

high levels of risk factors and their referral to higher facilities for appropriate management.

Under the programme a sum of ₹280.25 crore was released to the States/UTs during the period from 2010-11 to 2013-14 out of which ₹169.12 crore was unspent as on 31.3.2014.

Steps taken to address this issue are :

- (i) To facilitate implementation of the programme by the States, necessary guidance is given from time to time. Operational Guidelines have been circulated to all States and UTs.
- (ii) Review Meetings are held regularly with States and Officers of Ministry of Health and Family Welfare for monitoring of the programme.
- (iii) The proposals from States for any particular year are discussed in the National Programme Coordination Committee (NPCC) under National Health Mission (NHM) with a view to solve problems and emphasise areas that required more importance.
- (iv) Programmes under NHM are reviewed by Mission Directors of respective States regularly.
- (v) Field visits are also made by officers of this Ministry to monitor the programmes from time to time.

Standard operating procedures for sterilization surgeries

2615. PROF. M. V. RAJEEV GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of tubectomies and vasectomies performed in each State according to the latest National Family Survey;

(b) the Standard Operating Procedures, if any, to be followed before conducting tubectomies and vasectomies, in a sterilization camp, in each State and the details of the provisions of post-operation care, if any; and

(c) the target, if any, set for the number of tubectomies and vasectomies to be performed in one calendar year, in each State?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) Details given in the Statement (*See below*).

(b) The Government has already laid down 'Standard Operating Procedures' for conducting sterilization to be followed by all States of India.

(c) Government of India follows a target free approach since 1996.

Statement

*State-wise number of tubectomies and vasectomies performed
according to the latest National Family Survey*

State/UT	2013-14	
	Vasectomy	Tubectomy
1	2	3
All India	91,994	41,36,694
A and N Islands	1	1,050
Andhra Pradesh (Old)	9,037	3,09,159
Arunachal Pradesh	2	1,249
Assam	4,122	49,375
Bihar	3,294	5,11,410
Chandigarh	74	2,107
Chhattisgarh	4,030	1,22,632
Dadra and Nagar Haveli	2	1,200
Daman and Diu	3	382
Delhi	1,405	19,087
Goa	18	2,798
Gujarat	1,848	2,81,126
Haryana	4,061	68,506
Himachal Pradesh	2,119	19,626
Jammu and Kashmir	638	15,476
Jharkhand	5,459	1,04,890
Karnataka	1,390	3,10,127
Kerala	1,805	96,181
Lakshadweep	-	40
Madhya Pradesh	6,396	3,54,920
Maharashtra	17,601	5,32,845
Manipur	129	682
Meghalaya	14	2,493
Mizoram	-	1,719

1	2	3
Nagaland	15	1,775
Odisha	1,879	1,34,468
Puducherry	2	8,742
Punjab	4,015	60,133
Rajasthan	3,770	2,99,868
Sikkim	49	167
Tamil Nadu	1,384	3,21,926
Tripura	23	5,327
Uttar Pradesh	9,323	2,61,467
Uttarakhand	1,212	23,088
West Bengal	5,877	2,05,532

Source: HMIS provisional data as on 06.12.2014

Policy guideline by WHO for treatment of MDR TB

2616. SHRI T. RATHINAVEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organization (WHO) has issued interim policy guidance that lists five conditions that must be in place if a new drug is used for treatment of MDR-TB;

(b) if so, the details thereof;

(c) whether the biggest increase of patients with MDR-TB is in India; and

(d) if so, the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes. The World Health Organization (WHO) has issued interim guidance for use of Bedaquiline and Delamanid, the new drugs for treatment of adults with Multi-Drug Resistant Tuberculosis (MDR-TB). These guidelines were issued because these drugs have only been through phase-2b trials and studies for safety and efficacy. The interim guidelines recommend that use of these drugs in the treatment regimen of MDR-TB be made, subject to the following five conditions:

- Proper patient inclusion
- Adherence to the principles of designing a WHO-recommended MDR-TB regimen