



R F D

Results-Framework Document
for

(Department of AYUSH)

(2011-2012)

Section 1: Vision, Mission, Objectives and Functions

Vision

To position AYUSH systems as the preferred systems of living and practice for attaining a healthy India.

Mission

1. To mainstream AYUSH at all levels in the Health Care System.
2. To improve access to and quality of Public Health delivery through AYUSH System.
3. To focus on Promotion of health and prevention of diseases by propagating AYUSH practices.
4. Proper enforcement of provisions of Drugs & Cosmetic Act 1940 and Rules framed thereunder relating to the ASU drugs throughout the country.

Objective

- 1 Delivery of AYUSH Services
- 2 Human Resource Development in AYUSH
- 3 Promotion and Propagation of AYUSH Systems
- 4 Research in AYUSH
- 5 Conservation and cultivation of medicinal plants
- 6 Effective AYUSH Drugs Administration

Functions

- 1 Provision of AYUSH Services Delivery of Quality AYUSH health care services to entire population. AYUSH to be integral part of the health delivery system by mainstreaming of AYUSH. To ensure healthy population through AYUSH intervention. To ensure creation of enabling uniform legal framework for the practice of AYUSH practices, therapies Utilization of Trained AYUSH Doctors at all levels of Health Care services.
- 2 Human Resources Development To ensure availability of quality education and training to AYUSH doctors / Scientist / Teachers. To ensure availability of quality paramedical, pharmacy and nursing education and training in AYUSH. To provide availability of opportunity for quality AYUSH education throughout the country To empower AYUSH professionals with improved skills and attitudes. To promote capacity building of institutions, Centre of Excellence (COE), National Institutes etc.

Section 1: Vision, Mission, Objectives and Functions

- 3 Information, Education and Communication Propagation & promotion of AYUSH within the country Global acceptance of AYUSH formulation as drugs. To disseminate AYUSH practices and therapies for better health. To encourage behavior change through communication for better health.
- 4 Research To promote quality research in AYUSH with the objective of validating the system scientifically, safety and efficacy of AYUSH remedies. To encourage research for validation of fundamental principles of AYUSH Systems. Encourage development of new drugs for high priority diseases of national importance. Preservation through documentation of local health traditions and folklore for their utilization for new drug development. Promote inter-disciplinary research. Protection of intellectual property rights (IPR) in AYUSH systems. Encourage research in preventive and promotive health through AYUSH.
- 5 Medicinal Plants To ensure sustained availability of quality raw material from medicinal plants. To ensure conservation of medicinal plants. Capacity building in medicinal plants sector.
- 6 Drugs Administration To accelerate the Pharmacopeial / standardization work on AYUSH drugs. To ensure availability of high quality AYUSH drugs. To ensure enabling legal framework for production and distribution of safe and quality AYUSH drugs. To create Regulatory infrastructure in Centre & State Govt. To encourage AYUSH drug industry to produce high quality AYUSH medicine for National & International needs.
- 7 International Collaboration Propagation & promotion of AYUSH outside the country and ensure global acceptance as a system of medicine. To collaborate with International bodies like WHO for cross disciplinary standardization, global recognition and propagation of AYUSH system. Global legal recognition of qualifications and practice in AYUSH Promote collaborative research and education in AYUSH with other countries. Protection of Traditional Knowledge

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[1] Delivery of AYUSH Services	16.00	[1.1] Upgradation of exclusive State Government AYUSH dispensaries/hospitals	[1.1.1] Number of dispensaries/ hospitals upgraded	No	10.00	500	450	400	350	300
		[1.2] Dispensaries supported for supply of medicines	[1.2.1] Number of AYUSH dispensaries covered	No	3.00	1500	1350	1200	1050	900
		[1.3] Establishment of AYUSH wings in PHCs, CHCs, District hospitals as per approved norms	[1.3.1] Number of PHCs/CHCs/District Hospitals covered	No.	3.00	500	450	400	350	300
[2] Human Resource Development in AYUSH	6.00	[2.1] Strengthening of State Government AYUSH educational institutions as per CCIM norms	[2.1.1] Number of AYUSH educational institutions strengthened	No	5.00	13	12	10	8	7
		[2.2] HRD - Training to medical professionals	[2.2.1] CME & RoTP training conducted	No	1.00	59	53	47	41	35
[3] Promotion and Propagation of AYUSH Systems	18.00	[3.1] Exhibitions and Fairs	[3.1.1] No. of Exhibitions and fairs organized	No.	2.00	10	9	8	7	6
		[3.2] Multi media campaigns and outdoor publicity	[3.2.1] No. of multimedia programmes including outdoor publicity	No.	2.00	25	22	20	17	15
		[3.3] Participation in International Seminars/Meetings	[3.3.1] Number of seminars/ meetings attended	No.	2.00	16	15	14	13	12
		[3.4] Strategic Studies for IEC Activities	[3.4.1] Commissioning of Strategic study for IEC activities	Date	2.00	30/11/2011	31/12/2011	15/01/2012	31/01/2012	15/02/2012
			[3.4.2] Framing of communication plan of Department	Date	1.00	29/02/2012	15/03/2012	31/03/2012	--	--

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[3.5] Recognition of Sowa Rigpa and Enforcement of Amended IMCC Act 1970	[3.5.1] Notification of the date of enforcement	Date	2.00	31/12/2011	31/01/2012	29/02/2012	15/03/2012	31/03/2012
		[3.6] Compilation and electronic publication of AYUSH in India, 2010	[3.6.1] Electronic Publication of AYUSH in India, 2010	Date	3.00	30/06/2011	31/07/2011	31/08/2011	30/09/2011	31/12/2011
		[3.7] Compilation and electronic publication of AYUSH in India, 2011	[3.7.1] Electronic Publication of AYUSH in India, 2011	Date	3.00	15/03/2012	31/03/2012	--	--	--
		[3.8] Creation of data base of findings from projects supported under the Central Sector Scheme of ACDP and LHT.	[3.8.1] Placing of soft copy of the data base on website	Date	1.00	29/02/2012	15/03/2012	31/03/2012	--	--
[4] Research in AYUSH	6.00	[4.1] In-house collaborative research through Research Councils	[4.1.1] Number of Research Projects commenced	No.	3.00	17	15	13	12	10
		[4.2] Extra Mural Research	[4.2.1] Number of projects funded as per specified parameters	No.	3.00	20	19	18	17	16
[5] Conservation and cultivation of medicinal plants	15.00	[5.1] Increase in area under cultivation	[5.1.1] Additional area cultivated	ha.	5.00	20000	18000	16000	14000	12000
		[5.2] Increase in area under conservation of medicinal plants	[5.2.1] Additional area covered for conservation	ha.	4.00	8000	7000	6000	5000	4000
		[5.3] Capacity Building	[5.3.1] Number of trainings conducted for cultivation and post harvest management	No.	3.00	20	15	10	5	4
		[5.4] No. of States covered under Amla Mission	[5.4.1] Cumulative Number of States/UTs covered for Amla campaigns.	No.	3.00	25	23	20	19	18

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[6] Effective AYUSH Drugs Administration	24.00	[6.1] Updation of Essential Drug List (EDL) for Ayurveda, Siddha, Unani & Homeopathy Drugs	[6.1.1] Preparation of module and draft list of drugs	Date	2.00	30/06/2011	31/07/2011	31/08/2011	30/09/2011	31/10/2011
			[6.1.2] Finalization of EDL by expert committee	Date	2.00	31/12/2011	31/01/2012	29/02/2012	15/03/2012	31/03/2012
			[6.1.3] Approval of EDL By Government	Date	1.00	31/01/2012	29/02/2012	31/03/2012	--	--
		[6.2] Finalization / Publication of Good Clinical Practices (GCP) Guidelines for Ayurveda, Siddha and Unani Drugs	[6.2.1] Obtaining comments from the experts	Date	1.00	30/09/2011	30/11/2011	31/12/2011	31/01/2012	29/02/2012
			[6.2.2] Incorporation of comments	Date	1.00	30/11/2011	31/12/2011	29/02/2012	15/03/2012	31/03/2012
			[6.2.3] Vetting and finalization of GCP Guidelines	Date	1.00	31/01/2012	29/02/2012	15/03/2012	21/03/2012	31/03/2012
		[6.3] Amendments in Drugs and Cosmetics Rules pertaining to ASU Drugs	[6.3.1] Preparation of Draft Rules	Date	1.00	30/06/2011	31/07/2011	31/08/2011	30/09/2011	31/10/2011
			[6.3.2] Obtaining comments on Draft Rules	Date	1.00	30/11/2011	31/12/2011	31/01/2012	29/02/2012	31/03/2012
			[6.3.3] Notification of the Rules	Date	1.00	29/02/2012	15/03/2012	21/03/2012	25/03/2012	31/03/2012
		[6.4] Pharmacopoeial standardization and harmonization of drugs under Indian System of Medicines	[6.4.1] Single and compound formulations of Ayurvedic drugs	No.	1.00	60	50	40	30	20
			[6.4.2] Single and compound formulations of Unani drugs	No.	1.00	40	35	30	25	20

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			[6.4.3] Single and compound formulations of Siddha drugs	No.	1.00	10	9	8	7	6
		[6.5] PLIM -Preparation of monographs of single Drugs of Plant, Animal and Mineral/Metal origin and Compound Formulations	[6.5.1] Number of monographs prepared and submitted to respective pharmacopoeia committees	No.	8.00	20	17	8	7	6
		[6.6] HPL- Development of Pharmacopoeial standards of Homoeopathic Drugs	[6.6.1] Number of Standards Developed	No.	2.00	35	32	28	25	21
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft for Approval	On-time submission	Date	2.0	07/03/2011	08/03/2011	09/03/2011	10/03/2011	11/03/2011
		Timely submission of Results	On- time submission	Date	1.0	01/05/2012	03/05/2012	04/05/2012	05/05/2012	06/05/2012
* Improving Internal Efficiency / Responsiveness / Service delivery of Ministry / Department	10.00	Implementation of Sevottam	Resubmission of revised draft of Citizens' / Clients' Charter	Date	2.0	15/12/2011	20/12/2011	25/12/2011	28/12/2011	31/12/2011
			Independent Audit of Implementation of Grievance Redress Mechanism	%	2.0	100	95	90	85	80
		Ensure compliance with Section 4(1) (b) of the RTI Act, 2005	No. of items on which information is uploaded by February 10, 2012	No	2.0	16	15	14	13	12
		Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	Finalize an action plan to mitigate potential areas of corruption.	Date	2.0	10/02/2012	15/02/2012	20/02/2012	24/02/2012	29/02/2012
		Develop an action plan to implement ISO 9001 certification	Finalize an action plan to implement ISO 9001 certification	Date	2.0	10/02/2012	15/02/2012	20/02/2012	24/02/2012	29/02/2012

* Mandatory Objective(s)

Section 2: Inter se Priorities among Key Objectives, Success indicators and Targets

Objective	Weight	Action	Success	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
* Ensuring compliance to the Financial Accountability Framework	2.00	Timely submission of ATNS on Audit Paras of C&AG	Percentage of ATNS submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	0.5	100	90	80	70	60
		Timely submission of ATRs to the PAC Sectt. on PAC Reports.	Percentage of ATRs submitted within due date (6 months) from date of presentation of Report to Parliament by PAC during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2011.	Percentage of outstanding ATNs disposed off during the year.	%	0.5	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2011	Percentage of outstanding ATRs disposed off during the year.	%	0.5	100	90	80	70	60

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
[1] Delivery of AYUSH Services	[1.1] Upgradation of exclusive State Government AYUSH dispensaries/hospitals	[1.1.1] Number of dispensaries/ hospitals upgraded	No	51	32	20	75	103
		[1.1.1] Number of dispensaries/ hospitals upgraded	No	0	300	450	600	700
	[1.2] Dispensaries supported for supply of medicines	[1.2.1] Number of AYUSH dispensaries covered	No	6074	2000	1350	1600	1700
		[1.2.1] Number of AYUSH dispensaries covered	No	52	288	473	500	525
	[1.3] Establishment of AYUSH wings in PHCs, CHCs, District hospitals as per approved norms	[1.3.1] Number of PHCs/CHCs/District Hospitals covered	No.	1349	1500	450	550	600
[2] Human Resource Development in AYUSH	[2.1] Strengthening of State Government AYUSH educational institutions as per CCIM norms	[2.1.1] Number of AYUSH educational institutions strengthened	No	14	12	12	12	12
		[2.1.1] Number of AYUSH educational institutions strengthened	No	14350	16205	13500	18000	20000
	[2.2] HRD - Training to medical professionals	[2.2.1] CME & RoTP training conducted	No	40	26	1157	1200	1300
		[2.2.1] CME & RoTP training conducted	No	269	150	53	60	65
[3] Promotion and Propagation of AYUSH Systems	[3.1] Exhibitions and Fairs	[3.1.1] No. of Exhibitions and fairs organized	No.	27	25	25	30	30
		[3.1.1] No. of Exhibitions and fairs organized	No.	6	20	9	10	10

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value	Actual Value	Target Value	Projected Value for	Projected Value for
				FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
	[3.2] Multi media campaigns and outdoor publicity	[3.2.1] No. of multimedia programmes including outdoor publicity	No.	2	50	22	25	25
	[3.3] Participation in International Seminars/Meetings	[3.3.1] Number of seminars/ meetings attended	No.	22	22	15	16	16
	[3.4] Strategic Studies for IEC Activities	[3.4.1] Commissioning of Strategic study for IEC activities	Date	--	--	31/12/2011	--	--
		[3.4.2] Framing of communication plan of Department	Date	--	--	15/03/2012	--	--
	[3.5] Recognition of Sowa Rigpa and Enforcement of Amended IMCC Act 1970	[3.5.1] Notification of the date of enforcement	Date	--	--	31/01/2012	--	--
	[3.6] Compilation and electronic publication of AYUSH in India, 2010	[3.6.1] Electronic Publication of AYUSH in India, 2010	Date	--	--	31/07/2011	--	--
	[3.7] Compilation and electronic publication of AYUSH in India, 2011	[3.7.1] Electronic Publication of AYUSH in India, 2011	Date	--	--	31/03/2012	--	--
	[3.8] Creation of data base of findings from projects supported under the Central Sector Scheme of ACDP and LHT.	[3.8.1] Placing of soft copy of the data base on website	Date	--	--	15/03/2012	--	--
[4] Research in AYUSH	[4.1] In-house collaborative research through Research Councils	[4.1.1] Number of Research Projects commenced	No.	8	10	15	18	19
		[4.1.1] Number of Research Projects commenced	No.	0	0	3	2	1

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
	[4.2] Extra Mural Research	[4.2.1] Number of projects funded as per specified parameters	No.	33	20	19	20	20
5 Conservation and cultivation of medicinal plants	[5.1] Increase in area under cultivation	[5.1.1] Additional area cultivated	ha.	20350	25000	18000	22000	25000
	[5.2] Increase in area under conservation of medicinal plants	[5.2.1] Additional area covered for conservation	ha.	7977	8000	7000	10000	11000
	[5.3] Capacity Building	[5.3.1] Number of trainings conducted for cultivation and post harvest management	No.	45	37	15	55	60
	[5.4] No. of States covered under Amla Mission	[5.4.1] Cumulative Number of States/UTs covered for Amla campaigns.	No.	9	18	23	30	35
6 Effective AYUSH Drugs Administration	[6.1] Updation of Essential Drug List (EDL) for Ayurveda, Siddha, Unani & Homeopathy Drugs	[6.1.1] Preparation of module and draft list of drugs	Date	--	--	31/07/2011	--	--
		[6.1.2] Finalization of EDL by expert committee	Date	--	--	31/01/2012	--	--
		[6.1.3] Approval of EDL By Government	Date	--	--	29/02/2012	--	--
	[6.2] Finalization / Publication of Good Clinical Practices (GCP) Guidelines for Ayurveda, Siddha and Unani Drugs	[6.2.1] Obtaining comments from the experts	Date	--	--	30/11/2011	--	--

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
		[6.2.2] Incorporation of comments	Date	--	--	31/12/2011	--	--
		[6.2.3] Vetting and finalization of GCP Guidelines	Date	--	--	29/02/2012	--	--
	[6.3] Amendments in Drugs and Cosmetics Rules pertaining to ASU Drugs	[6.3.1] Preparation of Draft Rules	Date	--	--	31/07/2011	--	--
		[6.3.2] Obtaining comments on Draft Rules	Date	--	--	31/12/2011	--	--
		[6.3.3] Notification of the Rules	Date	--	--	15/03/2012	--	--
	[6.4] Pharmacopoeial standardization and harmonization of drugs under Indian System of Medicines	[6.4.1] Single and compound formulations of Ayurvedic drugs	No.	--	50	50	60	60
		[6.4.2] Single and compound formulations of Unani drugs	No.	--	35	35	40	40
		[6.4.3] Single and compound formulations of Siddha drugs	No.	--	7	9	10	10
	[6.5] PLIM -Preparation of monographs of single Drugs of Plant, Animal and Mineral/Metal origin and Compound Formulations	[6.5.1] Number of monographs prepared and submitted to respective pharmacopoeia committees	No.	--	17	17	12	14
	[6.6] HPL- Development of Pharmacopoeial standards of Homoeopathic Drugs	[6.6.1] Number of Standards Developed	No.	--	14	32	35	35

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
* Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	--	05/03/2010	08/03/2011	--	--
	Timely submission of Results	On- time submission	Date	30/04/2010	02/05/2011	03/05/2011	--	--
* Improving Internal Efficiency / Responsiveness / Service delivery of Ministry / Department	Implementation of Sevottam	Resubmission of revised draft of Citizens' / Clients' Charter	Date	--	--	20/12/2011	--	--
		Independent Audit of Implementation of Grievance Redress Mechanism	%	--	--	95	--	--
	Ensure compliance with Section 4(1) (b) of the RTI Act, 2005	No. of items on which information is uploaded by February 10, 2012	No	--	--	15/12/2011	--	--
	Identify potential areas of corruption related to departmental activities and develop an action plan to mitigate them	Finalize an action plan to mitigate potential areas of corruption.	Date	--	--	15/12/2011	--	--
	Develop an action plan to implement ISO 9001 certification	Finalize an action plan to implement ISO 9001 certification	Date	--	--	15/12/2011	--	--
* Ensuring compliance to the Financial Accountability Framework	Timely submission of ATNS on Audit Paras of C&AG	Percentage of ATNS submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	--	60	90	--	--
	Timely submission of ATRs to the PAC Sectt. on PAC Reports.	Percentge of ATRs submitted within due date (6 months) from date of presentation of	%	--	60	90	--	--

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success	Unit	Actual Value FY 09/10	Actual Value FY 10/11	Target Value FY 11/12	Projected Value for FY 12/13	Projected Value for FY 13/14
		Report to Parliament by PAC during the year.						
	Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2011.	Percentage of outstanding ATNs disposed off during the year.	%	--	0	90	--	--
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2011	Percentage of outstanding ATRs disposed off during the year.	%	--	60	90	--	--

* Mandatory Objective(s)

Section 4: Description and Definition of Success Indicators

Section 4: Description and Definition of Success Indicators and Proposed Measurement Methodology

1. Delivery of AYUSH Services

A) Upgradation of AYUSH Hospitals and Dispensaries : There are dedicated AYUSH hospitals and dispensaries both in the Government sector and outside. Upgradation of these hospitals is an important strategy in mainstreaming of AYUSH services.

B) Dispensaries supported for supply of Medicines : The number of dispensaries supported every year for supply of medicines will be the measurement methodology.

C) Establishment of AYUSH wings in PHCs, CHCs, District hospitals as per approved norms will be monitored through the Project Implementation Programme (PIP) of the State Governments.

2. Human Resource Development in AYUSH

A) Strengthening of AYUSH educational institutions as per CCIM norms –The department of AYUSH provides grants to Government and Government aided colleges for upgradation of infrastructure to meet the CCIM norms. Hence the number of Ayush educational institutions strengthened is an important indicator of improvement in educational standards.

B) Training to Medical Professionals : Number of training programmes conducted for AYUSH teachers and doctors will be the measurement methodology.

3. Promotion and Propagation of AYUSH Systems

A) Exhibitions and Fairs: - is important part of strategy to promote and propagate AYUSH systems of medicine for creating awareness amongst the masses by organizing AROGYA fairs. To achieve the objective, wide publicity is given to the strength of AYUSH systems, so that benefit reaches the common people.

B) Multi-media campaigns: - Awareness creation through the Print and Audio-Visual is an important part of the overall strategy to promote AYUSH systems. The Department has launched national campaigns through multi media (TV, Radio, Delhi Metro, Bus Shelters, Railway Tickets, Magazines and publications etc.

C) Evaluation of IEC activities: - Evaluation of IEC activities carried out by the Department is an integral part of the activities to assess the impact made, in terms of achievements. It has been recently decided to carry out strategic studies for IEC activities for framing of ‘Communication Plan’ of the Department for more effective and realistic assessment.

D) Sowa Rigpa

To bring the Sowa Rigpa System of Medicine under the ambit of the Central Council of Indian Medicine (CCIM), the Indian Medicine Central Council Act 1970, was amended in 2010. The Gazette notification was published on 27.9.2010 by the Ministry of Law and Justice (Legislative Department).The Act shall come into force on such date as the Central Govt. may, by notification in the Official Gazette, appoint.

E) Compilation and electronic publication of AYUSH in India:

To provide timely information on AYUSH related Statistics publication of AYUSH IN INDIA

Section 4: Description and Definition of Success Indicators

for 2010 and 2011 will be published as per timelines indicated in section 2.

F) Creation of data base of findings from projects supported under the Central Sector Scheme of ACDP and LHT will be placed on the website for larger use.

4. Research in AYUSH

To develop evidence based support on the efficacy of AYUSH drugs and therapies, and for scientific validation of AYUSH system, studies are undertaken under extra mural research scheme. Number of studies will be determinant factor for measuring the progress.

5. Conservation and Cultivation of Medicinal Plants:

A) Additional Area Cultivated – The Government has approved a National Mission of Medicinal Plants at a total outlay of Rs.630 crores for the 11th Plan. This envisages, among other things, cultivation of medicinal plants for which the best indicator of success in the short term is the additional area cultivated, which would lead to assured availability of raw material for AYUSH industry.

B) Additional area covered for conservation - In situ conservation of medicinal plants is very important for the medicinal plants. Resource augmentation of important species in forest would help in conservation of the species in their natural habitat. Additional area covered under conservation is an important indicator.

C) Capacity Building:- Training of farmers, collectors, Govt. Officials and trainers is needed to boost the sector and enhance the skill of stakeholders.

D) Number of States/UTs covered under Amla Mission: Amla is important medicinal plant. Creating awareness about the plant would increase its consumption and improve the health of the people. The number of States/UTs covered under the Amla Mission would be a good success indicator. The indicator is cumulative as states are covered year after year.

6. AYUSH Drugs administration

A) Updation of Essential Drug List (EDL) for Ayurveda Siddha, Unani & Homeopathy Drugs: To provide Essential drug list for the benefit of common people and to ensure Safety and Efficacy of Ayurveda, Siddha, Unani and Homeopathy (ASU&H) drugs the existing Essential drug list prepared in 2002 will be updated on the pattern of WHO Essential Drug List. The updation of the EDL would require the steps of - Preparation of module and draft list of drugs, Finalization of EDL by expert committee and Approval of EDL by Government. The success indicators shall be evaluated by the time-lines given against each success indicator in section 2.

B) Finalization / Publication of Good Clinical Practices (GCP) Guidelines for Ayurveda, Siddha and Unani Drugs: At present clinical trial is not required for Classical/generic ASU drugs. Patent or Proprietary medicines require evidence of effectiveness vide GSR 377(E) of Drugs and Cosmetics Rule 1945. The Publication of GCP for ASU drugs would have following steps- Obtaining comments from the experts, Incorporation of comment received from various stakeholders and Vetting and finalization of GCP Guidelines after incorporating the appropriate comments. The success indicators shall be evaluated by the time-lines given against each success indicator in section 2.

C) Amendments in Drugs and Cosmetics Rules pertaining to ASU Drugs: Notification will be issued under Rule 161C for the sale license regarding formulations containing ingredients of schedule E (1) as they are poisonous substances. Bringing amendments requires the following steps - Preparation of Draft Rules, Obtaining comments on Draft Rules and Notification of the Rules after vetting by law ministry. This shall be evaluated against the time lines given against each success indicator in section

Section 4: Description and Definition of Success Indicators

2.

D) Pharmacopoeia Committee on ASU and Strengthening of Pharmacopoeia Commission of Indian Medicine (PCIM) lays down Pharmacopoeial Standards of Ayurveda, Siddha and Unani and provides financial assistance to approved Laboratories and Institutions.

E) Homoeopathy Pharmacopoeia Laboratory (HPL) lays down standards of Homoeopathic drugs, finding out indigenous substitutes for foreign drugs and testing of samples of Homoeopathic drugs.

F) Pharmacopoeial Laboratory of Indian Medicine (PLIM) lays down standard for identification and testing of Ayurvedic, Unani & Siddha Drugs and also enforcement of quality control for as to drugs implements Drugs & Cosmetic Act. & Rules at the Central Level.

**Section 5:
Specific Performance Requirements from other Departments**

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Departments**

Relevant success indicators	Departments/ Ministries	What do you need	Why do you need	How much you need	What happens if you do not get it
1. Delivery of AYUSH Services	<ul style="list-style-type: none"> . Ministry of Finance . Planning Commission . D/o Health . State Govts 	<ul style="list-style-type: none"> . Budget Allocation/Outlay from Planning Commission and M/o Finance and also support from D/o Health (NRHM)/ State Govts. for collocation and creation of standalone AYUSH set up 	<ul style="list-style-type: none"> To strengthen the collocation initiatives and to ensure availability of AYUSH interventions for supplementing the health care needs 	<ul style="list-style-type: none"> Full support and commitment 	<ul style="list-style-type: none"> It would hamper targets and programme outcomes

2. Human Resource Development in AYUSH	. Ministry of Finance . Planning Commission . D/o Health . State Govts	Budget Allocation/Outlay from Planning Commission and M/o Finance Faculty in Govt. AYUSH colleges along with financial parity and their training from time to time	For capacity building	Full support and commitment	It would hamper targets and programme outcomes
3.1 Promotion and Propagation of AYUSH Systems	. Ministry of Finance . Planning Commission . State Govts	Promotional activities in the form of State Arogyas, Seminar, Workshops and Conferences	Increasing awareness about the efficacy of AYUSH	Full support and commitment	It would hamper targets and programme outcomes
3.2 Recognition of Sowa Rigpa	. State Govts. Having Sowa Rigpa system in their States .Ministry of Law	Details about the institutions and the practitioners from different State Governments.	Creating Register of Practitioners	Full support and commitment	It would hamper targets and programme outcomes
3.3 Publication of AYUSH in India	State Governments	Data from the State Government	Authentic database of AYUSH infrastructure	Full support and commitment	It would hamper targets and programme outcomes

3.4 Creation of data base of findings from projects supported under the Central Sector Scheme of ACDP and LHT.	Support from assisted agencies	To get soft copies of their reports	Digitization and preservation of ancient texts for possible linking to clinical validation	Full support and commitment	It would hamper targets and programme outcomes
4. Research in AYUSH	.CSIR, DST .D/o Health Research .D/o Health	.Clinical validation from data available with the Research Councils	Standardisation of AYUSH interventions	Full support and commitment	It would hamper targets and programme outcomes

<p>5. Conservation and cultivation of medicinal plants</p>	<p>. Ministry of Finance . Planning Commission . State Governments . State Medicinal Plants Boards . State Mission on Medicinal Plants CSIR and ICAR</p>	<p>. Budget allocation . Implementation of the schemes of NMPB in different States/UTs . Cooperation of State Governments for providing the structure and State forest areas for implementation of cultivation and conservation components of the scheme . Faculty and infrastructure for training</p>	<p>. For continued availability of raw material . To achieve targets of Cultivation , Conservation , Capacity Building and Amla Mission . To maintain quality</p>	<p>Full support and commitment</p>	<p>It would hamper targets and programme outcomes</p>
<p>6.1 . Updation of Essential Drug List (EDL) for Ayurveda Siddha, Unani & Homoeopathy Drugs</p>	<p>Ministry of Health and DCG(I)</p>	<p>Vetting of the Essential Drug list by the DCG(I)</p>	<p>To benefit the common people and to ensure Safety and efficacy of ASU &H drugs</p>	<p>Full support and commitment</p>	<p>It would hamper targets and programme outcomes</p>

6.2. Finalization / Publication of Good Clinical Practices (GCP) Guidelines for Ayurveda, Siddha and Unani Drugs	DCG(I), CCRAS, Department of Health Research	Vetting from the D/o Health Research and DCG (I)	Requirement of Drugs and Cosmetics Act for evidence and effectiveness of Patent and Proprietary medicines	Full support and commitment	It would hamper targets and programme outcomes
6.3. Amendments in Drugs and Cosmetics Rules pertaining to ASU Drugs	M/o Law, DCG(I)	Amendment of D&C Act to provide teeth to existing Act for effective administration	Notification for the sale license and prescription regarding formulations containing poisonous substances	Full support and commitment	It would hamper targets and programme outcomes
6.4. PLIM- Pharmacopoeial standardization of ASU Drugs	Ministry of Finance Planning Commission	Availability of Budget Establishment of a proactive Pharmacopoeial set up with full staff complement	Standardisation of ASU and Homoeopathic drugs	Full support and commitment	It would hamper targets and programme outcomes
6.5 HPL- Quality of Assurance of AYSUH Drugs (Homoeopathic Drug)	DCG(I)				
6.6 Pharmacopoeial Commission for Indian Medicine	Ministry of Finance	Creation of posts for operationalising the PCIM	For setting up a proactive Pharmacopoeial set up and to make it functional	Full support and commitment	It would hamper targets and programme outcomes

Section 6: OutCome/Impact of Department/Ministry

OutCome/Impact of Department/Minist	Jointly responsible for influencing this outcome / impact with the following department (s) /	Success Indicator	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14
1 Adoption of preventive and promotive health practices prescribed in classical AYUSH texts by people for healthy lifestyles	Department of Health and Family Welfare and Ministry of Information and Broadcasting	Proportion of people who have adopted the preventive and promotive health practices prescribed in classical AYUSH texts by the people for a healthy lifestyle.	--	--	--	--	--