



Government of India

R F D

(Results-Framework Document)
for

Department of AYUSH

(2014-2015)

Section 1: Vision, Mission, Objectives and Functions

Vision

To position AYUSH as the preferred systems of holistic healthcare for all.

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 Systems. 3. To focus on Promotion of health and prevention of diseases by propagating AYUSH practices. 4. To ensure proper enforcement of provisions of Drugs & Cosmetics Act 1940 and Rules framed thereunder relating to the ASU&H drugs throughout the country. 5. To take steps to increase supply of plant-based raw materials for AYUSH Systems. 6. To globalize AYUSH Systems.

Objectives

- 1 Delivering 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.
- 7 To promote global acceptance and international cooperation.
- 8 New initiatives in AYUSH.

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 and 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 / Scientists / 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.
- 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

Section 1: Vision, Mission, Objectives and Functions

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.
- 8 Improvement of AYUSH Education System.

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

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[1] Delivering of AYUSH Services.	10.00	[1.1] Co-location of AYUSH Wings in Primary Health Centres/ Community Health Centres/ District Hospitals/other Hospitals as per approved norms.	[1.1.1] Additional Primary Health Centres/ Community Health Centres/District Hospitals to be covered.	Number	1.00	650	600	500	450	400
			[1.1.2] Completion of pending infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals as on 31.03.2013.	%	1.00	55	50	48	45	40
		[1.2] Health Facilities supported for supply of medicines.	[1.2.1] Health Facilities/ Units covered.	Number	5.00	1750	1600	1360	1190	1020
		[1.3] Upgradation of stand-alone State Government AYUSH Health facilities.	[1.3.1] Health Facilities/ Units upgraded (out of pendency as on 31.03.2013).	%	2.00	55	50	48	45	40
		[1.4] Launching of National AYUSH Mission (NAM).	[1.4.1] Obtaining Cabinet decision.	Date	1.00	31/08/2014	15/09/2014	30/09/2014	15/10/2014	31/10/2014
[2] Human Resource Development in AYUSH.	18.00	[2.1] Strengthening of State Government / aided AYUSH educational institutions as per Central Council of Indian Medicine / Central Council of Homoeopathic norms.	[2.1.1] AYUSH educational institutions strengthened.	Number	3.00	17	15	14	12	10

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[2.2] Human Resource Development - Training to Medical Professionals.	[2.2.1] Development of CME Strategy.	Date	1.00	31/12/2014	15/01/2015	31/01/2015	28/02/2015	31/03/2015
			[2.2.2] Continuing Medical Education training programmes conducted.	Number	3.00	84	76	67	59	50
		[2.3] Disposal of permission cases of existing Ayurveda, Siddha, Unani and Homeopathy Colleges.	[2.3.1] Cases disposed of by 31/10/2014.	%	4.00	100	98	96	90	85
		[2.4] Disposal of all new proposals under Indian Medicine Central Council Act, 1970 and Homeopathy Central Council Act, 1973.	[2.4.1] Cases disposed of by 31/03/2015.	%	2.00	100	98	96	90	85
			[2.4.2] Undertaking quality certification of the permission process.	Date	2.00	31/12/2014	15/01/2015	31/01/2015	28/02/2015	31/03/2015
		[2.5] Finalization of DPR for establishment of All India Institute of Homoeopathy.	[2.5.1] Selection of Site.	Date	1.00	31/08/2014	30/09/2014	31/10/2014	30/11/2014	31/12/2014
			[2.5.2] Selection of Project Manager /Consultant.	Date	1.00	31/12/2014	31/01/2015	28/02/2015	15/03/2015	31/03/2015
		[2.6] Finalization of DPR for establishment of All India Institute of Unani Medicine.	[2.6.1] Selection of Project Manager / Consultant.	Date	1.00	31/08/2014	30/09/2014	31/10/2014	30/11/2014	31/12/2014

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[3] Promotion and Propagation of AYUSH Systems.	11.00	[3.1] Exhibitions and Fairs.	[3.1.1] Exhibitions and Fairs organized.	Number	2.00	8	7	6	5	4
		[3.2] Multi-media campaigns and outdoor publicity.	[3.2.1] Multi-media programmes including outdoor publicity.	Number	2.00	22	20	18	16	14
		[3.3] Participation in International Seminars/ Meetings/ Exhibitions/ Fairs.	[3.3.1] Seminars/ Meetings, etc. participated in.	Number	3.00	32	30	25	22	20
		[3.4] Compilation and electronic publication of AYUSH in India, 2014.	[3.4.1] Electronic Publication of AYUSH in India, 2014.	Date	2.00	31/01/2015	15/02/2015	28/02/2015	15/03/2015	31/03/2015
		[3.5] Third party evaluation of AYUSH Schemes.	[3.5.1] Third party evaluation of remaining 7 components of schemes.	Date	2.00	30/09/2014	31/10/2014	30/11/2014	31/12/2014	31/01/2015
[4] Research in AYUSH.	12.00	[4.1] In-house /collaborative research through Research Councils.	[4.1.1] Research Projects commenced.	Number	1.00	60	55	50	45	40
			[4.1.2] Research Projects completed.	Number	1.00	25	22	20	18	16
			[4.1.3] Patent applications filed.	Number	1.00	07	06	05	04	03
			[4.1.4] Patents commercialized.	Number	1.00	2	1	0.8	0.5	0.3
			[4.1.5] Completed research projects papers published.	Number	1.00	22	20	18	16	14

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			[4.1.6] Validation of classical drugs/therapies.	Number	1.00	55	52	50	48	46
		[4.2] Extra Mural Research.	[4.2.1] Projects commenced as per specified parameters.	Number	2.00	23	21	18	16	14
			[4.2.2] Projects completed.	Number	1.00	16	14	13	11	10
			[4.2.3] Patent applications filed.	Number	1.00	4	3	2	1	0
			[4.2.4] Completed research projects papers published.	Number	1.00	14	13	11	10	08
			[4.2.5] Validation of classical drugs/therapies.	Number	1.00	6	5	4	3	2
[5] Conservation and cultivation of medicinal plants.	15.00	[5.1] Support for covering Additional Area for Cultivation.	[5.1.1] Increase in area under cultivation of common medicinal plants.	Hectares	2.00	25000	22500	20000	17500	17000
			[5.1.2] Increase in area under cultivation of rare medicinal plants.	Hectares	2.00	5000	4500	4000	3500	3000
		[5.2] Support for covering additional area for conservation/resource augmentation.	[5.2.1] Increase in area under conservation and resource augmentation of Medicinal Plants in forest area.	Hectares	2.00	8000	7200	6400	5600	4800

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[5.3] Livelihood support to Joint Forest Management Committees (JFMCs).	[5.3.1] Number of Units/ Societies covered.	Number	2.00	40	36	32	28	24
		[5.4] Capacity Building and Information, Education & Communication (IEC) including Herbal Gardens.	[5.4.1] Number of Trainings/ Seminars supported.	Number	2.00	50	45	40	35	30
		[5.5] Research & Development (R&D) on medicinal plants sector.	[5.5.1] New projects sanctioned.	Number	2.00	15	13	12	10	9
			[5.5.2] Projects completed.	Number	1.00	15	13	12	10	9
			[5.5.3] Completed research projects papers published.	Number	1.00	5	4	3	2	1
		[5.6] Study on income generation from medicinal plants.	[5.6.1] Completion of study.	Date	1.00	31/01/2015	15/02/2015	28/02/2015	15/03/2015	31/03/2015
[6] Effective AYUSH Drugs Administration.	14.00	[6.1] Guidelines for inspection of GMP compliance by Homoeopathic drug industry.	[6.1.1] Dissemination of finalized guidelines.	Date	1.00	30/11/2014	31/12/2014	31/01/2015	28/02/2015	31/03/2015
		[6.2] Capacity Building initiatives on regulatory aspects.	[6.2.1] Holding Training/ Workshops.	Number	1.00	4	3	2	1	0
			[6.2.2] Meetings of ASUDTAB and ASUDCC.	Number	1.00	4	3	2	1	0
			[6.2.3] Publication of Regulatory and Quality Control	Number	1.00	4	3	2	1	0

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
			Materials.							
		[6.3] Establishment of Central Drugs Controller of AYUSH.	[6.3.1] Obtaining Cabinet decision.	Date	1.00	31/08/2014	31/10/2014	31/12/2014	28/02/2015	31/03/2015
		[6.4] Amendment in the D&C Rules, 1945 pertaining to ASU drugs.	[6.4.1] Finalization and Notification in the Gazette.	Date	1.00	30/11/2014	31/12/2014	31/01/2015	28/02/2015	31/03/2015
		[6.5] Pharmacopoeia Standardization and Harmonization of drugs under Indian System of Medicines.	[6.5.1] Single drugs of Ayurvedic System.	Number	1.00	40	36	32	28	24
			[6.5.2] Compound formulations of Ayurvedic System.	Number	1.00	20	18	16	14	12
			[6.5.3] Single drugs of Unani System.	Number	1.00	10	9	8	7	6
			[6.5.4] Compound formulations of Unani System.	Number	1.00	40	36	32	28	24
			[6.5.5] Single drugs of Siddha System.	Number	1.00	20	18	16	14	12
			[6.5.6] Compound formulations of Siddha System.	Number	1.00	10	9	8	7	6
		[6.6] Development of Pharmacopoeial Standards of Homoeopathic Drugs.	[6.6.1] Restructuring of PCIM to include Homoeopathy.	Date	1.00	30/06/2014	30/09/2014	30/11/2014	31/01/2015	31/03/2015
			[6.6.2] Standards Developed.	Number	1.00	45	42	38	35	31

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Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[7] To promote global acceptance and international cooperation.	3.00	[7.1] Memorandum of Understanding with other countries.	[7.1.1] MoUs signed.	Number	1.00	2	1	0.8	0.5	0.3
			[7.1.2] Establishment of Chairs in Universities abroad.	Number	1.00	2	1	0.8	0.5	0.3
			[7.1.3] Establishment of Information Cells in Indian Missions abroad.	Number	1.00	5	4	3	2	1
[8] New initiatives in AYUSH.	2.00	[8.1] Regulation of AYUSH Pharmacy education.	[8.1.1] Preparation of concept note.	Date	1.00	30/09/2014	31/10/2014	30/11/2014	31/12/2014	31/01/2015
		[8.2] Capacity building of ASU Practitioners.	[8.2.1] Preparation of bridge course.	Date	1.00	30/09/2014	31/10/2014	30/11/2014	31/12/2014	31/01/2015
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft RFD for 2015-2016 for Approval	On-time submission	Date	2.0	05/03/2015	06/03/2015	09/03/2015	10/03/2015	11/03/2015
		Timely submission of Results for 2013-2014	On-time submission	Date	1.0	01/05/2014	02/05/2014	03/05/2014	06/05/2014	07/05/2014
* Enhanced Transparency / Improved Service delivery of Ministry/Department	3.00	Rating from Independent Audit of implementation of Citizens' / Clients' Charter (CCC)	Degree of implementation of commitments in CCC	%	2.0	100	95	90	85	80
		Independent Audit of implementation of Grievance Redress Management (GRM) system	Degree of success in implementing GRM	%	1.0	100	95	90	85	80
* Reforming Administration	8.00	Update departmental strategy to align with revised priorities	Date	Date	2.0	01/11/2014	02/11/2014	03/11/2014	04/11/2014	05/11/2014

* Mandatory Objective(s)

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

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		Implement agreed milestones of approved Mitigating Strategies for Reduction of potential risk of corruption (MSC).	% of Implementation	%	1.0	100	90	80	70	60
		Implement agreed milestones for implementation of ISO 9001	% of implementation	%	2.0	100	95	90	85	80
		% of Responsibility Centres with RFD in RFMS	Responsibility Centres covered	%	1.0	100	95	90	85	80
		Implement agreed milestones of approved Innovation Action Plans (IAPs).	% of implementation	%	2.0	100	90	80	70	60
* Improve compliance with the Financial Accountability Framework	1.00	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.	%	0.25	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.	%	0.25	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2014.	Percentage of outstanding ATNs disposed off during the year.	%	0.25	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament	Percentage of outstanding ATRS disposed off during the	%	0.25	100	90	80	70	60

* Mandatory Objective(s)

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

Objective	Weight	Action	Success Indicator	Unit	Weight	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		before 31.3.2014	year.							

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
[1] Delivering of AYUSH Services.	[1.1] Co-location of AYUSH Wings in Primary Health Centres/ Community Health Centres/ District Hospitals/other Hospitals as per approved norms.	[1.1.1] Additional Primary Health Centres/ Community Health Centres/District Hospitals to be covered.	Number	1589	305	600	650	780
		[1.1.2] Completion of pending infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals as on 31.03.2013.	%	0	38	50	52	55
	[1.2] Health Facilities supported for supply of medicines.	[1.2.1] Health Facilities/ Units covered.	Number	11068	3459	1600	2100	2650
	[1.3] Upgradation of stand-alone State Government AYUSH Health facilities.	[1.3.1] Health Facilities/ Units upgraded (out of pendency as on 31.03.2013).	%	01	06	50	52	55
	[1.4] Launching of National AYUSH Mission (NAM).	[1.4.1] Obtaining Cabinet decision.	Date	--	--	15/09/2014	--	--
[2] Human Resource Development in AYUSH.	[2.1] Strengthening of State Government / aided AYUSH educational institutions as per Central Council of Indian Medicine / Central Council of	[2.1.1] AYUSH educational institutions strengthened.	Number	0	50	15	22	27

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	Homoeopathic norms.							
	[2.2] Human Resource Development - Training to Medical Professionals.	[2.2.1] Development of CME Strategy.	Date	--	--	15/01/2015	--	--
		[2.2.2] Continuing Medical Education training programmes conducted.	Number	35	35	76	100	110
	[2.3] Disposal of permission cases of existing Ayurveda, Siddha, Unani and Homeopathy Colleges.	[2.3.1] Cases disposed of by 31/10/2014.	%	--	99	98	98	98
	[2.4] Disposal of all new proposals under Indian Medicine Central Council Act, 1970 and Homoeopathy Central Council Act, 1973.	[2.4.1] Cases disposed of by 31/03/2015.	%	--	--	98	98	98
		[2.4.2] Undertaking quality certification of the permission process.	Date	--	--	15/01/2015	--	--
	[2.5] Finalization of DPR for establishment of All India Institute of Homoeopathy.	[2.5.1] Selection of Site.	Date	--	--	30/09/2014	--	--
		[2.5.2] Selection of Project Manager /Consultant.	Date	--	--	31/01/2015	--	--

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	[2.6] Finalization of DPR for establishment of All India Institute of Unani Medicine.	[2.6.1] Selection of Project Manager / Consultant.	Date	--	--	30/09/2014	--	--
[3] Promotion and Propagation of AYUSH Systems.	[3.1] Exhibitions and Fairs.	[3.1.1] Exhibitions and Fairs organized.	Number	9	21	7	10	10
	[3.2] Multi-media campaigns and outdoor publicity.	[3.2.1] Multi-media programmes including outdoor publicity.	Number	25	22	20	25	25
	[3.3] Participation in International Seminars/ Meetings/Exhibitions/ Fairs.	[3.3.1] Seminars/ Meetings, etc. participated in.	Number	21	22	30	26	26
	[3.4] Compilation and electronic publication of AYUSH in India, 2014.	[3.4.1] Electronic Publication of AYUSH in India, 2014.	Date	31/12/2012	31/01/2014	15/02/2015	31/03/2016	31/03/2017
	[3.5] Third party evaluation of AYUSH Schemes.	[3.5.1] Third party evaluation of remaining 7 components of schemes.	Date	--	--	31/10/2014	--	--
[4] Research in AYUSH.	[4.1] In-house /collaborative research through Research Councils.	[4.1.1] Research Projects commenced.	Number	18	40	55	60	64
		[4.1.2] Research Projects completed.	Number	13	36	22	25	28
		[4.1.3] Patent applications filed.	Number	0	7	6	8	10

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17	
		[4.1.4] Patents commercialized.	Number	--	--	1	3	4	
		[4.1.5] Completed research projects papers published.	Number	--	23	20	24	28	
		[4.1.6] Validation of classical drugs/therapies.	Number	--	9	52	55	60	
	[4.2] Extra Mural Research.	[4.2.1] Projects commenced as per specified parameters.	Number	5	8	21	24	24	
		[4.2.2] Projects completed.	Number	16	14	14	24	24	
		[4.2.3] Patent applications filed.	Number	1	3	3	3	3	
		[4.2.4] Completed research projects papers published.	Number	22	7	13	20	20	
		[4.2.5] Validation of classical drugs/ therapies.	Number	8	5	5	5	5	
	[5] Conservation and cultivation of medicinal plants.	[5.1] Support for covering Additional Area for Cultivation.	[5.1.1] Increase in area under cultivation of common medicinal plants.	Hectares	29787.75	30450	22500	25000	27000
			[5.1.2] Increase in area under cultivation of rare medicinal plants.	Hectares	--	--	4500	5000	5200

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	[5.2] Support for covering additional area for conservation/resource augmentation.	[5.2.1] Increase in area under conservation and resource augmentation of Medicinal Plants in forest area.	Hectares	8198.51	8100	7200	8500	9000
	[5.3] Livelihood support to Joint Forest Management Committees (JFMCs).	[5.3.1] Number of Units/ Societies covered.	Number	15	40	36	45	50
	[5.4] Capacity Building and Information, Education & Communication (IEC) including Herbal Gardens.	[5.4.1] Number of Trainings/ Seminars supported.	Number	40	52	45	45	45
	[5.5] Research & Development (R&D) on medicinal plants sector.	[5.5.1] New projects sanctioned.	Number	19	18	13	25	25
		[5.5.2] Projects completed.	Number	12	15	13	18	20
		[5.5.3] Completed research projects papers published.	Number	2	6	4	10	10
	[5.6] Study on income generation from medicinal plants.	[5.6.1] Completion of study.	Date	--	--	15/02/2015	--	--
[6] Effective AYUSH Drugs Administration.	[6.1] Guidelines for inspection of GMP compliance by Homoeopathic drug industry.	[6.1.1] Dissemination of finalized guidelines.	Date	--	--	31/12/2014	--	--

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	[6.2] Capacity Building initiatives on regulatory aspects.	[6.2.1] Holding Training/ Workshops.	Number	--	--	3	3	3
		[6.2.2] Meetings of ASUDTAB and ASUDCC.	Number	--	--	2	2	2
		[6.2.3] Publication of Regulatory and Quality Control Materials.	Number	--	--	3	3	3
	[6.3] Establishment of Central Drugs Controller of AYUSH.	[6.3.1] Obtaining Cabinet decision.	Date	--	--	31/10/2014	--	--
	[6.4] Amendment in the D&C Rules, 1945 pertaining to ASU drugs.	[6.4.1] Finalization and Notification in the Gazette.	Date	--	--	31/12/2014	--	--
	[6.5] Pharmacopoeia Standardization and Harmonization of drugs under Indian System of Medicines.	[6.5.1] Single drugs of Ayurvedic System.	Number	--	35	36	36	36
		[6.5.2] Compound formulations of Ayurvedic System.	Number	--	15	18	18	18
		[6.5.3] Single drugs of Unani System.	Number	--	--	9	9	9
		[6.5.4] Compound formulations of Unani System.	Number	--	40	36	36	36
		[6.5.5] Single drugs of Siddha System.	Number	--	--	18	18	18

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
		[6.5.6] Compound formulations of Siddha System.	Number	--	--	9	9	9
	[6.6] Development of Pharmacopoeial Standards of Homoeopathic Drugs.	[6.6.1] Restructuring of PCIM to include Homoeopathy.	Date	--	--	30/09/2014	--	--
		[6.6.2] Standards Developed.	Number	44	45	42	45	45
[7] To promote global acceptance and international cooperation.	[7.1] Memorandum of Understanding with other countries.	[7.1.1] MoUs signed.	Number	--	--	1	1	2
		[7.1.2] Establishment of Chairs in Universities abroad.	Number	--	--	1	2	2
		[7.1.3] Establishment of Information Cells in Indian Missions abroad.	Number	--	--	4	5	6
[8] New initiatives in AYUSH.	[8.1] Regulation of AYUSH Pharmacy education.	[8.1.1] Preparation of concept note.	Date	--	--	31/10/2014	--	--
	[8.2] Capacity building of ASU Practitioners.	[8.2.1] Preparation of bridge course.	Date	--	--	31/10/2014	--	--
* Efficient Functioning of the RFD System	Timely submission of Draft RFD for 2015-2016 for Approval	On-time submission	Date	--	--	06/03/2015	--	--

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
	Timely submission of Results for 2013-2014	On-time submission	Date	--	--	02/05/2014	--	--
* Enhanced Transparency / Improved Service delivery of Ministry/Department	Rating from Independent Audit of implementation of Citizens' / Clients' Charter (CCC)	Degree of implementation of commitments in CCC	%	--	--	95	--	--
	Independent Audit of implementation of Grievance Redress Management (GRM) system	Degree of success in implementing GRM	%	--	--	95	--	--
* Reforming Administration	Update departmental strategy to align with revised priorities	Date	Date	--	--	02/11/2014	--	--
	Implement agreed milestones of approved Mitigating Strategies for Reduction of potential risk of corruption (MSC).	% of Implementation	%	--	--	90	--	--
	Implement agreed milestones for implementation of ISO 9001	% of implementation	%	--	--	95	--	--
	% of Responsibility Centres with RFD in RFMS	Responsibility Centres covered	%	--	--	95	--	--
	Implement agreed milestones of approved Innovation Action Plans (IAPs).	% of implementation	%	--	--	90	--	--
* Improve compliance with the Financial Accountability	Timely submission of ATNs on Audit paras of C&AG	Percentage of ATNs submitted within due date	%	--	--	90	--	--

* Mandatory Objective(s)

Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 12/13	Actual Value for FY 13/14	Target Value for FY 14/15	Projected Value for FY 15/16	Projected Value for FY 16/17
Framework		(4 months) from date of presentation of Report to Parliament by CAG during the year.						
	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.	%	--	--	90	--	--
	Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2014.	Percentage of outstanding ATNs disposed off during the year.	%	--	--	90	--	--
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2014	Percentage of outstanding ATRS disposed off during the year.	%	--	--	90	--	--

* Mandatory Objective(s)

Section 4: Acronym

Sl.No	Acronym	Description
1	ASU	Ayurveda, Siddha, Unani
2	ASU and H	Ayurveda, Siddha, Unani and Homoeopathy
3	ASUDCC	Ayurveda, Siddha and Unani Drugs Consultative Committee
4	ASUDTAB	Ayurveda, Siddha and Unani Drugs Technical Advisory Board
5	AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
6	CCIM	Central Council of Indian Medicine

Section 4: Acronym

Sl.No	Acronym	Description
7	CHCs	Community Health Centres
8	CME	Continuing Medical Education
9	COE	Centre of Excellence
10	D and C	Drugs and Cosmetic
11	DHs	District Hospitals
12	DPR	Detailed Project Report

Section 4: Acronym

Sl.No	Acronym	Description
13	EFC	Empowered Finance Committee
14	GMP	Good Manufacturing Practice
15	Ha.	Hectares
16	HPL	Homoeopathic Pharmacopeia Laboratory
17	ICDs	Integrated Child Development Schemes
18	IEC	Information, Education and Communication

Section 4: Acronym

Sl.No	Acronym	Description
19	ISM and H	Indian System of Medicine and Homoeopathy
20	MCI	Medical Council of India
21	MoU	Memorandum of Understanding
22	NAM	National AYUSH Mission
23	PCIM	Pharmacopoeia Commission for Indian Medicine
24	PCIM and H	Pharmacopoeia Commission for Indian Medicine and Homoeopathy

Section 4: Acronym

Sl.No	Acronym	Description
25	PHCs	Primary Health Centres
26	PIP	Programme Implementation Plan
27	PLIM	Pharmacopoeial Laboratory for Indian Medicine
28	PMC	Project Management Consultant
29	R and D	Research and Development
30	UCs	Utilization Certificates

Section 4: Acronym

Sl.No	Acronym	Description
31	WHO	World Health Organization

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
1	[1.1.1] Additional Primary Health Centres/ Community Health Centres/District Hospitals to be covered.	Annual utilization of provision for essential medicines and contingencies for the co-located AYUSH Units of Primary Health Centres (PHCs), Community Health Centres (CHCs) & District Hospitals (DHs)	Co-located AYUSH Health Care Units at Primary Health Centres (PHCS), Community Health Centres & District Hospitals (DHs) implies facilities for provision of AYUSH Health services along with allopathic health services.	Number of Units	Dispensaries supported for supply of medicines: The number of dispensaries supported every year for supply of medicines will be the measurement methodology.
2	[1.1.2] Completion of pending infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals as on 31.03.2013.	Completion of Infrastructure, Equipment, and Furniture for the Co-located AYUSH Units of PHCs, CHCs & DHs.	Co-located AYUSH Health Care Units at Primary Health Centres (PHCS), Community Health Centres & District Hospitals (DHs) implementation of AYUSH Health services along with allopathic health services.	% of Units	Establishment of AYUSH wings in Primary Health Centres, Community Health Centres and District Hospitals as per approved norms will be monitored through the Project Implementation Programme (PIP) of the State Government.
3	[1.2.1] Health Facilities/ Units covered.	Essential drugs made available to the stand alone AYUSH Dispensaries & Hospitals	Stand alone AYUSH Health facilities implies exclusive state Govt. AYUSH health facilities	Number of Units	There are dedicated AYUSH hospitals and Dispensaries in the Govt. sector. Upgradation of these hospitals is an important strategy in mainstreaming of AYUSH services.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
4	[1.3.1] Health Facilities/ Units upgraded (out of pendency as on 31.03.2013).	Completion of Infrastructure, Equipment and Furniture for the Existing exclusive AYUSH Dispensaries/ Hospitals	Stand alone AYUSH Health facilities implies exclusive State Govt. AYUSH health facilities.	% of Units	Upgradation of AYUSH Hospitals & Dispensaries: There are dedicated AYUSH Hospitals and Dispensaries in the Government Sector. Upgradation of these hospitals is an important strategy in mainstreaming of AYUSH Services.
5	[1.4.1] Obtaining Cabinet decision.				
6	[2.1.1] AYUSH educational institutions strengthened.	Completion of infrastructure, equipment, furniture and library books etc.	Strengthening of State Government/aided AYUSH educational institutions.	Number of Institutions	To fulfill infrastructure and other minimum standards of education requirements prescribed by the respective regulatory Councils.
7	[2.2.1] Development of CME Strategy.				
8	[2.2.2] Continuing Medical Education training programmes conducted.	Updation of knowledge and skills of AYUSH professionals to facilitate to better services and creation of awareness on Yoga & Naturopathy and AYUSH strength	Continuing Medical Education to AYUSH professionals comprising of teachers, doctors and paramedics through modular form of training	Number of training programmes.	AYUSH professionals preferably from Government Sector are trained in the areas of patient care, education and research.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
8	[2.2.2] Continuing Medical Education training programmes conducted.	to Allopathic doctors.	programs.	Number of training programmes.	AYUSH professionals preferably from Government Sector are trained in the areas of patient care, education and research.
9	[2.3.1] Cases disposed of by 31/10/2014.	The Central Government grants/denies the permission for the academic session to all existing Ayurveda, Siddha, Unani and Homoeopathy Colleges under section of IMCC Act, 1970 and HCC Act, 1973.	These cases are being processed as per the IMCC Act /HCC Act and relevant rules and regulations.	Cases are being disposed of as per the report and recommendation of the CCIM/CCH and approval of competent authority.	The assessment and disposal of cases are depending on the recommendation and report of the CCIM/CCH and approval of competent authority.
10	[2.4.1] Cases disposed of by 31/03/2015.	The Central Government approves/disapproves all new proposals received in the month of April of any year to establish a medical college, to open a new or higher course of study or training and to increase its admission capacity in any course of study or training under section of IMCC Act, 1970 and HCC Act, 1973.	These cases are being processed as per the IMCC Act/ HCC Act and relevant rules and regulations	Cases are being disposed of as per the report and recommendation of the CCIM/CCH and approval of competent authority.	The assessment and disposal of cases are depending on the recommendation and report of the CCIM/CCH and approval of competent authority
11	[2.4.2] Undertaking quality certification of the permission process.	An independent evaluation of the processing of cases in terms of quality of process and quality of final orders.	Quality certification of the processing shall be done through third party on outsourcing basis.	1. Quality of process: i. Receipt of CCIM/CCH report ii. Processing of reports iii. Opportunity of hearing iv. Recommendation of hearing committee	The quality certification shall be dependent on engagement of third party and assessment by the third party.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
11	[2.4.2] Undertaking quality certification of the permission process.	An independent evaluation of the processing of cases in terms of quality of process and quality of final orders.	Quality certification of the processing shall be done through third party on outsourcing basis.	v. Post hearing processing 2. Quality of final order: i. Permission order ii. Speaking order	The quality certification shall be dependent on engagement of third party and assessment by the third party.
12	[2.5.1] Selection of Site.	For preparation of Detailed Project Report for establishment of AIH, selection of site is essentially required.	Site where the All India Institute Homoeopathy (AIH) is to be constructed and established.	Date of earmarking/ allotment of land by the competent authority.	On allotment of land for the purpose, action shall be taken for preparation of DPR through Project Management Consultant.
13	[2.5.2] Selection of Project Manager /Consultant.	Preparation of DPR is a specialized work and therefore, this is to be done by a professionally competent Institution/ Body.	Project Management Consultant (PMC) shall be a consultant to prepare DPR for establishment of the Institute.	Date of selection	After allotment of land, draft EOI for engaged of PMC will be invited with approval of IFD. Thereafter DAVP will be approached for release of advertisement inviting EOI. The PMC will be selected on Quality and Cost Based System.
14	[2.6.1] Selection of Project Manager / Consultant.	Preparation of DPR is a specialized work and therefore, this is to be done by a professionally competent Institution/ Body.	PMC shall be a consultant to prepare DPR for establishment of the Institute.	Date of selection.	After clearance form Election Commission, DAVP will be approached for release of advertisement inviting EOI. The PMC will be selected as per Quality and Cost Based System.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
15	[3.1.1] Exhibitions and Fairs organized.	Arogya Fairs are an important part of strategy to promote and propagate AYUSH systems for creating awareness amongst the masses. To achieve this objective, wide publicity is given to the strengths of AYUSH systems, so that benefit reaches the common people.	For promoting and propagating AYUSH systems, the Department is organizing Arogya Fairs. This began in 2001, as an annual event in Delhi every year, but over the period has spread to all parts of the country. While the National level Arogya fairs are organized by FICCI, ITPO and other such reputed organizations, State level Arogya fairs are organized in association with the concerned State Governments.	Number of Arogya fairs organized at the State as well as the National level and participation in other health related fairs and exhibitions.	Four National Level Arogya Fairs and three State Level Arogya have been organized. The Department also participated 15 other fairs organized by reputed organizations.
16	[3.2.1] Multi-media programmes including outdoor publicity.	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 multimedia TV, Radio, Metro and buses, publications and other outdoor media.	To promote and popularize strengths of AYUSH Systems under the Department and various initiatives in the form of outdoor publicity, audio/visual and print media are undertaken to promote AYUSH systems.	Numbers of Multimedia campaigns carried out.	Outdoor Publicity of AYUSH Messages through DAVP on Bus queue shelters, Metro Stations Audio advertisement at Bus terminals, LCD/Plasma/TV screens, metro rail inside panels, public utility/ street furniture and kiosks, publicity through Low Floor DTC buses, newspapers advertisement has been ordered.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
17	[3.3.1] Seminars/ Meetings, etc. participated in.	Participation and conducting International seminars, meeting, workshops etc., to share validated results of AYUSH systems with other countries and international forums and to enhance collaboration between India and other country on cooperation in the field of Traditional Medicine.	To Propagate and promote AYUSH Systems outside the country to ensure global acceptance as a system of medicine.	Number of seminars/ meetings/ Exhibitions/ Fairs participated in.	This would facilitate recognition of AYUSH as a system of Medicine, recognition of degrees, registration and permission to practice in other countries by propagation of AYUSH. This would also increase export of ASU drugs/medicinal plants.
18	[3.4.1] Electronic Publication of AYUSH in India, 2014.	Publication of statistics on AYUSH sector comprising State-wise details of AYUSH practitioners, hospitals, dispensaries, institutions, industries, etc.	To ensure updated AYUSH related statistical information.	Date of publication	Timely availability of updated information on AYUSH sector on the departmental website for public use.
19	[3.5.1] Third party evaluation of remaining 7 components of schemes.	Evaluation by the Third party for impact assessment of 7 components of Central Sector Schemes of Department of AYUSH.	To assess the achievement of the schemes.	Date of completion	For modifications, if any, required for better implementation of AYUSH Schemes.
20	[4.1.1] Research Projects commenced.	New inhouse/collaborative projects initiated during the Financial Year.	Research projects initiated through intra-mural by the Research Councils as per their identified areas	Number	The projects requires approval from various committees before commencement.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
21	[4.1.2] Research Projects completed.	Inhouse/collaborative projects completed during the Financial Year.	The Concluding report of the project indicates the outcomes.	Number	This does not include ongoing projects.
22	[4.1.3] Patent applications filed.	Completed cases which has the potential for patenting	Product patent-Protection to inventors right on the product. Process patent-Protection to inventors right on the process.	Number	Patents can be applied at any stage of research.
23	[4.1.4] Patents commercialized.	It aims to market the product by the Council.	Commercialization means right to market.	Number	This activity in AYUSH system is limited till date and not applicable to all the patent applications. This involves processing through National Research Development Corporation.
24	[4.1.5] Completed research projects papers published.	It is done after conclusion of the project	Publication of the research findings/outcome through journals, proceedings of the seminar/conferences	Number	
25	[4.1.6] Validation of classical drugs/therapies.	Only on research related to classical drugs/therapies.	The practice of AYUSH system validated through clinical trial.	Number	

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
26	[4.2.1] Projects commenced as per specified parameters.	New projects initiated during the Financial Year.	Research projects initiated through Extra Mural Research as per their identified areas.	Number	The projects require approval from Internal Scientific Committee before commencement.
27	[4.2.2] Projects completed.	Projects completed during the Financial Year.	The Research project is complete after publication of the outcome of the project.	Number	
28	[4.2.3] Patent applications filed.	Completed cases which has the potential for patenting.	Product patent-Protection to inventors right on the product. Process patent-Protection to inventor right on the process.	Number	Since study is conducted by institutes other than Research Councils, patent is to be filed jointly.
29	[4.2.4] Completed research projects papers published.	It is done after acceptance of the final report.	It is publication of the research findings/outcome through journals, proceedings of the seminar/conferences.	Number	
30	[4.2.5] Validation of classical drugs/ therapies.	Only on research related to classical drugs/therapies.	The practice of AYUSH system validated through clinical trial duly approved.	Number	

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
31	[5.1.1] Increase in area under cultivation of common medicinal plants.	The Government has approved National Mission of Medicinal Plants to take measures to encourage farmers and other growers to grow medicinal plants in agricultural land.	Channelization of grants for promotion of medicinal plants through State Missions in the agricultural areas. The best indicator of success in the short term is the additional area cultivation supported during the year.	Hectare (Ha.)	This will help in improved availability of raw material for AYUSH industry.
32	[5.1.2] Increase in area under cultivation of rare medicinal plants.	The scheme gives priority to cultivation of rare medicinal plants and provides for a higher subsidy for the same.	The appropriate indicator of success for giving special attention to rare plants is the area supported during the year for cultivation of rare plants.	Hectare (Ha.)	This will help in preventing further destruction of rare plants from the natural habitats.
33	[5.2.1] Increase in area under conservation and resource augmentation of Medicinal Plants in forest area.	In-situ conservation and Resource Augmentation of Medicinal Plants is very important for maintaining the medicinal plants gene pool. 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.	This will be for conservation of medicinal plant species and added availability of medicinal plants in wilderness areas.	Hectare (Ha.)	Maintaining Wilderness sources of medicinal plants is critical for sustaining supply of medicinal plants, in the long run.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
34	[5.3.1] Number of Units/ Societies covered.	There is need to encourage value addition, marketing support to medicinal plants at grass root level itself as medicinal plants can provide livelihood to the poorest of the poor.	It is desirable to monitor the number of institutions supported, as Medicinal Plants have the potential to be a source of income throughout the year to the marginalized forest fringe dwellers and others dependent on forest produce collection.	Number of Village Committees / Panchayats / Societies involved.	The initiative will help in harmonizing livelihood augmentation with achieving of conservation goals by creating a "win-win" situation, for medicinal plants.
35	[5.4.1] Number of Trainings/ Seminars supported.	Training of farmers, forest produce collectors, Govt. Officials, trainers and other stake-holders.	Capacity Building is important to enhance the skills of stakeholders, and raising awareness is also critical.	Number of Trainings / demonstrations organized and support given for establishment of Facilitation Centres.	Awareness and Capacity Building is important plank for mainstreaming medicinal plants in health management for the general population of the country; Facilitation Centres are established in different parts of the country to impart training on Medicinal Plants to farmers and other stakeholders.
36	[5.5.1] New projects sanctioned.	It is important to revalidate and further develop our traditional knowledge of Medicinal Plants and other allied areas on the modern scientific lines.	Support for Research initiatives on various aspects related to Medicinal Plants.	Number of new R & D projects sanctioned during the year.	Continued research initiatives are back bone of pushing the new frontiers in this field.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
37	[5.5.2] Projects completed.	Projects sanctioned in previous years are to be followed-up in a logical progression.	Research Projects concluded.	Number	This is a tool to update status.
38	[5.5.3] Completed research projects papers published.	Scientific findings need to be reviewed / disseminated.	Research papers published.	Number	Documentation of important outputs.
39	[5.6.1] Completion of study.	To assess the impact of the scheme on providing livelihoods.	It is important to assess the extent of livelihood support provided to people under the scheme.	Date	Livelihood generation for stakeholders at grass-root level is an important pillar of any long term medicinal plant conservation strategy.
40	[6.1.1] Dissemination of finalized guidelines.	The draft guidelines will be prepared with consultative process taking comments from the experts and stakeholders and then finalized for publication and dissemination.	<ul style="list-style-type: none"> • Draft of the guidelines to be prepared by 31.7.2014. • Consultation with experts and incorporation of comments by 31.10.2014. • Finalization and dissemination by 31.12.2014 	Date of publication	Inspection guidelines will facilitate uniform and fair implementation of GMP by Homoeopathic drug industry throughout the country.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
41	[6.2.1] Holding Training/ Workshops.	Three to five-day training programs and workshops on legal provisions for ASU&H drugs will be organized for State Licensing Authorities, Drug Inspectors and Laboratory Scientists to build up their capacity and skills for effective enforcement of drugs quality control.	<ul style="list-style-type: none"> • Annual calendar for the trainings/workshops to be prepared and disseminated by 30.4.2014. • Nomination of trainees to be called from States and conduct the trainings /workshops as per schedule. 	Number of training programmes and workshops.	Department of AYUSH is continually putting efforts for developing regulatory capacity of the States for effective quality control of ASU&H drugs. For this purpose training programs and workshops are conducted by the Pharmacopoeia Laboratories for Indian Medicine and Homoeopathy.
42	[6.2.2] Meetings of ASUDTAB and ASUDCC.	Ayurveda, Siddha and Unani Drugs Technical Advisory Board (ASUDTAB) and Ayurveda, Siddha and Unani Drugs Consultative Committee (ASUDCC) are the statutory bodies under the provisions of Drugs & Cosmetics Act, 1940. Their Secretariat is in the Department of AYUSH to plan and coordinate the meetings and take follow up actions as per the byelaws.	Byelaws provide for holding meetings of the ASUDTAB and ASUDCC in a year.	Number of meetings	ASUDTAB and ASUDCC are meant to advise the Central Government and State Governments on technical matters and enforcement issues respectively pertaining to the provisions for Ayurveda, Siddha and Unani drugs. Department of AYUSH considers the recommendations of ASUDTAB and ASUDCC for taking necessary actions as per the procedure laid down for framing and amending legal provisions.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
43	[6.2.3] Publication of Regulatory and Quality Control Materials.	Publication of Regulatory and Quality Control materials is intended for orientation and awareness building among stakeholders of ASU&H drugs.	Short brochures, pamphlets, handouts etc with quality control messages are to be brought out and disseminated to states.	Number of materials	This will help in dispelling regulatory ignorance in the larger interest of people's health protection from poor quality ASU&H drugs. Stakeholders include Licensing Authorities, Drug Controllers, drug manufacturers and sellers as well as consumers.
44	[6.3.1] Obtaining Cabinet decision.	Consequent upon the concurrence of Expenditure Finance Committee and the Finance Ministry for setting up separate Central Drugs Controller of AYUSH with required posts, approval of Cabinet is required for initiating recruitment process and to establish the required infrastructure.	The process of appraisal of the Cabinet Note by the relevant Ministries/ Departments and Planning Commission will be undertaken before the proposal is considered by the Cabinet Committee on Economic Affairs. .	Date	With the establishment of Central Drugs Regulatory Framework, coordination between Central and State Governments will be facilitated for effective implementation of the provisions of Drugs & Cosmetics Act, 1940 and the Rules thereunder pertaining to Ayurveda, Siddha, Unani and Homoeopathy drugs.
45	[6.4.1] Finalization and Notification in the Gazette.	Gazette Notification of amendment in the Drugs & Cosmetics Rules, 1945 involves four steps, namely:- (i) publication of draft Rules based on ASUDTAB recommendations with the approval of Health & Family Welfare Minister and	Minimum two months' time is required to complete each step of the process for making intended amendment in the Drugs & Cosmetics Rules, 1945.	Date of notification	Such amendments in the regulatory provisions are meant for inducing effective quality control over ASU drugs and the notifications are laid on both the houses of Parliament.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
45	[6.4.1] Finalization and Notification in the Gazette.	vetting by Law Ministry, (ii) consideration of comments & objections received from public and stakeholders on the draft rules, (iii) finalization of Rules with the approval of Health & Family Welfare Minister and vetting by Law Ministry, (iv) sending to Government of India press in hard & soft copies of English and Hindi versions of the notification for publication in the Gazette. needs Finalization of Amendment in the Drugs & Cosmetics Rule and its publication in the Gazette of India.	Minimum two months' time is required to complete each step of the process for making intended amendment in the Drugs & Cosmetics Rules, 1945.	Date of notification	Such amendments in the regulatory provisions are meant for inducing effective quality control over ASU drugs and the notifications are laid on both the houses of Parliament.
46	[6.5.1] Single drugs of Ayurvedic System.	Pharmacopoeial Monographs will be developed.	Single drugs of Ayurveda system are the drugs which are prepared from single ingredient described in Ayurveda system.	Numbers	Pharmacopoeial Standards are subjects to vetting by respective pharmacopoeia committee of ASU system. These monographs will help ASU drug manufacturers, researchers academicians for the purpose of identity purity and strength of ASU drugs.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
47	[6.5.2] Compound formulations of Ayurvedic System.	Pharmacopoeial Monographs will be developed.	Compound drugs of Ayurveda are drugs which are prepared from more than one ingredient described in Ayurveda system.	Numbers	Pharmacopoeial Standards are subjects to vetting by respective pharmacopoeia committee of ASU system. These monographs will help ASU drug manufacturers, researchers academicians for the purpose of identity purity and strength of ASU drugs.
48	[6.5.3] Single drugs of Unani System.	Pharmacopoeial Monographs will be developed.	Single drugs of Unani system are the drugs which are prepared from single ingredient described in Unani system.	Numbers	Pharmacopoeial Standards are subjects to vetting by respective pharmacopoeia committee of ASU system. These monographs will help ASU drug manufacturers, researchers academicians for the purpose of identity purity and strength of ASU drugs.
49	[6.5.4] Compound formulations of Unani System.	Pharmacopoeial Monographs will be developed.	Compound drugs of Unani are drugs which are prepared from more than one ingredient described in Unani system.	Numbers	Pharmacopoeial Standards are subjects to vetting by respective pharmacopoeia committee of ASU system. These monographs will help ASU drug manufacturers, researchers academicians for the purpose of identity purity and strength of ASU drugs.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
50	[6.5.5] Single drugs of Siddha System.	Pharmacopoeial Monographs will be developed.	Single drugs of Siddha system are the drugs which are prepared from single ingredient described in Siddha system.	Numbers	Pharmacopoeial Standards are subjects to vetting by respective pharmacopoeia committee of ASU system. These monographs will help ASU drug manufacturers, researchers academicians for the purpose of identity purity and strength of ASU drugs.
51	[6.5.6] Compound formulations of Siddha System.	Pharmacopoeial Monographs will be developed.	Compound drugs of Siddha are drugs which are prepared from more than one ingredient described in Siddha system.	Numbers	Pharmacopoeial Standards are subjects to vetting by respective pharmacopoeia committee of ASU system. These monographs will help ASU drug manufacturers, researchers academicians for the purpose of identity purity and strength of ASU drugs.
52	[6.6.1] Restructuring of PCIM to include Homoeopathy.	Pharmacopoeial Monographs.	Pharmacopoeial Monographs are descriptive regulatory quality standards of drugs those are developed on the basis of scientific experiments / evaluation of pre-authenticated drug samples of Homoeopathic System of Medicine.	Numbers	Pharmacopoeial Standards are subject to vetting by Pharmacopoeial Committees.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
53	[6.6.2] Standards Developed.	Pharmacopoeial Monographs will be developed.	Pharmacopoeial Monographs are descriptive regulatory quality standards of drugs those are developed on the basis of scientific experiments/evaluation of pre-authenticated drug samples of Homeopathic System of Medicine.	Numbers	Pharmacopoeial Standards are subjects to vetting by Homeopathic Pharmacopoeial Committees. These will be helpful for Homeopathy fraternity for standardization purpose.
54	[7.1.1] MoUs signed.	Memorandum of Understanding signed with the Government of a Foreign country for cooperation in the field of Traditional systems of Medicine	Memorandum of Understanding is a formal agreement between two or more parties	Signing of agreement	MoUs provide a structured framework for collaborative activities aimed towards globalization of AYUSH systems of medicine
55	[7.1.2] Establishment of Chairs in Universities abroad.	AYUSH academic chairs are set up in foreign Universities to undertake academic and research activities in Indian System of Medicine (AYUSH Systems) as per requirement of University	A chair is set up in an identified Institution to provide academic excellence in a particular field	Appointment of the selected professor to the chair set up in a foreign University	Chairs are set up to promote academic and collaborative research activities on AYUSH Systems abroad; to develop quality standards for AYUSH education for foreign educational institutes; and to create awareness about strength of AYUSH systems
56	[7.1.3] Establishment of Information Cells in Indian Missions abroad.	AYUSH information cells are set up in foreign countries under the aegis of Indian Embassies/Missions and ICCR to take up awareness building		Opening of the Information cell	The Information cells are set up to disseminate authentic information on AYUSH systems abroad

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
56	[7.1.3] Establishment of Information Cells in Indian Missions abroad.	about AYUSH abroad.		Opening of the Information cell	The Information cells are set up to disseminate authentic information on AYUSH systems abroad
57	[8.1.1] Preparation of concept note.	Pharmacy Council of India regulates allopathic education of pharmacy. Need for regulating pharmacy education of AYUSH has emerged from various forums. Department of AYUSH in this regard has set up a Committee to give recommendations about the framework and mechanism of regulation on the basis of which a concept note will be prepared for drafting the Bill with wider consultation. Law Ministry, States and relevant stakeholders will be consulted in the process.	Four to five months' time is required to develop the concept note and the Bill.	Date	Enactment of the proposed Bill will facilitate regulatory control over the quality of AYUSH pharmacy education and the related workforce by setting standards and norms.
58	[8.2.1] Preparation of bridge course.		A course developed jointly by Central Council of Indian Medicine and Medical Council of India to facilitate training of ASU practitioners to practice modern medicine at primary Health care level with prior approval of	Date	ASU practitioners are placed under NRHM programme to deliver Primary health services. To compensate the shortage of Allopathic Practitioners and to enable ASU practitioners to practice modern medicine. A Bridge Course in Modern Medicine

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
58	[8.2.1] Preparation of bridge course.		respective State Government.	Date	for ASU practitioners will enable them to practice preventive, promotive, curative and rehabilitative allopathic medicine at PHC level.

Section 5 : Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
Central Government		Departments	Department Of Health and Family Welfare	<p>[1.1.1] Additional Primary Health Centres/ Community Health Centres/District Hospitals to be covered.</p> <p>[1.1.2] Completion of pending infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals as on 31.03.2013.</p>	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 and submission of UCs.	The activities envisaged are to be implemented by multi agency participation by strengthen the Collocation initiatives and to ensure availability of AYUSH interventions for supplementing the Health Care needs.	<p>Full support and commitment from:</p> <ol style="list-style-type: none"> 1. Ministry of Finance & Planning Commission - Approval of the scheme & needful resource allocation. 2. State / UT Govt. – Facilitation of implementation and actual implementation. 3. State Health Societies - facilitate smooth flow of grant –in-aid and timely submission of UCs 4. Department of Health – Co -ordination for co- location of AYUSH facilities and monitoring of implementation of co- location. <p style="text-align: center;">1.</p>	It would hamper targets and programme outcomes

Section 5 : Specific Performance Requirements from other Departments

Location Type	State	Organisation Type	Organisation Name	Relevant Success Indicator	What is your requirement from this organisation	Justification for this requirement	Please quantify your requirement from this Organisation	What happens if your requirement is not met.
				[1.2.1] Health Facilities/ Units covered. [1.3.1] Health Facilities/ Units upgraded (out of pendency as on 31.03.2013). [1.4.1] Obtaining Cabinet decision.				
		Ministry	Ministry of Finance	[2.1.1] AYUSH educational institutions strengthened.	Budget Allocation/Outlay from Planning Commission and M/o Finance	The activities envisaged are to be implemented by multi agency participation and to ensure Human Resources Development in AYUSH.	Ministry of Finance and Planning Commission- Approval of the scheme and needful resources allocation.	It would hamper targets and programme outcomes.

Section 6: Outcome/Impact of Department/Ministry

Outcome/Impact of Department/Ministry	Jointly responsible for influencing this outcome / impact with the following department (s) / ministry(ies)	Success Indicator	Unit	FY 12/13	FY 13/14	FY 14/15	FY 15/16	FY 16/17
1 Increased delivery AYUSH Services at co-located facilities of PHCs , CHCs & DHs and standalone AYUSH Hospitals & Dispensaries.	Department of Health and Family Welfare, Department of AYUSH and States / UT Govt.	Per cent increase in the average number of patients treated through AYUSH systems at co-located units of PHCs, CHCs & DHs and standalone AYUSH Hospitals & Dispensaries.	%		2	4	5	6
2 Increased coverage AYUSH Services at co-located facilities of PHCs , CHCs & DHs.	Department of Health and Family Welfare, Department of AYUSH and States / UT Govt.	Per cent increase in the average number of patients treated through AYUSH systems at co-located units of PHCs, CHCs & DHs.	%		38	50	52	55
3 Promoting availability of medicinal plant raw material.	1.Ministry of Agriculture 2.State Horticulture Mission 3.State Forest Departments 4. State Medicinal Plants Board 5. Ministry of Finance 5. Ministry of Finance	Increased area under Medicinal Plant populations/crops.	Ha	37986.26	38570	38955	39345	39738