

assistance through cheque and creation of public awareness about the programme. A monthly reporting system has been developed for submission of monthly reports from the sub-centre onwards up to the district level which are consolidated at the State level and sent to the Govt. of India.

(b) to (d) On the request of the Ministry, the United Nations Population Fund (UNFPA) has carried out concurrent assessment of JSY in the states of Bihar, Madhya Pradesh, Orissa, Rajasthan, and Uttar Pradesh. The UNFPA's report of 2009 reveals that institutional deliveries increased in considerable number along with 3 Ante Natal Check-ups (ANCs), 2 Tetanus Toxoid (TT) Injections and 100 IFA Tablets. The study has stressed the need to strengthen JSY.

To further streamline the scheme and improve the same, an evaluation study of JSY has been taken up by an Expert Group in eight High Focus States through the National Health Systems and Resource Centre with the following objectives :

(a) Procedure for random verification of beneficiaries,

(f) Fund flow mechanism for administering JSY schemes and mechanism adopted for ensuring timely payment to the beneficiaries.

(c) Impact of JSY services on maternity mortality ratio and infant mortality rate.

(e) and (f) All States have been advised to maintain proper documentation and to improve quality of information available with State and District Health Societies. The district and below level account managers are being trained regularly to monitor accounts. In order to avoid any delayed payment and other irregularities in the payment of cash assistance under JSY; several steps have been taken which include payment through cheque, display of the list of beneficiaries along with the date of disbursement at the health institutions. If any irregularities in the payment of cash incentive under JSY are reported to this Ministry, instructions are issued to the States to investigate the case and take appropriate remedial action.

Arogyashree Health Care Insurance Scheme in Jharkhand

4216. SHRI DHIRAJ PRASAD SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the State Government of Jharkhand has requested for allocation of more funds for implementation of Arogyashree Health Care Insurance Scheme for the Benefit of Below Poverty Line (BPL) families in the State; and

(b) if so, what is the status thereof and action taken thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No.

(b) Does not arise.

Multi-drug resistant TB

4217. SHRI MANGALA KISAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the difference between Tuberculosis (TB) and multi-drug resistant TB (MDRTB);
- (b) whether India along with China are home to 50 percent of the global MDRTB cases;
- (c) if so, the number of cases in India, during the last three years, State-wise, year-wise;
- (d) the number of location of centres across the country where Government proposes to distribute the drugs for the above disease, State-wise; and
- (e) what other steps Government has taken/proposes to take to check it?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. Normally the organism is sensitive to the first line anti-tubercular drugs (isoniazid, rifampicin, ethambutol, pyrazinamide and streptomycin).

In contrast, if the disease causing organism becomes resistant to Isoniazid and Rifampicin, two of the most powerful first line anti TB drugs, it gives rise to Multi-drug resistant TB (MDR-TB).

(b) and (c) As per WHO Global Report on Surveillance and Monitoring – 2010, it is estimated that both China and India account for 50% of global MDR-TB cases. This estimation by WHO is for the country as a whole and not State-specific.

(d) The MDR services are presently available in 10 States and are being scaled up to cover the entire country by 2012. The treatment services for MDR TB are integrated with the basic DOTS services and are delivered through the existing network of DOT providers which include govt. health facilities, NGOs, Private Practitioners, corporate hospitals, Medical Colleges and community volunteers.

(e) Drug resistance TB is essentially a man made phenomenon which can be prevented by early detection and effective treatment of TB patients and for that reason good quality Directly