

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) As per reports received from States/ UTs, there are 10,23,747 ASHA under National Health Mission in the country.

(b) In line with their role as honorary volunteers under the Mission, ASHAs do not receive any fixed remuneration. They receive only task/activity based incentives.

(c) Under National Health Mission for the FY 2017-18, Rs 3,49,999.59 Lakhs & Rs 69,922.98 Lakhs have been approved for ASHA incentives & ASHA Component respectively.

ICMR study on deaths through Aanganwadi and Aasha Bahu workers

1691. SHRI KIRANMAY NANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal of Indian Council of Medical Research (ICMR) to study and find out exact cause of death in each case through Aanganwadi and Aasha Bahu workers;

(b) if so, the details of scheme and mode of implementation: and

(c) the time by when it shall be implemented country-wide?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) No.

(b) and (c) Does not arise.

High number of TB cases

1692. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that India continues to have the highest number of Tuberculosis (TB) cases in the world;

(b) if so, number of Tuberculosis (TB) and Multidrug-Resistant (MDR) TB patients in the country, State-wise; and

(c) the steps taken by Government to eliminate Tuberculosis and details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) Yes. India being a large, populous

country, in absolute numbers, accounts for 27.8 lakh estimated new TB cases annually, which is the highest in the world. However, the estimated incidence of Tuberculosis in India as per the Global TB report 2017 is 211 per lakh population per year and ranks 33rd in the world.

(b) The number of Tuberculosis and Multidrug resistant (MDR) TB patients notified to the programme in the year 2016, State-wise is given in the Statement-I and II respectively (*See below*).

(c) The National Strategic Plan (NSP) for Tuberculosis (2017-25) has been formulated by the Ministry of Health and Family Welfare. In addition to the existing strategies under RNTCP, the NSP focusses on:

- early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens.
- suitable patient support systems to promote adherence.
- engaging with the patients *Seeking* care in the private sector.
- prevention strategies including active case finding and
- contact tracing in high risk / vulnerable population
- airborne infection control.
- Multi-sectoral response for addressing social determinants

Statement-I

State-wise Total Tuberculosis Patients notified in the year 2016

Sl. No.	State/UTs	Public sector	Private sector	Total
1.	Andaman and Nicobar	509	25	534
2.	Andhra Pradesh	64420	9953	74373
3.	Arunachal Pradesh	2758	30	2788
4.	Assam	36724	4127	40851
5.	Bihar	59020	37981	97001
6.	Chandigarh	2980	433	3413
7.	Chhattisgarh	30821	8663	39484
8.	Dadar and Nagar Haveli	510	42	552

Sl. No.	State/UTs	Public sector	Private sector	Total
9.	Daman and Diu	368	119	487
10.	Delhi	55657	7049	62706
11.	Goa	1576	390	1966
12.	Gujarat	89293	37372	126665
13.	Haryana	41389	6156	47545
14.	Himachal Pradesh	14070	891	14961
15.	Jammu and Kashmir	9244	693	9937
16.	Jharkhand	35130	4385	39515
17.	Karnataka	59732	8730	68462
18.	Kerala	20969	26324	27293
19.	Lakshadweep	23	0	23
20.	Madhya Pradesh	113172	16743	129915
21.	Maharashtra	122172	72967	195139
22.	Manipur	1768	625	2393
23.	Meghalaya	3934	652	4586
24.	Mizoram	2162	43	2205
25.	Nagaland	2274	547	2821
26.	Odisha	41807	2044	43851
27.	Puducherry	1415	6	1421
28.	Punjab	37093	2743	39836
29.	Rajasthan	90032	16724	106756
30.	Sikkim	1463	76	1539
31.	Tamil Nadu	82107	13972	96079
32.	Telangana	38829	6174	45003
33.	Tripura	2344	30	2374
34.	Uttar Pradesh	260572	37174	297746
35.	Uttarakhand	13255	1826	15081
36.	West Bengal	85179	4477	89656
TOTAL		1424771	330186	1754957

Statement-II*State-wise MDR TB Cases notified in the year 2016*

Sl. No.	State/UTs	MDR cases
1.	Andaman and Nicobar	56
2.	Andhra Pradesh	946
3.	Arunachal Pradesh	182
4.	Assam	409
5.	Bihar	1914
6.	Chandigarh	73
7.	Chhattisgarh	242
10.	Delhi	1367
11.	Goa	49
12.	Gujarat	2437
13.	Haryana	589
14.	Himachal Pradesh	250
15.	Jammu and Kashmir	124
16.	Jharkhand	392
17.	Karnataka	1338
18.	Kerala	213
20.	Madhya Pradesh	1794
21.	Maharashtra	6286
22.	Manipur	60
23.	Meghalaya	225
24.	Mizoram	50
25.	Nagaland	47
26.	Odisha	229
27.	Puducherry	14
28.	Punjab	616

Sl. No.	State/UTs	MDR cases
29.	Rajasthan	2118
30.	Sikkim	231
31.	Tamil Nadu	1546
32.	Telangana	726
33.	Tripura	13
34.	Uttar Pradesh	6928
35.	Uttarakhand	364
36.	West Bengal	1992
TOTAL		33820

*Cases for UTs Daman and Diu and Dadar and Nagar Haveli are included in Gujarat and cases for Lakshadweep are included in Kerala.

Steps taken for reducing financial load on poor diabetic patients

1693. SHRIMATI KANIMOZHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of a recent study by Lady Hardinge Medical College points out that an under privileged spends around ₹8,598 annually towards diabetics treatment in a Government facility; and

(b) the steps taken by Government to reduce the financial burden among poor diabetic patients in India in view of the fact that WHO stated that a family with an adult diabetic patient spends almost 25 per cent of the family's income towards diabetics treatment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI ANUPRIYA PATEL): (a) Yes. As informed by Lady Harding Medical College (LHMC), one study has been conducted as part of MD Thesis in department of Community Medicine 2014-2017 at Kalyanpuri Urban Health Centre (under LHMC) in association with Lal Bahadur Shastri Hospital (under GNCT, Delhi). As per this study the mean per capita annual expenditure on diabetes care is ₹8958.00

(b) Public health and hospitals being a State subject, the primary responsibility of providing accessible, affordable and quality healthcare lies with respective State Governments. Under National Health Mission, to reduce out of pocket expenditure on