



Government of India

**R F D**

(Results-Framework Document)  
for

Department of AYUSH

(2013-2014)

## 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. 5. Development of Human Resource in AYUSH.

### 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 Resource 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. •

## Section 1: Vision, Mission, Objectives and Functions

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	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] Primary Health Centres/ Community Health Centres/District Hospitalscovered	Number	1.00	650	600	500	450	400
			[1.1.2] Completion of infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals.	Number	1.00	250	200	160	140	120
		[1.2] Health facilities supported for supply of medicines	[1.2.1] Health Facilities/ Units covered	Number	5.00	1750	1700	1360	1190	1020
		[1.3] Upgradation of exclusive State Government AYUSH Health facilities.	[1.3.1] Health Facilities/ Units upgraded	Number	2.00	150	200	150	105	90
		[1.4] Launching of AYUSH Grams pilot schemes for convergence with ICDS.	[1.4.1] EFC approval.	Date	1.00	31/12/2013	31/01/2014	28/02/2014	31/03/2014	--
[2] Human Resource Development in AYUSH	17.00	[2.1] Strengthening of State Government / aided AYUSH educational institutions.	[2.1.1] AYUSH educational institutions strengthened	Number	3.00	15	14	11	10	8
		[2.2] Human Resource Development-Training to medical professionals	[2.2.1] Continuing Medical Education training programmes conducted.	Number	3.00	84	80	67	59	50

## 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%
		[2.3] Disposal of permission cases of existing Ayurveda, Siddha and Unani Colleges.	[2.3.1] Cases disposed by 31/10/2013.	%	5.00	100	98	96	90	85
		[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 31/03/2014.	%	3.00	100	98	96	90	85
		[2.5] Setting up of All India Institutes.	[2.5.1] DPR preparation and financial approval for All India Institute of Yoga	Date	1.00	31/01/2014	28/02/2014	31/03/2014	--	--
			[2.5.2] DPR Preparation and financial approval for All India Institute of Homoeopathy.	Date	1.00	31/01/2014	28/02/2014	31/03/2014	--	--
			[2.5.3] DPR Preparation and financial approval for All India Institute of Unani Medicine.	Date	1.00	31/01/2014	28/02/2014	31/03/2014	--	--
		[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
[3.2] Multi media campaigns and outdoor publicity	[3.2.1] Multimedia programmes including outdoor publicity			Number	2.00	22	20	16	14	12
[3.3] Participation in International Seminars/ Meetings/ Exhibitions	[3.3.1] Seminars/ meetings etc. attended			Number	3.00	22	20	18	16	14

## 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%
		/Fairs.								
		[3.4] Compilation and electronic publication of AYUSH in India, 2013.	[3.4.1] Electronic Publication of AYUSH in India, 2013	Date	2.00	31/01/2014	28/02/2014	31/03/2014	--	--
		[3.5] Third party evaluation of AYUSH Schemes.	[3.5.1] Submission of final report of third party evaluation by 30th June, 2014.	Number	2.00	27	25	23	20	15
[4] Research in AYUSH	12.00	[4.1] In-house/collaborative research through Research Councils	[4.1.1] Research Projects commenced	Number	2.00	21	20	19	18	17
			[4.1.2] Research Projects completed.	Number	1.00	15	14	13	12	11
			[4.1.3] Completed research projects papers examined for filing patent application before publication.	Number	1.00	5	4	3	2	1
			[4.1.4] Completed research projects papers published.	Number	1.00	20	18	16	14	12
			[4.1.5] Validation of classical drugs/therapies.	Number	1.00	61	51	43	38	31
		[4.2] Extra Mural Research	[4.2.1] Projects commenced as per specified parameters	Number	2.00	20	19	18	17	16

## 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%
			[4.2.2] Projects completed.	Number	1.00	18	15	12	10	8
			[4.2.3] Completed research projects papers examined for filing patent application before publication.	Number	1.00	2	1	0	0	0
			[4.2.4] Completed research projects papers published.	Number	1.00	6	5	4	3	2
			[4.2.5] Validation of classical drugs/therapies.	Number	1.00	12	10	8	6	4
[5] Conservation and cultivation of medicinal plants	15.00	[5.1] Support for covering additional area cultivation	[5.1.1] Increase in area under cultivation.	Hectares	4.00	30000	27000	24000	21000	18000
		[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	5.00	8000	7200	6400	5600	4800
		[5.3] Capacity Building and Information, Education & Communication (IEC) including Herbal Gardens.	[5.3.1] Trainings / Seminars supported.	Number	2.00	50	45	40	35	30
		[5.4] Research & Development (R&D) on medicinal plants sector.	[5.4.1] New projects sanctioned	Number	2.00	15	13.5	12	10.5	9
			[5.4.2] Projects completed	Number	1.00	15	13.5	12	10.5	9

## 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%
			[5.4.3] Completed research projects papers published	Number	1.00	5	4	3	2	1
[6] Effective AYUSH Drugs Administration	20.00	[6.1] Guidelines for inspection of GMP compliance by ASU drug Industry .	[6.1.1] Finalization of draft guidelines for inviting comments.	Date	1.00	31/08/2013	31/10/2013	31/12/2013	31/01/2014	28/02/2014
			[6.1.2] Finalization of guidelines after consultation	Date	1.00	30/11/2013	31/01/2014	28/02/2014	31/03/2014	--
			[6.1.3] Dissemination of finalized guidelines.	Date	1.00	31/12/2013	28/02/2014	31/03/2014	--	--
		[6.2] Capacity Building initiatives on regulatory aspects.	[6.2.1] Holding Training/ Workshops.	Number	2.00	4	3	2	1	--
			[6.2.2] Interactive seminars on regulatory issues.	Number	1.00	2	1	--	--	--
			[6.2.3] Publication of Regulatory and Quality Control Materials.	Number	2.00	4	3	2	1	--
		[6.3] Reconstitution of ASU Drugs Consultative Committee (DCC).	[6.3.1] Reconstitution of ASUDCC.	Date	1.00	31/08/2013	31/10/2013	31/12/2013	--	--
		[6.4] Amendment in the D&C Rules, 1945 pertaining to ASU drugs.	[6.4.1] Publication of draft notification for stakeholders' comments.	Date	2.00	31/08/2013	31/10/2013	31/01/2014	31/03/2014	--
			[6.4.2] Finalization and Notification in the official Gazette.	Date	2.00	31/12/2013	28/02/2014	31/03/2014	--	--



## 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%
		[6.5] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of Medicines	[6.5.1] Single drug of Ayurvedic drugs	Number	1.00	40	35	30	25	20
			[6.5.2] Compound formulations of Ayurvedic drugs	Number	1.00	20	18	16	14	12
			[6.5.3] Compound formulations of Unani drugs	Number	1.00	40	33	26	19	12
			[6.5.4] Single drug of Siddha drugs	Number	1.00	8	7	6	5	4
			[6.5.5] Compound formulations of Siddha drugs	Number	1.00	2	1	--	--	--
		[6.6] Development of Pharmacopoeial Standards of Homoeopathic Drugs	[6.6.1] Standards Developed	Number	2.00	45	42	38	35	31
* Efficient Functioning of the RFD System	3.00	Timely submission of Draft RFD 2014-15 for Approval	On-time submission	Date	2.0	05/03/2014	06/03/2014	07/03/2014	08/03/2014	11/03/2014
		Timely submission of Results for 2012-13	On-time submission	Date	1.0	01/05/2013	02/05/2013	03/05/2013	06/05/2013	07/05/2013
* Transparency/Service delivery Ministry/Department	3.00	Independent Audit of implementation of Citizens'/Clients' Charter (CCC)	% of implementation	%	2.0	100	95	90	85	80
		Independent Audit of implementation of Public Grievance Redressal System	% of implementation	%	1.0	100	95	90	85	80

\* 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%
* Administrative Reforms	6.00	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	1.0	100	95	90	85	80
		Implement ISO 9001 as per the approved action plan	% of implementation	%	2.0	100	95	90	85	80
		Implement Innovation Action Plan (IAP)	% of milestones achieved	%	2.0	100	95	90	85	80
		Identification of core and non-core activities of the Ministry/Department as per 2nd ARC recommendations	Timely submission	Date	1.0	27/01/2014	28/01/2014	29/01/2014	30/01/2014	31/01/2014
* Improving Internal Efficiency/Responsiveness.	2.00	Update departmental strategy to align with 12th Plan priorities	Timely updation of the strategy	Date	2.0	10/09/2013	17/09/2013	24/09/2013	01/10/2013	08/10/2013
* Ensuring compliance to 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 31.3.2012.	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 31.3.2012	year.							

\* Mandatory Objective(s)

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
[1] Delivery 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] Primary Health Centres/ Community Health Centres/District Hospitalscovered	Number	4582	1589	600	800	1000
		[1.1.2] Completion of infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals.	Number	0	0	200	300	350
	[1.2] Health facilities supported for supply of medicines	[1.2.1] Health Facilities/ Units covered	Number	15680	11068	1700	1800	1900
	[1.3] Upgradation of exclusive State Government AYUSH Health facilities.	[1.3.1] Health Facilities/ Units upgraded	Number	155	1	200	200	250
	[1.4] Launching of AYUSH Grams pilot schemes for convergence with ICDS.	[1.4.1] EFC approval.	Date	--	--	31/01/2014	--	--
[2] Human Resource Development in AYUSH	[2.1] Strengthening of State Government / aided AYUSH educational institutions.	[2.1.1] AYUSH educational institutions strengthened	Number	8	0	14	11	12
	[2.2] Human Resource Development-Training	[2.2.1] Continuing Medical Education training	Number	37	68	80	100	110

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
	to medical professionals	programmes conducted.						
	[2.3] Disposal of permission cases of existing Ayurveda, Siddha and Unani Colleges.	[2.3.1] Cases disposed by 31/10/2013.	%	--	--	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 31/03/2014.	%	--	--	98	--	--
	[2.5] Setting up of All India Institutes.	[2.5.1] DPR preparation and financial approval for All India Institute of Yoga	Date	--	--	28/02/2014	--	--
		[2.5.2] DPR Preparation and financial approval for All India Institute of Homoeopathy.	Date	--	--	28/02/2014	--	--
		[2.5.3] DPR Preparation and financial approval for All India Institute of Unani Medicine.	Date	--	--	28/02/2014	--	--
[3] Promotion and Propagation of AYUSH Systems	[3.1] Exhibitions and Fairs	[3.1.1] Exhibitions and fairs organized	Number	9	8	7	10	10
	[3.2] Multi media campaigns and outdoor publicity	[3.2.1] Multimedia programmes including outdoor	Number	9	23	20	25	25

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
		publicity						
	[3.3] Participation in International Seminars/ Meetings/ Exhibitions /Fairs.	[3.3.1] Seminars/ meetings etc. attended	Number	49	21	20	24	26
	[3.4] Compilation and electronic publication of AYUSH in India, 2013.	[3.4.1] Electronic Publication of AYUSH in India, 2013	Date	15/03/2012	31/12/2012	28/02/2014	31/03/2015	31/03/2016
	[3.5] Third party evaluation of AYUSH Schemes.	[3.5.1] Submission of final report of third party evaluation by 30th June, 2014.	Number	--	--	25	--	--
[4] Research in AYUSH	[4.1] In-house/collaborative research through Research Councils	[4.1.1] Research Projects commenced	Number	15	18	20	22	24
		[4.1.2] Research Projects completed.	Number	11	13	14	16	18
		[4.1.3] Completed research projects papers examined for filing patent application before publication.	Number	0	0	4	4	4
		[4.1.4] Completed research projects papers published.	Number	--	--	18	--	--
		[4.1.5] Validation of classical drugs/ therapies.	Number	--	--	51	--	--
	[4.2] Extra Mural Research	[4.2.1] Projects commenced as per	Number	0	5	19	20	20

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
		specified parameters						
		[4.2.2] Projects completed.	Number	16	16	15	20	20
		[4.2.3] Completed research projects papers examined for filing patent application before publication.	Number	0	1	2	2	2
		[4.2.4] Completed research projects papers published.	Number	16	22	24	20	20
		[4.2.5] Validation of classical drugs/ therapies.	Number	9	8	5	5	5
[5] Conservation and cultivation of medicinal plants	[5.1] Support for covering additional area cultivation	[5.1.1] Increase in area under cultivation.	Hectares	28057.54	30000	27000	31800	33000
	[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	9263.57	6500	7200	9000	10000
	[5.3] Capacity Building and Information, Education & Communication (IEC) including Herbal Gardens.	[5.3.1] Trainings / Seminars supported.	Number	40	17	45	55	60
	[5.4] Research & Development (R&D) on medicinal plants	[5.4.1] New projects sanctioned	Number	19	11	13.5	18	20

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
	sector.							
		[5.4.2] Projects completed	Number	--	8	13.5	20	22
		[5.4.3] Completed research projects papers published	Number	--	--	4	--	--
[6] Effective AYUSH Drugs Administration	[6.1] Guidelines for inspection of GMP compliance by ASU drug Industry .	[6.1.1] Finalization of draft guidelines for inviting comments.	Date	--	--	31/10/2013	--	--
		[6.1.2] Finalization of guidelines after consultation	Date	--	--	31/01/2014	--	--
		[6.1.3] Dissemination of finalized guidelines.	Date	--	--	28/02/2014	--	--
	[6.2] Capacity Building initiatives on regulatory aspects.	[6.2.1] Holding Training/ Workshops.	Number	--	--	3	--	--
		[6.2.2] Interactive seminars on regulatory issues.	Number	--	--	1	--	--
		[6.2.3] Publication of Regulatory and Quality Control Materials.	Number	--	--	3	--	--
	[6.3] Reconstitution of ASU Drugs Consultative Committee (DCC).	[6.3.1] Reconstitution of ASUDCC.	Date	--	--	31/10/2013	--	--
	[6.4] Amendment in the D&C Rules, 1945 pertaining to ASU	[6.4.1] Publication of draft notification for stakeholders'	Date	--	--	31/10/2013	--	--



### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
	drugs.	comments.						
		[6.4.2] Finalization and Notification in the official Gazette.	Date	--	--	28/02/2014	--	--
	[6.5] Pharmacopoeial Standardization and Harmonization of drugs under Indian System of Medicines	[6.5.1] Single drug of Ayurvedic drugs	Number	--	--	35	--	--
		[6.5.2] Compound formulations of Ayurvedic drugs	Number	--	--	18	--	--
		[6.5.3] Compound formulations of Unani drugs	Number	--	--	8	--	--
		[6.5.4] Single drug of Siddha drugs	Number	--	--	7	--	--
		[6.5.5] Compound formulations of Siddha drugs	Number	--	--	1	--	--
	[6.6] Development of Pharmacopoeial Standards of Homoeopathic Drugs	[6.6.1] Standards Developed	Number	32	35	42	35	35
* Efficient Functioning of the RFD System	Timely submission of Draft RFD 2014-15 for Approval	On-time submission	Date	--	--	06/03/2014	--	--
	Timely submission of Results for 2012-13	On-time submission	Date	--	--	02/05/2013	--	--

\* Mandatory Objective(s)

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
* Transparency/Service delivery Ministry/Department	Independent Audit of implementation of Citizens'/Clients' Charter	% of implementation	%	--	--	95	--	--
	Independent Audit of implementation of Public Grievance Redressal System	% of implementation	%	--	--	95	--	--
* Administrative Reforms	Implement mitigating strategies for reducing potential risk of corruption	% of implementation	%	--	--	95	--	--
	Implement ISO 9001 as per the approved action plan	% of implementation	%	--	--	95	--	--
	Implement Innovation Action Plan (IAP)	% of milestones achieved	%	--	--	95	--	--
	Identification of core and non-core activities of the Ministry/Department as per 2nd ARC recommendations	Timely submission	Date	--	--	15/10/2013	--	--
* 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.	%	--	--	90	--	--
	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	--	--

\* Mandatory Objective(s)

### Section 3: Trend Values of the Success Indicators

Objective	Action	Success Indicator	Unit	Actual Value for FY 11/12	Actual Value for FY 12/13	Target Value for FY 13/14	Projected Value for FY 14/15	Projected Value for FY 15/16
	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.	%	--	--	90	--	--
	Early disposal of pending ATRs on PAC Reports presented to Parliament before 31.3.2012	Percentage of outstanding ATRS disposed off during the year.	%	--	--	90	--	--

\* Mandatory Objective(s)

## Section 4: Acronym

Sl.No	Acronym	Description
1	ASU	Ayurveda, Siddha and Unani
2	ASUDCC	Ayurveda, Siddha and Unani Drugs Consultative Committee
3	ASUDTAB	Ayurveda, Siddha and Unani Drugs Technical Advisory Board
4	AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
5	CHCs	Community Health Centres
6	COE	Centre of Excellence

## Section 4: Acronym

Sl.No	Acronym	Description
7	D and C	Drugs and Cosmetics
8	DHs	District Hospitals
9	DPR	Detailed Project Report
10	EFC	Empowered Finance Committee
11	GMP	Good Manufacturing Practices
12	Ha.	Hactares

## Section 4: Acronym

Sl.No	Acronym	Description
13	ICDS	Integrated Child Development Scheme
14	IEC	Information, Education and Communication
15	ISM and H	Indian System of Medicine and Homoeopathy
16	PHCs	Primary Health Centres
17	PLIM	Pharmacopoeial Laboratory for Indian Medicine
18	R and D	Research and Development

## Section 4: Acronym

Sl.No	Acronym	Description
19	UCs	Utilization Certificates
20	WHO	World Health Organisation

## 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] Primary Health Centres/ Community Health Centres/District Hospitalscovered	Completion of infrastructure, equipment, furniture and provision of medicines 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 (CHCs) & District Hospitals (DHs) implies facilities for provision of AYUSH health services along with allopathic health services.	Number of Units	As per approved norms, assessments of the needs will be measured through the appraisal of the Programme Implementation Plan(PIP) of the State Governments and the outcomes shall be monitored through progress reports and periodical reviews.
2	[1.1.2] Completion of infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals.	Completion of infrastructure, equipment, furniture and provision of medicines 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 (CHCs) & District Hospitals (DHs) implies facilities for provision of AYUSH health services along with allopathic health services.	Number of Units	As per approved norms, assessments of the needs will be measured through the appraisal of the Programme Implementation Plan(PIP) of the State Governments and the outcomes shall be monitored through progress reports and periodical reviews.
3	[1.2.1] Health Facilities/ Units covered	Essential drugs made available to the AYUSH Dispensaries.	Supply of Essential Drugs.	Number of Units.	The number of dispensaries supported every year for supply of medicines will be the measurement methodology.



## 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	Completion of Infrastructure, Equipment, Furniture and provision of Medicines for the Existing exclusive Dispensaries/ Hospitals	AYUSH Health Care units at Existing exclusive Dispensaries/ Hospitals	Number of Units	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
5	[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	As per approved norms. It will be monitored through the Draft Project Report (DPR) of the State Government
6	[2.2.1] 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 strenght to Allopathic doctors.	Continuing Medical Education to AYUSH professionals comprising of teachers, doctors and paramedics through modular form of training programs	Number of training programmes.	AYUSH professionals are seeking regular training in the areas of patient care, education and research.
7	[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 is organization of 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	Number of Arogya fairs organized at the State as well as at the National level and participation in other health related fairs and exhibitions.	

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
7	[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.	fairs are organized by FICCI, ITPO and other such reputed organizations, State level Arogya fairs are organized in association with the concerned State Government.	Number of Arogya fairs organized at the State as well as at the National level and participation in other health related fairs and exhibitions.	
8	[3.2.1] Multimedia programmes including outdoor publicity	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.	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.	Numbers of Multimedia campaigns carried out.	--
9	[3.4.1] Electronic Publication of AYUSH in India, 2013	AYUSH infrastructure related statistics such as medical care facilities in the country, distribution of AYUSH Hospitals, beds and dispensaries statewide , medical manpower such as number of AYUSH registered practitioners in the	To ensure availability of important AYUSH related statistical information.	Date of publication	---

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
9	[3.4.1] Electronic Publication of AYUSH in India, 2013	country/statewise, medical education, AYUSH medical colleges statewise, licensed pharmacies statewise and AYUSH related foreign trade etc. will be collected from Central/State Govts./ colleges, State Boards/Councils, compiled and will be placed on the website of the Department. CDs will be prepared and circulated to all end users viz, Ministries, State governments, Medical colleges of AYUSH.	To ensure availability of important AYUSH related statistical information.	Date of publication	---
10	[4.2.1] Projects commenced as per specified parameters	It is essential to implement the scheme to get the expertise of the outside institutions.	It is research which we are conducting through organizations outside of the department to promote, propagate and for validation of AYUSH system.	Number of studies will be determinant factor for measuring the progress.	Only quality proposals from good institutions will be taken into consideration.
11	[5.1.1] Increase in area under cultivation.	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.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
11	[5.1.1] Increase in area under cultivation.	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.
12	[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 supply of medicinal plants in the long run.
13	[5.3.1] Trainings / Seminars supported.	Capacity Building is important to enhance the skills of stakeholders and raising awareness is also critical.	Training of farmers, collectors, Govt. Officials, trainers and other stakeholders.	Number of Trainings organized, number of herbal gardens established and support given for establishment of Facilitation Centres (F.C.).	Awareness and Capacity Building is an important plank for mainstreaming medicinal plants in health management by the general population of the country.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
14	[5.4.1] New projects sanctioned	R & D is an important component of the Central Sector Scheme.	It is important to revalidate and further develop our traditional knowledge of Medicinal Plants and other allied areas along with modern scientific lines.	i) Number of new R & D projects sanctioned during the year; and ii) Number of R & D projects concluded during the year. iii) Number of papers published	Continued research initiatives are back bone of pushing the new frontiers in this field.
15	[6.1.1] Finalization of draft guidelines for inviting comments.	The draft guideline will form a base for further improvement in finalization	--	The completion of draft document on time shall be the measurement methodology.	--
16	[6.1.2] Finalization of guidelines after consultation	Improved final Guidelines will be used for publication and dissemination.	--	The completion of final guideline on time shall be the measurement methodology.	--
17	[6.1.3] Dissemination of finalized guidelines.	Improved final Guidelines will be used for publication and dissemination.	--	The dissemination of final guideline on time shall be the measurement methodology.	The document will bring objectivity and uniformity in the inspection procedure throughout the country.

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
18	[6.2.1] Holding Training/ Workshops.	Organizing Training/Workshops on regulatory issues shall pave way for further amendments and introductions of required amendments and thus adequate enforcement of provisions of D&C Act 1940 and Rule thereunder.	---	Number of training programs conducted shall be the measurement methodology for this target	Deptt. is continually putting efforts in capacity building of State Licensing Authorities and is conducting Workshops / Conference/ Seminars independently and in collaboration with PLIM for this endeavor.
19	[6.2.2] Interactive seminars on regulatory issues.	Organizing interactive seminars on regulatory issues shall pave way for further amendments and introductions of required amendments and thus adequate enforcement of provisions of D&C Act, 1940 and Rule thereunder.	--	Number of seminars conducted shall be the measurement methodology for this target.	---
20	[6.2.3] Publication of Regulatory and Quality Control Materials.	To create awareness among State Regulatory Authorities regarding amended / newly introduced regulatory provisions for adequate enforcement of provisions of D&C Act 1940 and rules thereunder is among the mandates of Dept. of AYUSH for which material will be prepared.	--	Timely preparations of Regulatory and Quality Control material shall be the success indicator for this target.	--
21	[6.3.1] Reconstitution of ASUDCC.	ASUDCC is a consultative body composed of nominated members from States to give technical and administrative inputs for adequate implementation / improvement	---	The notification of the COmmittee after receiving all nominations on time shall be the measurement methodology for this	--

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

Sl.No	Success indicator	Description	Definition	Measurement	General Comments
21	[6.3.1] Reconstitution of ASUDCC.	of provisions of D&C Act, 1940 and Rules thereunder. The nominations have to be received from all States before notification in the Gazette. Meeting of ASUDCC will be held after its notification.	--	target.	--
22	[6.4.1] Publication of draft notification for stakeholders' comments.	Amendments in the D&C Rules based on recommendations from ASUDTAB and ASUDCC is a continual democratic and consultative process.	--	Notification of Draft Rule for consultation of stakeholders shall be the success indicator.	--
23	[6.4.2] Finalization and Notification in the official Gazette.	Amendments in the D&C Rules based on recommendations from ASUDTAB and ASUDCC is a continual democratic and consultative process.	--	Notification of final rule shall be the success indicator.	--
24	[6.6.1] Standards Developed	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.	Number	Pharmacopoeial Standards are subject to vetting by Pharmacopoeial Committees.

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

SI.No	Success indicator	Description	Definition	Measurement	General Comments
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## 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	[2.1.1] AYUSH educational institutions strengthened	Budget Allocation/Outlay from Planning commission and M/o Finance/State Govts. submission of UCs	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 & needful resources allocation 2. State Govt.- Facilitation of implementation and actual implementation. 3. State Health Societies-facilitate smooth flow of Grant-in-aid and timely submission of UCs.	It would hamper targets and programme outcomes
				[1.1.1] Primary Health Centres/ Community Health Centres/District Hospitalscovered	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 & 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.	1. Ministry of Finance & Planning Commission - Approval of the scheme & needful resource allocation. 2. State 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	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.
				[1.1.1] Primary Health Centres/ Community Health Centres/District Hospitalscovered  [1.1.2] Completion of infrastructure development in Primary Health Centres/ Community Health Centres/ District Hospitals.  [1.2.1] Health Facilities/ Units covered  [1.3.1] Health Facilities/ Units upgraded  [1.4.1] EFC approval.	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 & 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.	implementation of Co-location.	It would hamper targets and programme outcomes.
		Ministry	Ministry of External Affairs	[3.3.1] Seminars/ meetings etc. attended	•Recommendation for attending of Seminars/Meetings	To verify the credibility, authenticity of the organizers.	Full support and commitment	It will result in lower output of Success Indicator

## 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.
		Ministry	Ministry of External Affairs	[3.3.1] Seminars/ meetings etc. attended	•Facilitating VISA of the participants.	To verify the credibility, authenticity of the organizers.	Full support and commitment	It will result in lower output of Success Indicator
			Ministry of Finance	[2.1.1] AYUSH educational institutions strengthened	Budget Allocation/Outlay from Planning commission and M/o Finance/State Govts. submission of UCs	The activities envisaged are to be implemented by multi agency participation and to ensure Human Resources Development in AYUSH.	1.Ministry of Finance and Planning Commission- Approval of the scheme & needful resources allocation 2. State Govt.- Facilitation of implementation and actual implementation. 3. State Health Societies-facilitate smooth flow of Grant-in-aid and timely submission of UCs.	It would hamper targets and programme outcomes
				Support for Additional area cultivated.	- Budget allocation, responsive guidelines for utilization of grants. - Implementation of the schemes of NMPB in different areas. - Need based flexibility to ensure that due to previous pending Utilization Certificates (U.C.s) essential grant release is not untimely / choked.	- For conservation and continued availability of raw material - To achieve targets of Cultivation, conservation, Capacity Building and IEC and Research and Development - To maintain quality  - For conservation and continued availability of raw material - To achieve targets of Cultivation, conservation, Capacity Building and IEC	Full support and commitment.	It would hamper implementation 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.
				Support for Additional area cultivated.  Support for Additional area covered for conservation /resource augmentation.  [5.3.1] Trainings / Seminars supported.  New projects sanctioned	- Cooperation of State Governments for providing the infrastructure and regular staff & finances to the concerned State level organizations and effective implementation of cultivation and conservation and other components of the scheme. - Faculty and infrastructure for training	and Research and Development - To maintain quality	Full support and commitment.	It would hamper implementation and programme outcomes.
			Ministry of Law and Justice	[6.4.1] Publication of draft notification for stakeholders' comments.	It is a procedural requirement.	Vetting of all draft and final rules.	Failing it, target will not be achieved	--

## 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.
				[6.4.2] Finalization and Notification in the official Gazette.				
		others	Ministry of Finance	[3.1.1] Exhibitions and fairs organized  [3.2.1] Multimedia programmes including outdoor publicity	Full support and commitment.	To secure approval for incurring expenditure above the prescribed ceilings.	Administrative and financial approvals.	It would hamper targets and programme outcomes
State Government	All States	N/A	All Organization	[3.4.1] Electronic Publication of AYUSH in India, 2013	Timely availability of the data	Compilation of AYUSH in India is depend on timely availability of the AYUSH related statistics from State Governments/ State Boards of ISM&H	All Statistical information is required	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 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16
1 Increased delivery AYUSH Services	Department of Health And Family Welfare	(a) Access: Increase in the number of AYUSH facilities co-located at PHCs, CHCs, DHs.	%	8	12	16	20	24
		(b) Quality: Improvement through upgradation of AYUSH Hospitals	%	12	14	16	20	22
2 Increased availability of quality Medicinal Plants.	1.Ministry of Agriculture 2.State Horticulture Mission 3.State Forest Departments 4. State Medicinal Plants Board 5. Ministry of Finance	Increase area under Medicinal Plants cultivated.	Hectares	28051.54	30000	30000	31500	33000
3 Timely flow of funds for achieving proposed targets	1.Ministry of Agriculture 2.State Horticulture Mission 3.State Forest Departments 4. State Medicinal Plants Board 5. Ministry of Finance.	Additional Area covered for conservation	Hectares	9263.57	10000	8000	9500	10000