

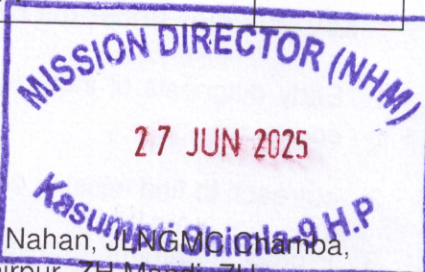
	NHMHP- RNTC0TBFO/1/2020-RNTCP - 1436 Department of Health and Family Welfare National Health Mission, Himachal Pradesh. SDA Complex, Kasumpti, Shimla-9, H.P.	
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To:

The All Chief Medical Officers
Himachal Pradesh

The Sr Medical Supdt (s)

AIIMS Bilaspur, IGMCM Shimla, RPGMC Tanda, YSPGMC Nahan, JLN GMC Chamba,
SLBSGMC Nerchowk, MMU MC Sultanpur, RKGMC Hamirpur, ZH Mandi, ZH
Dharamshala, DDUZH Shimla, RH Kullu, RH Una, RH Bilaspur, RH Solan, RH Keylong,
RH Recongpeo, TBS Dharampur, CH Palampur, CH Rohru, MGMS Khaneri and CH
Nurpur



Dated Shimla 09 the

June, 2025

Subject: Regarding Guidance Document on TB Mukht Bharat Abhiyan

Please refer to D.O from Additional Secretary & MD NHM, Govt. of India regarding Guidance Document on TB Mukht Bharat Abhiyan.

In this regard, the Tuberculosis is a major public health challenge affecting the poorest, most vulnerable, socially marginalized population from many thousand years. It is one of the top 10 causes of death worldwide, over 95% of cases and death occurs in developing countries. The United Nations Sustainable Development Goals (SDGs) includes ending the TB epidemic by 2030. Government of India has planned and implementing ambitious goal to end TB from country i.e. five years ahead of the target fixed by United Nations. Hon'ble Prime Minister has made the commitment for the same in on 13 March 2018 in a mega event organized at Vigyan Bhawan New Delhi. National Strategic Plan 2017-2025 guides the program to achieve this target.

Vision, Goal and objectives of TB mukht Himachal Pradesh

The WHO End TB Strategy and the United Nations (UN) Sustainable Development Goals share the common aim of ending the TB epidemic by 2030. Government of India has formulated the National Strategic Plan to achieve this status by 2025. State Strategic Plan for TB Mukht Himachal adapts the NSP framework for designing its goals and strategies.

Vision: TB-Free with zero deaths, disease, and poverty due to tuberculosis in Himachal Pradesh

Goal: To achieve a rapid decline in burden of TB, morbidity and mortality while working towards elimination of TB in Himachal Pradesh

Objectives:

1. To reduce TB incidence rate by 80% as compared to baseline of 2015

2. To reduce number of TB deaths by 90% as compared to baseline of 2015
3. Reducing catastrophic costs due to TB to zero

Key activities under the NTEP are as follows:

1. Early diagnosis of individuals with TB through high quality testing, and proactive community
2. outreach to find missing cases in vulnerable population
3. Prompt treatment with quality assured drugs and treatment regimens including drug resistant TB
4. Engaging with the patients seeking care in the private sector.
5. Patient-centric treatment support and nutrition interventions through direct benefit transfer and Ni-kshay Mitra initiative
6. Contact tracing and TB preventive treatment among household contacts, children, PLHIV and in high risk /vulnerable populations.
7. Airborne infection control measures
8. Multi-sectoral response for addressing social determinants
9. Raise Awareness: Increase knowledge of TB symptoms, emphasize the importance of getting screened, early testing and treatment completion.

Roles and Responsibilities for the Health Staff:-

1. Accredited Social Health Activist (ASHA) / Community Volunteer

- Identify and map high burden areas (Orphanages, Migrant labors, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB Cases or deaths)
- Line list vulnerable population like >60 years age, Malnourished (BMI <18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district
- Mobilization of individuals identified during screening activities for X ray to MMU at campsite or to public or private X-Ray facility.
- Sputum collection and transportation from individuals identified either by symptom or by X-Ray
- For those identified as TB, ensure initiation of treatment by Medical Officer and monitor treatment adherence, side effects, complications, or comorbidities.
- Act as treatment supporter for these newly diagnosed Person with TB, as and when directed by the MO/CHO/STS.

- Seeding of Bank/post office account for Ni-kshay poshan yojana in Ni-kshay
- Contact tracing & home visit of these diagnosed Person with TB and mobilize household contact to MO/CHO for screening.
- Visit TB patients every week during the entire course of treatment.
- For those individuals initiated on TB preventive treatment (TPT) by the MO/CHO ensure dispensation of drug and monitor treatment adherence
- Focus on awareness activities (educate communities about TB, its symptoms, causes, and how it spreads, emphasize the importance of early detection and treatment, IEC material distribution, Motivating people) in the villages, schools, Gram panchayat, Gram Sabha and any other public places.
- Nutritional and Social Support: Linking these Person with TB with Ni-kshay Mitra and ensure delivery of food basket in coordination with MO / CHO / STS every month.

2. Community Health Officer (CHO)

- Coordinate with ASHA/CV for Identify and map high burden areas (Orphanages, Migrant labours, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB cases or deaths).
- Verify and confirm line list of vulnerable population like >60 years age, Malnourished (BMI<18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district.
- TB Mukh Bharat Abhiyaan regulars reporting recording on ACSM/ Social Media.
- Ensure Mobilization through ASHA/CV of this line listed population for TB screening activities at Ayushman Aarogya Mandir (AAM) or camp site as identified by the district
- Screening of these individuals at AAM or camp site for Pulmonary (cough, fever, chest pain, blood in sputum, night sweats, loss of appetite, weight loss, weakness or fatigue) G Extrapulmonary TB (expanded spectrum of symptoms should be enquired and people should be examined for extra-pulmonary TB like swelling in the neck.
- Organ specific extra pulmonary TB signs or symptoms should be observed like joint pain or backache, headache or confusion, blood in urine, persistent abdominal pain etc.
- Ensure enrolment in Ni-kshay portal and mobilization of individuals identified during screening activities for X ray (public/private) and collect sputum sample and transportation to nearest testing center.
- For those identified as TB, ensure initiation of treatment by Medical Officer (use E-

Sanjeevani) and monitor treatment adherence, side effects, complications, or comorbidities

- Data Entry of Bank/post office account for Ni-kshay poshan yojana in Ni-kshay portal
- Ensure contact tracing and home visit of these diagnosed Person with TB by ASHA/CV and screen household contact for ruling out active TB including chest X-ray (Public/Private).
- Visit TB patients every 15 days during the entire course of treatment .
- Ensure initiation of TPT by MO (use E-Sanjeevani) and monitor treatment adherence through ASHA/CV.
- Support ASHA/CV in focused awareness activities (educate communities about TB, its symptoms, causes, and how it spreads, emphasize the importance of early detection and treatment, IEC material distribution, Motivating people) in the villages, schools, and GramPanchayat, Gram Sabha and any other public places.
- Nutritional and Social Support: Consent of these Person with TB for nutritional support and link with Ni-kshay Mitra and ensure delivery of food basket every month.

3. TB Health Visitors (in Urban areas)

- Identify and facilitate engagement of ASHA (wherever ASHA is not sufficiently available, community volunteers (CVs)) in urban areas.
- Train and work with ASHA and CVs to identify and map high burden areas (Orphanages, Migrant labours, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB cases or deaths).
- TB Mukh Bharat Abhiyaan regulars reporting recording on ACSM/ Social Media
- Support ASHA and CVs in preparation of linelist vulnerable population like >60 years age, Malnourished (BMI <18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district
- Identify camp sites in urban areas. Camp sites can be AAM, local dispensaries like mohalla clinics, aapldawakhana etc. or school (during non-teaching time), or ward office or any other community setting.
- Coordinate with ASHA and CVs for mobilization of people to camp sites, to X-Ray sites and for specimen transportation.
- Coordinate with health facilities for initiation of treatment by MO, comorbidity screening, differentiated TB care assessments and DST.

- Arrange treatment supporters for the patients and coordinate follow up of patients
- Seeding of Bank/post-office account for Ni-kshay Poshan Yojana in Ni-kshay
- Contact tracing & home visit of these diagnosed Person with TB and mobilize household contact to MO/CHO for screening
- For those individuals initiated on TB preventive treatment (TPT) by the MO/CHO ensure treatment supporter and coordinate for dispensation of drug and treatment compliance
- Focus on awareness activities (educate communities about TB, its symptoms, causes, and how it spreads, emphasize the importance of early detection and treatment, IEC material distribution, Motivating people) in the wards, schools, Nagar Panchayat, Mahila, Arogya, Samitis and any other public places.
- Nutritional and Social Support: Linking these Person with TB with Ni-kshay Mitra and ensure delivery of food basket in coordination with MO / CHO / STS every month

4. Medical Officer

- Ensure mapping of high burden areas (Orphanages, Migrant labours, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and / or areas with high number of TB cases or deaths) and listing of vulnerable population like >60 years age, Malnourished (BMI<18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB in the last 5 years and any other vulnerable population basis local area as decided by the district, prepared by CHOs and ASHA and compiled for the PHC area
- Identify TB screening (camp) sites at Ayushman Aarogya Mandir (AAM) or any other community convenient camp site
- Guide CHOs for development of AAM wise micro-plans and compile to prepare PHC level micro plan(Who, Where, When and What required).
- Arrange for mobilization of people to the campsite for screening, X-Ray and NAAT (including specimen transportation)
- Training of all CHOs and ASHAs on screening, protocol of the camp, and recording/reporting requirements.
- Train all CHOs and identified health facility staff on recording and reporting in Ni-kshay.
- Train all health facilities on the protocols, and roles assigned to each of them
- Maintain a high referral and screening rate at the health facility OPD
- For those identified as TB, initiate treatment, comorbidity testing, differentiated TB care assessment, contact investigation, nutrition support initiated.

- Ensure contact tracing and home visit of these diagnosed Person with TB by ASHA/CV and screen house-hold contact for ruling out active TB including chest X-ray (Public/Private) and ensure initiation of TPT
- Prepare PHC area wise awareness plan including engagement of the communities.
- Communicate all village/ward heads on the schedules of camp well in advance and mobilize their support.
- Visit and engage all campsites on daily basis to understand operations and early identification of issues to address promptly
- Monitor and report daily activities of the PHC area.

5. Senior Treatment Supervisor (STS)

- Coordination TB Mukht Bharat Abhiyaan activities within the TB unit, supervised
- Training of CHO, ASHA and volunteers involved in the TB Mukht Bharat Abhiyaan. Identify and facilitate engagement of additional community volunteers, as per the requirement (in area where there is no ASHA)
- Coordinate with other programs and/or departments to get available data and support mapping process.
- Coordinate with all CHOs and MOs within the TB units for village wise mapping and list of vulnerable population
- Coordinate with all MOs and facilitate development of a micro plan [Who (personnel), When (timelines), Where (sites/facilities) and What (consumables/materials)] and compile at TB unit level.
- TB Mukht Bharat Abhiyaan regulars reporting recording on ACSM/ Social Media
- Coordinate with STLS and TB-HV, and maintain list of campsites, X-Ray and NAAT facilities (with their networked villages/wards).
- Visit all health facilities in the TB units, assess for health facility level activity requirements and communicate with the in-charge of health facilities on expectations during the TB Mukht Bharat Abhiyaan .
- Train staff at the health facilities on the protocol of the TB Mukht Bharat Abhiyaan . Identify and train staff for proper recording of activities and reporting in Ni-kshay at the health facility.
- Coordinate for logistics i.e. availability of anti-TB drugs, TB preventive treatment, flow chart of the TB Mukht Bharat Abhiyaan , coverage area map, referral sites, clinical protocol for diagnosis of TB, DR-TB, TPT and differentiated TB care.
- Coordinate with ASHA/Community volunteers for post-diagnosis work of Person

with TB i.e. DST, TB comorbidity testing, treatment initiation, differentiated TB care assessment, NPY requirements.

- Arrange of treatment supporters for all patients initiated on treatment
- Ensure contact investigation are carried out for all diagnosed Person with TB by CHO/ ASHA, coordinate for TB rule out; TPT initiation and completion of TPT
- Arrange differentiated TB care assessment at all health facilities and make necessary equipment available to these facilities. Train relevant para medical staff in the TB unit on differentiated TB care protocol and facilitate training of medical officers through BMO/ DTO.
- Identify potential Ni-kshay mitra in the area and engage/facilitate engagement of Ni- kshay mitra for nutrition support to persons with TB and their family members.
- Coordinate with treatment supporters and patients for bank account and consent to

ensure NPY and PMTB MBA benefits are provided to patients.

Monitor indicators at TB unit level. Cascade of ACF, Treatment, TPT, Differentiated TB care should be reviewed regularly and provide facility wise feedback through BMO and PHC MOs.

- Visit or engage with all health facilities daily to understand operations and early identification of issues to address them promptly
- Reporting of all monitoring indicators from TB unit level.

6. Senior TB Laboratory Supervisor (STLS)

- Arrange for specimen collection and transport services from village to NAAT and CGDST laboratories.
- At the place of specimen collection, arrange specimen containers, and packaging materials are available.
- Train all those who are going to collect specimens on process of good quality sputum sample and packaging of specimen with biosafety precautions
- Engage and communicate with specimen transport agencies and/or personnel and inform the TB Mukh Bharat Abhiyaan schedules (date and locations) to make sure specimens are picked up and transported without any delays.
- Create a map (listing) each village and site of camps with NAAT sites
- Ensure availability of consumables, additional LTs and training based on the assessment to cover additional load of specimens.
- Increase in capacity of NAAT to match with the requirement. Arrange additional shifts for optimum use of existing machines.

- If any additional machine (incl. Mobile van) has been brought to the selected district or engaged private laboratory, then visit site, assess and make sure consumables and LTs are in place for optimal functioning at these additional labs.
 - Identify sites for non-sputum specimen collections (to test pediatric TB and extra pulmonary TB). Based on the estimated workload, create additional sites at sub district level. Map villages/sites with these centres.
 - At all non-sputum specimen collection sites, ensure availability of equipment and consumables required for induced sputum, gastric lavage, biopsy, fluid drainage, etc. Identify staff and train (or retrain) for specimen collection.
 - Monitor laboratory related indicators i.e. % specimen tested on NAAT; % specimen positive for TB; % positive specimen tested for rifampicin resistance, INH resistance and FQ resistance; quality of specimen; turnaround time; numbers of specimen tested per machine etc.
 - Engage with laboratories on a daily basis to understand the operations and early identification of issues for addressing them.
 - Map villages and camp sites with the X-Ray examination facilities.
 - Visit each X-Ray facility, assess and ensure consumables and human resources are Available.
 - Expand X-Ray examinations to match the requirements by increasing the shifts, human resources or identifying private facilities for engagement.
 - Monitor and supervise X-Ray related indicators i.e % of screened people examine.
7. Block Medical Officer and Block Program Manager, NHM
- Overall responsibility of operationalization and output of TB Mukh Bharat Abhiyaan at block level
 - ■ Coordinate with all medical officers, STS, STLS, TB-HV, block community mobilizer, block
 - program manager and supervisors and compile block level micro plan
 - ■ Communicate to all health facilities in the block on the protocol and plan of the TB Mukh Bharat Abhiyaan
 - ■ Prepare training calendar and operationalize training of all medical, para medical staff and
 - community volunteers on the TB Mukh Bharat Abhiyaan activities

- Engage on block development officer and administrator right at the beginning of preparation, report and take support to arrange logistics for the camp
- Supervise TB Mukh Bharat Abhiyaan
- Complete training/ orientation of all staff involved/deputed for the TB Mukh Bharat Abhiyaan
- To facilitate change management with respect to use of ICT & Ni-kshay tools for concerned data entry, validation and its use for public health action

8. District Programme Coordinator, District DR-Coordinator

- To work in close coordination with DTO for the roll out of the TB Mukh Bharat Abhiyaan in the district which includes planning, budgeting, procurement, drugs and logistics management, and preparation of reports.
- To assist the DTO in organizing training, meetings, reviews and sensitization of communities at the district level.
- TB Mukh Bharat Abhiyaan regulars reporting recording on ACSM/ Social Media
- To assist District TB Officer in district level human resources management for the TB Mukh Bharat Abhiyaan activities.
- To facilitate change management with respect to use of ICT & Ni-kshay tools for concerned data entry, validation & its use for public health action.
- Assist to DTO to manage the public grievance redressed mechanism in the District TB Office.
- Any other task assigned by DTO to roll out TB Mukh Bharat Abhiyaan.

9. District TB Officer

- DTO will be responsible for planning the TB screening activities in the district and to ensure the supply of drugs and logistics for the TB Mukh Bharat Abhiyaan activities
- District TB officers will assist the Chief medical officer for overall coordination and reporting and for organizing all district level meetings for implementation of TB Mukh Bharat Abhiyaan activities.
- Responsible for the public grievance redressed mechanism in the District TB Office

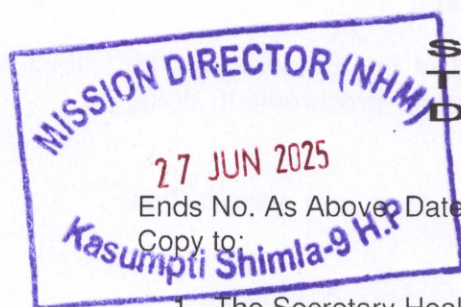
10. Chief Medical Officer

- Chief Medical Officer will be responsible for overall coordination and supervision of this TB Mukh Bharat Abhiyaan for the whole district and sharing of reports to concerned district collector/ district magistrate and with State officials.

11. District Collector/District Magistrate

- District Collector/District Magistrate will be nodal officer for the concerned district and responsible for overall administrative supervision for the whole district.

The detailed guidance document released by GOI on TB Mukht Bharat Abhiyan 2025 enclosed herewith. You are requested to go through above guidance document and bring the same into the notice of all the stake holders. You are also requested to re-strategize various activities in your districts in line with these guidelines to achieve the targets of TB Mukht Bharat.



**Signed by Pradeep Kumar
Thakur**

Date: 27-06-2025 13:55:15

Mission Director, NHM
Himachal Pradesh, Shimla - 9

Ends No. As Above Dated: Shimla-9, the
Copy to:

1. The Secretary Health to the Government of Himachal Pradesh for information please
2. The Director Health Services Himachal Pradesh for information please.
3. The Executive Director AIIMS Bilaspur, Principal (s) IGMC Shimla, RPGMC Tanda, YSPGMC Nahan, JLNGMC Chamba, SLBSGMC Nerchowk, MMUMC Sultanpur and RKGMC Hamirpur, for information and necessary action please. .
4. The District TB officers, all Districts for information and compliance.
5. The Block Medical Officers, all health blocks for information and compliance
6. Office copy

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Mission Director, NHM
Himachal Pradesh, Shimla - 9