

22. Rajiv Gandhi Khel Abhiyan (RGKA) (erstwhile Panchayat Yuva Krida aur Khel Abhiyan (PYKKA))
23. Pradhan Mantri Krishi Sinchai Yojana  
(including Watershed programme and Micro irrigation)
24. Impact Assessment Studies of AIBFMP

(iii) Schemes delinked from support from the Centre:

1. National e-Governance Plan
2. Backward Regions Grant Funds
3. Modernization of Police Forces
4. Rajiv Gandhi Panchayat Sashaktikaran Abhiyaan (RGPSA)
5. Scheme for Central Assistance to the States for developing export infrastructure
6. Scheme for setting up of 6000 Model Schools
7. National Mission on Food Processing
8. Tourist Infrastructure

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## WRITTEN ANSWERS TO UNSTARRED QUESTIONS

### Separate standard for AYUSH systems of medicine

2401. SHRI K.N. BALAGOPAL: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY be pleased to state:

(a) whether Government has a scheme of deciding about the quality of hospitals, like Indian Public Health Standard (IPHS), if so, the details thereof;

(b) whether this is applicable to AYUSH systems of medicine; and

(c) if not, whether Government is planning for introducing a separate standard for AYUSH systems of medicine, if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (SHRI SHRIPAD YESSO NAIK): (a) and (b) Public Health is State subject. However, under the National Rural Health Mission, (NRHM), support is provided to States/UTs for strengthening their healthcare systems including for mainstreaming of AYUSH based on the requirements posed by the States/UTs in their Programme Implementation Plans (PIPs).

Government has released Indian Public Health Standards (IPHS), 2012 for different facilities under Department of Health and Family Welfare (DoHFW) like Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs). As per the IPHS, there is a provision of collocation of AYUSH medical officers and pharmacists in CHCs and District Hospitals.

(c) In view (a) and (b) the question does not arise.

**Checking exploitation by foreigners of the country's medicinal plants**

2402. DR. T. N. SEEMA: Will the Minister of AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY be pleased to state:

(a) whether Government has taken any measure to check exploitation by foreigners who are visiting India in the name of research study and importing medicinal plants at a huge cost in the name of foreign origin, if so, the details thereof;

(b) whether several constraints like inadequate investments in research and development, lack of quality and standardisation norms and lack of adequate marketing and trade information has led to the low share of India's presence in the global trade of medicinal plants; and

(c) if so, the needful initiatives taken by Government for the promotion of herbal and medicinal plants?

THE MINISTER OF STATE OF THE MINISTRY OF AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (SHRI SHRIPAD YESSO NAIK): (a) The Biological Diversity Act, 2002 makes the provision to check the exploitation by the foreigners of biological resources occurring in India which also includes medicinal plants. As per Section-3 of the Biological Diversity Act, 2002 any foreign individual or entity has to obtain prior approval of the National Biodiversity Authority for undertaking research on the Indian biological resources and/or associated knowledge. There are also quarantine measures to check on any biological material imported by foreigners which also covers medicinal plants.

(b) and (c) The Government of India has set up the National Medicinal Plants Board (NMPB) in November, 2000 to look after the matters related to development of medicinal plants sector in the country and it has been implementing different Schemes/Programmes for overall development of the sector in the country.

The NMPB since its inception in 2000 onwards has been supporting Research and Development projects on various aspect of medicinal plants like Survey and documentation of medicinal plants and traditional knowledge on medicinal plants, standardization of Good Agricultural and Collection Practices (GACPs) and development