Fulfilment of NRHM goals

878. DR. JANARDHAN WAGHMARE: SHRI N.K. SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the goals of the National Rural Health Mission (NRHM) have been fulfilled for the year 2011-12;
 - (b) if so, the details thereof, State-wise; and
 - (c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) to (c) Under NRHM, goals were set for end of 2012. The goals & latest available achievements & State wise position is given in Annexure. [See Appendix 228 Annexure 11]

Goals in respect of Malaria, Cataract Surgeries, Tubeirculosis & ASHA have been achieved. Data in respect of IMR, MMR & TFR is not yet available for 2012.

New methodology to combat drug resistant TB

- 879. SHRI S. THANGAVELU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
- (a) whether it is a fact that Government has received demands to devise ways to fight Totally Drug Resistant tuberculosis (TB);
 - (b) if so, the details thereof;
- (c) whether it is also a fact that lack of protocol, registry or surveillance are affecting treatment for tuberculosis; and
 - (d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A.H. KHAN CHOUDHURY): (a) and (b) No. The drug resistant TB, according to WHO definition can be multi drug resistant TB (MDR) or extremely drug resistant TB (XDR). Totally Drug resistant TB is not defined by WHO.

The services for diagnosis and management of drug resistant TB, both Multi Drug Resistant & Extensively Drug Resistant TB, has been rolled out in the country.

(c) and (d) No.

Integration of AYUSH in the national healthcare delivery system

- 880. DR. T.N. SEEMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:
- (a) whether there is a shortage of healthcare professionals in the underserved, remote and tribal areas across the country;
- (b) whether Government has assessed the quality of infrastructure, presence of human resource, supply of medicines, and records in the AYUSH facilities in the country;