesh	51240	13289			27790	92319
Uttarakhand	1065	41				1106
West Bengal	3234	4934			39547	47715
Chandigarh					297	297
Total	453661	46558	6601	888	217860	725568

State-wise/System-wise Number of AYUSH Dispensaries as on 01.04.2007

States/UTs	Ayurveda	Unani	Siddha	Yoga	Naturopathy	Homeopathy	Amchi	Total
Andhra Pradesh	557	196			35	286		1074
Arunachal Pradesh	2			1		44	6	53
Assam	380	1		25	2	75		483
Bihar	311	144				179		634
Chhattisgarh	634	6			5	52	1	698
Delhi	148	25		4	10	98	4	289
Goa	77				2	59		138
Gujarat	501			1	13	216	1	732
Haryana	472	19			2	20		513
Himachal Pradesh	1105	3				14	12	1134
Jammu & Kashmir	273	235					82	590
Jharkhand	122	30				54		206
Karnataka	589	51			32	42	7	721
Kerala	740	1	6		20	580		1347
Madhya Pradesh	1427	50			9	146		1632
Maharashtra	469	25			10		2	506
Manipur					2	9		11
Meghalaya	12					10	1	23
Mizoram						1		1
Nagaland	6				1	7		14
Orissa	624	9		35	30	603	2	1303
Punjab	507	35		1	5	107		655
Rajasthan	3509	92			11	148		3760
Sikkim	1					1	3	5
Tamil Nadu	35	21	456	1	26	46		585
Tripura	55					93		148
Uttar Pradesh	340	49			6	1482	1	1878
Uttarakhand	467	3			3	60	3	536
West Bengal	295	3			5	1220	5	1528
A&N Islands	5					15		20
Chandigarh	6					5		11
D&N Haveli	3					1		4
Daman & Diu	1							1
Lakshadweep	2					1		3
Pondicherry	16		16		3	7		42

Total-A	13691	998	478	68	232	5681	130	21278
B.CGHS & Central Government Organisation	222	21	10	2	6	229	1	491
Total(A+B)	13913	1019	488	70	238	5910	131	21769
System-Wise % Distribution	63.9%	4.7%	2.2%	0.3%	1.1%	27.1%	0.6%	100.0%

Govt. & Non-Govt Licensed Pharmacies Under AYUSH as on 01.04.2007			
State/UTs	Govt	Non-Govt	Total
Andhra Pradesh	3	430	433
Arunachal Pradesh			0
Assam	1	52	53
Bihar		272	272
Chhattisgarh	3	66	69
Delhi		67	67
Goa		9	9
Gujarat	2	524	526
Haryana		394	394
Himachal Pradesh	3	81	84
Jammu & Kashmir		16	16
Jharkhand			0
Karnataka	1	158	159
Kerala	2	1146	1148
Madhya Pradesh	1	632	633
Maharashtra	2	703	705
Manipur			0
Meghalaya		1	1
Mizoram		8	8
Nagaland		34	34
Orissa	3	192	195
Punjab	1	340	341
Rajasthan	4	264	268
Sikkim		3	3
Tamil Nadu	11	560	571
Tripura			0
Uttar Pradesh	2	2266	2268
Uttarakhand	3	153	156
West Bengal	1	707	708
A&N Islands			0
Chandigarh		1	1
D&NHaveli		22	22
Daman & Diu		12	12
Lakshadweep			0
Pondicherry		41	41
Total	43	9154	9197

THE POPULATION NORMS OF GOI ARE AS UNDER:

Centre	Population Norm (GOI)		Proposed Norms
	Plain area	Hilly/Tribal area	
Sub-Centre	5,000	3,000	4000*
PHC	30,000	20,000	25,000*
CHC	120,000	80,000	1,00,000*

*Gol norms

Minimum Requirement of Dispensaries as per proposed Norms (1.20 crore approx):

No of Dispensaries required as per proposed norm : 1600

GAP ANALYSIS BASED ON MANPOWER:

Shortage of manpower

No. of Existing Dispensaries	Additional Dispensaries required(One Dispensary for 7500 Population)	Category of Posts	Sanctioned as on 1987	Existing Manpower	Gap as per sanctioned	Gap as per proposed Norm
485	1115	Specialists	7	4	3	
		MO's	421	421	0	694
		Pharmacists	575	540	35	575
		NO's	141	134	7	981

MAINSTREAMING UNDER NRHM:

No. of Existing AYUSH Units at PHC's, CHC's DH's	Category of Posts	Existing Manpower	Gap as per Requirements under NRHM
375	MO's	420	711
	Pharmacists		

GAP ANALYSIS BASED ON INFRASTRUCTURE:

No. of Existing Dispensaries	Sanctioned Dispensaries	Dispensaries in Govt. Buildings	Dispensaries in Rented Buildings	Gap as per Sanctioned Dispensaries	Gap as per Existing Dispensaries	Gap as per proposed Norm
485	417	143	342	274	342	1115

MAJOR INITIATIVES PROPOSED DURING 12TH FIVE YEAR PLAN:

- ① Organising yearly International Program for Propagation of Indigenous systems of Medicines on the lines of AROGYA
- ① Establishment of AYUSH Units Centres at Civil Secretariat, Jammu / Srinagar
- ① Establishment of AYUSH unit at Governor’s House.
- ① Strengthening of Drug Control Mechanism in the Directorate.
- ① Establishment of Yoga Centre’s in Medical Colleges at Jammu / Kashmir.
- ① Establishment of Unani / Ayurved Centres in Medical Colleges.
- ① Upgradation of Infrastructure and Mainstreaming under NRHM for which a proposal to the tune of Rs, 107 crore stands submitted to Gol.
- ① Capacity Building for Medical Officers, Pharmacists and District Officers:
- ① Improving Human Resources: There is a huge manpower gap in the directorate of Indian Systems of Medicine, J&K as clearly depicted by table: ,,,,,, which shows only 0.5 AYUSH doctors per 10000 population as against the national average of 7.0 per 10000 population (source: AYUSH 2005). In the first phase the directorate proposes to provide manpower to 68 dispensaries run on internal arrangement basis. Whatever creation has taken place in the department has been approved in the year 1987 or before since then very little creation has taken place to cater to the ever growing demand for the AYUSH systems of medicine in the state.
- ① Monitoring: There are 8 newly established districts where monitoring has suffered due to absence of vehicles. The directorate proposes to procure monitoring vehicles for these newly created districts in the five year plan.
- ① Mobile Medical Units for far flung Areas:

The directorate has been relentlessly providing basic health care services to the people of the state however; there are huge infrastructural gaps in terms of access and provision of quality health care services. Due to the difficult terrain, geographical conditions and shortage of doctors and paramedic staff, there are many areas that are underserved which require special attention. Mobile Medical Unit is one such mode to cater to these areas. The Directorate proposes procurement of Mobile Medical Unit for high focus districts in phased manner.
- ① Strengthening HMIS:

The Health Management Information System is an area that needs special attention for improved monitoring and decision making. This is proposed to be taken up in the next five year plan to bring about improvement in the quality of and use of information. Presently no system of flow of information from blocks to the state level or in the hospitals is in place.

● Community Monitoring:

Till date no Panchayati Raj institutions were in place in the state. However, the elections for the same are near completion and the institutions are expected to be in place very soon. The Directorate plans to put in place community monitoring when the Panchayati raj institutions start functioning.