

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3303
ANSWERED ON:12.12.2014
DOTS SERVICES FOR TUBERCULOSIS
Ahlawat Smt. Santosh;Kumar Shri Kaushalendra

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

- (a) the number of children suffering from TB and MDR- TB in the country, State/ UT-wise;
- (b) the number of children and other TB patients admitted and successfully treated in the Directly Observed Treatment Short course (DOTS) and DOTS Plus centres during each of the last three years and the current year, State/UT-wise;
- (c) whether a number of complaints regarding the poor healthcare facilities and functioning of DOTS and DOTS-Plus centres have been received by the Government, if so, the details thereof along with the action taken/proposed to be taken by the Government thereon during the said period, State/UT-wise;
- (d) the measures being taken by the Government to scale up the medical facilities in the DOTS and DOTS-Plus centres and extend their working hours throughout the day; and
- (e) the steps taken/proposed to be taken by the Government to strengthen the health infrastructure to eradicate tuberculosis, particularly Paediatric tuberculosis in the country?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SHRIPAD YESSO NAIK)

(a): Details of Paediatric cases registered for treatment under the Revised National Tuberculosis Control Programme (RNTCP) are enclosed at Annexure A.

Data on Multi-Drug Resistant Tuberculosis (MDR-TB) in Children is not being separately collected at present.

(b): Under RNTCP, the treatment to patients is provided on an ambulatory basis, under supervision of a DOT Provider. However, few complicated cases requiring clinical management and MDR-TB cases requiring pre-treatment evaluation, may need to be admitted.

State/UT-wise outcome of successfully treated New Smear Positive Tuberculosis patients and MDR-TB Cases registered under RNTCP is enclosed at Annexures- B & C, respectively.

Age-specific treatment outcomes are not compiled under RNTCP.

(c): The implementation of RNTCP is done through the State Governments. However, RNTCP periodically conducts Central Internal Evaluation (CIE) wherein teams from the National level are sent to Districts to undertake ground level supervisory activities. The actionable points from CIE findings are briefed to state authorities. Till date in 2014, CIEs have been conducted in eight states. RNTCP implementation is also periodically reviewed through National and Regional level meetings.

(d) & (e): The Government has launched the National Strategic Plan to control cases of Tuberculosis in the country during the 12th five year plan. The central theme of this plan is the goal of Universal Access to free quality assured TB diagnosis and treatment with quality assured anti-TB drugs to all TB patients in the community.

The activities being undertaken in accordance with the National Strategic Plan are as follows :

Enhancing notification of all TB Cases

Notification of all TB cases diagnosed &/or treated by all healthcare providers to local authorities

'Nikshay'- a platform for Case based Web based data entry of all TB cases for better tracking of TB cases

Alignment of basic Revised National Tuberculosis Control Programme (RNTCP) sub-district management units with National Rural Health Mission (NRHM) blocks

Programmatic Management of Drug Resistant TB (PMDT) scale-up : entire country covered under PMDT services for diagnosis and management of drug resistant TB

Scale-up in participation of NGOs and Private Providers in Revised National Tuberculosis Control Programme (RNTCP)

Undertaking drug resistance survey in the country In order to simplify the management of pediatric TB, RNTCP, in association with Indian Academy of Pediatrics, has described criteria for suspecting TB among children, has separate algorithms for diagnosing pulmonary TB and peripheral TB lymphadenitis and a strategy for treatment and monitoring patients who are on treatment.