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SUPREME AUDIT INSTITUTION OF INDIA
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PRESS BRIEF

**Report of the
Comptroller and Auditor General of India
on
AYUSH**



**Government of Uttar Pradesh
Report No. 10 of 2025
(Performance Audit – Civil)**

Press Brief

Audit Report No. 10 of 2025 of the Comptroller and Auditor General of India on Performance Audit of AYUSH

Report of the Comptroller and Auditor General of India on Performance Audit of AYUSH (Report No. 10 of 2025 – Government of Uttar Pradesh) has been laid before the State Legislature on

AYUSH is the acronym of traditional systems of health care that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH). AYUSH systems of healthcare play a significant role in providing preventive, supportive and curative healthcare.

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

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

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

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

(Paragraph No. 2.1.1)

The structure of health care facilities was not uniform in all the three system of medicine. There was uneven distribution of primary, first and second referral units amongst the four geographical regions, and unequitable distribution of AYUSH health care facilities in districts within the region.

Delays in completion of construction and upgradation of the buildings of AYUSH healthcare facilities; and failure of the Department in timely operationalisation of these buildings served to aggravate the problem of inadequate access to quality health care. A total of 25 fifty bedded integrated hospitals (FIAHs) were sanctioned during 2015-16 to 2022-23. Out of 19 FIAHs sanctioned during 2015-16 to 2018-19, only 11 FIAHs were inaugurated in December 2021 and made functional upto March 2023 due to delayed completion of work. Further, out of 1034 HWCs sanctioned during 2018-19 to 2022-23, electricity and internet connection was not available (January 2025) in 219 (21 *per cent*) and 528 (51 *per cent*) HWCs respectively.

(Paragraph No. 3.3.2.2)

There were instances of procurement of furniture and equipment bypassing GeM, undue favours and unfruitful expenditure on their procurement and utilisation. Equipment was also lying unutilised for want of electricity and internet in the healthcare facilities. Allotment and expenditure was almost 100 *per cent*, which indicates good utilization of funds. Despite these shortcomings in production/procurement in medicines were noticed.

(Paragraph No. 4.2.1)

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

(Paragraph Nos. 5.1.1 & 5.1.2)

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

(Paragraph No.5.3.1)

There was no proper system for ascertaining the requirement of medicine for the hospitals and dispensaries, and uniform quantity and type of medicine were supplied to different categories of the hospitals (4/15/25 bedded) and dispensaries. There were instances of unjustified procurement of medicine. Despite availability of funds, no Ayurvedic and Unani medicines were purchased during the year 2016-17 and 2018-19. The Supply Orders pertaining to the funds received for the years 2016-17 and 2018-19 were placed during the year 2020-21 and 2019-20, along with the orders for the funds received against SAAP for the respective years. Further, though the 11 FIAHs had started functioning in December 2021, and funds for purchase of medicine was sanctioned (December 2021) against SAAP for the year 2021-22, the supply order for ₹ 1.97 crore was placed in May 2022. Audit of test checked Divisional Ayurvedic and Unani Officers, Regional Unani Officers, District Homeopathic Medical Officers and Ayurveda, Unani and Homeopathic Medical Colleges

and Hospitals revealed that there were delays (after allowing two months' time¹ for supply of medicine) upto 571 days in supply of Ayurvedic and Unani medicine valuing ₹ 55.68 crore (86.55 per cent), against the total supply of ₹64.33 crore, and upto 964 days in supply of Homeopathic medicine totaling ₹ 8.00 crore (70.67 per cent), against the total supply of ₹ 11.32 crore during the period 2018-19 to 2022-23. Payments were made by State AYUSH Society to suppliers without ensuring quality of medicine at its own level. Procurement and production of medicine were made without convergence with different sources of funds. The cartage of medicine was not taken from the suppliers and there were instances of short supplies of medicine.

(Paragraph Nos. 6.1.5 & 6.1.6)

There were considerable shortage of officers and staff in the Directorates and downstream administrative offices as well as shortage of medical, paramedical and support staff like Medical Officers (Ayurveda: 33 per cent, Homeopathy: 4 per cent, Unani: 12 per cent), Chief Pharmacists (Ayurveda: 88 per cent, Unani: 80 per cent), Pharmacists (Ayurveda: 47 per cent, Homeopathy: 45 per cent, Unani: 57 per cent) and Staff Nurses (Ayurveda: 40 per cent, Homeopathy: 100 per cent, Unani: 81 per cent) in the Medical Colleges, hospitals and dispensaries. NAM guidelines also required establishment of HWCs and deployment of one male and one female Yoga Instructor (YI) in each HWC. GoI sanctioned 871 HWCs during the period 2019-20 to 2021-22. There were shortages of 102 male YIs (12 per cent) and 196 female YIs (26 per cent). Further, there were shortages of 22 Yoga Trainers (10 per cent) and 39 Yoga Assistants (17 per cent) in 224 Yoga Wellness Centres.

(Paragraph Nos. 7.1, 7.2, 7.3 & 7.4.2)

There was shortage of teaching faculties (Ayurvedic GMCH, Banda: 53 per cent, Ayurvedic GMCH, Pilibhit: 73 per cent, Homeopathic GMCH, Moradabad: 48 per cent, Homeopathic GMCH, Prayagraj: 17 per cent) and support staff (Ayurvedic GMCH, Banda: 31 per cent, Ayurvedic GMCH, Pilibhit: 45 per cent, Unani GMCH, Lucknow: 5 per cent) in test checked Ayurvedic, Homeopathy and Unani Medical Colleges and Hospitals. There was shortage of 538 (71 per cent) human resources in 11 functional FIAHs against the prescribed norm. Test check of three FIAHs in Kanpur Nagar, Lucknow and Varanasi districts revealed that there was a shortage of average 53 per cent of manpower. The shortage included 3 Senior MOs, 7 MOs and 24 Nursing Staff. The construction of Medical Colleges and Hospital buildings, Hostels, residential quarters etc. were delayed. Due to non-compliance of norms and standards of National Commission of Indian System of Medicine, the intake capacity of Ayurvedic GMCHs of Banda and Pilibhit were reduced. Funds given for research were not used.

(Paragraph Nos. 8.1.1, 8.1.2 & 8.2.2)

The average consultation per day and average IPD per day in the AYUSH Medical Colleges was considerably low, as compared to the norm fixed by IMCC and CCH. There was lack of basic facilities in dispensaries and hospitals test checked in audit. Significant deficiencies in OT services were also noticed. Safety in the hospital premises was compromised on account of non-compliance with fire safety arrangement in the test-checked hospitals.

(Paragraph No. 9.2.2)

Some major recommendations are as follows:

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

¹ As adopted by Director General Medical & Health for taking supply of medicine.

- *The Government may explore the possibility of a uniform structure of health care facilities in all three systems of medicine, and also ensure its equitable distribution amongst all the four geographical regions and also in districts within the region.*
- *The Government may ensure timely completion of construction and upgradation works and also timely operationalisation of the health care facilities.*
- *The Government may ensure availability of basic facilities in the dispensaries and hospitals.*
- *The Government may standardise the norms for furniture and equipment that are required to be available in different categories of AYUSH healthcare facilities; may ensure adherence to the proper procedure for procurement of furniture and equipment and that the furniture and equipment procured are not lying unutilised.*
- *To achieve the target for production of Ayurvedic and Unani medicine, sufficient budget and infrastructure may be provided to the State Pharmacy.*
- *District-wise targets for sending of samples of the drugs to Drugs Testing Laboratory may be fixed for Drugs Inspectors.*
- *Unjustified procurement of medicine may be checked, and responsibility fixed. Procurement and production of medicine with convergence of different sources of funds may also be ensured.*
- *Agreement/Memorandum of Understanding may be executed with the suppliers incorporating therein period and places of supply to ensure timely supply of medicine and places of delivery.*
- *Efforts may be made to fill all the vacancies, especially in hospitals and dispensaries to provide quality health care facilities to needy population.*
- *Diagnostic equipment and human resource for diagnostic services may be made available to provide evidence-based treatment facility to the patients.*
- *Safety of the patients be given due importance by making proper fire safety arrangements.*



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