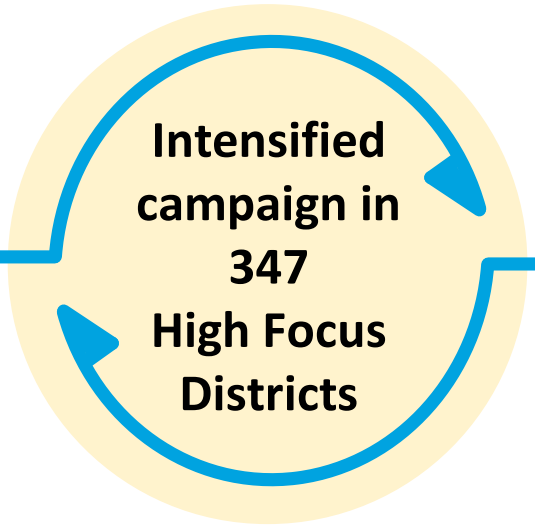
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार

100 Days Campaign

National Tuberculosis Elimination Programme

Overview

Intensified campaign: Rationale



Targets

- TB **incidence rate** (per lakh population) has decreased from **237** (in 2015) to **195** (in 2023), the target is to reach to **47**
- TB **death rate** (per lakh population) has decreased from **28** (in 2015) to **22** (in 2023), the target is to reach to **3**

Key Challenges

- **Low TB testing rate** - High dependance on Microscopy
- **60%** of the symptomatic did not seek care
- **46%** TB patients undernourished
- Factors contributing to **High Mortality: Drug Resistance, Low BMI & Comorbidities**

Intensified campaign: Goals and Objectives

Intensified campaign to accelerate TB case detection, reduce mortality, and prevent new cases through focused interventions in districts with the highest TB burden in a stratified approach.

Criterion for prioritization of Districts

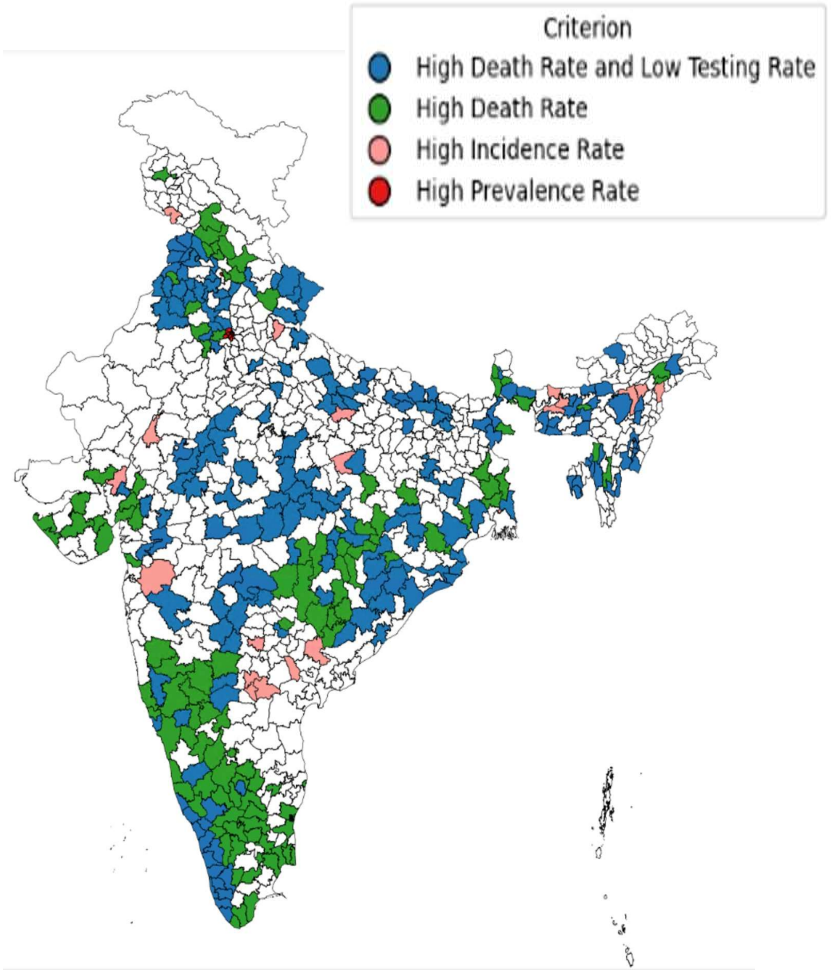
1. Death rate >=3.6% & testing rate <1700/lakh population (**195 districts**)
2. Death rate >=3.6% & testing rate >=1700 (**119 districts**)
3. Incidence rate >=200/lakh population (21 districts)
4. TB Prevalence > 400/lakh population (12 districts)

38 Tribal districts

27 Mining districts

46 Aspirational districts

347 districts

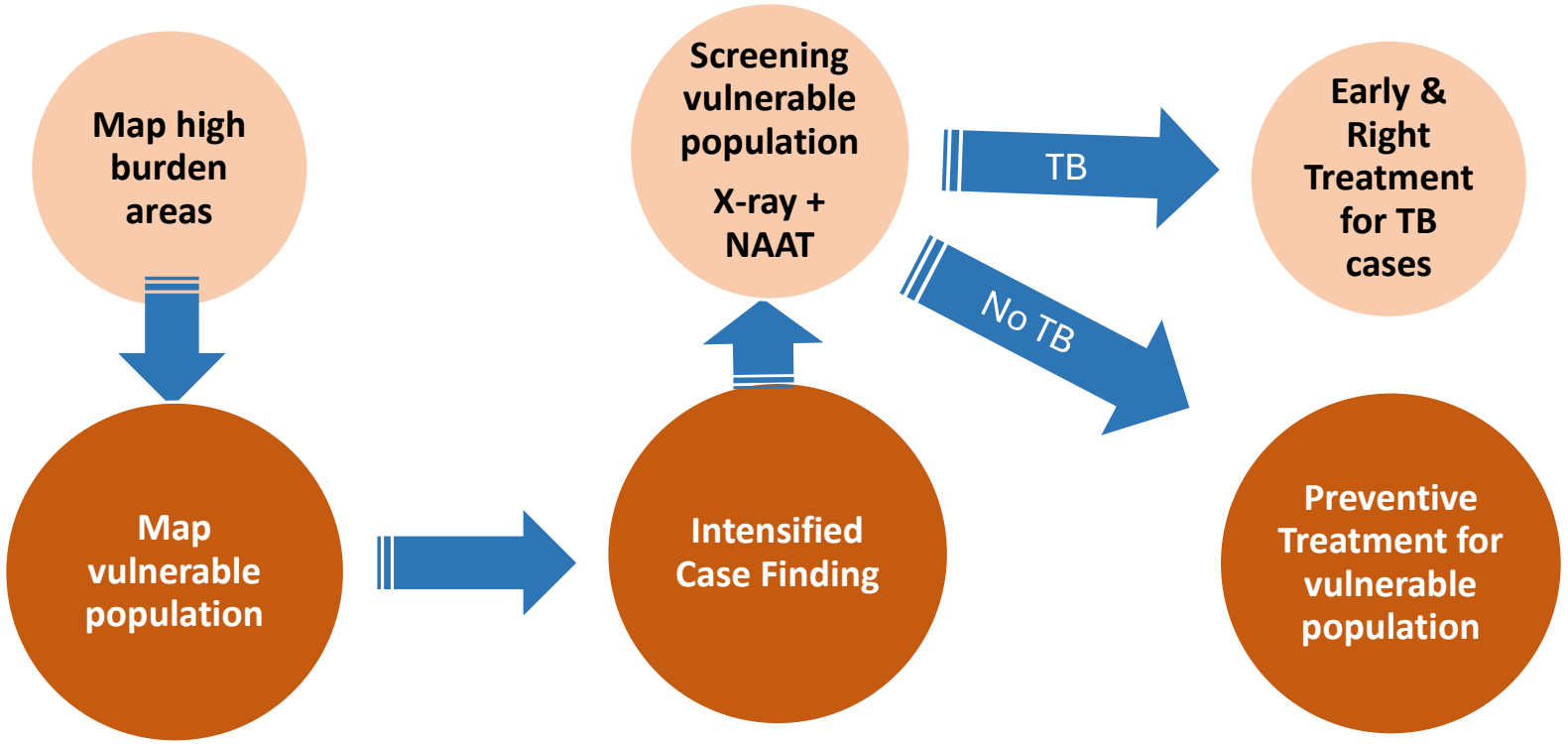


Coverage of Campaign (33 State/UTs)

State	Total District
Karnataka	31
Maharashtra	30
Madhya Pradesh	23
Tamil Nadu	22
Chhattisgarh	19
Odisha	19
West Bengal	19
Punjab	18
Assam	17
Gujarat	16
Uttar Pradesh	15
Haryana	14
Kerala	14
Delhi	11
Bihar	10
Telangana	9

State	Total District
Himachal Pradesh	8
Uttarakhand	8
Manipur	6
Meghalaya	5
Rajasthan	5
Tripura	5
Jharkhand	4
Mizoram	4
Jammu & Kashmir	3
Nagaland	3
Goa	2
Sikkim	2
Andhra Pradesh	1
Arunachal Pradesh	1
DNH & DND	1
Puducherry	1
Chandigarh	1
Total	**347**

Key Strategies – Reduce TB Incidence

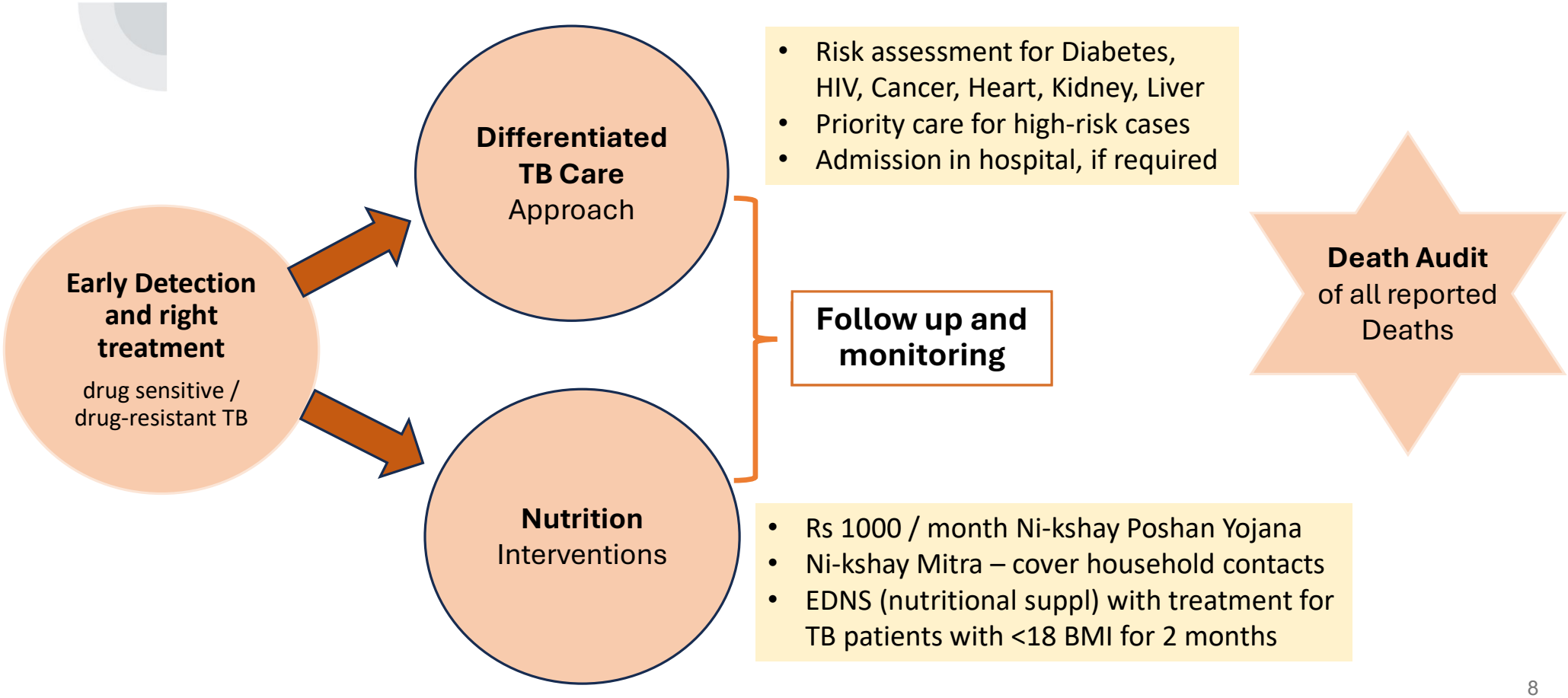


>60 years, Malnourished, Diabetes, HIV, Smokers, Alcoholic, Past TB cases and Household Contacts

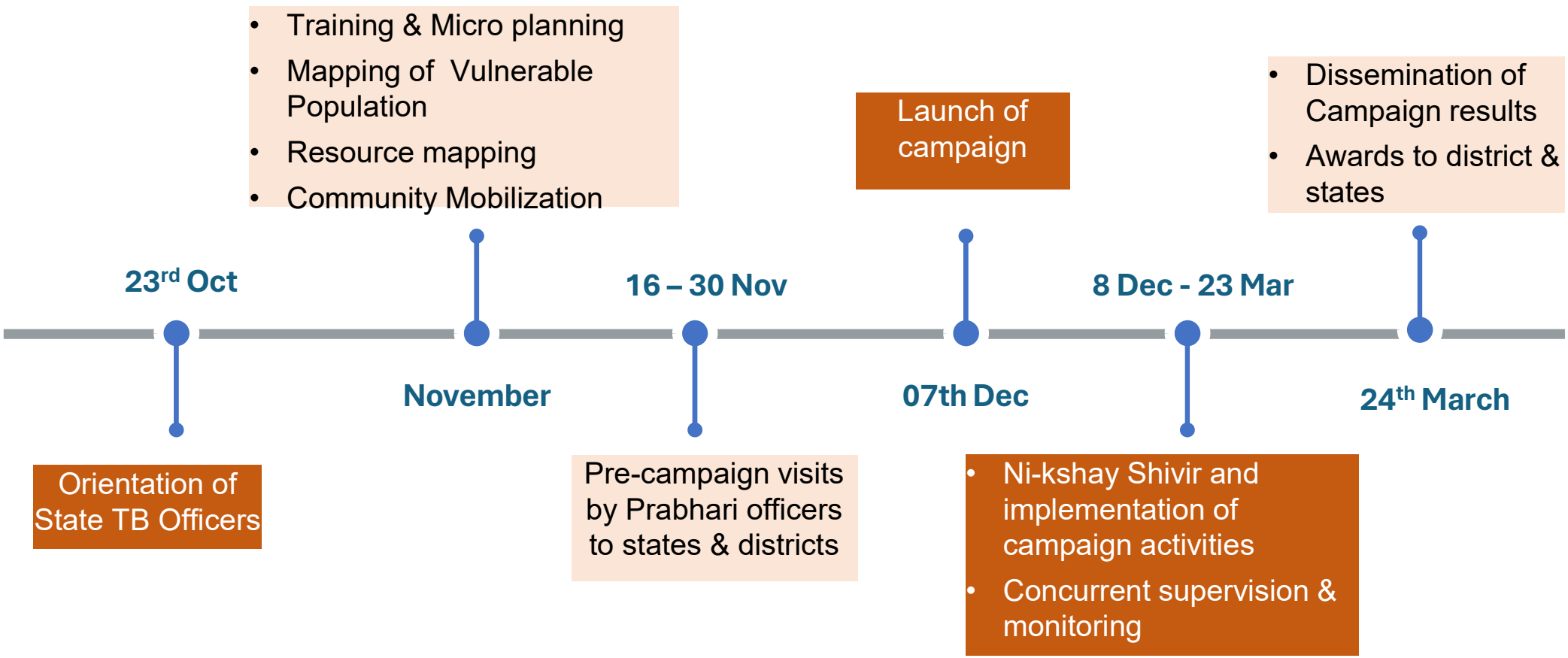
- 100% screening in Vulnerable Population
- 100% screening in people visiting special clinics like HIV, NCD, smoking cessation
- 10% of OPD above CHC and 5% below

- Rule out Active TB and testing for TB infection
- Once a week treatment (3HP)

Key Strategies – Reduce TB Mortality



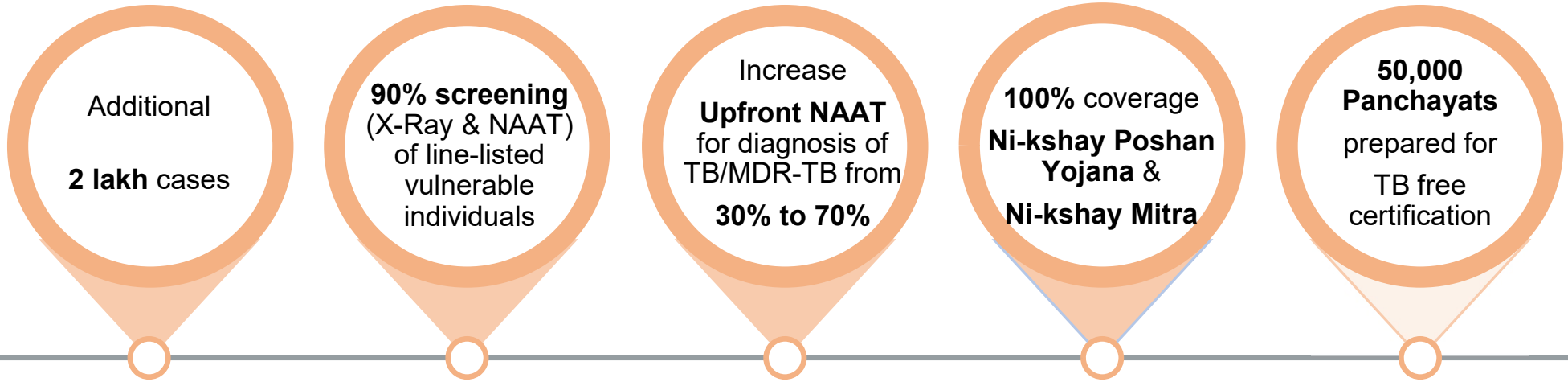
Implementation Timelines



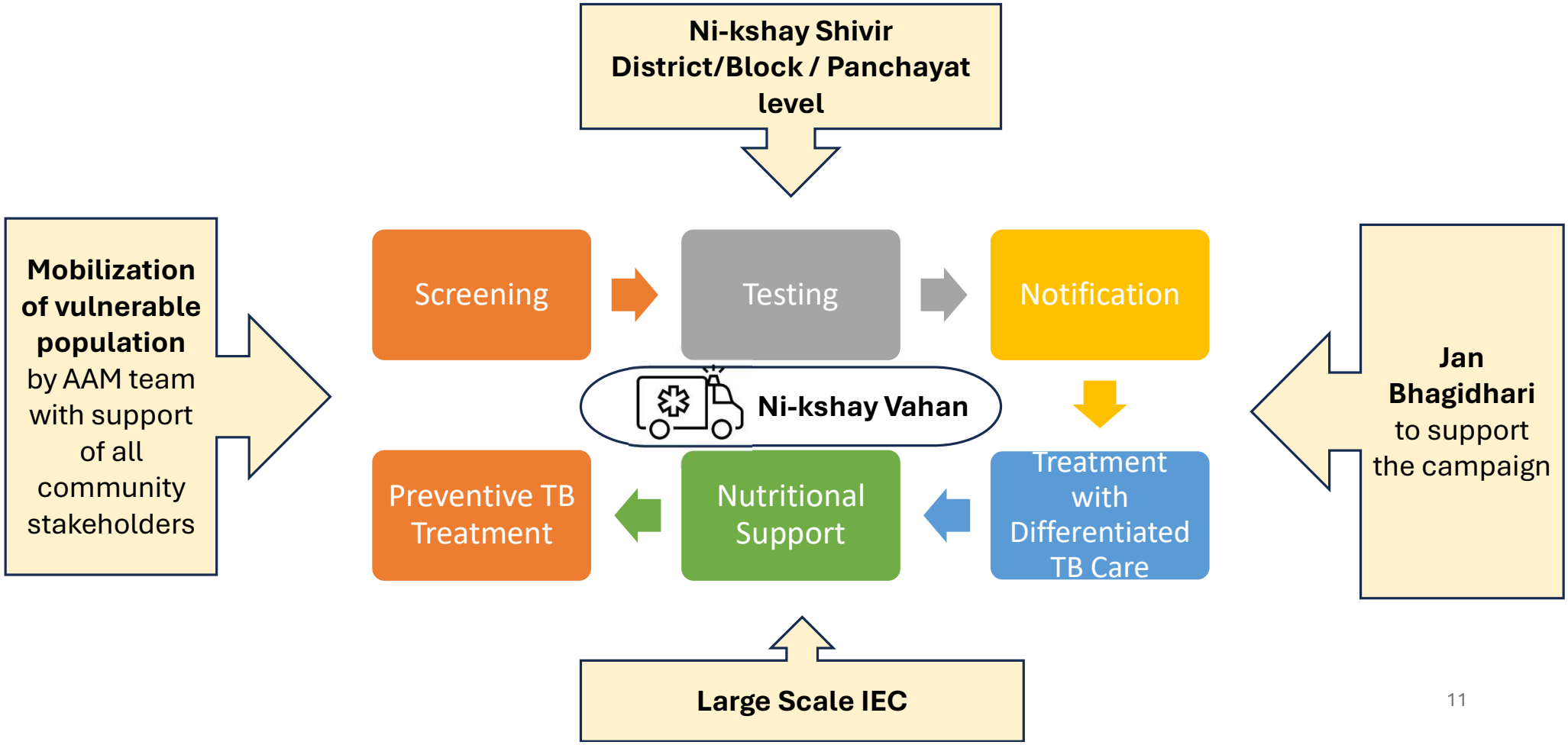
Expected outputs – National Level

The campaign will impact positively towards the overall goal of reducing mortality and morbidity due to TB.

Specific Output of the Campaign will be as follows:

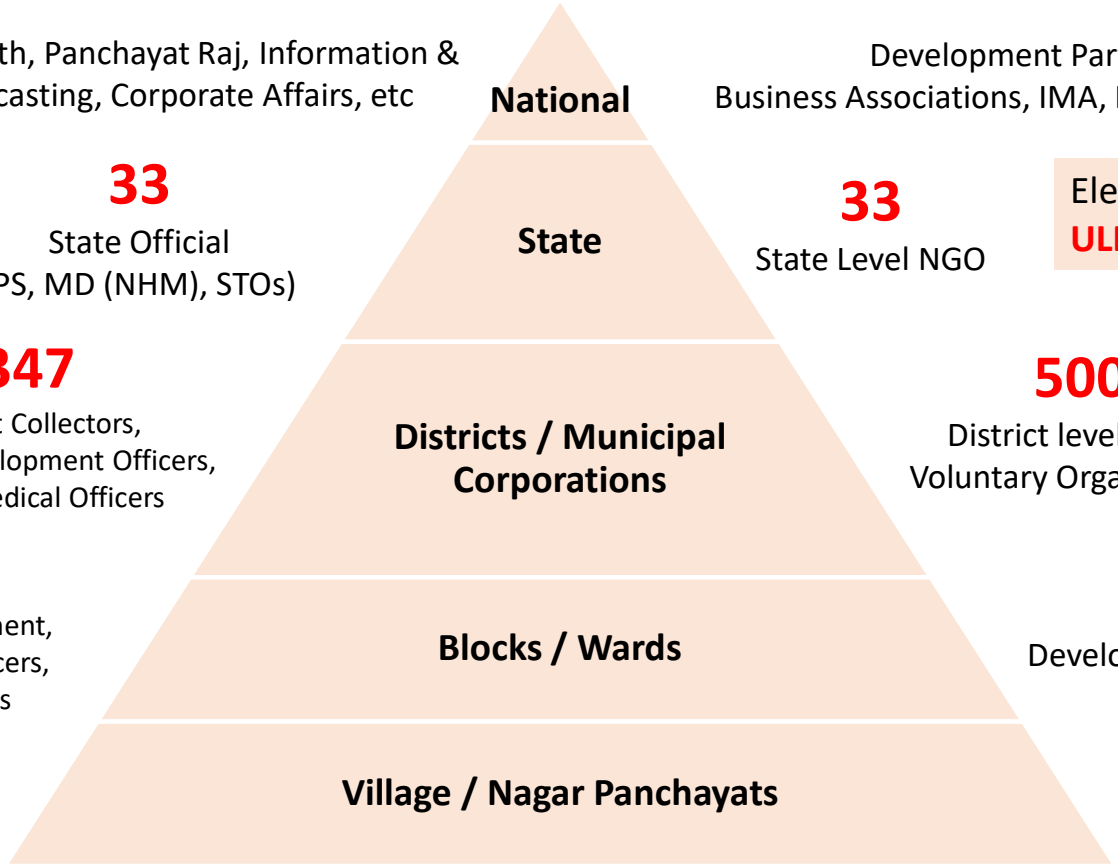


Campaign Activities



Janbhagidari: Uniting Communities for a TB Mukt Bharat

Janbhagidari - Stakeholders



M/o Health, Panchayat Raj, Information & Broadcasting, Corporate Affairs, etc

Development Partners, Corporates Business Associations, IMA, Indian Red Cross Society, etc

Elected Representative – **MP / MLAs**

33 State Official (PS, MD (NHM), STOs)

33 State Level NGO

Elected Representative – **ULBs / PRIs**

347 District Collectors, District Development Officers, Chief Medical Officers

500 District level NGO/ Voluntary Organizations

3000 Rural & Urban Development, Block Development Officers, Block Medical Officers

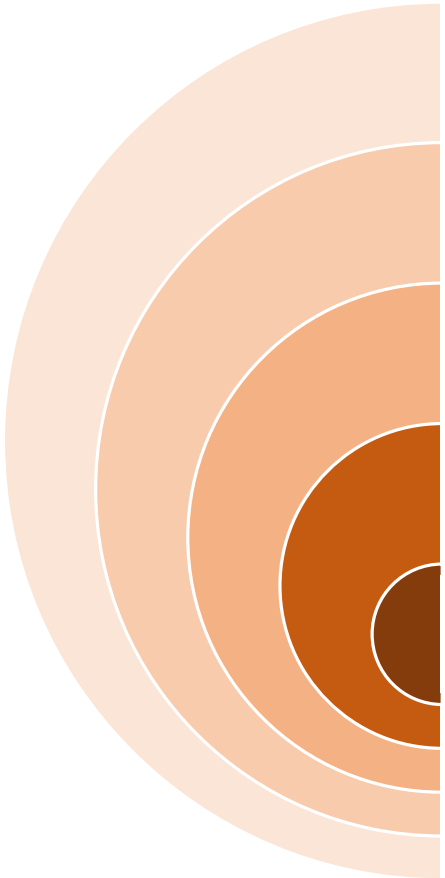
15 Development Partners

79,000 Ayushman Arogya Mandirs

10 lakh Self Help Groups

1.15 lakh Gram Panchayats

Objectives of Janbhagidari



Raise Awareness

- Spread knowledge on TB symptoms and the importance of early detection

Reduce Stigma

- Normalize discussions about TB and eliminate discrimination

Encourage Early Detection

- Mobilize vulnerable communities for TB screening and timely treatment

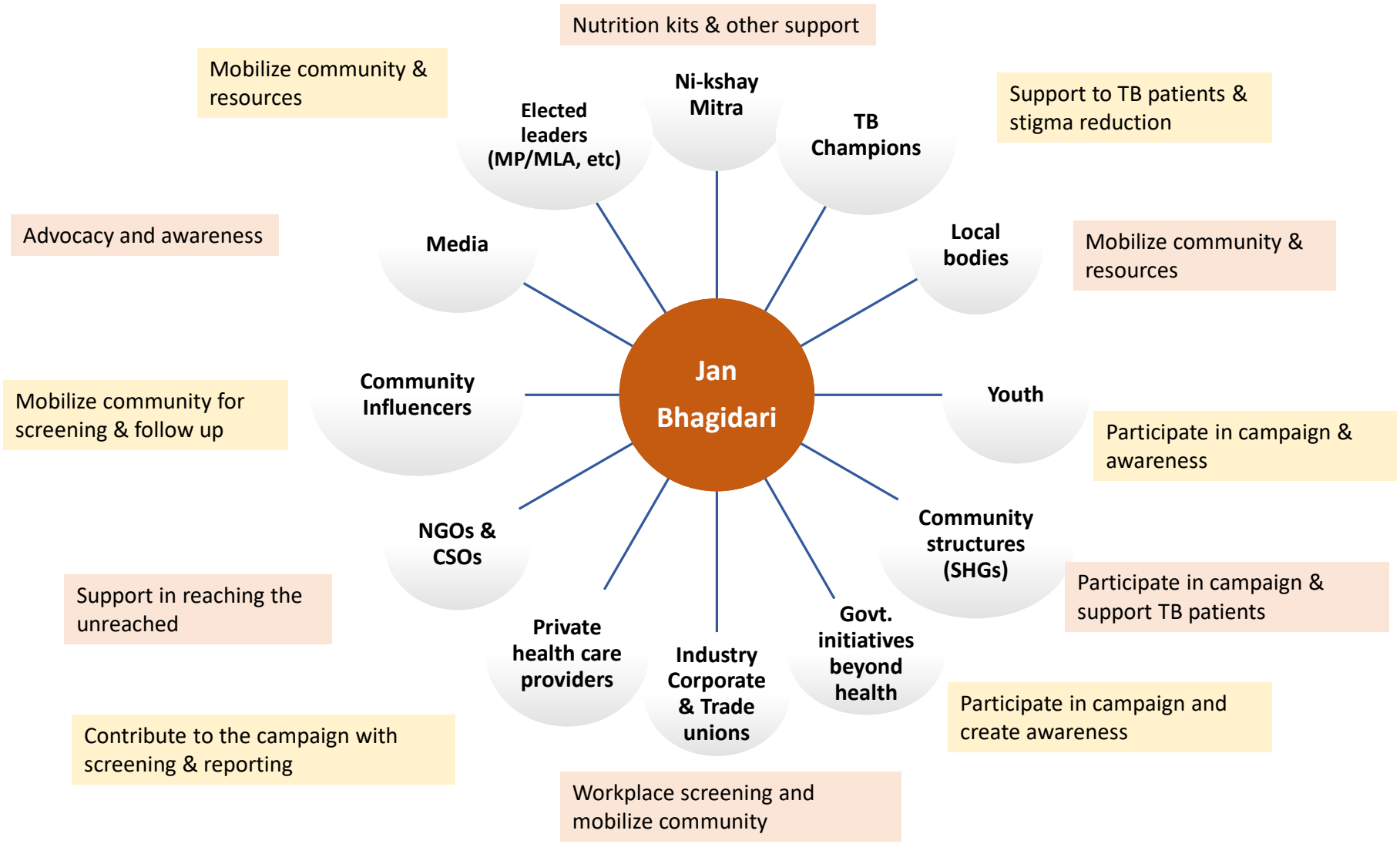
Support Treatment and Nutrition

- Ensure patients complete treatment and receive nutritional support

Promote TB Prevention

- Promote cough hygiene, nutrition, ventilation, uptake of preventive treatment and healthy behaviors

Role of Stakeholders



Calendar of Focused Activities - Janbhagidari

Dates	Activities
7th Dec	Launch of Campaign(Participation of all Political representatives)
8th – 22nd Dec	Mobilisation of vulnerable population, sensitization of local stakeholders & Ni-kshay Shivirs in AAM & community (Participation of all Political representatives)
23rd – 31st Dec	Community Influencers & Religious Leaders during Christmas & New Year Festivities
1st Jan -12th Jan (National Youth Day)	Elected Representatives involvement, public gathering, Ni-kshay Shivirs in workplaces, congregate settings. National Youth day Celebration
13th Jan – 15th Jan	Community Influencers & Religious Leaders during Lohri, Makar Sankranti & Pongal Festivities

Dates	Activities
16th – 24th Jan	Youth Involvement with events in schools, colleges 23rd Jan – Neta Ji Subash Jayanti
25th - 26th Jan	TB messaging in Republic Day festivities at District level events
27th – 2nd Feb	Ni-kshay Saptah in Govt Depts
3rd Feb – 15th Feb	Ni-kshay Shivirs in workplaces, congregate settings
15th Feb – 28th Feb	Media Involvement – Media workshops, field visits by journalists
28th Feb – 7th Mar	Community Influencers & Religious Leaders during Ramadan Festival
8th March – 17th Mar	Mop up for conclusion of campaign

Activities in Janbhagidari

Line-listing & Mobilization of vulnerable population (diabetics, under-nourished, smokers, alcoholics, past TB cases, contacts & PLHIV)

Ni-kshay Shivir in public places like railways or bus stations, congregate settings, hostels, AAM, local health facilities

Sensitization programmes for PRI, Urban Local Bodies, Self Help Groups, Jan Arogya Samiti, Mahila Arogya Samiti, Village Health Nutrition & Sanitation Committee

Schools and colleges
art & cultural activities, competitions, rallies

Pledge taking Event to
encourage testing, zero stigma, support patients in-need

Identification of **New Ni-kshay Mitras** and **TB Champions / Vijeta**

TB Messages by religious leaders through gathering, print & electronic media, cable TV, IEC activities during festivals & mela's

Ni-kshay Shivir in corporates, industries, tea gardens, brick kilns, construction sites, stone crushers & similar workplaces,

Ni-kshay Saptah in Govt Depts other than Health - awareness sessions, Ni-kshay Shivir, competitions, messaging through Dept social media & their IEC channels

Engaging Elected Leaders and Parliamentarians

Activities throughout 100 days campaign

- **Flagging** Off **Ni-kshay Vahan** within their constituencies (7th Dec 2024 onwards)
- Participate in **Ni-kshay Shivir** within their constituencies (8th– 22nd Dec), schedule will be provided
- **Address public gatherings** on TB, de-stigmatize TB, dispel myths/misconceptions, encourage people to seek early care.
- **Taking Ni-kshay Shapath (pledge)** along with community
- **Ni-kshay Mitra** – Mobilize industries, corporate, NGOs as Nikshay Mitra for adopting TB patients & their families, food basket distribution and felicitate them.
- **TB Vijeta** – Felicitate TB Vijeta for their contribution

Engaging Elected Leaders and Parliamentarians

- **Mobilize additional resources**
  - MP-LAD / MLA funds for health system support
  - mobilize industry, corporate, NGOs – X-Ray & NAAT machines or patient mobilization vehicles, etc.
- **Bytes** in local press / radio / TV to educate public on TB issues
- **TB messaging in Social media** channels (Facebook, WhatsApp and Twitter), about Ni-kshay Shivir and key achievements
- **Participate in week wise campaign activities** whenever possible

Local Self Government: PRIs & ULBs

Activities throughout 100 days campaign

1. **Planning and review of campaign**
   - Gram Pradhan / Ward Adyaksh with local health functionaries plan for campaign activities in the village/ward
   - Support health staff in implementation & concurrent monitoring
2. **Resource support**
   - Mobilize local resources and/or budget in GPDP / urban plan for sustainability
   - Mobilize budget for campaign activities (patient referral transport, sputum transportation, etc)
3. **Mobilization of local opinion leaders and influencers**
   - Involve local groups like SHGs, youth clubs, MNREGA groups in awareness
4. **Create awareness and reduce stigma**
   - Gram Sabha / Ward Committee meeting - sensitize members on TB & encourage community participation
   - Motivate community to be Ni-kshay Mitras - leading by example
   - IEC in community - wall painting, posters in CSC, library & other prominent places
5. **Taking Ni-kshay Shapath (pledge)** along residents of the panchayats and wards

Youth Involvement - Agents of Change

Activities during
16th – 24th Jan 2025

12th Jan – Youth Day
23rd Jan – Neta Ji Jayanti

Youth organizations and M/o Youth Affairs & Sports

1. **Sensitize** all MyBharat Volunteers, National Service Scheme (NSS), National Cadet Corps (NCC), Bharat Scouts and Guides, Youth hostels, National Youth Corps volunteers - awareness activities through them
2. **Youth Clubs** like Nehru Yuva Kendra - awareness session on TB-related messages to youth.
3. **Engage eminent sports person** as champion of change for the campaign

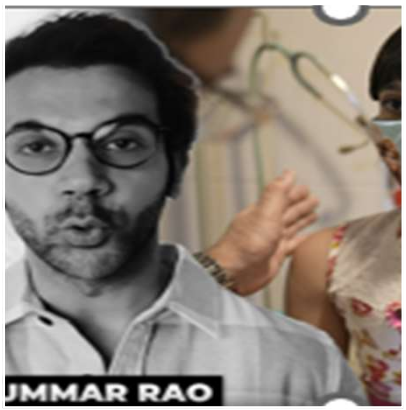
Schools, colleges, universities engagement

1. Organize **art & cultural activities** like essay, poster, elocution competitions in schools & colleges
2. Conduct TB awareness training for **teachers**
3. Sensitization of **students** of 8th-12 standard & college students
4. Create **youth ambassadors** in schools & colleges
5. **Taking Ni-kshay Shapath (pledge)** in the schools and colleges

Community Influencers - Catalysts for Change

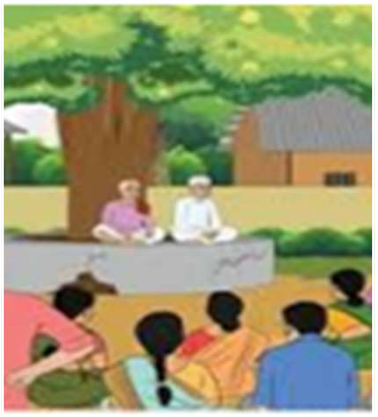
RELIGIOUS LEADERS

- TB messaging by religious leaders in religious gathering / settings
- Ni-kshay Pledge with followers
- Mobilize people to become Ni-kshay Mitras
- IEC by Religious Leaders through, print & electronic media, cable TV
- IEC activities during festivals & melas



SOCIAL MEDIA INFLUENCERS

- TB messaging in social media channels
- Ni-kshay Pledge
- Mobilize people to become Ni-kshay Mitras



LOCAL OPINION LEADERS

- TB messaging in community events
- Ni-kshay Pledge
- Articles in local newspapers
- Talk shows in community radio
- Mobilize people to become Ni-kshay Mitras

Engaging Government Initiatives Beyond Health Department

Ni-kshay Sapthah in all departments during 27th Jan – 2nd Feb 2025 (post Republic Day festivities)

M/o Communications (Dept. of Posts, Telecommunication)	• TB messaging on the postal cards and delivery packaging • Mobile ring tones and push messaging on TB • Display of IEC material at all post offices
M/o Culture	• Illumination of monuments on the 24th of every month to mark Ni-kshay Diwas • Awareness messages on social media of the department
M/o Mines, Heavy Industry, Coal, MSME, MOLE	• Screening of staff at all mines, PSUs, manufacturing units • Awareness messages on social media of the department • Register new Ni-kshay Mitras from the PSUs and staff of the Ministry
M/o Railways, Road transport & highways, Ports shipping & waterways, civil aviation	• Screening camps (Nikshay Shivir) at all railway and bus stations, ports and airports • Display IEC materials at all stations, ports, buses, trains and vehicles • Message on TB in buses, trains, flights, ships • Screening of workers under the Ministries – specially engaged in tracks, constructions, manufacturing units

Engaging Government Initiatives Beyond Health Department

Ni-kshay Sapthah in all departments during 27th Jan – 2nd Feb 2025
(post Republic Day festivities)

M/o Defence (Dept. Ex-servicemen welfare, Defence production)	• Awareness of all staff on TB • Messages on social media of the department • Screening of service men, families and production unit staff • Newer Ni-kshay mitras
M/o Home Affairs	• Screening camps (Nikshay Shivir) in all prisons, soldiers & their families • Awareness of all staff of the Ministry on TB • Messages on social media of the department
M/o AYUSH, Tribal Affairs	• Messages on social media of the Ministry • Awareness of all staff on TB • Communicate to all state functionaries on TB campaign seeking their support
M/o Rural Development, Housing & Urban Affair, WCD	• Messages on social media of the Ministry • Awareness of all staff on TB • Communicate to all state functionaries to support through SHGs, ULBs, AWW

Corporate, Industries, Business & and Trade Union Association

- Involvement of industries, mining sectors, corporate houses, PSUs, PSEs trade unions, market associations, banking sectors, business associations, etc
- Mobilise resources and expand outreach - majority of TB patients belong to the working age group.

Activities throughout 100 days campaign

1. TB **awareness** sessions / meetings by all market associations, unions and business associations
2. **Display of IEC materials** on TB in all factories, workplace
3. **Ni-kshay Mitra** registration drive in all industries and PSUs
4. **Ni-kshay Shivir (screening camps)** in industries, brick kilns, stone crushers, tea gardens, construction sites, etc
5. **Skill** trainings for TB patients / family members and **vocational** camps for TB patients and family members
6. **Taking Ni-kshay Shapath (pledge)** along community

Leveraging NGOs and Civil Society
Reaching the Unreached

- NGOs, CSOs, community-based organizations, voluntary clubs like Lions Club, Rotary Club, Red Cross Society, etc.

Activities throughout 100 days campaign

1. Organize TB **awareness** and anti-stigma IEC campaign in all branches of NGOs, Voluntary clubs, civil society organizations
2. Ni-kshay Shapath (**Pledge**) with community
3. Identification of vulnerable population, mobilize them and arrange Ni-kshay shivir
4. Provide **mobility support** for patient referral for X-Ray, specimen transportation during campaign
5. **Distribution** of nutrition kits from Ni-kshay Mitra to TB patients along with nutritional counselling
6. **Post-campaign activities** to mobilize patients who did not go for X-Ray, NAAT, differentiated TB care, TB treatment or TB preventive treatment

Local Community Structures - Bridging Health Services and People

- Local community structures / groups - link between health services and community
- Village Health, Sanitation, and Nutrition Committees (VHSNC), Jan Arogya Samiti (JAS), Mahila Arogya Samiti (MAS), Self Help Groups, Anganwadi Centres

Activities throughout 100 days campaign

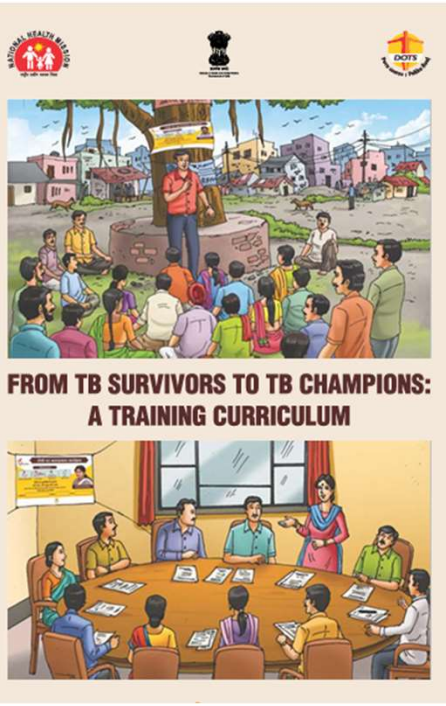
1. **Special TB awareness sessions** in VHSNC, JAS, MAS, SHGs, Anganwadi centres, focusing on TB
2. **Pledge-taking events** where members commit to support TB patients, reduce stigma, address myths / misconceptions, and create an enabling environment for those affected
3. **Motivate members** to become informants, TB champions, and Ni-kshay Mitras to support TB patients
4. **Support health staff** in mobilization of vulnerable population for Ni-kshay Shivir

TB Vijeta: Champions Leading the Way

TB Vijeta, or

TB Champions

- TB survivors who are trained to work actively in their communities
- Share personal experiences and are powerful agents of change in the fight against TB.



Activities throughout 100 days campaign

1. **New TB Vijeta:** Identify, register & train atleast one TB champion per AAM
2. **TB Forum meeting -** One meeting in each district - under District Collector
3. **Anti-stigma campaign -** IEC activity in each AAM - involving TB champion
4. **Peer support**
   - TB patients support group meeting in each block - peer counseling & share experiences
   - Accompanying or support for patient referral and sputum sample transportation
5. **Community screening -** During camp, assist health team to mobilize community & follow up for cascade of care / retrieval of drop outs
6. **Taking Ni-kshay Shapath (pledge)** along with community and existing patients

Ni-kshay Mitra Initiative

- **Ni-kshay Mitra** - individuals, NGOs, cooperative societies, corporations, elected leaders or political parties - support TB patients & their families.
- Support covers beyond medical treatment - Nutrition kits, investigation and vocational support

Activities throughout 100 days campaign

1. **New Ni-kshay Mitra** - Registration desks in public places like collectorate, health facility, bus stands, railway stations, colleges, universities, other public settings for spot registration
2. **Linking** every TB patient (existing and newly diagnosed) with Ni-kshay Mitras during the campaign
3. **Food Basket Distribution** - distribution of food baskets at AAM or doorstep by Ni-kshay Mitra through NGOs or SHGs, etc
4. **Felicitation of Ni-kshay Mitra** at district level, to appreciate their contribution & encourage others
5. **Taking Ni-kshay Shapath (pledge)** along with community

Private Health Sector - Strengthening TB Elimination Ecosystem

- Equal Stakeholder - serve almost half of the TB patients in community
- AYUSH providers and chemists / pharmacists are often first contact for primary healthcare
- Bodies like Indian Medical Association (IMA), Indian Academy of Pediatricians (IAP), Indian Chest Society (ICS), Indian Pharmaceutical Associations (IPA), AYUSH associations, etc. influence peer community

Activities throughout 100 days campaign

1. **Event/technical sensitization meeting** by Association on TB & **pledge** taking to support TB elimination and 100% mandatory notification
2. **Letters** from Association to all members on national technical guidelines and SOPs for availing / linking with government services.
3. **IEC materials display** in private health facilities especially free initiatives / DBT schemes of government for nutritional support and other services
4. **Sensitization of Chemist/Pharmacist** to refer patients for testing, especially those who are visiting for respiratory ailments
5. Ensure **availability / linkages for free diagnostics and drugs** in private facilities
6. **Utilize services of private sector** wherever needed for X-Ray, NAAT, specialist care, indoor care, extra pulmonary investigations, etc

Media Engagement

Activities during 15th – 28th Feb 2025 (after Budget Session and build up for Campaign closure & World TB Day activities)

1 **Journalist – Media Champions Development**

Identify & sensitize a core group of 10-12 journalists. Host regular meetings to share data trends and keep them informed

2 **Community Radio Campaign**

Organize programmes – talk shows, interview, etc in community radio

3 **Media Exposure Visits**

Organize field trips for journalists. These visits enhance their understanding of TB programme and showcase campaign achievements

4 **Media Workshops**

Conduct national and regional media workshops in Varanasi, Guwahati, Chennai / Bangalore. Foster in-depth discussions & sensitize journalists on TB-related issues.

State and District Actions to ensure Janbhagidari

- Sensitize & engage leadership
- Letters from administration on campaign activities to various stakeholders
  - Letter from CM/Health Minister to MPs/MLAs, Departments
  - Letter from DM to NGOs, Industries in the district
- Meetings & sensitization of stakeholders
- Joint planning with timelines and roles
- Provide IEC materials, designs, messages, fact sheets, sensitization toolkit and other tools
- Facilitate implementation of activities
- Sharing of Ni-kshay Vahan/NI-kshay Shivir schedule with PRIs, NGOs, SHGs etc

Engagement by →	State	District	Block
TB Vijeta	☐	☐	☑
Ni-kshay Mitra	☑	☑	☐
Elected representatives	☑	☑	☐
PRIs and ULBs	☑	☑	☑
Community groups	☐	☑	☑
Private Health Sector	☑	☑	☐
Youth	☑	☑	☑
Non-health departments	☑	☑	☐
Community influencers	☑	☑	☑
Media	☑	☑	☐
NGOs and CSOs	☑	☑	☑
Industries and Associations	☑	☑	☐

Ni-kshay Shivir

December 7th, 2024 (Saturday)

Launch Event – 100 Days Campaign

Date: 7th December, 2024 (Saturday)

Participants: 1000

- Central - Ministry, Partners
- State – ACS/PS, MDs, STOs, State leaders
- District – Collectors, CEO, CDO & DTOs
- Corporates / Industries / Private sector
- Sub-district – MO, STS, STLS, ANM, ASHA

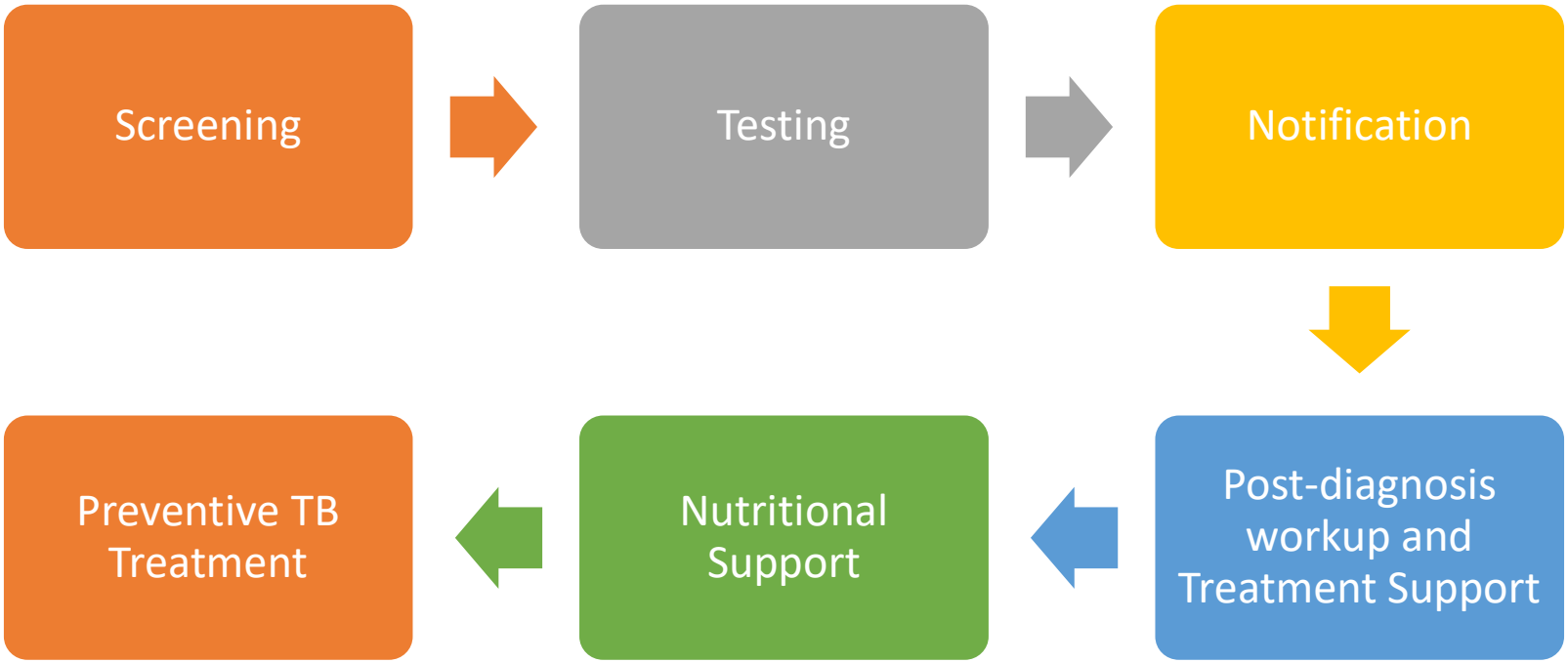
- All State/UTs will have a State level launch programme and
- District level launch event in their respective intervention district

Agenda Outline

Time	Activity
05 Min	Welcome of dignitaries
05 Min	Lighting the Lamp
5 Min	Welcome Address
10 Min	Context Setting of the 100-day campaign by …
15 Min	Address by …
15 Min	Special Address by …
20 Min	Launch of campaign 1. Flag Off Ni-kshay Vahan 2. Felicitate Ni-kshay Mitra – Distribution of food baskets 3. Felicitate TB Champions
25 Min	Keynote Address by State level Minister or District Administration or MP/MLA
45 Min	Visit to Ni-kshay Shivir & Interaction with beneficiaries

Activities under 100 days campaign

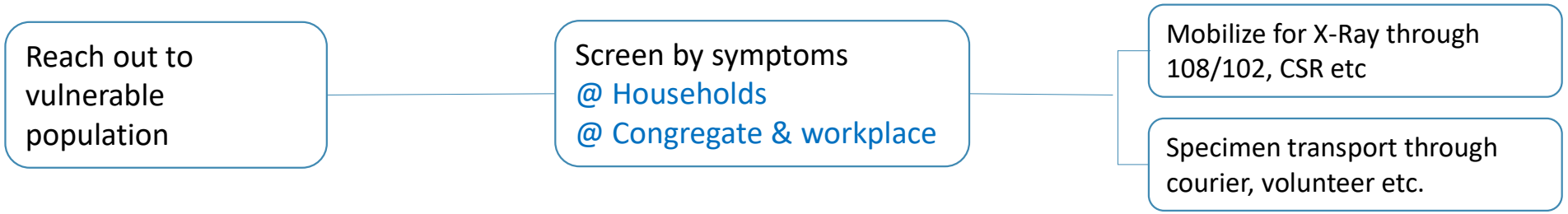
Activity flow



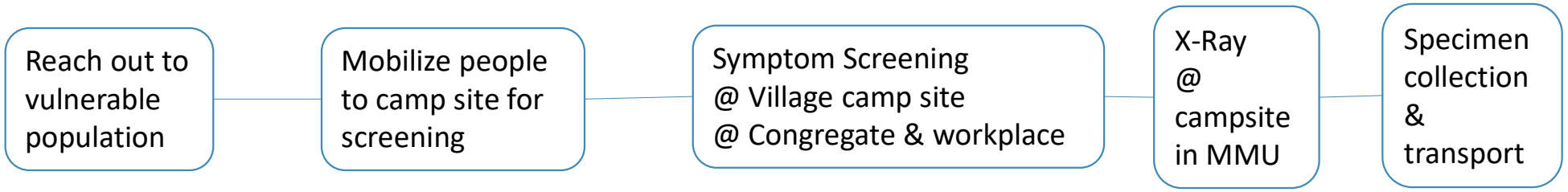
Screening

Community Screening Process

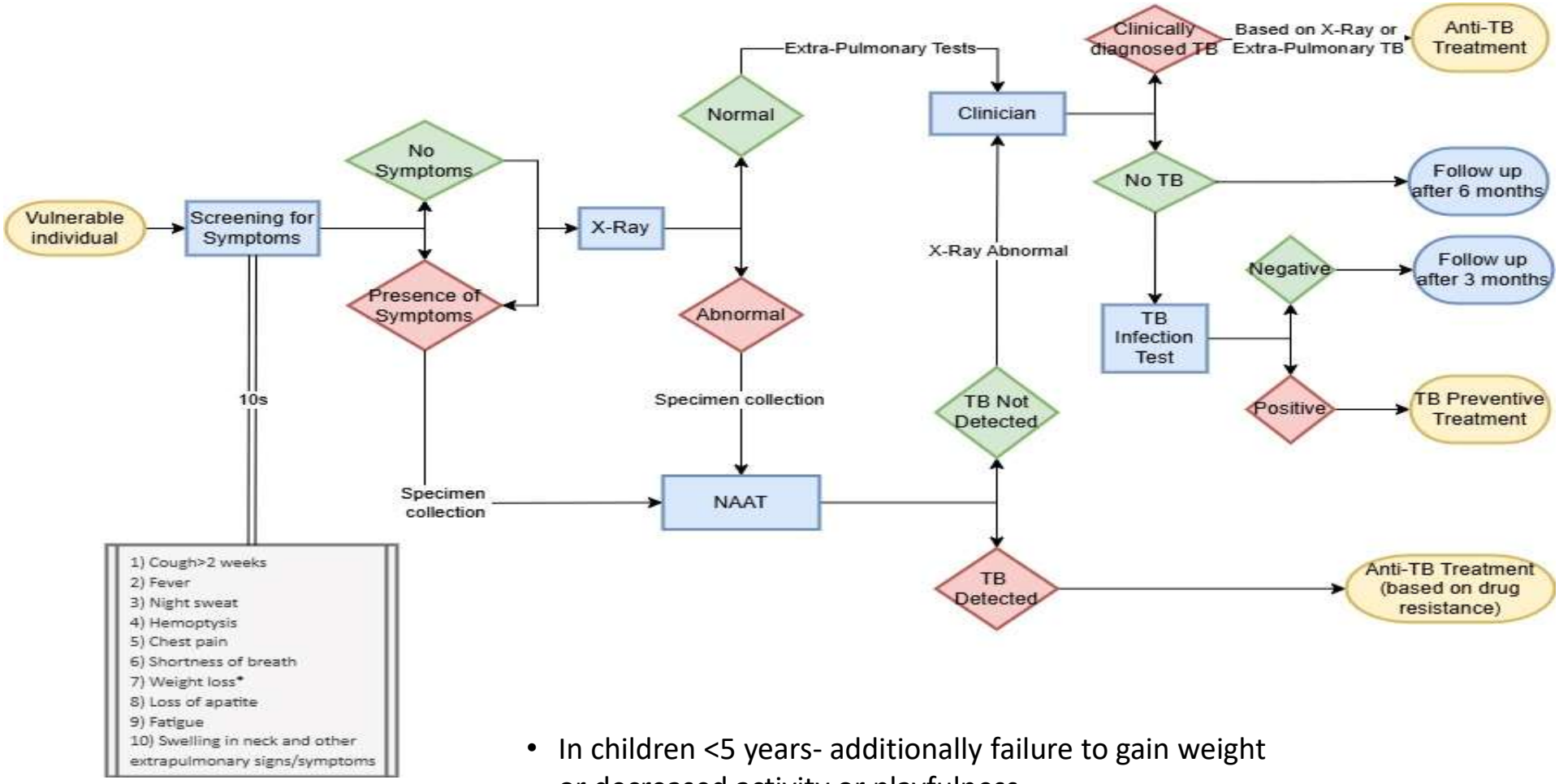
Screening without mobile medical unit (MMU)



Screening with mobile medical unit (MMU)



Algorithm



- In children <5 years- additionally failure to gain weight or decreased activity or playfulness

Screening at Health Facility

- At **AAMs and CHCs** → 5% of OPD tested for TB
- At **SDH, DH, Medical College** → 10% of OPD
- In **priority settings** → 100% of OPD visitors should be screened for TB symptoms
    - HIV, Diabetes, Tobacco cessation, Cancer, dialysis units, indoor admitted patients, and other immunocompromised settings

Screening Methods:

- Symptomatic screening for both pulmonary and extra pulmonary TB.
- X-Ray for both symptomatic and asymptomatic (especially vulnerable individuals)

Linkages for X-Ray and testing (when not available in facility)

- Ensure smooth referral processes to access X-Ray
- Specimen collection and transportation to laboratory for NAAT and extra pulmonary testing

Testing

Test	For whom	Where	How
X-Ray	All vulnerable individuals (Symptomatic and asymptomatic)	@Camp site in MMU @Health facility nearest to village	• Route map with schedule • Schedule the shifts of LT and radiographers as per workload
NAAT	Individuals with symptoms of TB Individuals with X-Ray suggestive of TB	@Private health facility	• Purchase of X-Ray services from private sector (based on requirement)
Extra pul monary tests	Persons with extra pulmonary symptoms / signs	@Health facilities where extra pulmonary specime ns collected & tested	• Assign CHC, District Hospital and Medical Colleges for extrapulmonary testing

District Network Optimization for NAAT & X-ray

DEFINITION

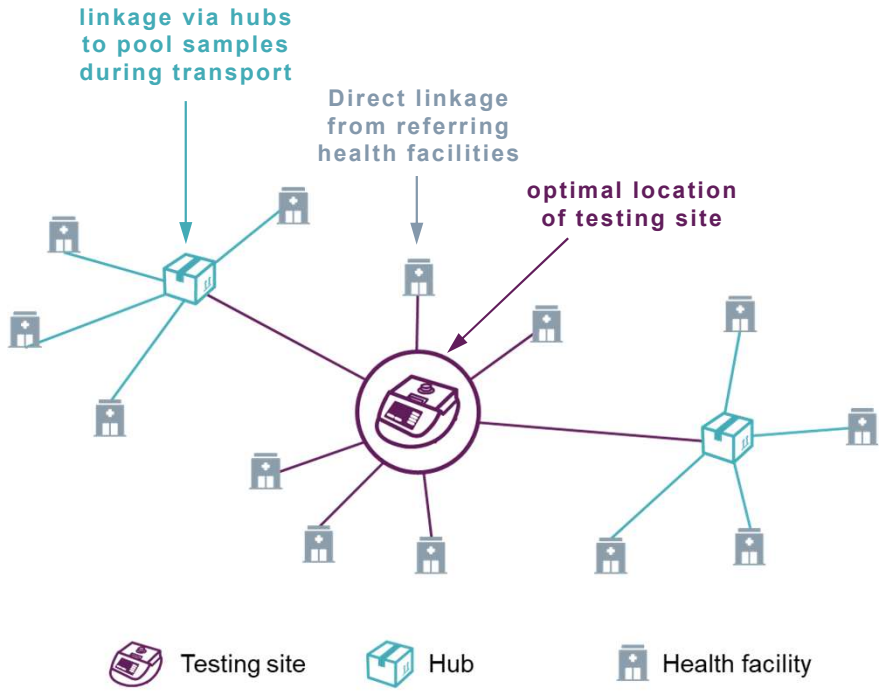
Diagnostic network optimization (DNO) is a geospatial analytics approach to

- **analyse the current diagnostic network**
- **recommend** the **optimal type, number and location of diagnostics** and **associated sample referral network**
- **minimize overall network costs** subject to applied (access) constraints

BENEFITS

- Generates insights around **testing demand, capacity and utilization**, **cost efficiency** and **access to services**
- Enables evaluation of trade-offs across multiple elements simultaneously
- **Informs interventions that maximize impact** of available investments

Graphical representation of DNO-recommended diagnostic network design



Health Facility Notification from private sector

Issue advisory from district magistrate to private health facilities

Issue letter from IMA and Chemist association to private doctors

Issue letter from chief medical officer with performance and feedback to private facilities

Visit of health functionaries to private health facilities for notification and supply of containers/drugs

- **Clinics**
- **Hospitals**
- **Chemists**
- **Laboratories**
- **AYUSH**

TB referral and specimen transport

TB notification

DST specimen transport

Dispensation of free drugs

Linkages for DBT, PMTBMBA, nutrition supplements

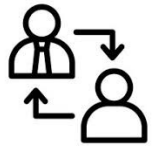
Differentiated TB Care for reducing Mortality

Goal

- Identify TB patients who are at risk of mortality, provide timely care to prevent death

Risk assessment & Referral

Appropriate care incl. in-patient care



Follow up

Comprehensive Assessment of TB Patients

Why	Whom	When	Where
To identify any comorbid conditions, prevent severe illness, and reduce mortality	Persons with TB	On diagnosis or at least at the time of initiation of treatment **(As per the feasibility of the facility)**	At any health facility having the feasibility of comprehensive assessment

Pre-treatment evaluation of DR-TB should be followed as per the PMDT guidelines

Differentiated TB Care – Risk Assessment Parameters

11 CLINICAL PARAMETERS
(To be recorded every month)

1. General Condition
2. BMI* – Height & Weight
3. Middle Upper Arm Circumference (MUAC)*
4. Hemoptysis (Blood in cough)
5. Icterus (Jaundice)
6. Pedal Edema
7. Pulse Rate
8. Blood Pressure
9. Respiratory Rate
10. Oxygen Saturation
11. Temperature

**Nutritional Tests*

INVESTIGATIONS

12. HIV testing
13. Random Blood Glucose
14. Haemoglobin
15. Total count of White Blood Cells

These tests may NOT be repeated during follow up assessments if they are normal at baseline

16. Chest X-Ray –

At baseline, at the end of intensive phase (2 months), and thereafter at the end of treatment, if symptoms persist and as and when clinically indicated.

NOTE:

If indicated, additional laboratory investigations like Sr. Creatinine, AST, ALT, Bilirubin, Alkaline phosphatase may be carried out at the discretion of the Medical Officer.

Risk Stratification after Comprehensive Assessment

- Individual score is given for each of the 16 parameters based on the measured value.
- Based on the score, actions are initiated as follows:

Total score	Actions
Score 0-1	Providing intermediate care and **observing** for symptoms to subside
Score 2-3	Manage/Refer to an appropriate health facility with the availability o f an **MBBS doctor for consultation** (After correlating clinical condition)
Score >3	Referring to secondary or tertiary care with the availability of **indoor** and/or intensive care facility (After correlating clinical condition)

- **Support for Referral**
  - TB champion, Health System mobile vans or vehicles for referral, financial support for referral

Referral Care

Outpatient care	• For patients with deranged clinical parameters, but who do not require in-patient care will be managed by qualified practitioners at outpatient basis • Care includes largely comorbidity management • Telemedicine can be used for outpatient consultation • Document additional care provided at the referral centre
In-patient care	• The referral facility should have the essential and desirable therapeutic package of services to manage in-patients care (as per NTEP guidelines) • Arrange mobility of patients to referral facilities • Identify list of referral facilities, along with details of therapeutic services, nodal person and map them with all AAMs • Issue advisory to district authority to make indoor facilities available for TB patients • Document all treatment provided at referral centre

Follow up

- **Every TB patient must be followed up every month until the treatment outcome is assigned.**
- **What should be done during follow-up?**

Parameters	Frequency
History	Monthly
Clinical examination	Monthly
Investigations	If parameters were derailed at baseline
Imaging	At the end of 2 months At the end of treatment If symptoms persist and as and when clinically indicated

- **DRTB Patients**
  - If a patient is diagnosed as DR-TB, follow-up remains the same as per PMDT guidelines
- **Mechanism of follow up**
  - Treatment supporter, TB champion, Health System mobile vans for referral, Ni-kshay sampark, Telemedicine

Nutrition interventions

Ni-kshay Poshan Yojana

Increased from Rs 500/- to Rs 1000 / month

+

Energy Dense Nutrition Supplement

To be given for 2 months along with treatment for patients with BMI < 18.5

+

Pradhan Mantri TB Mukt Bharat Abhiyan

Increase scope to cover all household contacts in addition to patients

Nutrition interventions – Ni-kshay Poshan Yojana

Increased from Rs 500/- to Rs 1000 / month

- IEC on revised NPY within community and healthcare providers
- Collect bank account details and record in Ni-kshay (through CHO, STS, TB-HV, Pvt providers, PPSAs, Ni-kshay Sathi)
- Timely processing of benefit in Ni-kshay at Maker Level
- Timely approval at district or appropriate level
- Resolve the failed payments
- Ensure fund availability

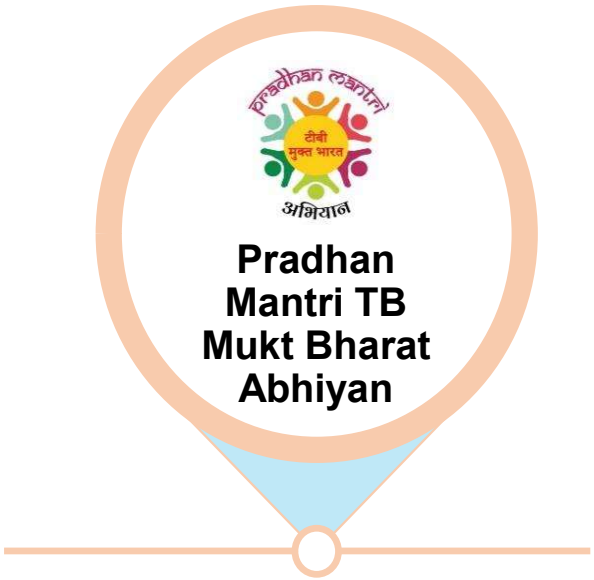
Nutrition interventions – Energy Dense Nutrition Supplement (EDNS)

Energy Dense Nutrition Supplement

To be given for 2 months along with treatment for patients with BMI < 18.5

- IEC on availability of EDNS for patients and health care providers
- Procurement of EDNS as per CTD specifications
- Supply of EDNS up to peripheral health facility
- Train health workers on nutritional assessment, storage, dispensation and instruction of use
- Monitor coverage of provision of EDNS
- Inventory management

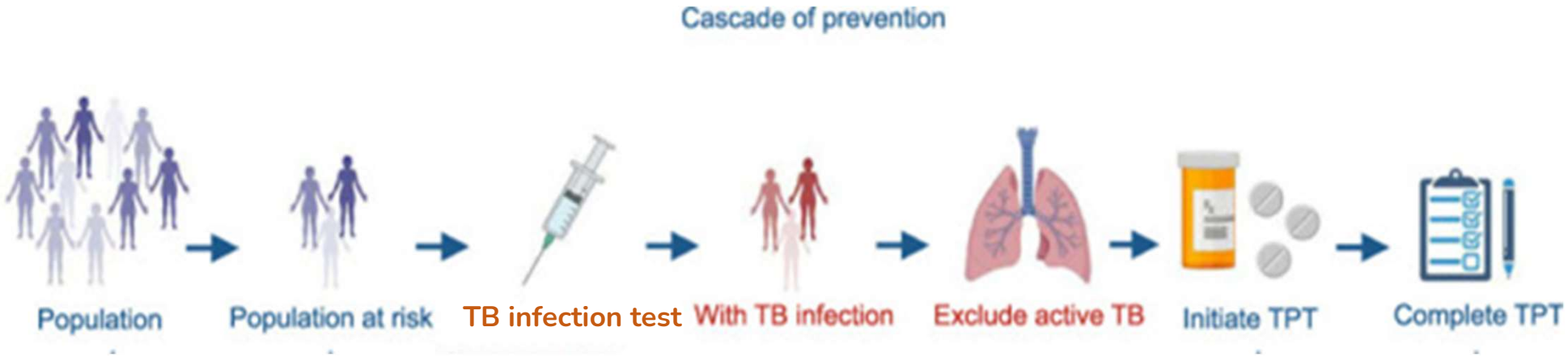
Nutrition interventions – Ni-kshay Mitra



Increase scope to cover all household contacts in addition to patients

- IEC on revised Ni-kshay Mitra Initiative
- Take consent from TB patients
- Identify and approach potential Ni-kshay Mitra with advocacy to support TB patients & their families
- Link TB patient & family with Ni-kshay Mitra
- Engage NGOs or alternate option for distribution of nutrition kits
- Ensure regular supply of nutrition kits
- Arrange felicitation of Ni-kshay Mitra for their support
- Engage office of Hon'ble Governers and elected representatives to expand Ni-kshay Mitras

Preventive treatment



- Household visits of TB Patients for contact investigation by staff
- Mobilization of contacts for TB infection test and X-Ray
- Ensure availability of TPT drugs at peripheral health facilities
- Arrange for TB preventive treatment supporter
- Communication materials on counselling for TPT
- Engage private health providers to increase uptake of TPT

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TB Preventive Treatment

Target groups for TPT

People living with HIV/AIDS (PLHIV)

All household and close contacts of Pulmonary TB patients

Other risk groups ⚠

- Person on dialysis, immunosuppressive, silicosis, transplant recipients
- Smoker,
- Alcoholics,
- Malnourished,
- Diabetes,
- Prisoners,
- Health care workers

Strategy	**Rule out active TB → TPT**	**Rule out active TB → TBI test → TPT**
Regimen options	**1HP**	**3HP, 3RH**
	6H	
	TPT in contacts of DR-TB (6Lfx and 4R)	

Operational Plan

Overview

- Micro plan
- Human resource
- Logistics
- Budget
- Supervision & Monitoring

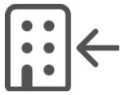
Micro plan Process

Sub-health centre to develop ASHA area wise

- List & map vulnerable population in residential, congregate and workplace settings
- Schedule of screening
- Estimate requirement of health workers for screening, mobilization and materials for sample collection

PHC to prepare

- Compilation of vulnerable population
- Forecast requirement of health workers, NAAT facility, X-ray etc.
- Mobilization and specimen transportation arrangements



At block level

- Compilation vulnerable population
- Link NAAT, X-Rays
- Shifts of NAAT and X-Ray with human resources

At district level

- Compilation vulnerable population
- Arrange for NAAT, X-Rays and consumables
- Arrange for human resource

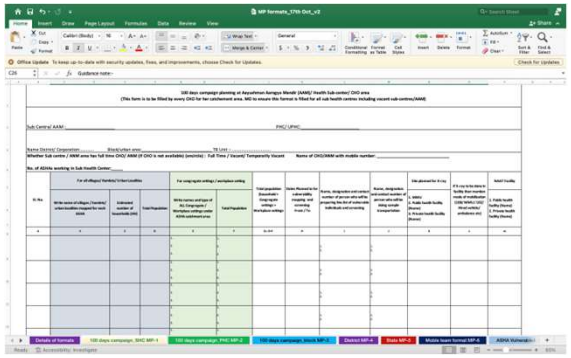
At State level,

- Compilation of district data
- Arrangement of MMUs and its route
- Availability of NAAT, X-Rays and consumables
- Mobilization of human resources
- Funding availability

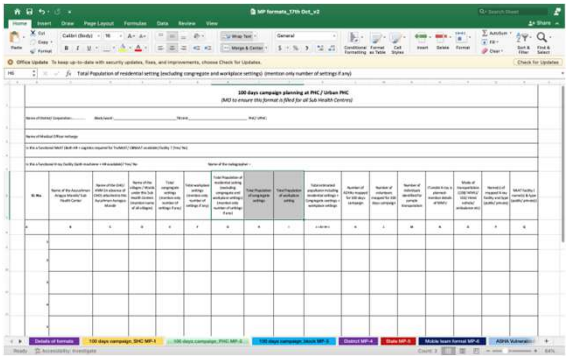
Formats

Micro plan formats

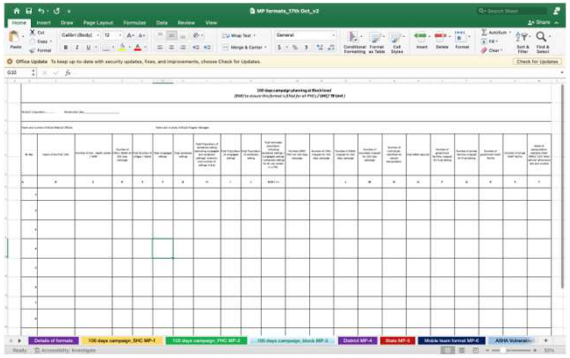
SHC microplan



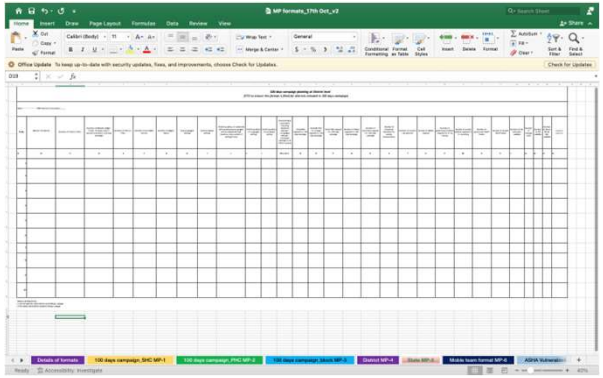
PHC microplan



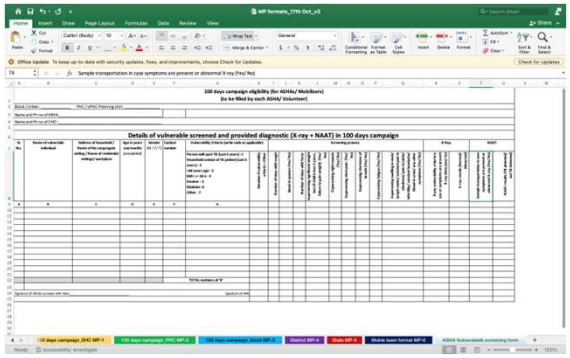
Block microplan



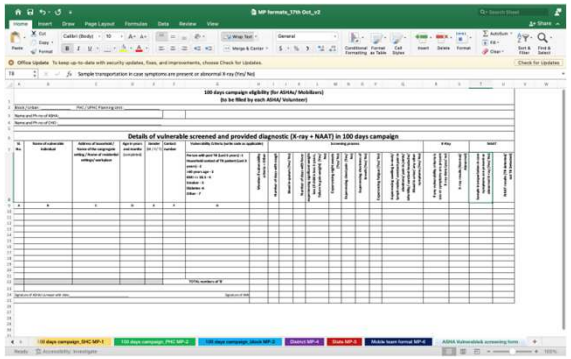
District microplan



State microplan



ASHA format



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Human Resource Plan

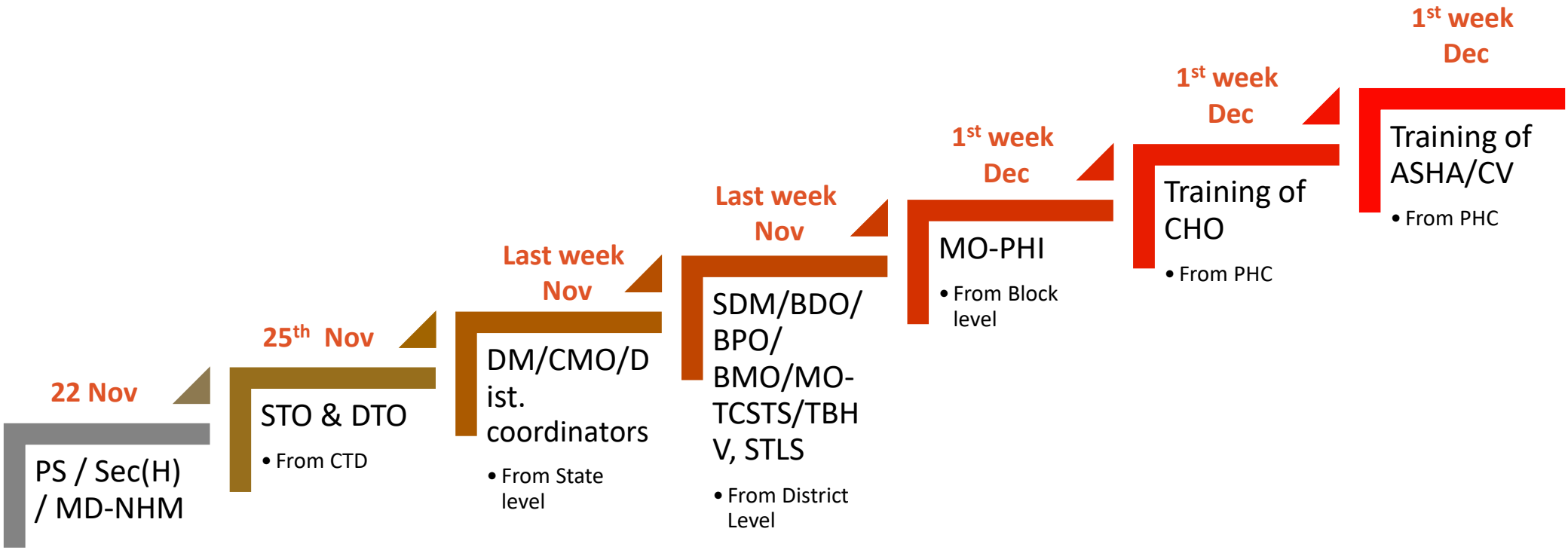
- The **human resource requirements** for the campaign, includes
  - Healthcare workers and community volunteers
  - Laboratory technicians
  - Radiographers
  - Data entry operators
  - Supervisory staff
- Vacant positions should be filled promptly, and increase makeshift staff to handle the **expected workload in running diagnostics**
- **Training** on campaign operations, micro-plan development, and reporting should be conducted for relevant health care workers

Trainings

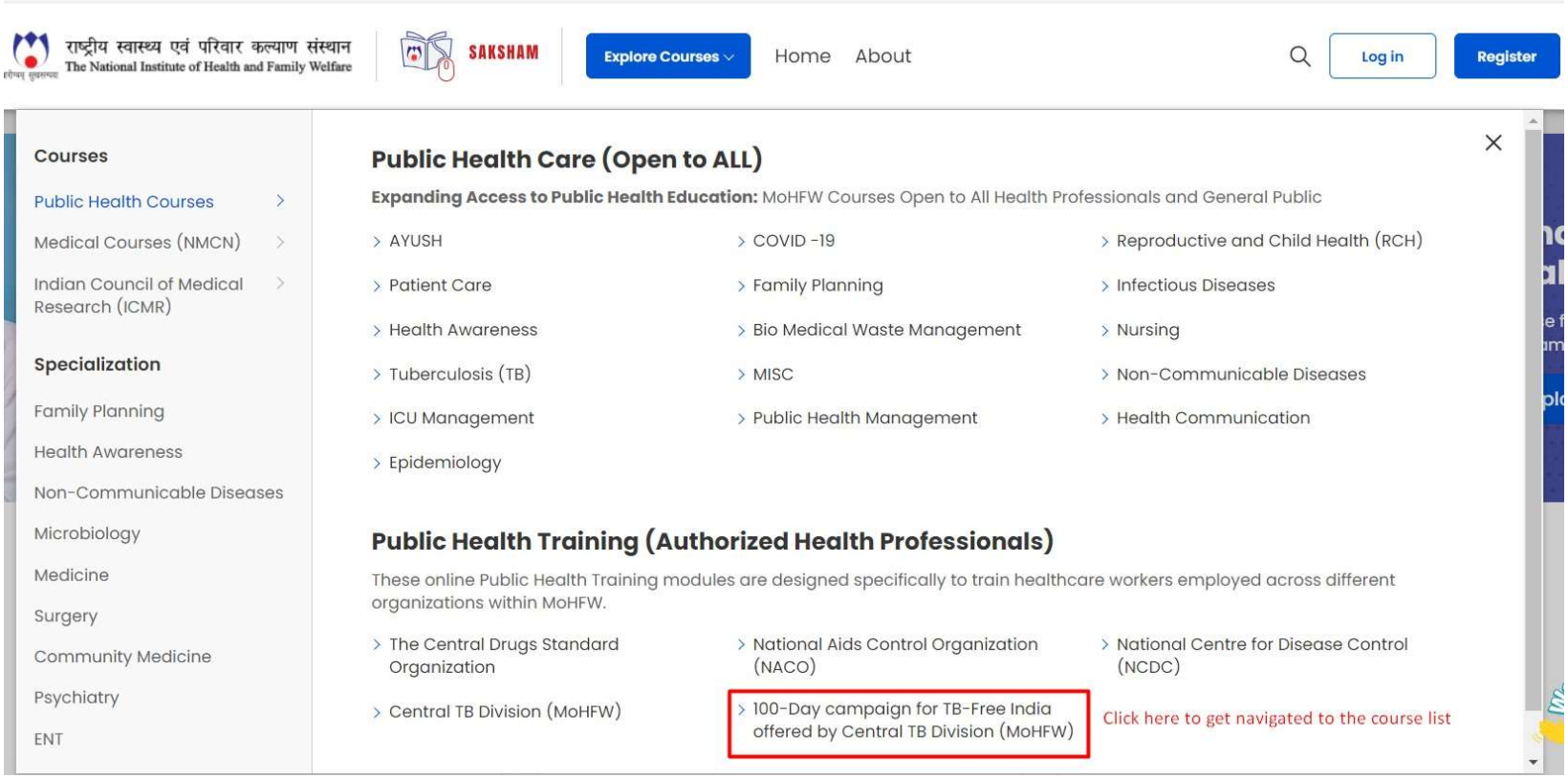
Sensitization Training Roll-out plan...1

Stakeholder	Media	Contents	Certification	Language
Program Managers (STO/STDC/DTO/DPC)	PP Slides	Sensitization +Technical content		En
Block MO/ MO-TC	SAKSHAM	Sensitization + Technical Content	Mandatory	En
STS/ STLS / TB-HV	SAKSHAM	Sensitization +Technical Content	Mandatory	En/ Hi
MO-PHI (MO at PHC/Ayushman Arogya Mandir)	SAKSHAM	Sensitization + technical content + Training	Mandatory	En/ Hi
CHO (At Ayushman Arogya Mandir)	SAKSHAM	Sensitization + technical content + Training	Mandatory	En/ Hi
ASHA/ Community Volunteer	SAKSHAM	Sensitization + technical content + Training	Optional	En/ Hi

Sensitization Training Roll-out plan…2

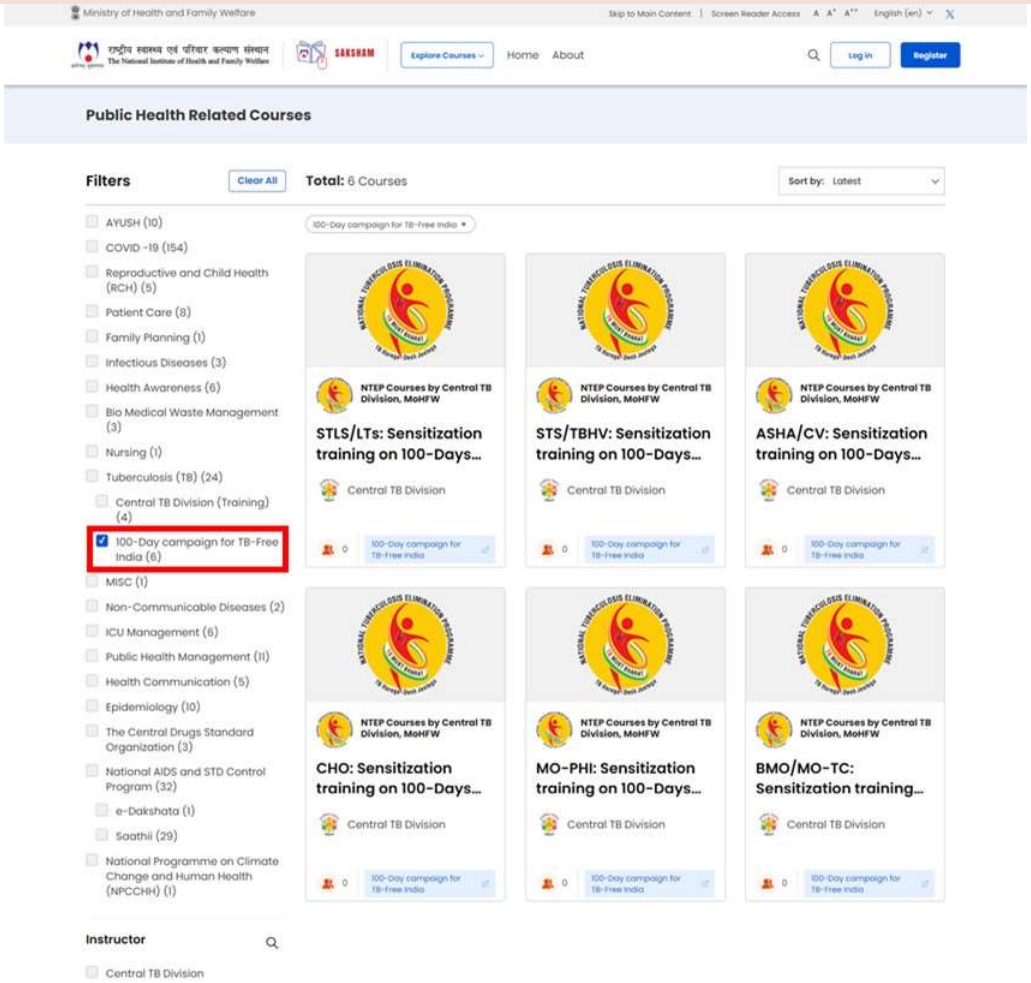


Availability of Sensitization content

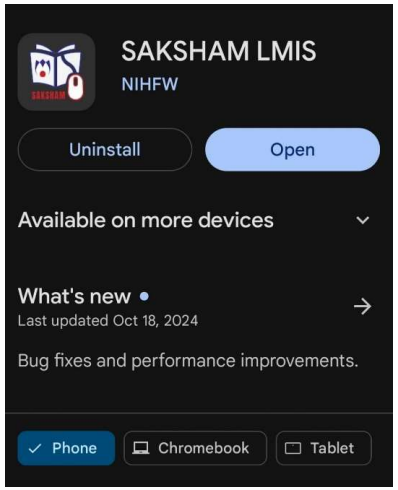


https://lmis.nihfw.ac.in

Availability of Sensitization content



Android Play Store



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Logistics Arrangement

- Functional X-ray equipment and associated materials
- NAAT equipment
- District Network Optimization for NAAT & X-ray to ensure efficient linkages to screening by X-ray and NAAT testing
- Laboratory consumables
- Mobile units - for testing and IEC
- Specimen transportation
- Purchasing of X-Ray and/or NAAT services as per the required load of testing
- Mobility arrangement for testing and treatment

Budget

- The **campaign's financial needs** will be met through existing resources under NTEP, supplemented as necessary through RCH (Reproductive and Child Health) Flexi pool and additional allocations under the state's Programme Implementation Plan (PIP)
- Any resource gaps will be addressed **through supplementary PIP funding**

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Supervision and Monitoring

Supervision, Monitoring & Evaluation

- Ensure that the gaps identified in the **pre campaign checklist** are addressed
- Supervision should be ensured by **trained teams following a standardized checklist** to ensure the quality of services
- **Daily data monitoring** is essential to track the campaign's coverage and quality, allowing for timely corrective actions
- **Review of payments** should be conducted and all payments due for the campaign should be cleared
- **Supervisory Mechanism**
  - National level – Nodal Officers from Ministry, CTD & Partners
  - State level – District Nodal Officers from NHM, Partners
  - District level – District Collector and team
- Key performance indicators (KPIs) –are developed (Link)
- Recording and reporting will be in **Ni-kshay (Link)**

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Roles and Responsibilities

Role and Responsibilities

Details

ASHA, CHO
Medical Officer
TB-HV, STS, STLS
Block program manager and Block medical officer
District program manager, program coordinator
District TB Officer
Chief district medical officer
District magistrate
State TB officer
Mission Director - NHM

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M&E Details

Monitoring Indicators

S.no.	Indicator	Numerator	Denominator
1	% of vulnerable individuals screened in th at geography during the campaign	No. of **vulnerable** individuals **screened** in that geography during the campaig n	No. of **vulnerable** individuals **mapped** in that geography
2	% of household contacts screened using e ither symptoms and/or X-ray based scree ning	No. of **household contacts screened** u sing either symptoms and/or X-ray bas ed screening	No. of household **contacts of all TB ca ses notified** in 2024 till date
3	% of vulnerable individuals screened by X- Ray during the campaign	No. of **vulnerable** individuals **screened by X-Ray** during the campaign	No. of **vulnerable** individuals **screened** in that geography during the campaig n
4	% of vulnerable individuals identified pres umptive (using either symptom screening or X-ray) in that geography during the ca mpaign	No. of **vulnerable** individuals **identifie d presumptive** (using either symptom screening or X-ray) in that geography during the campaign	No. of **vulnerable** individuals **screened** in that geography during the campaig n
5	% of presumptive vulnerable individuals t ested for TB by NAAT during the campaig n	No. of **presumptive vulnerable** individ uals **tested** for TB **by NAAT** during the campaign	No. of **vulnerable** individuals **identifie d presumptive** (using either symptom screening or X-ray) in that geography during the campaign

Monitoring Indicators

S.no.	Indicator	Numerator	Denominator
6	% of presumptive vulnerable individuals tested for TB by microscopy during the campaign	No. of **presumptive vulnerable** individuals **tested** for TB **by microscopy** during the campaign	No. of **vulnerable** individuals **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign
7	% of TB cases diagnosed during the campaign among vulnerable individuals	No. of **TB cases diagnosed** during the campaign among vulnerable individuals	No. of **vulnerable individuals tested** for TB (with NAAT and/or X-ray)
8	% of individuals (vulnerable + general) identified presumptive (using either symptom screening or X-ray) in that geography during the campaign	Total no. of **individuals** (vulnerable + general) **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign	Total no. of **individuals** (vulnerable + general) **screened** in that geography during the campaign
9	% of individuals (vulnerable + general) tested for TB by NAAT during the campaign	Total no. of **individuals** (vulnerable + general) **tested for TB by NAAT** during the campaign	Total no. of **individuals** (vulnerable + general) **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign
10	% of individuals (vulnerable + general) tested for TB by X-Ray during the campaign	Total no. of **individuals** (vulnerable + general) **tested for TB by X-Ray** during the campaign	Total no. of **individuals** (vulnerable + general) **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign

Monitoring Indicators

S.no.	Indicator	Numerator	Denominator
11	% of individuals (vulnerable + general) tested for TB by microscopy during the campaign	Total no. of **individuals** (vulnerable + general) **tested for TB by microscopy** during the campaign	Total no. of **individuals** (vulnerable + general) **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign
12	% of TB cases diagnosed (vulnerable+general) during the campaign	Total no. of **TB cases diagnosed** (vulnerable+general) during the campaign	Total no. of **individuals** (vulnerable+general) **tested for TB** (with NAAT and/or X-ray)
13	% of TB cases (existing +new) assessed for high risk of adverse outcome using differentiated TB care protocol	Total no. of **TB cases** (existing +new) **assessed for high risk** of adverse outcome using differentiated TB care protocol	**Total** no. of **TB cases** (existing +new)
14	% of high-risk TB cases admitted in hospitals	No. of **high-risk TB cases admitted** in hospitals	**Total** no. of TB cases (existing +new) **identified** as **high risk** of adverse outcome using differentiated TB care protocol
15	% of bacteriologically confirmed TB cases	No. of **bacteriologically confirmed** TB cases	No. of **notified TB cases** (existing + new)

Monitoring Indicators

S.no.	Indicator	Numerator	Denominator
16	% of TB cases having valid DST results for Rifampicin available	No. of **TB cases having valid** DST **results for Rifampicin** available	No. of **bacteriologically confirmed** TB cases (existing + new)
17	% of eligible beneficiaries with bank details available	No. of eligible beneficiaries with **bank details available**	No. of **eligible beneficiaries** for DBT in 2024 till date
18	% of eligible beneficiaries paid all eligible benefits	No. of eligible beneficiaries **paid all eligible benefits**	No. of **eligible beneficiaries** for DBT in 2024 till date
19	% of eligible vulnerable individuals offered TBI testing	No. of eligible **vulnerable individuals offered TBI testing**	Total no. of **eligible vulnerable individuals**
20	% of eligible vulnerable individuals initiated on TPT	No. of **eligible vulnerable** individuals initiated **on TPT**	No. of **vulnerable individuals** identified during the campaign who are **eligible for TPT**

Monitoring Indicators

S.no.	Indicator	Numerator	Denominator
21	% of eligible household contacts initiated on TPT	No. of eligible **household contacts** initiated **on TPT**	No. of **eligible household contacts** of pulmonary TB cases notified in 2024 till date
22	% of consented persons with TB who are actually supported (receiving at least one kit)	No. of **consented persons** with TB who are **actually supported** (receiving at least one kit)	**Total consented** persons with TB in that geography
23	% of household contacts provided nutrition support through Ni-kshay Mitra / additional nutritional supplementation	No. of **household contacts provided nutrition support** through Ni-kshay Mitra / additional nutritional supplementation	No. of **household contacts identified** during the campaign

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Reporting Fields for the campaign

Sr. no	Form fields	Frequency
1	No. of **vulnerable** individuals **mapped** in that geography	**Once** at the beginning of the campaign
2	No. of **diabetics mapped** in that geography	
3	No. of **undernourished individuals / BMI under 18.5 mapped** in that geography	
4	No. of **individuals** in **congregate settings mapped** in that geography	
5	No. of **individuals >60 years of age mapped** in that geography	
6	No. of individuals who are **smokers** and **mapped** in that geography	
7	No. of individuals who are **alcoholic** and **mapped** in that geography	

Reporting Fields for the campaign

Sr. no	Form fields									Frequency
1		**Diabetics**	**Undernourished / BMI <18.5**	**Congregated settings**	**Age >60 years**	**Smokers**	**Alcoholic**	**Past history of ATT**	**Household contacts of TB patients**	**Daily**
	No. of individuals screened									
2	No. of **vulnerable individuals screened** in that geography during the campaign									
3	No. of **vulnerable** individuals **screened using X-Ray** during the campaign									
4	No. of **vulnerable** individuals **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign									
5	No. of **presumptive vulnerable** individuals **tested** for TB **by NAAT** during the campaign									
6	No. of **presumptive vulnerable** individuals **tested** for TB **by microscopy** during the campaign									
7	No. of **vulnerable** individuals **tested** for TB (**with NAAT and / or X-ray**)									

Reporting Fields for the campaign

Sr. no	Form fields	Frequency
8	No. of **TB cases diagnosed** during the campaign **among vulnerable** individuals	**Daily**
9	**Total** no. of **individuals** (vulnerable + general) **screened** in that geography during the campaign	
10	**Total** no. of individuals (vulnerable + general) **identified presumptive** (using either symptom screening or X-ray) in that geography during the campaign	
11	**Total** no. of individuals (vulnerable + general) **tested** for TB **by X-Ray** during the campaign	
12	**Total** no. of individuals (vulnerable + general) **tested** for TB **by NAAT** during the campaign	
13	**Total** no. of individuals (vulnerable + general) **tested** for TB (**with NAAT and / or X-ray**)	
14	**Total** no. of **TB cases diagnosed** (vulnerable + general) during the campaign	
15	No. of eligible **vulnerable** individuals **offered TBI testing**	
16	No. of eligible **vulnerable** individuals **initiated TPT**	
17	No. of **household contacts provided nutrition support** through Ni-kshay Mitra / additional nutritional supplementation	

Back

Role and responsibilities of staff

Details

ASHA/ community volunteer

Identification and mapping of high burden areas

Line listing of vulnerable population

Screening of line listed population

Mobilization of individuals for X ray (public/private)

Sputum Collection & transportation from individuals identified during screening by CHO/MO

Treatment initiation of individuals diagnosed with TB and ensuring their compliance, management of ADR

Act as DOT provider for patients initiated on treatment

Seeding of Bank/post office account for Ni-kshay poshan yojana

Contact tracing & home visit of these diagnosed TB patients and mobilise house hold contact to MO/CHO for screening

ensure dispensation of drug and monitor treatment adherence

Linkage of TB patients with Ni-kshay Mitra

Community Health officer (CHO)

Coordinate with ASHA/CV for Identify and map high burden areas

Verify and confirm linelist of vulnerable population

Ensure Mobilisation through ASHA/CV of the line listed population for TB screening activities at Ayushman Aarogya Mandir or camp site

Screening of these individuals at AAM or camp site for Pulmonary and Extra pulmonary TB

Ensuring organ specific extrapulmonary TB signs or symptoms are observed

Ensure mobilisation of individuals identified during screening activities for X ray (public/private), their enrollment in Ni-kshay and collection and transportation of sputum sample to testing center

Community Health officer (CHO)

Treatment initiation of individuals diagnosed with TB and ensuring their compliance, management of ADR

Data entry pf Bank/post office account for Ni-kshay poshan yojana in Ni-kshay portal

Contact tracing & home visit of these diagnosed TB patients and screen house hold contacts for rulling out active TB including chest X ray

Ensure initiation of TPT by MO (use E-Sanjeevni) and monitor treatment adherence through ASHA/CV.

Support ASHA/CV in IEC

Take consent of TB patients and link to Ni-kshay mitra and ensure delivery of food basket every month

TB Health Visitors (in Urban areas)

Identify and facilitate engagement of ASHA in urban areas for campaign activities.

Train and work with ASHA and CVs to identify and map high burden areas

Support ASHA and CVs in preparation of linelist vulnerable population

Screening of these individuals at AAM or camp site for Pulmonary and Extra pulmonary TB

Identify camp sites in urban areas (AAM, local dispensaries like mohalla clinics, aapl dawakhana etc. or school

Coordinate with ASHA and CVs for mobilisation of people to camp sites, to X-Ray sites and for specimen transportation

TB Health Visitors (in Urban areas)

Coordinate with health facilities for initiation of treatment by MO, ensuring their compliance, 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 TB patients and mobilise house hold contact for screening

Ensure treatment supporter for TPT, dispensation of drug and monitor treatment adherence

Support ASHA/CV in IEC

link patients to Ni-kshay mitra and ensure delivery of food basket every month

Medical officer (MO)

Ensure mapping of high burden areas

Identify TB screening (camp) sites at Ayushman Aarogya Mandir (AAM) or any other community convenient camp site

Guide CHOs for development of AAM wise microplans and compile to prepare PHC level microplan

Identify camp sites in urban areas (AAM, local dispensaries like mohalla clinics, aapla dawakhana) or school

Arrange for mobilization of people to the campsite for screening, X-Ray and NAAT (including specimen transportation)

Training of CHOs, ASHAs on screening, protocol of the camp, and recording/reporting requirements

Training of all health facilities, CHOs and ASHAs on screening, protocol of the camp, and recording/reporting requirements

Medical officer (MO)

Maintain a high referral and screening rate at the health facility OPD

Contact tracing & home visit TB patients and mobilise house hold contact for screening, initiate TPT

Ensure treatment supporter for TPT, dispensation of drug and monitor treatment adherence

Prepare PHC area wise awareness plan including engagement of the communities.

Communicate village/ward heads on the schedules of camp in advance and mobilise their support

Visit all campsites on daily basis for monitoring and reporting of daily activities of the PHC area

Senior TB Laboratory Supervisor (STLS)

- Arrange for specimen collection and transport services from village to NAAT and C&DST laboratories
- Training on process of good quality sputum sample and its packaging
- Engagement with specimen transport agencies and making sure specimen is translaported
- Identify camp sites in urban areas (AAM, local dispensaries like mohalla clinics, aapl dawakhana etc. or school
- Arrange for mobilisation of people to the campsite for screening, X-Ray and NAAT (including specimen transportation)
- Create a map (listing) each village and site of camps with NAAT sites
- Ensure availability of consumables, additional LTs and training based on workload

Senior TB Laboratory Supervisor (STLS)

- Ensure consumables and LTs are in place for optimal functioning in mobile vans and private labs
- create additional sites at sub-district level for non-sputum specimen collections (to test pediatric TB and extrapulmonary TB)
- ensure availability of equipment and consumables required for induced sputum, gastric lavage, biopsy, fluid drainage for pediatric and extrapulmonary TB)
- Monitor laboratory and X rays related indicators and engage with laboratories on a daily basis to understand the challenges
- Engage with laboratories on a daily basis to understand the challenges
- Map villages and camp sites with the X-Ray examination facilities
- Expand X-Ray examinations to match the requirements during the campaign

Block Medical Officer and Block Program Manager

- Ensure adequate output of 100 days campaign at block level
- Coordinate with all medical officers, STS, STLS, TB-HV, block community mobilizer, block program manager and supervisors and compile block level microplan of campaign
- Guide CHOs for development of AAM wise microplans and compile to prepare PHC level microplan
- Communicate to all health facilities in the block on the protocol and plan of the campaign
- Prepare training calendar and operationalize training of all medical, para medical staff and community volunteers on the campaign activities
- Engage with block development officer right at the beginning of preparation, report and take support to arrange logistics for the camp
- Supervision of campaign with daily reporting
- Treatment initiation of individuals diagnosed with TB and ensuring their compliance, differentiated TB care assessment, management of ADR
- facilitate change management with respect to use of ICT & Nikshay tools for concerned data entry, validation & its use for public health action

District Programme Coordinator, District PPM (public private mix) Coordinator and DR-TB/TB comorbidity coordinators

To work in close coordination with DTO for the roll out of the campaign including planning, budgeting, procurement, drugs and logistics management, and preparation of reports	Assist the DTO in organizing training, meetings, reviews and sensitization of communities at the district level	Assist DTO in district level human resources management for the campaign activities
Assist DTO to manage the public grievance redressal mechanism in the District TB Office.	Facilitate change management with respect to use of ICT & Nikshay tools for concerned data entry, validation & its use for public health action	Conduct any other task assigned by DTO to roll out the campaign

District TB Officer

Ensuring TB screening activities in the district during the campaign and to ensure the supply of drugs and logistics for the campaign activities

Assist the CMO for overall coordination and reporting and organising all district level meetings for implementation of campaign activities

Responsible for the public grievance redressal mechanism in the District TB Office

Chief Medical Officer (CMO) and District Collector/Magistrate

CMO: Ensuring overall coordination and supervision of this campaign activities for the whole district and sharing of reports to concerned district collector/ district magistrate and with State officials.

District collector/ Magistrate: Nodal officer for the concerned district and responsible for overall administrative supervision for the whole district.

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