



सत्यमेव जयते

R F D
(Results-Framework Document)
for
Department of AYUSH
(2012 - 2013)

Section 1: Vision, Mission, Objectives and Functions

Vision

To position AYUSH systems as the preferred systems of living and practice for providing holistic healthcare for all citizens.

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 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 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.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6					
Objective	Weight	Actions	Success Indicator	Unit	Weight	Target/ Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100 %	90%	80%	70%	60%
[1] Delivery of AYUSH Services.	12.00	[1.1] Establishment of AYUSH wings in Primary Health Centres/ Community Health Centres/ District Hospitals as per approved norms .	[1.1.1] Primary Health Centres/ Community Health Centres/District Hospitals covered.	No.	1.00	750	700	660	578	495
			[1.1.2] Non recurring item for AYUSH collocation completed at Primary Health Centres/ Community Health Centres/ District Health Centres.	No.	2.0	450	400	350	300	250
		[1.2] Dispensaries supported for supply of medicines.	[1.2.1] AYUSH Dispensariescovered.	No.	3.00	1700	1530	1360	1190	1020
		[1.3] Upgradation of exclusive State Government AYUSH dispensaries/hospitals .	[1.3.1]Dispensaries/ Hospitals upgraded.	No.	6.00	550	500	450	400	350
[2] Human Resource Development in AYUSH	15.00	[2.1] Strengthening of State Government / aided AYUSH educational institutions as per Central Council of Indian Medicine /Central Council of Homoeopathy norms.	[2.1.1] AYUSHeducational Institutionsstrengthened .	No.	5.00	14	13	11	10	8
		[2.2] Human Resource Development - Training to Medical Professionals.	[2.2.1] Continuing Medical Education training programmes conducted.	No.	1.00	80	72	64	56	48
		[2.3] Disposal of Permission cases of all existing Ayurveda Siddha and Unani Colleges.	[2.3.1] Cases disposed of.	Date	5.00	30/09/2012	31/10/2012	30/11/2012	31/12/2012	31/01/2013
		[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.	Date	4.00	28/02/2013	31/03/2013	-----	-----	-----

[3] Promotion and Propagation of AYUSH Systems.	10.00	[3.1] Exhibitions and Fairs.	[3.1.1]Exhibitions and Fairs organized.	No	2.00	07	06	05	04	03
		[3.2] Multi media campaigns and outdoor publicity.	[3.2.1] Multimedia programmes including outdoor publicity.	No	2.00	20	18	16	14	12
		[3.3] Participation in International Seminars/ Meetings.	[3.3.1] Seminars/ Meetings attended.	No	2.00	16	15	14	13	12
		[3.4] Compilation and electronic publication of AYUSH in India, 2012.	[3.4.1] Electronic Publication of AYUSH in India, 2012.	Date	2.00	31/12/2012	31/01/2013	28/02/2013	31/03/2013	--
		[3.5] Creation of data base of findings from projects supported under the Central Sector Scheme of Acquisition, Cataloging, Digitization and Publication (ACDP) of Text Book & Manuscripts and Local Health Tradition (LHT).	[3.5.1] Placing of soft copyof the data base on Website.	Date	2.00	28/02/2013	15/03/2013	31/03/2013	---	---
[4] Research in AYUSH.	6.00	[4.1] In-house collaborative research through Research Councils.	[4.1.1] Research Projectscommenced.	No.	1.00	19	18	17	16	15
			[4.1.2] Research Projects completed.	No.	2.00	18	16	14	12	10
		[4.2] Extra Mural Research.	[4.2.1] Projects commenced as per specified parameters.	No.	1.00	12	10	8	6	4
			[4.2.2] Projects completed.	No.	2.00	18	15	12	10	8
[5]Conservation and cultivation of medicinal plants	15.00	[5.1] Increase in area under Cultivation	[5.1.1] Additional area cultivated	Hect ares	5.00	30000	27000	24000	21000	18000
		[5.2] Increase in area under conservation and resource augmentation of Medicinal Plants in forest area	[5.2.1] Additional area covered forconservation.	Hect ares	4.00	10000	9000	8000	7000	6000
		[5.3] Capacity Building and Information, Education & Communication (IEC).	[5.3.1] Trainings / seminars supported .	No.	3.00	45	40	30	25	20
		[5.4] Research & Development (R&D)	[5.4.1]New projects sanctioned	No.	1.00	15	14	12	11	9
			[5.4.2] Projects Completed.	No.	2.00	18	16	14	12	10
[6] Effective AYUSH drug administration	27.00	[6.1] Printing and dissemination of Essential Drug Lists of Ayurveda, Siddha, Unani and	[6.1.1] Printing of Essential Drug Lists.	Date	2.00	30/09/2012	31/10/2012	31/12/2012	28/02/2013	31/03/2013

	Homoeopathy.	[6.1.2] Dissemination of Essential Drug Lists in printed/electronic forms to states.	Date	1.00	31/10/2012	30/11/12	31/12/2012	--	---
	[6.2] Printing and dissemination of Good Clinical Practices Guidelines for Ayurveda, Siddha and Unani drugs.	[6.2.1] Printing of Good Clinical Practices	Date	2.00	30/09/2012	31/10/2012	30/11/2012	28/02/2013	31/03/2013
		[6.2.2] Dissemination of Good Clinical Practices in printed and electronic forms.	Date	1.00	31/10/2012	30/11/2012	31/12/2012	---	---
	[6.3] Amendment in the Drugs and Cosmetic Rules, 1945 pertaining to Ayurveda, Siddha and Unani drugs.	[6.3.1] Publication of draft notification(s) for stakeholders' comments	Date	2.00	31/07/2012	31/08/2012	30/09/2012	31/10/12	30/11/2012
		[6.3.2] Finalization and Notification in the official Gazette.	Date	1.00	30/11/2012	31/1/2013	28/2/2013	31/3/2013	---
	[6.4] Publication of inspection manual for Ayurveda, Siddha and Unani drug inspectors and consumer guidelines for rational use of Ayurvedic medicine	[6.4.1] Preparation of draft inspection manual	Date	1.00	31/10/2012	31/12/2012	28/2/2013	31/3/2013	---
		[6.4.2] Preparation of draft Consumer Guidelines.	Date	1.00	31/01/2013	28/02/2013	31/3/2013	---	---
		[6.4.3] Publication and dissemination of inspection manual.	Date	1.0	31/01/2013	28/02/2013	31/03/2013	-----	-----
		[6.4.4] Publication and dissemination of Consumer Guidelines.	Date	1.00	31/03/2013	28/02/2013	31/03/2013	-----	-----
	[6.5] Capacity building program on regulatory aspects	[6.5.1] Training programs/workshops for regulatory personnel.	No.	3.00	4	3	2	1	---
	[6.6] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of Medicines	[6.6.1] Single and Compound formulations of Ayurvedic drugs	No.	2.00	60	50	40	30	20

			[6.6.2]Single and Compound formulations of Unani drugs	No.	2.00	40	35	30	25	20
			[6.6.3]Single and Compound formulations of Siddha drugs	No.	2.00	10	8	6	4	2
		[6.7] Pharmacopoeial Laboratory for Indian Medicine- Preparation of monographs of single Drugs of Plant, Animal and Mineral/Metal origin and Compound Formulations	[6.7.1] Monographs prepared and submitted to respective Pharmacopoeia Committees	No.	2.00	30	25	24	21	18
		[6.8] Homoeopathic Pharmacopoeial Laboratory - Development of Pharmacopoeial Standards of Homoeopathic Drugs	[6.8.1] Standards Developed	No.	3.00	35	32	28	25	21

Mandatory Success Indicators for RFD 2012-13

Objective	Actions	Success Indicators	Unit	Weight	Target/Criteria Value					
					Excellent	Very Good	Good	Fair	Poor	
					100%	90%	80%	70%	60%	
1.	Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	2%	Mar. 5 2012	Mar. 6 2012	Mar. 7 2012	Mar. 8 2012	Mar. 9 2012
		Timely submission of Results	On-time submission	Date	1%	May 1 2012	May 3 2012	May 4 2012	May 5 2012	May 6 2012
2.	Administrative Reforms	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	2%	100	95	90	85	80
		Implement ISO 9001 as per the approved action plan	Area of operations covered	%	2 %	100	95	90	85	80
		Identify, design and implement major innovations	Implementation of identified innovations	Date	2 %	Mar. 5 2013	Mar. 6 2013	Mar. 7 2013	Mar. 8 2013	Mar. 9 2013
3.	Improving Internal Efficiency/responsiveness/service delivery of Ministry/Department	Implementation of Sevottam	Independent Audit of Implementation of Citizen's Charter	%	2%	100	95	90	85	80
			Independent Audit of implementation of public grievance redressal system	%	2 %	100	95	90	85	80
4.	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.		.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 of Parliament by PAC during the year.		.5	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of	Percentage of outstanding ATNs		.5	100	90	80	70	60

		C&AG Reports presented to Parliament before 31.3.2012.	disposed off during the year.							
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2012	Percentage of outstanding ATRS disposed off during the year.		.5	100	90	80	70	60
WEIGHT =				TOTAL		15 %				

SECTION – 3

Trend values of the success indicators

Objective	Actions	Success Indicator	Unit	Actual Value for FY 10/11	Actual Value for FY 11/12 (anticipated)	Target Value for FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
[1] Delivery of AYUSH Services.	[1.1] Establishment of AYUSH wings in Primary Health Centres/ Community Health Centres/ District Hospitals as per approved norms.	[1.1.1] Primary Health Centres/ Community Health Centres/District Hospitals covered.	No.	1649	4582	825	949	1091
		[1.1.2] Primary Health Centres/ Community Health Centres/District Hospitals constructed.	No.					
	[1.2] Dispensaries supported for supply of medicines.	[1.2.1] AYUSH Dispensaries covered.	No.	2720	15680	1700	1955	2248
	[1.3] Upgradation of exclusive State Government AYUSH dispensaries/hospitals.	[1.3.1] Dispensaries/ Hospitals upgraded.	No.	700	155	1602	1842	2118
[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 Homoeopathy norms.	[2.1.1] AYUSH Educational Institutions strengthened.	No.	12	8	13	17	18
	[2.2] Human Resource Development - Training to Medical Professionals.	[2.2.1] Continuing Medical Education training conducted.	No.	150	44	80	100	110
	[2.3] Disposal of Permission cases of all Ayurveda Siddha and Unani Colleges.	[2.3.1] Cases disposed of.	Date					
	[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.	Date					
[3] Promotion and Propagation of AYUSH Systems	[3.1] Exhibitions and Fairs.	[3.1.1] Exhibitions and Fairs organized.	No	20	10	10	10	10
	[3.2] Multimedia campaigns and outdoor publicity.	[3.2.1] Multimedia programmes including outdoor publicity.	No	50	22	20	20	20
	[3.3] Participation in International Seminars/ Meetings.	[3.3.1] Seminars/ Meetings attended.	No	22	19	19	19	19
	[3.4] Compilation and	[3.4.1] Electronic Publication	Date	30/06/2011	15/03/2012	31/03/2013	--	--

	electronic publication of AYUSH in India, 2012.	of AYUSH in India, 2012.						
	[3.5] Creation of data base of findings from projects supported under the Central Sector Scheme of Acquisition, Cataloging, Digitization and Publication (ACDP) Of Text Book & Manuscripts and Local Health Tradition (LHT).	[3.5.1] Placing of soft copy of the data base on Website.	Date	---	---	15/03/2013	---	---
[4] Research in AYUSH	[4.1] In-house collaborative research through Research Councils.	[4.1.1] Research Projects commenced.	No.	10	15	18	19	21
		[4.1.2] Projects completed.	No.					
	[4.2] Extra Mural Research.	[4.2.1] Projects commenced as per specified parameters.	No.	20	0	20	20	20
		[4.2.2] Projects completed.	No.					
[5] Conservation and cultivation of medicinal plants	[5.1] Increase in area under Cultivation	[5.1.1] Additional area cultivated (in Ha.)	No.	25000	20000	30000	31500	33000
	[5.2] Increase in area under conservation and resource augmentation of Medicinal Plants in forest area	[5.2.1] Additional area covered for conservation. (in Ha.)	No.	8000	8000	10000	10500	11000
	[5.3] Capacity Building and Information, Education & Communication (IEC).	[5.3.1] Trainings / seminars supported .	No.	37	20	20	22	23
	[5.4] Research & Development (R&D)	[5.4.1] New projects sanctioned	No.	18	25	15	16	18
[5.4.2] Projects Completed.		No.						
[6] Effective AYUSH drug administration	[6.1] Printing and dissemination of Essential Drug Lists of Ayurveda, Siddha, Unani and Homoeopathy.	[6.1.1] Printing of Essential Drug Lists.	Date	---	31/7/2011	31/10/2012	--	---
		[6.1.2] Dissemination of Essential Drug Lists in printed/electronic forms to states.	Date	---	31/7/2011	30/11/2012	--	---
	[6.2] Printing and dissemination of Good Clinical Practices Guidelines for Ayurveda, Siddha and Unani drugs.	[6.2.1] Printing of Good Clinical Practices.	Date	---	31/7/2011	31/10/2012	---	---
		[6.2.2] Dissemination of Good Clinical Practices in printed and electronic forms.	Date	---	31/7/2011	30/11/2012	---	---
	[6.3] Amendment in the Drugs and Cosmetics Rules, 1945 pertaining to Ayurveda, Siddha	[6.3.1] Publication of draft notification(s) for stakeholders' comments	Date	---	31/7/2011	31/08/2012	---	---

	and Unani drugs.	[6.3.2] Finalization and Notification in the official Gazette.	Date	----	31/7/2011	30/11/2012	----	----
	[6.4] Publication of inspection manual for ASU drug inspectors and consumer guidelines for rational use of Ayurvedic medicine	[6.4.1] Preparation of draft inspection manual	Date	----	31/07/2011	31/11/2012	----	----
		[6.4.2] Preparation of draft Consumer Guidelines.	Date	----	31/7/2011	31/10/2012	----	---
		[6.4.3] Publication and dissemination of inspection manual.	Date	----	31/07/2011	31/01/2013	----	----
		[6.4.4] Publication and dissemination of Consumer Guidelines.			31/07/2011	31/10/2012		
	[6.5] Capacity building program on regulatory aspects	[6.5.1] Training programs/workshops for regulatory personnel.	No.					
	[6.6] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of Medicines [6.6] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of Medicines	[6.6.1]Single and Compound formulations of Ayurvedic drugs	No.	50	50	60	60	60
		[6.6.2]Single and Compound formulations of Unani drugs	No.	35	35	40	40	40
		[6.6.3]Single and Compound formulations of Siddha drugs	No.	7	8	10	10	10
	[6.7] Pharmacopoeial Laboratory for Indian Medicine- Preparation of monographs of single Drugs of Plant, Animal and Mineral/Metal origin and Compound Formulations	[6.7.1] Monographs prepared and submitted to respective Pharmacopoeia Committees	No.	17	15	12	14	15
	[6.8] Homoeopathic Pharmacopoeial Laboratory - Development of Pharmacopoeial Standards of Homoeopathic Drugs	[6.8.1] Standards Developed	No.	14	32	35	35	35

Section 4:

Description and Definition of Success Indicators and Proposed Measurement Methodology

1. Delivery of AYUSH Services:

A. 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 Governments.

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

C. 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.

2. Human Resource Development in AYUSH:

A. Strengthening of AYUSH educational institutions as per Central Council of Indian Medicine / Central Council of Homoeopathy norms - The Department of AYUSH provides grants to Government and Government aided colleges for upgradation of infrastructure to meet the Central Council of Indian Medicine / Central Council of Homoeopathy 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: It is an 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. Compilation and electronic publication of AYUSH in India: To provide timely information on AYUSH related Statistics publication of AYUSH IN INDIA for 2012; will be published.

D. Creation of data base of findings from projects supported under the Central Sector Scheme of Acquisition, Cataloging, Digitization and Publication (ACDP) Of Text Book &

Manuscripts and Local Health Tradition (LHT) ,which 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 National Mission on Medicinal Plants 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 & IEC: Training of farmers, collectors, Govt. Officials and trainers is needed to boost the sector and enhance the skill of stakeholders.

D: Research & Development (R&D): Research & Development is important to revalidate our traditional knowledge of Medicinal Plants along modern scientific lines. Number of projects sanctioned during a year would be a good indicator of success.

6. AYUSH Drugs Administration:

A. Printing and dissemination of Essential Drug Lists of Ayurveda, Siddha, Unani and Homoeopathy for the benefit of common people and to ensure Safety and Efficacy of Ayurveda, Siddha, Unani and Homeopathy (ASU&H) drugs: The success indicators shall be evaluated by the time-lines given against each success indicator.

B. Printing and dissemination of Good Clinical Practices (GCPs) Guidelines for ASU drugs: At present clinical trial is not required for Classical/generic Ayurveda, Siddha and Unani (ASU) drugs. Patent or Proprietary medicines require evidence of effectiveness vide GSR 377(E) of Drugs and Cosmetics Rule 1945. The success indicators shall be evaluated by the time-lines given against each success indicator.

C. Amendment in the Drugs & Cosmetics Rules, 1945 pertaining to ASU drugs: 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.

D. Publication of inspection manual for Ayurveda, Siddha and Unani (ASU) drug inspectors and consumer guidelines for rational use of Ayurvedic medicine: The draft inspection manual for inspectors and consumer's guidelines will be published as per the timelines given against each success indicator.

E. Capacity building program on regulatory aspects: 3-4 training programmes /workshops for regulatory personnel will be held as per the timelines given against each success indicator.

F. Pharmacopoeia Committee on Ayurveda, Siddha and Unani (ASU) and Strengthening of Pharmacopoeia Commission of Indian Medicine (PCIM) lays down Pharmacopoeial Standards of Ayurveda, Siddha and Unani drugs.

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

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

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Section - 5:

Specific Performance Requirements from other Departments that are critical for delivering agreed results.

Relevant success indicators	Departments/ ministries	What do you need	Why do you need	How much do you need	What happens if you do not get it
Delivery of AYUSH Services	<ul style="list-style-type: none"> Ministry of Finance Planning Commission D/o Health State Govts 	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.	To strengthen the collocation initiatives and to ensure availability of AYUSH interventions for supplementing the health care needs.	Full support and commitment	It would hamper targets and programme outcomes
Human Resource Development in AYUSH	<ul style="list-style-type: none"> Ministry of Finance Planning Commission State Govts. 	Budget Allocation/ Outlay from Planning Commission and M/o Finance. Support from State Govts. for timely implementation of sanctioned projects and utilization of funds.	To inform existing infrastructure and inform standards of education in AYUSH Institutions.	Full support and commitment	It would seriously affect quality of the programme outcomes and dilute standards.
Promotion and Propagation of AYUSH Systems.	<ul style="list-style-type: none"> Ministry of Finance Planning Commission State Govts. 	Promotional activities in the form of State Arogyas, Seminars, Workshops and Conferences.	Increasing awareness about the efficacy of AYUSH	Full support and commitment	The dissemination of knowledge on the efficacy of AYUSH system would be reduced.
Publication of AYUSH in India	<ul style="list-style-type: none"> State Governments 	Data from the State Government.	Authentic database of AYUSH related Statistics infrastructure	Full support and commitment	The planning and monitoring of the programmes would be seriously affected.
Creation of data base of findings from project supported under the Central Sector Scheme of Acquisition, Cataloging, Digitization and Publication (ACDP) Of Text Book & Manuscripts and Local Health Tradition (LHT).	<ul style="list-style-type: none"> 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.

Research in AYUSH	<ul style="list-style-type: none"> • CSIR, DST • D/o Health Research • D/o Health 	Clinical validation from data available with the Research Councils	Standardization of AYUSH interventions	Full support and commitment	The acceptability and credibility of AYUSH system would be affected.
Extra Mural Research (EMR)	<ul style="list-style-type: none"> • Ministry of Finance 	Creation of Posts for operationalizing the PCIM	To develop evidence based support on the efficacy of AYUSH drugs and therapies.	Full support and commitment	It would hamper targets and programme outcomes.
Conservation and Cultivation of Medicinal Plants	<ul style="list-style-type: none"> • Ministry of Finance • Planning Commission • State Governments • State Medicinal Plants Board • State Mission on Medicinal Plants • CSIR and ICAR 	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - For continued availability of raw material - To achieve targets of Cultivation, Conservation, Capacity Building & IEC and Research & Development (R&D) - To maintain quality 	Full support and commitment	The availability of raw materials in the form of medicinal plants and herbs will get reduced, thereby affecting the output of ASU drugs.
Printing and dissemination of Essential Drug Lists of Ayurveda, Siddha, Unani and Homeopathy	<ul style="list-style-type: none"> • Ministry of Health and FW 	Vetting of the Essential Drug List (EDL) by the Authority	For the benefit of common people and to ensure Safety and Efficacy of Ayurveda, Siddha, Unani and Homeopathy (ASU&H) drugs	Full support and commitment	The Procurement of medicines in States and access to essential medicines could be affected.
Printing and dissemination of Good Clinical Practices (GCPs) Guidelines for ASU drugs	<ul style="list-style-type: none"> • Ministry of Health and FW 	Vetting from Authority	At present clinical trial is not required for Classical/generic Ayurveda Siddha and Unani drugs. Patent or Proprietary medicines require evidence of effectiveness vide GSR 377(E) of Drugs and Cosmetics Rule 1945	Full support and commitment	Clinical research quality may not be improved.
Amendments in Drugs and Cosmetics Rules 1945, pertaining to ASU drugs	<ul style="list-style-type: none"> • Ministry of Health and FW • Department of AYUSH and Department of Legislative, • Ministry of Law 	Amendment of D&C Act to provide teeth to existing Rules for effective administration	Notifications for the amendment in various rules will be issued after approval of appropriate authority.	Full support and commitment	Enforcement of regulatory provisions for quality control purpose will be affected.

Publication of inspection manual for ASU drug inspectors and consumer guidelines for rational use of Ayurvedic	Drug Controller General of India (DCGI)	Inspection manual for Drug Inspector is urgently required for inspecting of Drug Testing laboratories/pharmacies as per D&C Rule.	There is no presently inspection manual and consumer's guidelines for rational use of Ayurvedic medicine are available.	Full support and commitment	Capacity building for drug regulation and consumers' awareness may not be built up.
Capacity building program on regulatory aspects.	<ul style="list-style-type: none"> Ministry of Health, State Govts. /Directors /State Licensing Authorities of ASU&H drugs 	3-4 Training programmes /workshops will be organized for regulatory personnel	To acquaint regulatory aspects /latest amendments under the Drugs & Cosmetics Rules for its enforcement	Full support and commitment.	State Licensing Authorities may not be updated of new regulatory provisions and approaches
Pharmacopoeia Commission of Indian Medicine (PCIM)	<ul style="list-style-type: none"> Ministry of Finance 	Creation of Posts for operationalizing the PCIM	For setting up a proactive Pharmacopoeial set up and to make it functional.	Full support and commitment.	It would lead to delay in operationalizing the Commission

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 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15
[1] Increased delivery AYUSH Services	Department Of Health And Family Welfare	[1.1] Increase in the number of Patients Treated	%					
		[1.2] Increase in number of Clinics	%					
[2] Development of Human Resource in AYUSH	NIL	[2.1] Increase in number of People with AUSH Degree	%					
[3] Increased awareness of AYUSH Services	NIL	[3.1] People aware of AYUSH System	%					
[4] Improved /enhanced AYUSH Research	Department of Health Research	[4.1] Increase in AYUSH Research output in the Country	%					