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 heathcare 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.

Objectives

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.

Section 1:
Vision, Mission, Objectives and Functions

3 Information, Education and Communication: • Propagation & promotion of AYUSH within the country. • Global acceptance of AYUSH formulation as drugs. • To disseminate AYUSH practices and therapies for better health. • To encourage behavior change through communication for better health.

4 Research: • To promote quality research in AYUSH with the objective of validating the system scientifically, safety and efficacy of AYUSH remedies. • To encourage research for validation of fundamental principles of AYUSH Systems. • Encourage development of new drugs for high priority diseases of national importance. • Preservation through documentation of local health traditions and folklore for their utilization for new drug development. • Promote inter- disciplinary research. Protection of intellectual property rights (IPR) in AYUSH systems. Encourage research in preventive and promotive health through AYUSH.

5 Medicinal Plants: • To ensure sustained availability of quality raw material from medicinal plants. • To ensure conservation of medicinal plants. • Capacity building in medicinal plants sector.

6 Drugs Administration: • To accelerate the Pharmacopeial / standardization work on AYUSH drugs. • To ensure availability of high quality AYUSH drugs. • To ensure enabling legal framework for production and distribution of safe and quality AYUSH drugs. • To create Regulatory infrastructure in Centre & State Govt. • To encourage AYUSH drug industry to produce high quality AYUSH medicine for national & international needs

7 International Collaboration: • Propagation & promotion of AYUSH outside the country and ensure global acceptance as a system of medicine. • To collaborate with International bodies like WHO for cross disciplinary standardization, global recognition and propagation of AYUSH system. • Global legal recognition of qualifications and practice in AYUSH. • Promote collaborative research and education in AYUSH with other countries. • Protection of Traditional Knowledge.

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] 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 covered	Number	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"	Number	2.00	450	400	350	300	250
		[1.2] Dispensaries supported for supply of medicines	[1.2.1] AYUSH dispensaries covered	Number	3.00	1700	1530	1360	1190	1020
		[1.3] Upgradation of exclusive State Government AYUSH dispensaries/hospitals	[1.3.1] Dispensaries/ hospitals upgraded	Number	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] AYUSH educational institutions strengthened	Number	5.00	14	13	11	10	8
		[2.2] Training to medical professionals	[2.2.1] Continuing Medical Education training programmes conducted.	Number	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

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%
		[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	Number	2.00	07	06	05	04	03
		[3.2] Multi media campaigns and outdoor publicity	[3.2.1] Multimedia programmes including outdoor publicity	Number	2.00	20	18	16	14	12
		[3.3] Participation in International Seminars/Meetings	[3.3.1] Seminars/ meetings attended	Number	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 Books & Manuscripts and Local Health Tradition (LHT).	[3.5.1] Placing of soft copy of 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 Projects commenced	Number	1.00	19	18	17	16	15
			[4.1.2] Research Projects completed.	Number	2.00	18	16	14	12	10
		[4.2] Extra Mural Research	[4.2.1] Projects commenced as per specified	Number	1.00	12	10	8	6	4

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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%
			parameters							
			[4.2.2] Projects completed.	Number	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 (in Ha.)	Number	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 for conservation (in Ha.)	Number	4.00	10000	9000	8000	7000	6000
		[5.3] Capacity Building and Information, Education & Communication (IEC).	[5.3.1] Trainings/seminars supported.	Number	3.00	45	40	30	25	20
		[5.4] Research and Development (R&D)	[5.4.1] New projects sanctioned	Number	1.00	15	14	12	11	9
			[5.4.2] Projects completed	Number	2.00	18	16	14	12	10
[6] Effective AYUSH Drugs Administration	27.00	[6.1] Printing and dissemination of Essential Drug Lists of Ayurveda, Siddha, Unani and Homoeopathy	[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
			[6.1.2] Dissemination of Essential Drug Lists in printed/ electronic forms to States.	Date	1.00	31/10/2012	30/11/2012	31/12/2012	--	--
		[6.2] Printing and dissemination of Good Clinical Practices (GCPs) 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

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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%
			[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 & Cosmetics 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	30/09/2013	31/10/2012	30/11/2012
			[6.3.2] Finalization and Notification in the official Gazette.	Date	1.00	30/11/2012	31/01/2013	28/02/2013	31/03/2013	--
		[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	28/02/2013	31/03/2013	--
			[6.4.2] Preparation of draft Consumer Guidelines.	Date	1.00	31/10/2012	31/12/2012	28/02/2013	31/03/2013	--
			[6.4.3] Publication and dissemination of inspection manual.	Date	1.00	31/01/2013	28/02/2013	31/03/2013	--	--
			[6.4.4] Publication and dissemination of Consumer Guidelines.	Date	1.00	31/01/2013	28/02/2013	31/03/2013	--	--
		[6.5] Capacity building program on regulatory aspects	[6.5.1] Training programs/workshops for regulatory personnel.	Number	3.00	4	3	2	1	--
		[6.6] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of	[6.6.1] Single and Compound formulations of Ayurvedic drugs	Number	2.00	60	50	40	30	20

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%
		Medicines								
			[6.6.2] Single and Compound formulations of Unani drugs	Number	2.00	40	35	30	25	20
			[6.6.3] Single and Compound formulations of Siddha drugs	Number	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	Number	2.00	30	25	24	21	18
		[6.8] Homoeopathic Pharmacopoeial Laboratory - Development of Pharmacopoeial Standards of Homoeopathic Drugs	[6.8.1] Standards Developed	Number	3.00	35	32	28	25	21
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft for Approval	On-time submission	Date	2.0	05/03/2012	06/03/2012	07/03/2012	08/03/2012	09/03/2012
		Timely submission of Results	On- time submission	Date	1.0	01/05/2012	03/05/2012	04/05/2012	05/05/2012	06/05/2012
* Administrative Reforms	6.00	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	2.0	100	95	90	85	80
		Implement ISO 9001 as per the approved action plan	Area of operations covered	%	2.0	100	95	90	85	80
		Identify, design and implement major innovations	Implementation of identified innovations	Date	2.0	05/03/2013	06/03/2013	07/03/2013	08/03/2013	09/03/2013

* 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%
* Improving Internal Efficiency / responsiveness / service delivery of Ministry / Department	4.00	Implementation of Sevottam	Independent Audit of Implementation of Citizen's Charter	%	2.0	100	95	90	85	80
			Independent Audit of implementation of public grievance redressal system	%	2.0	100	95	90	85	80
* Ensuring compliance to the Financial Accountability Framework	2.00	Timely submission of ATNs on Audit paras of C&AG	Percentage of ATNs submitted within due date (4 months) from date of presentation of Report to Parliament by CAG during the year.	%	0	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	100	90	80	70	60
		Early disposal of pending ATNs on Audit Paras of C&AG Reports presented to Parliament before 31.3.2012.	Percentage of outstanding ATNs disposed off during the year.	%	0	100	90	80	70	60
		Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2012	Percentage of outstanding ATRS disposed off during the year.	%	0	100	90	80	70	60

* Mandatory Objective(s)

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value FY 10/11	Actual Value FY 11/12	Target Value 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 covered	Number	1500	98	825	949	1091
		[1.1.2] "Non recurring item for AYUSH collocation completed at Primary Health Centres/ Community Health Centres/ District Health Centres"	Number	--	--	400	--	--
	[1.2] Dispensaries supported for supply of medicines	[1.2.1] AYUSH dispensaries covered	Number	2000	10	1700	1955	2248
	[1.3] Upgradation of exclusive State Government AYUSH dispensaries/hospitals	[1.3.1] Dispensaries/ hospitals upgraded	Number	300	0	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	Number	12	13	16	17	18
	[2.2] Training to medical professionals	[2.2.1] Continuing Medical Education training programmes conducted.	Number	150	44	80	100	110
	[2.3] Disposal of permission cases of all existing Ayurveda, Siddha and Unani Colleges.	[2.3.1] Cases disposed of.	Date	--	--	31/10/2012	--	--

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value FY 10/11	Actual Value FY 11/12	Target Value FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
	[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	--	--	31/03/2013	--	--
[3] Promotion and Propagation of AYUSH Systems	[3.1] Exhibitions and Fairs	[3.1.1] Exhibitions and fairs organized	Number	20	10	10	10	10
	[3.2] Multi media campaigns and outdoor publicity	[3.2.1] Multimedia programmes including outdoor publicity	Number	50	22	20	20	20
	[3.3] Participation in International Seminars/Meetings	[3.3.1] Seminars/ meetings attended	Number	22	19	19	19	19
	[3.4] Compilation and electronic publication of AYUSH in India, 2012	[3.4.1] Electronic Publication of AYUSH in India, 2012	Date	30/06/2011	15/03/2012	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 Books & 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	Number	10	15	18	19	21

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value FY 10/11	Actual Value FY 11/12	Target Value FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
		[4.1.2] Research Projects completed.	Number	--	--	16	--	--
	[4.2] Extra Mural Research	[4.2.1] Projects commenced as per specified parameters	Number	20	0	20	20	20
		[4.2.2] Projects completed.	Number	--	--	15	--	--
[5] Conservation and cultivation of medicinal plants	[5.1] Increase in area under cultivation	[5.1.1] Additional area cultivated (in Ha.)	Number	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.)	Number	8000	8000	10000	10500	11000
	[5.3] Capacity Building and Information, Education & Communication (IEC).	[5.3.1] Trainings/seminars supported.	Number	37	20	20	22	23
	[5.4] Research and Development (R&D)	[5.4.1] New projects sanctioned	Number	18	25	15	16	18
		[5.4.2] Projects completed	Number	--	--	16	--	--
[6] Effective AYUSH Drugs 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	--	31/07/2011	31/10/2012	--	--
		[6.1.2] Dissemination of Essential Drug Lists in printed/ electronic forms to States.	Date	--	31/07/2011	30/11/2012	--	--
	[6.2] Printing and dissemination of Good Clinical Practices	[6.2.1] Printing of Good Clinical Practices	Date	--	31/07/2011	31/10/2012	--	--

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value FY 10/11	Actual Value FY 11/12	Target Value FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
	(GCPs) Guidelines for Ayurveda, Siddha and Unani drugs.							
		[6.2.2] Dissemination of Good Clinical Practices in printed and electronic forms.	Date	--	31/07/2011	30/11/2012	--	--
	[6.3] Amendment in the Drugs & Cosmetics Rules, 1945 pertaining to Ayurveda, Siddha and Unani drugs.	[6.3.1] Publication of draft notification(s) for stakeholders' comments	Date	--	31/07/2011	31/08/2012	--	--
		[6.3.2] Finalization and Notification in the official Gazette.	Date	--	31/07/2011	30/11/2012	--	--
	[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	--	31/07/2011	31/10/2012	--	--
		[6.4.2] Preparation of draft Consumer Guidelines.	Date	--	--	31/12/2012	--	--
		[6.4.3] Publication and dissemination of inspection manual.	Date	--	--	28/02/2013	--	--
		[6.4.4] Publication and dissemination of Consumer Guidelines.	Date	--	--	28/02/2013	--	--
	[6.5] Capacity building program on regulatory aspects	[6.5.1] Training programs/workshops for regulatory	Number	--	31/07/2011	31/12/2012	--	--

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value FY 10/11	Actual Value FY 11/12	Target Value FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
		personnel.						
	[6.6] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of Medicines	[6.6.1] Single and Compound formulations of Ayurvedic drugs	Number	50	50	60	60	60
		[6.6.2] Single and Compound formulations of Unani drugs	Number	35	35	40	40	40
		[6.6.3] Single and Compound formulations of Siddha drugs	Number	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	Number	17	15	12	14	15
	[6.8] Homoeopathic Pharmacopoeial Laboratory - Development of Pharmacopoeial Standards of Homoeopathic Drugs	[6.8.1] Standards Developed	Number	14	32	35	35	35
* Efficient Functioning of the RFD System	Timely submission of Draft for Approval	On-time submission	Date	09/03/2010	07/03/2011	06/03/2012	--	--
	Timely submission of Results	On- time submission	Date	02/05/2011	--	03/05/2012	--	--

* Mandatory Objective(s)

Section 3:
Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value FY 10/11	Actual Value FY 11/12	Target Value FY 12/13	Projected Value for FY 13/14	Projected Value for FY 14/15
* Administrative Reforms	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	--	--	95	--	--
	Implement ISO 9001 as per the approved action plan	Area of operations covered	%	--	--	95	--	--
	Identify, design and implement major innovations	Implementation of identified innovations	Date	--	--	06/03/2013	--	--
* Improving Internal Efficiency / responsiveness / service delivery of Ministry / Department	Implementation of Sevottam	Independent Audit of Implementation of Citizen's Charter	%	--	--	95	--	--
		Independent Audit of implementation of public grievance redressal system	%	--	--	95	--	--

* Mandatory Objective(s)

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

1. Delivery of AYUSH Services:

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

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 CCIM/CCH norms - The Department of AYUSH provides grants to Government and Government aided colleges for upgradation of infrastructure to meet the CCIM/CCH 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 ACDP and 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

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

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): R & D 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 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 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 time lines given against each success indicator.

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

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 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.

Section 5:
Specific Performance Requirements from other Departments

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	· 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 an d 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	· 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.	· 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	· 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.

Section 5:
Specific Performance Requirements from other Departments

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
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).	· 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	· CSIR, DS · 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)	· 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	· Ministry of Finance · Planning Commission · State Governments · State Medicinal Plants Board · State Mission on Medicinal Plants · CSIR and ICAR	- 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	-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, there by affecting the output of ASU drugs.

Section 5:
Specific Performance Requirements from other Departments

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
		implementation of cultivation and conservation - Components of the scheme - Faculty and infrastructure for training			
Printing and dissemination of Essential Drug Lists of Ayurveda, Siddha, Unani and Homoeopathy	· 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 medicin es could be affected.
Printing and dissemination of Good Clinical Practices (GCPs) Guidelines for ASU drugs	· 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	· 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 provisi ons for quality control purpose will be affected.

Section 5:
Specific Performance Requirements from other Departments

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
Publication of inspection manual for ASU drug inspectors and consumer guidelines for rational use of Ayurvedic medicine	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 regulatio n and consumers' awareness may not be built up.
Capacity building program on regulatory aspects.	· 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
Pharma-copoeia Commission of Indian Medicine (PCIM)	· 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 of AYUSH Services	Department of Health and Family Welfare.	Increase in number of Patients Treated	%					
		Increase in number of Clinics.	%					
2 Development of Human Resource in AYUSH.	NIL	Increase in number of People with AUSH Degree	%					
3 Increased awareness of AYUSH Services	NIL	People aware of AYUSH System.	%					
4 Improved /enhanced AYUSH Research	Department of Health Research	Increase in AYUSH Research output in the Country.	%					