सत्यमेव जयते
Goverment Of India

Strategy for
TB MUKT BHARAT ABHIYAAN

National TB Elimination Programme (NTEP)

Central TB Division

Ministry of Health & Family Welfare
New Delhi

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मुक्त भारत
अभियान

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Overview

Introduction

Tuberculosis (TB) is an infectious disease caused by a bacterium, *Mycobacterium tuberculosis* and usually spreads through respiratory droplets/droplet nuclei in the air. When these droplets are inhaled by a healthy person, she/he gets infected. This infected person has a 10-15% lifetime risk of developing TB and a single patient (if not on treatment) can infect 10 or more people in a year.

The National TB Elimination Programme (NTEP) is a Centrally Sponsored Scheme, being implemented under the umbrella of National Health Mission (NHM) with vision of TB Free India, wherein free diagnostic and quality assured treatment are provided to all TB patients.

NTEP Goal

The goal of the NTEP is to achieve a rapid decline in the incidence and mortality of TB. The Government of India is aggressively pursuing the Sustainable Development Goals to end TB in India. Targets for achieving this ambitious goal are:

- 80% decline in annual TB incidence rate (from 2015 baseline)
- 90% decline in death due to TB (from 2015 baseline)
- Zero catastrophic expenditure due to TB

Key activities under the NTEP are as follows:

a. Early diagnosis of individuals with TB through high quality testing, and proactive community outreach to find missing cases in vulnerable population
b. Prompt treatment with quality assured drugs and treatment regimens including drug resistant TB
c. Engaging with the patients seeking care in the private sector.
d. Patient-centric treatment support and nutrition interventions through direct benefit transfer and Ni-kshay Mitra initiative
e. Contact tracing and TB preventive treatment among household contacts, children, PLHIV and in high risk /vulnerable populations.
f. Airborne infection control measures
g. Multi-sectoral response for addressing social determinants

India has made great strides in TB elimination efforts over the years. Since 2015, the annual TB incidence rate has declined by 18% and the mortality rate has declined 22% as of 2023. TB incidence rate has decreased from 237 cases per lakh population (in 2015) to 195 (in 2023). Similarly, TB death rate has decreased from 28 deaths per lakh population (in 2015) to 22 (in 2023).

Key Challenges

Some of the key challenges in successful implementation of activities for TB elimination are as follows:

- **Covid Impact:** Population mobility restrictions warranted for Covid-19, limited the access of presumptive TB cases to diagnosis and treatment. On treatment TB cases also had challenges in accessing treatment.
- **Poor Health Seeking Behavior:** Stigma still prevails in the community and almost 60% of the symptomatic do not seek care as per the National Prevalence Survey, 2022.
- **Undernutrition:** Lack of awareness regarding right nutrition and prevalence of under-nutrition in the community drives progression from TB infection to TB disease. Almost 46% of TB cases notified under NTEP are undernourished.
- **High mortality:** Drug Resistance, Low BMI, Comorbidities, Substance Abuse and delayed diagnosis are contributing factors to higher mortality.

TB Mukt Bharat Abhiyaan

Rationale

Considering the progress made so far and to address the challenges in achieving SDG goals, there was a felt need for a renewed approach. The TB burden in India has wide variations in incidence ranging from 21 to 540 (as per 2023 estimates) cases per lakh population across different geographies in the country. Also, the progress made on key performance indicators (KPIs) by the State/UTs also has wide variations.

Hence, to accelerate efforts in finding missing cases, reducing TB deaths and prevention of new cases; a stratified approach was designed to be implemented through the 100- Day Intensive TB Case Finding campaign. The campaign specific focused interventions were put in place in selected high focus districts for increased case detection, increased coverage of nutrition interventions and increased awareness in the community towards the importance of early detection and complete treatment of TB. It is important to highlight that the above task was done amidst routine programmatic activities continuing in all districts/blocks.

Goal & Importance of the campaign

The Goals of the campaign were:

1. To increase case detection through case finding efforts in general and vulnerable populations along with enhancing community awareness through intensified IEC campaign
2. To reduce death among people with TB by implementing a differentiated TB care approach with nutritional support interventions and care for comorbid conditions
3. To prevent the occurrence of new TB cases in the community by providing nutrition support TB preventive treatment to household contacts, PLHIV and other vulnerable populations

100 Days Campaign-Geographical prioritization

High focus districts were identified with the following criteria:

Sr. No.	Criteria*	Number of districts
1	Death rate >=3.6% and presumptive TB examination rate (testing rate) <1700/lakh population	195
2	Death rate >=3.6% and presumptive TB examination rate (testing rate) >=1700	119
3	Incidence rate >=200/lakh population	21
4	TB Prevalence > 400/lakh population	12

**State/UTs may add more districts / local areas / settings, if required based on local vulnerability*

Following this process, 347 districts were selected across 33 State/UTs. These districts include 38 tribal districts, 27 mining districts, and 46 aspirational districts among others.

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
Himachal Pradesh	8

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

Key strategies- Going Forward

NTEP will accelerate its strategies to reduce TB incidence and TB related deaths. There will be special focus on vulnerable and marginalized populations. A summary of key interventions and approaches are provided below:

Key strategies to reduce TB Incidence

To identify all TB patients early, there will be focus on identification of vulnerable population as well as mapping of high burden areas. Pro-active extensive screening and testing campaigns (Ni-kshay Shivir) will be conducted. Screening will be performed using X-Rays, including X-rays in institutions and handheld X-rays. Testing will be done using high sensitivity, Nucleic Acid Amplification Test (NAAT).

Screening coverage through a 3-pronged approach as under:

a) Screen 100% of line-listed vulnerable. population through active case finding in the community. Vulnerable groups contribute to ~80% of the burden of TB in the country. Active case finding in this population would enable detection of asymptomatic (Subclinical TB).

b) Screen 100% among those attending special Outpatient Department (OPDs) like HIV, Non-Communicable Diseases (NCD), Tobacco Cessation Clinics, Cancer, Dialysis

c) Screen at least 10% of adult OPD in community health centers (CHCs), sub-district hospitals (SDHs), District Hospitals (DHs) and Medical Colleges and 5% in Primary Health Centres (PHCs), Sub Health Centres (and similar urban primary care facilities).

Once Active TB is ruled out in Vulnerable individuals, they will be offered TB preventive treatment as per the TPT guidelines. Vulnerable population would be tested for TB infection and offered TPT if positive. However, if TB infection test is not possible or not available, TPT should not be denied.

High Risk Groups

- Previous TB patients
- Household contacts of TB patients
- People with malnutrition / under-nourished
- People with diabetes,
- People with HIV,
- People over 60 years
- History of smoking and alcohol use

Key strategies to reduce TB deaths

To reduce TB mortality, the strategy will focus on ***early diagnosis*** and ***appropriate treatment*** of TB patients and ***Differentiated TB care*** especially amongst the high-risk and comorbid patients. There are higher chances of asymptomatic subclinical TB in this population, and hence there may be delays in patients approaching the healthcare system. Early detection of TB in subclinical stage in this population can reduce TB mortality.

Differentiated TB care approach will be implemented by which risk-stratifications of all TB patients will help identify high-risk TB cases for intensified care. This approach is focusing on assessing individuals for severity of disease and for presence of comorbidities such as diabetes, HIV, cancer, or chronic conditions of the heart, kidneys, or liver, that could lead to disease worsening. These high-risk patients will be provided prioritized medical care, including hospital admission if required, to ensure timely intervention as well as care for comorbidities.

Nutritional support is a crucial aspect of TB treatment. The Ni-kshay Poshan Yojana (NPY) provides a monthly incentive of Rs 1,000 to support dietary needs during TB treatment, while the Ni-kshay Mitra Initiative extends in-kind nutrition support to persons with TB and their household contacts. Additionally, patients with a body mass index (BMI) below 18.5 will be provided with two months of energy dense nutritional supplements (EDNS) along with their TB treatment, bolstering their chances of recovery.

100-Day Campaign Outcome

The TB Mukt Bharat Abhiyaan was launched on 7th December 2024 and culminated on 24th March 2025 – the World TB Day. As part of the campaign, over 13.4 lakh Nikshay Shivirs were conducted nationwide, leading to the screening of 12.97 crore vulnerable individuals and the detection of over 7.19 lakh TB cases. This data includes 2.85 lakh asymptomatic individuals, underscoring the effectiveness of proactive community engagement and targeted screening. The key learnings from the intensive TB case finding campaign are in Annexure 1.

These insights highlight the importance of a multi-faceted approach in effectively tackling TB on a national scale. Moving forward, the national approach will continue to focus on the overarching targets under the Sustainable Development Goals (SDGs) for pan country rollout of TB Mukt Bharat Abhiyaan from 24th March 2025.

Ayushman Arogya Mandirs (AAMs)

It is important to highlight the significant role that Ayushman Arogya Mandirs (AAMs) have played in the 100-day intensive TB case finding campaign, acting as the operational backbone for delivering community-level TB interventions. As we move into the expansion phase, it is crucial for district health authorities to develop micro-plans at the level of AAM which incorporate population risk profiles, assess the availability and linkages to diagnostic and treatment infrastructure, and consider the presence of vulnerable communities.

To implement the TB Mukt Bharat Abhiyaan effectively on the ground, adequate orientation of field-level workers is necessary, along with convergence with local self-governments and bodies. Furthermore, State/UTs must ensure close coordination with local governance structures and community-based institutions to sustain Jan Bhagidari (people's participation) as a central pillar of TB elimination efforts.

In urban areas, the AAM along with urban local bodies, Jan Arogya Samiti should be involved in mapping vulnerable population and screening them with linkage to X-ray and NAAT services

Janbhagidari for TB Mukt Bharat

Janbhagidari (community participation) for TB Mukt Bharat was an important element of the '100 days campaign' to foster community participation in TB elimination and will remain so for the TB Mukt Bharat Abhiyaan. To implement Janbhagidari in TB elimination control efforts, a focused approach would be adopted, ensuring that the community plays an active role in awareness, prevention, detection and treatment.

Objectives of Janbhagidari for TB Mukt Bharat

1. **Raise Awareness:** Increase knowledge of TB symptoms, emphasize the importance of getting screened, early testing and treatment completion.
2. **Reduce Stigma:** Normalize discussions around TB to combat myths and discrimination.
3. **Encourage Early Detection:** Mobilize communities, especially vulnerable populations, to undergo TB screenings and report symptoms early.
4. **Support Treatment and Nutrition:** Ensure PwTBs complete their full course of treatment and get adequate nutrition through community support.
5. **Promote TB prevention:** Educate community to maintain cough hygiene, nutrition, avoid overcrowding, adequate ventilation, TB preventive treatment and healthy behavior.

Stakeholders

Level	Government	Non - Government
National	Elected Representatives (MPs) M/o, Health, Panchayat Raj, Information & Broadcasting, Corporate Affairs, etc.	Development Partners, Corporates Business Associations, IMA, IRCS, etc.
State	Elected Representatives (MLAs) State Officials (PS, MD (NHM), STO), State level counterparts for line departments	State Level NGOs
District	Elected Representatives (Zilla Panchayat) District Collector, District Development Officer, Chief Medical Officer	District level NGO/ Voluntary Organizations
Block	Elected Representatives (Block Panchayat Samiti) Rural Development, Block Development Officers, Block Medical Officers	Civil Society Organizations, Development Partners
Village Panchayat / Council / Wards / Urban Local Bodies	Elected Representatives (Gram Panchayat / Wards) Ayushman Arogya Mandirs Gram Panchayats/Village council	Self Help Groups, Youth clubs, MY Bharat volunteers

Stakeholder wise activities under the Janbhagidari for TB Mukt Bharat:

1. Elected representatives, parliamentarians and political leaders

Elected representatives, i.e., Members of Parliament (MPs), Members of Legislative Assembly (MLAs) and political leaders represent society and support of such mass leaders is critical to address the challenges of addressing TB. The following activities were carried out during the campaign period by the elected representatives and are expected to continue in TB Mukt Bharat Abhiyaan.

- Flagging off Ni-kshay Vahan within their constituencies
- Participate in Ni-kshay Shivir within their constituencies.
- 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
- Mobilize industries, corporate, NGOs, citizens as Ni-kshay Mitra for adopting TB patients and their families, distribution of food baskets to the patients and their household contacts and felicitate Ni-Kshay Mitras.
- Felicitate TB Vijeta for their contribution in fight against TB in their locality
- Mobilize additional resources from MP-LAD / MLA funds for health system support and mobilize industry, corporate, NGOs – X-Ray and NAAT machines or patient mobilization vehicles etc.
- Give bytes in local press / radio / TV to educate public on TB issues
- Disseminate TB messaging in Social media channels (Facebook, WhatsApp and Twitter), about Ni-kshay Shivir and key achievements
- Participate in week wise TB Mukt Bharat Abhiyaan activities whenever possible during the 100 days

To facilitate the elected representatives, the State/District authorities should identify nodal officers to individually and collectively brief/sensitize the elected members on the TB Mukt Bharat Abhiyaan. Thereafter, the nodal officer through the district authorities should invite the elected representatives for launch of TB Mukt Bharat Abhiyaan activities and provide progress update periodically on it and schedule of weekly activities in the respective districts for participation of the elected representatives.

2. Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs)

A TB Free Panchayat initiative was launched with objectives to empower Panchayati Raj Institutions to realize the extent and magnitude of TB in their area and take necessary actions to make panchayats TB free.

A mechanism has been put forward to create a healthy competition among panchayats to eliminate TB locally and to publicly appreciate their contributions. Panchayats are supposed to carry out various activities like inclusion of TB in panchayat development plan, awareness creation, to promote testing, advocacy for access to TB services, support in treatment adherence, TB prevention, mobilization of Ni-kshay mitras, holistic patient support etc. Similarly, urban local bodies (Municipal Corporations and Municipalities) will be engaged for TB awareness and prevention activities.

NTEP will work with the Ministry of Panchayati Raj and Ministry of Housing and Urban Affairs to carry out following activities in the TB Mukt Bharat Abhiyaan

- **Planning and review of TB Mukt Bharat Abhiyaan**
  - Plan activities in the village/ward with the help of Gram Pradhan / Ward Adhyaksh and local health functionaries
  - Extend support to health staff in implementation and concurrent monitoring
- **Resource support**
  - Mobilize local resources and/or budget in Gram Panchayat Development Plan (GPDP) / urban plan for sustainability
  - Mobilize budget for TB Mukt Bharat Abhiyaan activities (patient referral transport, sputum transportation, etc)
- **Mobilization of local opinion leaders and influencers**
  - Involve local activity groups/associations like Self-Help Groups (SHGs), youth clubs, Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) groups in TB awareness activities
  - Support in preparing a line list of vulnerable and marginalized populations and appeal to the community to come forward in screening activities and subsequent testing.
- **Create awareness and reduce stigma**
  - Gram Sabha / Ward Committee meeting - sensitize members on TB and encourage community participation
  - Motivate community to be Ni-kshay Mitras
  - Ensure appropriateness of IEC content in the community viz. wall painting, posters in Common Service Centre (CSC), library and other prominent places
- **Taking Ni-kshay Shapath (pledge)** along with members/residents of the panchayat/wards States

and districts may add more activities based on the local needs and the context.

3. Youth Involvement

The youth can drive community-level changes through education, advocacy, and action. Youth involvement in TB awareness not only empowers the next generation but also contributes to the local fight to end TB by taking the messages home and to the peers. Local schools and college students will be engaged in shaping youth brigades for TB awareness. School health ambassadors under the School Health Programme will be leveraged for these activities. Teachers will be

engaged to create knowledge ambassadors on TB within the local community and in schools. In addition, National Service Scheme (NSS) and National Cadet Corps (NCC) volunteers will be actively involved in various community outreach activities.

NTEP will work with the M/o Education and M/o Youth Affairs & Sports to carry out following activities in the TB Mukt Bharat Abhiyaan:

a. **Arrange art and cultural activities** like essay or poster or elocution competition or other such creative activities in the schools, colleges and community through students and school health ambassadors.
b. **Conduct TB awareness training of teachers** in schools and colleges.
c. Awareness generation through inclusion of TB-related messages in major events and youth programs
d. **Training of all NSS and NCC volunteers** on TB and engaging them for outreach activities like awareness before screening, mobilization of community during screening and any follow up activities.
e. Training of all **Red Ribbon Clubs (RRCs)** and Engage RRCs for creating awareness on TB.
f. Taking **Ni-kshay Shapath** (pledge) in all organisations.
g. Register **Ni-kshay Mitra** from various organizations and staff of the Dept. of Youth Affairs, NYKS etc.

4. Community influencers and opinion leaders

Community influencers, such as religious leaders, social media influencers, and local opinion leaders like traditional healers, teachers, play a crucial role in TB elimination efforts, particularly in raising awareness, reducing stigma, and promoting health-seeking behaviors. Following activities were carried out during the campaign period by these community influencers and leaders and will continue for TB Mukt Bharat Abhiyaan:

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

b) **Local Opinion Leaders**
   - TB messaging in community events
   - Taking Ni-kshay Pledge
   - Publishing articles in local newspapers
   - Participating in Talk shows in community radio
   - Mobilize people to become Ni-kshay Mitras

c) **Social Media Influencers**
   - TB messaging in social media channels
   - Taking Ni-kshay Pledge
   - Mobilize people to become Ni-kshay Mitras

5. Outreach through Ministries and government agencies – Ni-kshay Saptah

To gain momentum for Jan-Andolan, engagement with other ministries, government departments and agencies is recommended.

a) **Ni-kshay Saptah:** To be observed by all ministries, government departments and agencies wherein TB awareness, self-screening, volunteering, and media engagement activities are conducted by them.

b) **Special Engagements:** Outreach programmes be developed with specific ministries and departments during the Ni-kshay Saptah

Sr. No	Departments	Key Expectation to support TB Mukt Bharat Abhiyaan
1	**Ministry of AYUSH**	• Engagement of all institutions and organisations of AYUSH • Display of IEC materials in all offices and institutions. • Awareness generation of all staff on TB. • Organize Screening camps by AYUSH institutions to be organised in consultation with State nodal Health Department. • Dissemination of anti-TB messages on social media handles of the Ministry. • Taking Ni-kshay Shapath (pledge) • Communicate to all state functionaries on TB Mukt Bharat Abhiyaan seeking their support. • Register new Ni-kshay Mitra in all institutions and organisations under Ministry of AYUSH.
2	**Ministry of Coal (PSUs- Coal India Limited & Subsidiaries and Coal Companies)**	• Engagement of Coal India Limited (CIL) G other subsidiaries/attached offices/institutions [(BCCL, CCL, ECL, MCL, NCL, SECL, WCL G CMPDI) and NLCIL and SCCL]. • Display of IEC materials in the offices of all PSUs, mining areas and other major strategic locations under the purview of PSUs. • Awareness generation of all staff on TB. • Screening of workers engaged in all coal mining areas to be conducted in consultation with the State nodal Health Department. • Organization of Ni-kshay Shivir (screening camps) in industries and PSUs. • Taking Ni-kshay Shapath (pledge) in all offices, industries and PSUs • Dissemination of awareness messages on social media of the Ministry/Department/PSUs/attached institutions. • Register Ni-kshay Mitras in all industries and PSUs and staff of the Ministry of Coal

Sr. No	Departments	Key Expectation to support 100 days Intensified Campaign
3	**Ministry of Corporate Affairs**	• Engagement of all organizations, attached and autonomous bodies, professional bodies. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra from various organisations/PSUs and other institutions
4	**Ministry of Culture**	• Engagement of all organizations attached and subordinate offices, autonomous bodies. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge). • Illumination of monuments on the 24th of every month to mark Ni-kshay Diwas. • Promote TB awareness through art and cultural festivals. • Engage artists, and performers as cultural ambassadors to create TB awareness • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra from various organizations and institutions
5	**Ministry of Heavy Industries**	• Engagement of all Central Public Sector Enterprises (CPSEs), associate and subordinate offices, and Autonomous institutions (like ARAI, FCRI, CMTI, GARC, ICAT, NATRAX etc.) • Display of IEC materials in the offices of all CPSEs, workshops and other major strategic locations. • Awareness of all staff on TB. • Ni-kshay Shivir (screening camps) in all CPSEs and institutions to be conducted in consultation with State nodal Health Department • Taking Ni-kshay Shapath (pledge) in all CPSEs and institutions • Dissemination of awareness messages on social media handles of the Ministry/Department/PSUs/attached institutions. • Register Ni-kshay Mitras from the CPSEs and staff of the Ministry of Heavy Industries

Sr. No	Departments	Key Expectation to support TB Mukt Bharat Abhiyaan
6	**Ministry of Home Affairs**	• Screening camps (Nikshay Shivir) for all Inmates to be organised • Display of IEC materials in all prisons/offices and organisations • Awareness generation of all staff of the prisons on TB. • Taking Ni-kshay Shapath (pledge). • Dissemination of awareness messages on social media of the Ministry/Department.
7	**Ministry of Housing & Urban Affairs**	• Engagement of all organizations, attached & subordinate offices, statutory and autonomous bodies, and PSUs. • Display of IEC materials in all offices. • Engage Urban Local Bodies (Municipal Corporations, Municipalities), and mobilize local resources & budgets for TB awareness. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) • Dissemination of awareness messages on social media handles of the Ministry. • Register Ni-kshay Mitra in all offices and institutions of the Ministry of Housing and Urban Affairs
8	**Ministry of Labour & Employment**	• Engagement of all attached & subordinate offices (DGFSALI, DGMS) Statutory Organisations (ESIC, EPFO), Autonomous Bodies (DTNBWED, VVGNLI). • Display of IEC materials in all offices. • Organise TB screening camps through ESIC Hospitals in consultation with the State nodal health department. • Taking Ni-kshay Shapath (pledge). • Mobilize and engage various industries, trade union organisations, business associations, and other key stakeholders for TB awareness. • Awareness messages on social media of the Ministry. • Communicate to all state functionaries on TB Mukt Bharat Abhiyaan seeking their support. • Register Ni-kshay Mitra from various organizations and institutions of Labour and Employment.

Sr. No	Departments	Key Expectation to support TB Mukt Bharat Abhiyaan
9	**Ministry of Micro, Small and Medium Enterprises**	• Engagement of all offices, institutions, and attached organizations. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge). • Ni-kshay Shivir (screening camps) in MSME and industrial hubs to be organised in consultation with State nodal health department • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra from various organisations and institutions of MSME
10	**Ministry of Mines**	• Engagement of all PSUs (NALCO, HCL, MECL), Autonomous Bodies (JNARDDC NIRM), Attached and Subordinate Office (IBM, GSI) • Display of IEC materials in the offices of all PSUs, mining areas and other major strategic locations. • Awareness of all staff on TB. • Ni-kshay Shivir (screening camps) in industries and PSUs to be organised in consultation with State nodal Health Department • Screening of staff and workers engaged in the mining sector to be conducted in consultation with the Health Department. • Taking Ni-kshay Shapath (pledge) in all industries • Awareness messages on social media of the department. • Register Ni-kshay Mitras from the Mines PSUs and other institutions,and staff of the Ministry of Mines
11	**Ministry of Panchayati Raj**	• Engagement of Panchayati Raj Institutions, Gram Sabha, Gram Pradhan, and elected representatives • Awareness of all staff on TB. • Involvement of Panchayati Raj Institutions in Nikshay Shivir (screening camps) in consultation with the State nodal health department. • Mobilize local resources and budget in Gram Panchayat Development Plan (GPDP) like patient referral transport, sputum transportation. • Taking Ni-kshay Shapath (pledge) with members/residents of the panchayats. • Dissemination of awareness messages on social media handles of the Ministry. • Register Ni-kshay Mitra in all offices and Panchayati Raj Institutions.

Sr. No	Departments	Key Expectation to support TB Mukt Bharat Abhiyaan
12	**Department of Posts**	• Anti-TB messaging on the postal cards and delivery packaging. • Display of IEC material at all post offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) in all organisations • Dissemination of awareness messages on social media of the Department/attached offices. • Register Ni-kshay Mitra from various organisations and staff of the Dept. of Posts/attached offices
13	**Ministry of Railways**	• Engagement of all offices, organisations, PSUs, and manufacturing units of the Ministry of Railways. • Screening camps (Nikshay Shivir) at all stations in consultation with the State nodal health department. • Display of IEC materials in all offices and railway stations. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) in all organisations and institutions. • Display of messages on TB in trains, print messages on railways tickets or e-tickets. • Awareness generation through existing public announcement systems for the general public. • Dissemination of awareness messages on social media handles of the Ministry/attached offices/institutions. • Register Ni-kshay Mitra from various organizations and institutions.
14	**Ministry of Road Transport & Highways (National Highways Authority of India/ Regional Offices)**	• Engagement of all offices, organizations, autonomous bodies, and public sector undertakings. • Display of IEC materials in all offices and strategic locations on highways, digital displays, posters, and signage at toll plazas, and rest areas • Awareness generation of all staff on TB. • Screening camps (Nikshay Shivir) for workers engaged in the transport sector, transport hubs, and highway construction to be organized in consultation with State nodal health department • Taking Ni-kshay Shapath (pledge) in all offices and organisations. • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra in all offices and institutions of the Ministry of Road Transport and Highways

Sr. No	Departments	Key Expectation to support TB Mukt Bharat Abhiyaan
15	**Ministry of Rural Development**	• Facilitate engagement of all Divisions and schemes (like MGNREGA, NRLM, PMAY-G) • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) in all organisations/offices. • Dissemination of awareness messages on social media handles of the Ministry. • Register Ni-kshay Mitra from various organizations and institutions.
16	**Department of School Education & Literacy**	• Engagement of various organisations and institutions like Kendriya Vidyalaya Sangathan (KVS), Jawahar Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS), National Council of Educational Research and Training (NCERT), National Council for Teacher Education (NCTE). • Organize art and cultural activities like essays, posters, and elocution competitions in schools to bring awareness on TB. • Sensitization of students of 8th-12 standard in schools. • Create youth ambassadors and facilitate taking Ni-kshay Shapath (pledge) in schools/attached offices of the department. • Dissemination of awareness messages on social media of the department • Register Ni-kshay Mitra from various organizations, institutions and staff of the Dept. of School Education and Literacy.
17	**Department of Telecommunication**	• Anti-TB messaging through mobile ringtones and push messaging on TB. • Display of IEC material at all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) in all organizations • Dissemination of awareness messages on social media handles of the Department/attached offices. • Register Ni-kshay Mitra from various organizations and staff of the Dept. of Telecommunication/attached offices.

Sr. No	Departments	Key Expectation to support TB Mukt Bharat Abhiyaan
18	**Ministry of Tribal Affairs**	• Engagement of all offices, institutions, and major initiatives like Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyaan (PMJANMAN), Dharti Aaba Janjatiya Gram Utkarsh Abhiyaan. • Awareness generation of all staff on TB. • Communicate to all state functionaries on TB Mukt Bharat Abhiyaan seeking their support. • Taking Ni-kshay Shapath (pledge). • Mobilize and engage all Tribal Research Institutes (TRI), NGOs, community-based organisations for TB awareness. • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra from various organisations, institutions of Tribal Welfare, and Ministry of Tribal Affairs
19	**Ministry of Women & Child Devel-opment**	• Facilitate engagement of all Divisions, Missions & Schemes (like Mission Saksham Anganwadi & Poshan 2.0, Mission Shakti, Mission Vatsalaya), and Associated Organisations (CARA, NIPCCD, NCPCR, NCW). • Display of IEC materials in all offices/attached institutions. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) in all organisations/offices. • Institutions & schemes like Anganwadi Centre, ICDS, SABLA, Ujjawala, Swadhar Greh, etc to be involved in Screening camps (Nikshay Shivir) conducted by health department concerned • Dissemination of awareness messages on social mediahandles of the Ministry. • Register Ni-kshay Mitra from various organizations and institutions.
20	**Department of Youth Affairs**	• Engagement of MY Bharat Volunteers and institutions of Dept. of Youth Affairs. • Awareness generation of all staff on TB. • Display of IEC materials in all major offices and institutions. • Taking Ni-kshay Shapath (pledge). • Awareness generation through inclusion of TB-related messages in major events and youth programmes • Awareness generation messages on social media of the department. • Register Ni-kshay Mitra from various organizations and staff of the Dept. of Youth Affairs, NYKS etc.

21	Department of Public Sector Enterprises	• Engagement of concerned Divisions, institutions, and Central Public Sector Enterprises (CPSEs) in the TB Mukt Bharat Abhiyan. • Display of IEC materials in the offices and major strategic locations under the purview of CPSEs. • Awareness generation of all staff on TB. • Screening of workers engaged in all CPSEs to be conducted in consultation with State nodal Health Department. • Dissemination of awareness messages on social media of the Ministry/Department/CPSEs/attached institutions. • Register Ni-kshay Mitras in all industries, CPSEs, and staff of the Department of Public Enterprises
22	Department of Fertilizers	• Engagement of PSUs of the Department of Fertilizers viz. FAGMIL, BVFCL, FCIL, PDIL, HFCL, RCF, NFL, FACT & MFL and attached and subordinate offices in the TB Mukt Bharat Abhiyan. • Display of IEC materials in the offices and major strategic locations under the purview of Department/PSUs/institutes • Awareness generation of all staff on TB. • Screening of workers engaged in all PSUs/attached institutes to be conducted in consultation with the local Health Department. • Dissemination of awareness messages on social media of the PSUs/ institutes/fertilizer association. • Register Ni-kshay Mitras.
23	Ministry of Social Justice & Empowerment	• Engagement of all organisations/ institutions attached (Old Age Home, Shelter Homes, juvenile homes etc.) & autonomous bodies, professional bodies in the TB Mukt Bharat Abhiyan. • Display of IEC materials in all offices/attached institutions. • Awareness generation of all staff on TB. • Dissemination of awareness messages on social media. • Register Ni-kshay Mitra from various organizations and institutions.

6. Industries, corporate sector, business and trade union association participation:

Involvement of corporate sectors, public sector units (PSUs) and industries is critical for TB elimination efforts in India as majority of TB patients belong to the working age group. NTEP has a systematic approach to engage and motivate these organizations to participate in the TB elimination efforts. They can participate by pledging to commit to the social cause of fighting against TB, by raising awareness among their workforce and communities and integrating related activities into their daily operations. Additionally, they may collaborate with the NTEP, offering technical expertise and donating CSR resources to accelerate progress towards TB Elimination. Trade Unions and Market associations can play a critical role in implementing the TB Mukt Bharat Abhiyaan in the workplaces, especially industries, and factories and marketplaces

Following activities will be carried out during the TB Mukt Bharat Abhiyaan

a. Ni-kshay Shivir (screening camps) for all workers employed by these industries, mining clusters under major mining-based PSUs and their subsidiaries in consultation with State health Department
b. Mobilize these sectors to be Ni-kshay Mitra to support TB patients and their family members with nutritional support
c. Conduct TB-free workplace interventions in all PSUs, PSEs, corporate houses and industries
d. Engage existing health infrastructure Hospitals (OPDs), dispensaries, and health units for TB screening and diagnosis .
e. Coordinate with partners signed under Corporate Pledge and involve their active participation.
f. The key leadership of all trade unions and market associations to be sensitized on the TB Mukt Bharat Abhiyaan for their support in implementing it.
g. Trade unions may utilize their communication channels for spreading awareness on TB and motivate people to avail TB screening services in the Ni-kshay Shivir
h. Market associations may help in awareness creation on TB Mukt Bharat Abhiyaan through display of IEC materials in the markets and shops
i. Auto-taxi- bus associations can support the TB Mukt Bharat Abhiyaan IEC through display of materials on the public transport vehicles.
j. Trade unions and Market associations may also become Ni-kshay Mitras, especially by providing additional nutrition support to TB patients
k. Arrange skill trainings for TB patients / family members and vocational camps for TB patients and family members
l. Banks may be approached to open zero balance accounts for persons with TB so that NPY amount can be transferred to them
m. Banks may also become Ni-kshay Mitras

7. Non-Government Organizations (NGOs) and Civil Society Organizations (CSOs)

NGOs, CSOs, community-based organizations, voluntary clubs like Lions Club, Rotary Club etc. are essential partners in India's fight to eliminate TB. They fill critical gaps in awareness, diagnosis, treatment, and patient support, especially among marginalized and high-risk populations. For the TB Mukt Bharat Abhiyaan, NGOs/CSOs working with Grant-in-Aid support from state or district administration, health or other departments, or donor and CSR support will be engaged.

Following activities will be carried out with support from NGOs/CSOs during the TB Mukt Bharat Abhiyaan

a. **Support community screening** through activities like awareness, mobility support, specimen transportation etc. in consultation with Health Department,
b. Organize **TB awareness** and anti-stigma TB Mukt Bharat Abhiyaan IEC in all branches of NGOs, Voluntary clubs, civil society organizations
c. Identification of vulnerable population, mobilize them and arrange Ni-kshay shivir (screening camps)
d. Provide **mobility support** for patient referral for X-Ray, specimen transportation during TB Mukt Bharat Abhiyaan
e. Taking Ni-kshay Shapath **(Pledge)** with community
f. Extend **support in treatment** adherence, nutrition kit distribution and post-diagnosis follow-up
g. Provide supportive supervision or monitoring assistance with **feedback** to the NTEP
h. **Link NGOs and volunteer organizations with Ni-kshay Mitra** for extending their support to Ni-kshay Mitra initiative.
i. **Post-**TB Mukt Bharat Abhiyaan **activities** to mobilize patients who did not go for X-Ray, NAAT, differentiated TB care, TB treatment or TB preventive treatment

8. Local community structures

Community participation is central to various government programs in health and beyond. Local Community structures serve as a bridge between health services and the population, playing a vital role in healthcare delivery, disease prevention, and health promotion. They empower local communities, enhance accountability, and promote active participation in health decision-making, thereby strengthening the health system and contributing to the achievement of health-related goals like TB elimination and improved maternal-child health. These structures span across multiple sectors like rural development, education, sanitation, livelihood, agriculture, and social welfare, and involve community members in decision-making, planning, implementation, and monitoring to ensure better outcomes and ownership at the grassroots level.

These are Village Health, Sanitation, and Nutrition Committee (VHSNC), Jan Arogya Samiti (JAS) and Mahila Arogya Samiti (MAS). NTEP will collaborate with the Ministry/Dept of Women & Child Development and Rural Development, to leverage key community participation arrangements during the TB Mukt Bharat Abhiyaan. NTEP will seek the support of the M/o Tribal Affairs and M/o Development of North-Eastern States.

The key activities to be implemented by local community structures include the following

a. Special sessions on TB awareness and TB care services for local area in all VHSNC, JAS and MAS

b. Motivate the community to be informants for the NTEP and mobilize Ni-kshay Mitra from the community.

c. Ask people to pledge their commitment to supporting TB patients, getting screened, or reducing stigma around TB. These pledges can be symbolized by signing banners or wearing ribbons in public gatherings or events or sessions of VHSNC, JAS and MAS.

d. Anganwadi Workers (AWW) - A special session on TB symptoms, nutrition counseling and TB prevention messaging for pregnant women, lactating mothers, children and adolescents at all Anganwadi centres.

e. Train all SHGs and engage them for community screening and follow up activities. Link SHGs with Ni-kshay Mitra to distribute nutrition kits, counseling and livelihood support for TB patients.

9. TB Vijeta / TB Champions

A TB Champion is a TB survivor who has been trained using the standard training curriculum and is willing to work actively in the community for TB elimination. TB champions, individually or in a network of TB survivors, are contributing in advocacy, stigma reduction, community awareness, as peer supporters for PwTB, and support range of TB detection, prevention, treatment/nutrition support drives and provide feedback to NTEP. Following activities will continue in TB Mukt Bharat Abhiyaan for support from TB Vijetas / Champions:

a. NTEP will increase the pool of TB champions at Ayushman Arogya Mandir (AAM) of the districts.

b. The TB champions will be sensitized / trained. They will be registered through the TB Arogya Sathi app where they can report their activities also.

c. At least one TB forum meeting will be held during the TB Mukt Bharat Abhiyaan in each district and feedback from the TB champions will be provided.

d. At least one anti-stigma awareness needs to be conducted within each block by NTEP and TB champions.

e. CHO and ASHAs to be assisted in vulnerability mapping and mobilization of community for screening under each AAM

f. Taking Ni-kshay Shapath (pledge) along with community and existing patients

10. Ni-kshay Mitra Initiative

Ni-kshay Mitra is a Janbhagidari initiative where the community is encouraged to support TB patients and their family members in the form of nutritional support, additional investigations, and vocational support. A Ni-kshay Mitra who can be individuals, NGOs, co-operative societies, corporates, elective representatives, political leaders, and others, are encouraged to come forward as donors to help the TB patients in their treatment journey.

Following activities will be carried out during the TB Mukt Bharat Abhiyaan :

a. Registration desks will be set up during all outreach activities / screening camps for advocacy and to mobilize new Ni-kshay Mitra.

b. All TB patients (existing and newly diagnosed) will be linked with Ni-kshay Mitra

c. Identify implementing NGOs for distribution of nutrition kits and extend other services to TB patients at AAM or doorstep by Ni-kshay Mitra .

d. Felicitate the existing Ni-kshay Mitra for their support

e. Identify community volunteers / Ni-kshay Mitra who can provide psychosocial support / vocational support to TB patients and their families

11. Private health care professional associations

Private health care providers are serving almost half of the TB patients in India. Their participation and coordination with NTEP is critical to ensure quality of care and access to the government schemes for TB patients seeking care in the private sector. Professional associations like Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), Indian Chest Society (ICS), National College of Chest Physicians (NCCP), Associations of Healthcare Providers in India (AHPI), Indian Pharmaceutical Associations (IPA), All India Organisation of Chemists and Druggists (AIOCD) etc. can influence the practitioners to follow standards for care and endorse the collaboration with government initiatives. The country has many AYUSH health providers and pharmacies, who are the first responders for primary healthcare due to their extensive peripheral network, affordability and accessibility. NTEP will work with all these health professional associations and the Ministry of AYUSH.

Following activities will be carried out during the TB Mukt Bharat Abhiyaan :

a. **At least one CME or meeting on TB by every branch** of IMA, IAP, ICS, NCCP, and other professional medical associations incl. AYUSH.

b. **Taking pledge by all members** to notify all TB patients, follow standards for TB care and reduce out-of-pocket expenses of TB patients by linking them to free diagnosis G treatment (FDCs) and extending DBT and other nutrition support schemes to patients and their household contacts

c. **Letter** to be issued to all peers on latest updates on TB management (NTEP protocols incl. TB preventive treatment) and service delivery arrangements to get benefit from government services.

d. Register more doctors/providers as **Ni-kshay Mitra** to support TB patients and their household contacts .

e. **Display IEC materials** in private health facilities especially free initiatives / DBT schemes of government for nutritional support and other services

f. Wide scale awareness at chemist/druggist stores to go for testing, especially those who are visiting for over-the-counter cough syrups, and other treatment for respiratory ailments.

g. **Sensitization of Chemist/Pharmacist** to refer patients for testing, especially those who are visiting for respiratory ailments

h. Ensure **availability / linkages for free diagnostics and drugs** in private facilities

i. **Utilize services of private sector** wherever needed for X-Ray, NAAT, specialist care, indoor care, extra pulmonary investigations, etc

12. Media Engagement

Media plays a critical role in raising awareness, sharing accurate information, spotlighting success stories and advocating for improvement. Proposed media engagement interventions towards Janbhagidari are:

a. Build a cadre of 10-12 journalists and host regular meetings with this cadre

b. Regular relay of information to the reporters leading to increased coverage on best performers and data trends on key indicators

c. Facilitate exposure visits for media persons to build their understanding of TB programme

d. Facilitate conduct of National Media Workshop and Regional Media Workshops

Information Education and Communication (IEC)

IEC strategy for TB Mukt Bharat Abhiyaan should be comprehensive and tailored specifically to accelerate screening of vulnerable key population groups namely >60 years age, Malnourished (BMI <18.5), Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB and other vulnerable groups such as dwellers of congregate settings, slum population, tea gardens,mining community, tribal population.

Objectives

- Raise awareness about TB, its symptoms, causes, and how it spreads with emphasis on importance of early detection, treatment and reduction of stigma associated
- Focused communication for pre-emptive TB screening to residents of highly vulnerable settings like Orphanages, Migrant labourers, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc. and areas with high number of TB cases or deaths
- Promote acceptance of TB preventive treatment amongst Household Contacts of TB case, >60 years age, Malnourished, Diabetics, People living with HIV, Smokers, Alcoholic, Individuals with history of TB.
- Educate about importance of completion of treatment, role of nutrition in managing TB

Target Audience

- **Primary:** Rural residents, particularly high-risk groups such as >60 years age, poor nutrition, Diabetics, People living with HIV, Smokers, Alcoholic, Household Contacts of TB case, Individuals with history of TB, residents of highly vulnerable settings like Orphanages, Migrant labourers, Construction site, Mining area, Residential Schools, Slums, Tea gardens etc.
- **Secondary:** Healthcare providers, local community leaders, teachers, and students who can act as advocates.

Key Messages

- **TB is curable:** Reinforce the idea that TB is treatable with timely diagnosis and adherence to medication.
- **Recognize the** common symptoms cough, fever, chest pain, blood in sputum, night sweats, loss of appetite, weight loss, weakness or fatigue. Organ specific extrapulmonary TB signs or symptoms may be observed like swelling in the neck, joint pain or backache, headache or confusion, blood in urine, abdominal pain or constipation.
- **Avoid transmission:** Cough etiquette (covering mouth), proper ventilation, and avoiding close contact with infected individuals.
- **Seek early treatment:** Free diagnosis and treatment are available at government health centers.

Communication strategies

A. Mass Media

a. Radio Broadcasts: Use local radio stations to air jingles, interviews, and success stories of TB survivors to educate and destigmatize.

b. Loudspeaker Announcements: In markets or other gathering places, mobile vans with loudspeakers can announce important messages on TB.

B. Interpersonal Communication

a. Village Health Workers: Train local health workers to deliver door-to-door messages about TB prevention and treatment options. They can also assist with referrals to healthcare facilities.

b. Peer Educators: Identify TB survivors or respected local figures to talk about their experiences in schools or local gatherings.

C. Traditional and Cultural Channels

a. Street Plays and Puppet Shows: Use folk media such as street theater or puppetry to convey TB-related messages in a fun and engaging way.

b. Local Festivals: Integrate TB messaging into local festivals or community events where people naturally gather.

D. Print and Visual Media

a. Posters and Leaflets: Create simple, visually compelling materials with key messages in local languages. Distribute these at schools, healthcare centers, markets, and other public areas.

b. Wall Paintings: Educational paintings in central locations depicting TB symptoms, transmission, and treatment availability.

E. School Awareness camps

a. School-based education programs: Organize educational sessions and quizzes about TB for students, who can spread the messages to their families.

b. TB awareness clubs: Create student clubs focused on health education and mobilize students as health advocates in their communities.

Engagement with Local Stakeholders

- Involve local leaders: Work with village leaders, religious heads, and traditional healers to spread accurate information about TB.
- Healthcare providers: Provide additional training to local doctors, nurses, and pharmacists about proper TB diagnosis and management protocols.

Ni-kshay Vahan

Ni-kshay Vahans (campaign specific branded Mobile Medical Units) will continue to be used for the TB Mukt Bharat Abhiyaan. All MMUs, ambulances and other vehicles under NHM should be utilized for transporting patients, IEC, organizing camps and mobility of health personnel in the peripheral areas. The mobile units will be used to identify TB cases among vulnerable populations. The MMUs would have trained medical staff including Medical Officer, Staff nurse, Lab technicians and support staff. These vans will have portable X-ray machines for on-spot chest X-ray, Truenat machines for sputum testing and any other tests as per local context, wherever required.

Through these MMUs the following services will be provided

- Screening for TB
- Early identification and diagnosis of TB cases in vulnerable populations, remote areas, slums, prisons, orphanages etc. would be possible.
  - On-site testing and diagnostic services (X-rays, NAAT tests, etc.).
  - Refer or transport confirmed cases to healthcare facilities.
- Educational Sessions: Provide information on TB symptoms, transmission, prevention, and treatment
- Testing for TB infection and linkage for TB preventive treatment initiation

Field Activities

1. Screening to identify person with Presumptive TB

1.1. Community Level:

1.1.1. Subclinical TB, also known as asymptomatic TB, is marked by the presence of active and infectious bacteria without observable symptoms. This form of TB significantly hampers elimination efforts by contributing to disease transmission. Most of the current TB elimination strategies primarily target symptomatic patients, which results in many subclinical cases being overlooked. This hidden reservoir of infection has the potential to drive the epidemic, making it increasingly challenging to achieve TB elimination. To combat this, implementing more inclusive screening and diagnostic measures is essential to effectively identify and treat these asymptomatic cases, thereby reducing their ability to spread the infection within the community.

Action: There is an urgent need to focus on early detection and diagnosis of TB to treat asymptomatic or subclinical cases of TB.

1.1.2. Screening is critical in populations at higher risk of TB for finding missing cases early. The national TB prevalence survey has identified 6 groups of people which contribute to 80% of new TB cases in the community. It includes those with a past history of TB disease, contacts of persons with TB, individuals with diabetes, PLHIV, smokers, alcoholics, those with undernutrition (BMI<18.5), and the elderly (age over 60 years).

Action: These individuals should undergo TB symptom screening and X-ray (even if asymptomatic) to ensure early detection and timely intervention.

1.1.3. Taking this forward, a novel approach has been introduced with the development of a **10-symptom (10-S)** screening tool aimed at capturing asymptomatic cases, particularly among vulnerable populations. This tool is designed to enhance the early detection of tuberculosis by identifying individuals who may not exhibit typical symptoms but are still at risk.

Action: Early detection with support of 10-S screening in high risk groups, remains a cornerstone of TB elimination, crucial for breaking the chain of transmission within the community.

1.1.4. Evidence has shown that active case finding in people living in congregate settings such as slum pockets, prisons, orphanages, juvenile homes, etc., residential institutions and workplaces in vulnerable settings, resulted in high yield in detection of TB cases.

Action: Screen these populations in congregate settings, residential institutions and workplaces in vulnerable settings - once in **six months.**

1.1.5. Screening method in the community should be a) symptoms enquiry by a health worker and b) chest x-ray. The screening should be done closer to the community through Ayushman Arogya Mandir (AAM) level i.e. at household or within community settings or institutions.

Action:

- Enough number of health care workers should be deployed for symptom enquiry, X-Ray, and sample collection, and they should be appropriately trained.
- Microplanning of outreach activities should be carried out at the AAM level. X-Ray should be taken to the community by using either a mobile van fitted with X-Ray or handheld X-Ray machines.
- If mobile X-Ray units/machines are not available, individuals should be transported to the nearest X-ray facility through free referral transport under NHM or reimbursed charges for travel to avoid increase in out-of-pocket expenditure (OOPE).
- Wherever required, the State/UTs should also supplement public sector X-rays with empaneled private sector providers at a cost fixed by the State/District.

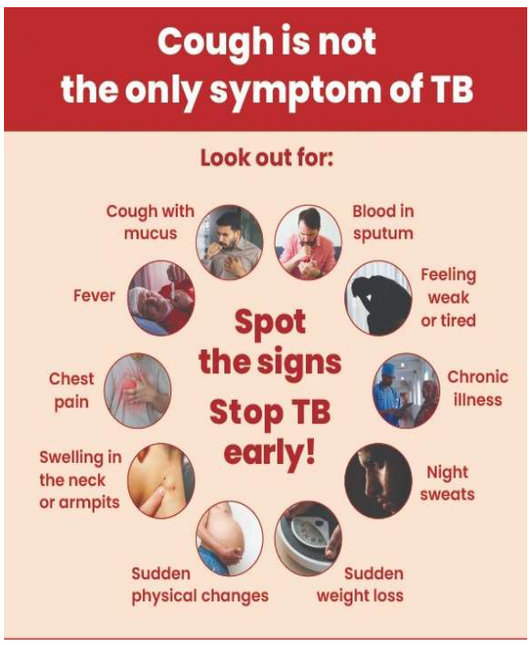
1.1.6. Screening should cover symptoms and signs of extrapulmonary TB also. In order to do so, an expanded spectrum of symptoms should be enquired, and people should be examined for extrapulmonary TB (at least the common ones like swelling in the neck). The symptoms should include cough >2 weeks (any duration if vulnerable population), fever, chest pain, blood in sputum, night sweats, loss of appetite, weight loss, fatigue. Organ specific extrapulmonary TB signs or symptoms may be observed like swelling in the neck, joint pain or backache, headache or confusion, blood in urine, abdominal pain or constipation.

Action: Health workers should be trained to identify pulmonary and extrapulmonary TB

1.1.7. Screening asymptomatic TB was the *mantra* for the 100-day intensive TB case finding rounds. The total number of asymptomatic TB cases identified during these rounds exceeded 2.85 lakh, indicating that these cases could have continued to spread the infection in the community had they not been detected through the intensive screening strategy.

Cough is not the only symptom of TB. For screening vulnerable or high risk groups, it's best to follow the below guidance:

- Any locally identified high burden area or area with low testing (presumptive TB examination) in the recent past should be selected for ACF.
- ACF should be followed up with quarterly/ monthly symptom screening of vulnerable individuals at AAMs and annual X-Rays. Screening the populations in congregate settings should take place once in six months.
- Screening must be conducted through symptoms for all (**10 Symptoms or10-S complex)**
    - Cough > 2 weeks (any duration for vulnerable population)
    - Fever,
    - Night sweat,
    - Blood in sputum,
    - Chest Pain,
    - Shortness of breath,
    - Weight Loss,
    - Loss of Appetite,
    - Fatigue,
    - Swelling in neck and other extra-pulmonary signs/symptoms).



- Symptoms of TB in children are persistent fever, cough for more than two weeks, loss of weight/ no weight gain, with or without contact of known TB patients in the past 2 years.
- Screening should cover symptoms and signs of extrapulmonary TB also. Organ specific extrapulmonary TB signs or symptoms may be observed like swelling in the neck, joint pain or backache, headache or confusion, blood in urine, abdominal pain or constipation
- Among high risk / vulnerable individuals, screening should be also conducted by X-rays, even if asymptomatic.
- Refer to Annexure 1: Algorithm for TB screening, diagnosis of TB disease and infection

Action: Health workers should be trained to line list the vulnerable and screen them with 10-S tool, Chest X-Ray and sample collection. Information for the same should be updated on Ni-kshay on the same day. Ni-kshay entries should be done for all individuals who have been tested even if the test result is negative (X-ray, Sputum Microscopy / NAAT)

1.2. At health facility

1.2.1. Screening of individuals for TB should be ensured at all OPD settings. The proportion of screening of people differs based on the type of health care settings.

Action:

- At AAMs and CHCs, at least 5% of OPD attendees are expected to have chest symptoms suggestive of TB.
- In HIV, Diabetes, Tobacco cessation, Cancer, dialysis units, indoor admitted patients, and other immunocompromised settings, 100% attendees should be screened for TB.

1.2.2. The screening method will remain the same for pulmonary and extra pulmonary TB.

Action:

- Communicate with all health staff in health facilities for identification of all presumptive TBs.
- Arrangement should be made for effective referral from AAMs to facilities where functional X-Ray facilities (HR+machine) are available within the network of health facilities and within different departments of district hospitals and medical colleges.

1.2.3. Health facilities outside the public health department i.e. private clinics, hospitals, pharmacies, ayush clinics, health facilities under PSUs, Industries and other establishments like ESI, ECHS, CGHS, Railways, etc. should be covered for identifying Person with presumptive TB.

Action:

- Mapping and line-listing of health facilities with X-ray outside the public health department
- Visit, advocate and give tools (materials) to increase identification of people with presumptive TB and link identified people for free testing (including NAAT) through sample transportation.

1.2.4. People with any symptoms of TB and/or abnormal X-Rays are considered as **Presumptive TB**. All individuals with presumptive TB must undergo NAAT (Nucleic Acid Amplification Test) testing upfront for diagnosis of TB. Sputum microscopy should be used for follow-up purposes only. X-Ray examination should also be done, as an associate test, to assess the lung condition.

Action

- Efficient **specimen collection and transport** system should be put in place to ensure all presumptive TB patients are tested with NAAT. People should be adequately informed on how to collect good quality sputum, and the staff should be able to inspect the quality before sending it to testing. (Annexure 3: SOP for Good quality specimen collection)

- Specimen transportation should be arranged from AAMs to the NAAT facilities. States may hire personnel for specimen transport, community volunteers provided honorarium for transportation, postal department engagement, courier engagement or in limited settings, health care staff should be engaged for specimen transportation. Adequate sputum containers, packaging material and transportation containers should be provided.

- Another route of sample transportation from NAAT site to reference laboratories is also required to be in place which will guide the treating physician on the type of treatment to be offered for the patient.

1.2.5. To reach underserved, hard-to-reach difficult areas and vulnerable populations like urban slums, tribal & mining areas, aspirational districts / blocks, silicosis prone areas, construction sites and other congregate settings, local vulnerable areas / populations, hand-held ultra-portable X-ray machines with artificial intelligence support, should be optimally utilized. Additionally, Mobile Medical Units (MMUs) with X-ray and insourced services from private providers may be used to supplement public health X-ray capacity.

Action: States should invest in acquiring these machines through NHM / State budgets and/or CSR support.

1.2.6. Before the activity gets rolled out, it is very essential to analyze the **Diagnostic Network Optimization** that is the NAAT utilization capacity for the district/ state. This capacity will guide the calculation regarding the count of presumptive TB which can be subjected to NAAT testing. Optimum utilization of the NAAT should be ensured by increasing the shift of running the machine and by rationalizing the use of laboratory workforce such as those deployed at microscopy units. Adequate laboratory technicians should be made available to run the machine for two or three shifts (as per need). All NHM lab technicians should be trained and utilized for TB testing in the health facilities.

Action:

- After extending the timing, if the machines are not sufficient to test all specimens, then identify laboratories with low specimen testing load and arrange transportation of specimens to those facilities to ensure testing. Even after that, the laboratories are not sufficient to test all specimens, purchasing services of NAAT testing from private laboratories can be explored.

- Various modalities can be thought of after negotiating with private NAAT laboratories for subsidized costs based on the high load model. Route the payment to private stakeholders through voucher system or as per guidance document 2019. Supervisory staff from the district should be monitoring this activity for its smooth implementation.

2. Testing

2.1. At community:

2.1.1. All attempts should be made to bring testing closer to the community. Mobile testing units (incl. X-Ray and NAAT) should be used for this purpose and geography farthest from the available facility should be prioritized for deployment of these units.

Action:

- Enlist and map mobile testing units with the community screening in priority geographies.
- Route of mobile testing units should be prepared along with logistics and relevant human resources.

2.1.2. In rest and when mobile units are not available, referral linkages should be made people centric by linking with the NHM free referral transport mechanism

Action:

- For sample tests (NAAT), sample collection and transportation arrangement should be made.
- For X-Ray, beneficiaries should be transported to the nearest X-ray facility through free referral transport under NHM or reimbursed charges for travel to avoid increase in out-of-pocket expenditure (OOPE).

2.2. At health facility

2.2.1. For Intensified case finding activities, all high-risk facilities—such as HIV clinics, NCD clinics, dialysis centres, and oncology OPDs —must implement 100% TB screening for all daily footfalls and 100% TB screening of IPD in all hospitals. OPD-based screening targets of 10% of expected chest symptomatic for secondary & tertiary hospitals and 5% for PHCs and CHCs should be ensured

Action:

100% of individuals with presumptive TB must undergo NAAT testing upfront. Sputum microscopy should be used for follow-up purposes only. Modalities such as mandatory linkages with evening clinics for comorbid patients to get their screening done through an attached MMU or AAM or private practitioner clinic or a camp site should be widely propagated across through providers and stakeholders.

2.2.2. Sample collection areas and storage facilities should be identified in each of the health facilities. Sample collection for non-sputum specimens should be made available at least at the level of CHCs.

Action:

- Logistics should be provided to health facilities for collection and storage of sputum and non-sputum samples.
- Training of staff should be ensured for appropriate collection techniques and awareness materials should be provided.

2.2.3. NAAT is the preferred testing method for diagnosis of TB. All presumptive TB (based on symptom or X-Ray suggestive) should be tested with the available NAAT method.

Action:

- Workload of testing should be assessed and documented.

- Mapping of geography with the linked NAAT facility should be carried out.
- Adequate NAAT facilities, consumables and multiple shifts of LT should be provided based on the workload of testing.
- If existing NAAT facilities are not sufficient to manage the workload, additional required NAAT services should be mobilized from other districts / service purchased from empaneled private sector providers by fixing a rate for each type of NAAT test

2.2.4. X-Ray will be required for screening, assisting diagnosis and assessing the extent of pathology and severity of disease, and rule of TB before preventive treatment. Under most health systems, X-Ray facilities are available only at CHCs and above in the public health sector. Besides, non-functional facilities or unavailability of human resources add challenges to the access to the services.

Action:

- Workload of X-Ray should be assessed and documented.
- Mapping of geography with the linked X-Ray facility should be carried out.
- Adequate X-Ray facilities, films and HR should be provided based on the workload.
- If existing X-Ray facilities are not sufficient to manage the workload, additional required X-Ray services should be purchased from empaneled private sector providers by fixing a rate per X-ray at the State/District level

3. Notification

3.1. At health facility:

3.1.1. All public health facilities mandatorily notify every individual diagnosed with TB. Even then, the possibilities of missing reporting or under reporting cannot be ruled out specially in larger hospitals and medical colleges.

Action:

- All departments of the multi-specialty public hospitals (district hospitals, state hospitals and medical colleges) should be visited daily by the local staff and weekly, by NTEP supervisors to pick up any unreported cases.
- Do not limit district performance based on PIP targets / Ni-kshay targets

3.1.2. All clinics, hospitals, laboratories, pharmacies in the private sector and outside the public health department.

Asymptomatic in Private clinics need to be asked for 10-S complex, and subject to attached MMU/HH-Xray/X-ray site for identification of early signs on chest radiograph for presumptive TB. 100% of individuals with presumptive TB must undergo NAAT testing upfront. Sputum microscopy should be reserved for follow-up purposes only.

TB care in the private sector should be monitored by ensuring notification of TB cases (Gazette notification enforcement), tracking drug sales through schedule H1 monitoring and/or fetching drugs sales data from the manufacturers/distributors. All medical professional associations should be engaged to garner sustainable support from the private sector. Wherever Patient Provider Support Agency (PPSA) is available, the agencies & their staff should be adequately trained in implementing campaign strategies.

Action:

- Visit all these health facilities to advocate for consistent reporting of all TB cases. Train staff of those facilities to report in Ni-kshay.
- Frequency of visit should be weekly for high volume providers, monthly for others and additionally, based on analysis of past data and insights from schedule H1 reports, or prescription practices, or drugs sales data.

- Wherever PPSA is available, fully utilize their services
- Do not limit district performance based on PIP targets / Ni-kshay targets

3.1.3. Regarding the Case Finding activities in those health facilities which are outside the health department i.e. AYUSH clinics, health facilities under PSUs, Industries and other establishments like ESI, ECHS, CGHS, Railways, etc., should be actively engaged for identifying persons with TB.

A coordination / referral mechanism should be established with AYUSH and informal providers to reach every TB patient. Visit, advocate and give tools (materials) to increase identification of people with presumptive TB and link identified people for free testing (including NAAT) through sample transportation. Frequency of visit should be weekly for high volume providers, monthly for others and additionally, based on analysis of past data and insights from schedule H1 reports, or prescription practices, or drugs sales data.

Action:

A robust mechanism must be in place to involve private sector providers through public-private engagement models. Additionally, for case finding among children and extra-pulmonary TB, the States/UTs should arrange and ensure capacity for the diagnosis of pediatric and extra-pulmonary TB.

Identify health facilities that can collect and test non-sputum specimens, train designated staff, provide laboratory resources and establish referral linkages for specialists. Wherever required, the private sector's capacity should be in-sourced to ensure TB patients can access these services.

Appropriate public health action is required to be given to those patients found to be diagnosed with any form of TB, from any level of health facility, whether private or public.

4. Post-diagnosis work up of and support to patients

4.1. At health facilities:

4.1.1. All Persons with TB should be assessed with drug resistance testing and comorbidity (HIV, Diabetes, Undernutrition, Alcohol and tobacco use) as per the NTEP routine protocol. Furthermore, every person with TB should be assessed for nutrition, general condition and disease severity, following differentiated TB care protocol. TB Mukt Bharat Abhiyaan will specifically focus on interventions to reduce death due to TB and hence, actions described are targeting them.

Action:

- Ensure assessments are done at the facility where the patient is diagnosed or going to start treatment.
- The TB facility should have clinically equipped staff to examine patients and the required tests available.
- Train all health staff on differentiated TB care protocols. If not available, the tests should be Linked/arranged to complete the protocol.
- Admission beds / facilities should be identified in each district based on potential workload
- Linkage with PMJAY empaneled private hospitals wherever required should be listed and sensitized on Differentiated TB care protocol and management of high-risk Person with TB requiring IPD services

4.1.2. Appropriate treatment should begin based on the drug sensitivity pattern. Additional pretreatment evaluation should be conducted based on the NTEP protocol. Similarly, comorbidity management of HIV, Diabetes and others should be done as per the respective national program protocols.

Action:

- Person with TB should be admitted based on the clinical condition and admission facilities should be identified as per the requirement for indoor care.
- Clinical management of nutrition should be provided, if the patients have undernutrition.
- Clinical management of co-morbidity should be provided as per case specific requirement and in line with protocols as per respective national programme / standard of care

4.1.3. Patients should be assessed for treatment compliance. Patients' specific treatment support plan should be prepared, and counseling sessions should be scheduled.

Action: Train health facility staff on counseling individuals with TB for completion of treatment, adverse drug reactions, dispensation frequency, and linkage with treatment supporters.

4.2. At community:

4.2.1. Treatment of TB lasts for 6 months or more. It is important to have continuous engagement with patients during this period with a patient centric time and place for those interactions. In NTEP, there are comprehensive nutrition support initiatives along with care and support during the treatment of people with TB.

Action:

- Engage family care giver, treatment supporters and TB Champions for comprehensive patient support through the duration of treatment.
- CHO should visit TB patients every 15 days and ASHAs should visit every week for each patient household with and without treatment supporters.
- Arrange for dispensation of medicine, nutrition kits and other benefits closer to patients' residence.
- Ensure follow up visits for high-risk Person with TB identified by family members or community volunteers as part of differentiated care protocol
- Arrange for sample collections for follow up of patients.

4.2.2. Drug resistance testing (UDST, using NAAT) should be carried out for all diagnosed TB cases with timely turn-around-times monitoring.

Action: Treatment regimens must include Fixed Dose Combinations (FDCs) for Drug Sensitive TB (DS-TB) and BPaLM for Rifampicin Resistant TB (DR-TB). BPaLM is a newer, shorter and more-effective regimen which has been introduced under the program for the treatment of MDR/RR-TB. The BPaLM regimen with Bedaquiline, Pretomanid, Linezolid and Moxifloxacin (BPaLM), is the treatment option of choice for MDR/RR-TB treatment and significantly reduces pill burden and treatment duration.

Appropriate treatment should be initiated as per the detailed guidelines on treatment of DS-TB, Pediatric TB, Extra Pulmonary TB and DR-TB (based on drug resistance pattern). Treatment should be initiated within a day for DS-TB and within 3 days for DR-TB.

4.2.3. State/UTs must implement a Differentiated TB Care Approach (DTBC) for all TB patients, especially those identified as high-risk (co-morbidities, undernutrition, previous TB history).

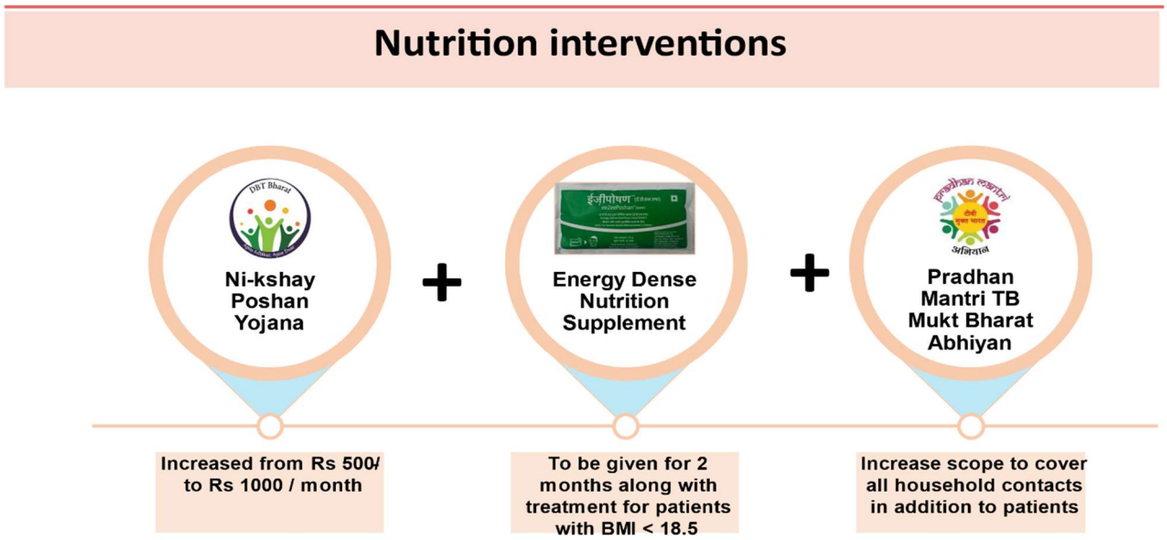
Action: Intensive care should be provided including indoor care for those at high-risk. States/UTs should plan for indoor care facilities for TB patients in every district. Regular clinical assessments and risk stratification must guide the intensity of care.

Monthly follow-ups of all TB patients for clinical evaluation by a Medical Officer should be ensured. For high-risk TB patients weekly / as prescribed by clinician should be ensured. Use of E-Sanjeevani for virtual consultations with medical officers / specialists must be promoted, especially for remote areas.

4.2.4. Follow up investigations must be carried out as per program protocol to identify early signs of treatment failure.

Action: Treatment adherence should be monitored through Community Health Officer (CHO) visits every 15 days and Accredited Social Health Activist (ASHA) visits every week. During the visit, the CHOs/ASHAs should assess symptoms of TB and that of any side effects, weight, appetite, drug consumption. Any signs that may affect treatment compliance should be immediately flagged to the medical officer to facilitate support.

5. Nutrition interventions



5.1. Ni-kshay Poshan Yojana (NPY):

5.1.1. The NPY benefits have doubled, now every TB patient is supported at the rate of Rs. 1000 per month, which is paid through direct benefit transfer.

Action:

- District health teams should follow the NPY guidelines under the NTEP. Ensure adequate budgetary provision to provide revised NPY benefits. A person with TB should be made aware of the revision and communication around the timeline of revision to avoid confusion among patients.

5.2. Nutrition supplement:

5.2.1. Person with TB with low BMI (<18.5 kg/m2) will be provided with Energy dense nutrition supplement (EDNS) for initial 2 months of treatment.

Action:

The specifications of EDNS have been shared. The states should procure and arrange for supply of the material to districts. The districts should arrange dispensation to the patients locally at health facilities or at households. District staff need to follow the NTEP guidelines for its operationalization.

5.3. Ni-Kshay Mitra Initiative

5.3.1. The scope of Ni-kshay Mitra initiative support has been increased such that Ni-kshay Mitra's can cover all household contacts in addition to patients. Again, an important revision in the policy.

Action:

- Ni-kshay mitras should be informed by the local team regarding the expectation of support to persons with TB. The team should follow NTEP guidance on its operationalization.

6. Preventive treatment

6.1. At community:

6.1.1. Contact tracing is a critical activity to screen those at risk for TB, identify additional people with TB, and if not found to have TB, then to prevent TB among them. Follow NTEP protocol for Household contact investigation i.e. symptom screening, ruling out active TB and testing.

Action:

- Enlist all household (HH) contact and close contacts of pulmonary TB patients PLHIVs, Persons with compromised Immunity, people in congregate settings
- Screening of HHCs for symptoms by CHO/ANM in rural areas and through STS/TB-HVs/other field staff in urban areas / areas where CHO is not available.
- Arrange X-Ray at a nearby facility to rule out active TB. If the TB infection testing services are available, arrange TBI testing closest to the beneficiary residence, preferably in AAM centres/ Ni-kshay Vahan.

6.1.2. TB preventive treatment should be initiated, only after ruling out active TB, as per the TPT guidelines protocol. However if TB infection test is not possible or not available, TPT should not be denied.

Action:

- Patient, family members and treatment supporters should be trained on TPT, any potential side effects and contact details for any support.
- Frequency of visits should be determined for each patient household with and without treatment supporters.

6.2. At health facilities

6.2.1. X-Ray will be required to rule out TB before preventive treatment. Under most health systems, X-Ray facilities are available only at CHCs and above in the public health sector.

Action:

- Workload of X-Ray should be assessed and documented.
- Mapping of geography with the linked X-Ray facility should be carried out.
- Adequate X-Ray facilities, films and HR should be provided based on the workload.
- If existing X-Ray facilities are not sufficient to manage the workload, additionally required X-Ray services should be purchased from the private sector.

6.2.2. TB infection testing such as Cy-Tb/IGRA, should be available within the public health system. Trained staff is required for TBI testing at the health facility, in addition to testing kits and equipment. Referral linkages and measures to avoid referral loss needs to be established.

Cy-Tb is a new point-of-care skin test (TB Ag skin test) for the detection of Mycobacterium tuberculosis (MTB) infection, offering a significant advantage with a high specificity of 97%, surpassing traditional tuberculin skin tests due to its use of MTB-specific antigens (rdESAT-6 and rCFP-10). It is available for use among beneficiaries (household contacts and other risk groups) aged ≥18 years. Approval from DCGI for use of Cy-Tb under 18 years but not below 2 years is also available. It is administered intradermally with a dose of 0.1mL on the palm side up surface of the forearm preferably left forearm. Induration of ≥5 mm read after 48–72 hours indicates positive for TB infection.

Action:

District authorities need to arrange TBI testing closest to the beneficiary residence, preferably in AAM centres and Ni-kshay Vahan. The testing kits should be supplied to the pre-assigned health facility based on anticipated workload. Staff should be trained on testing. Reporting mechanisms should be set up to ensure a person gets timely results.

6.2.3. The district team should focus to improve coverage of HH contacts and vulnerable populations for TPT. They need to enlist all household (HH) contact of persons with pulmonary TB and vulnerable population. Screen HHCs for symptoms by CHO/ANM in rural areas and through STS/TB-HVs in urban areas / areas where CHO is not available.

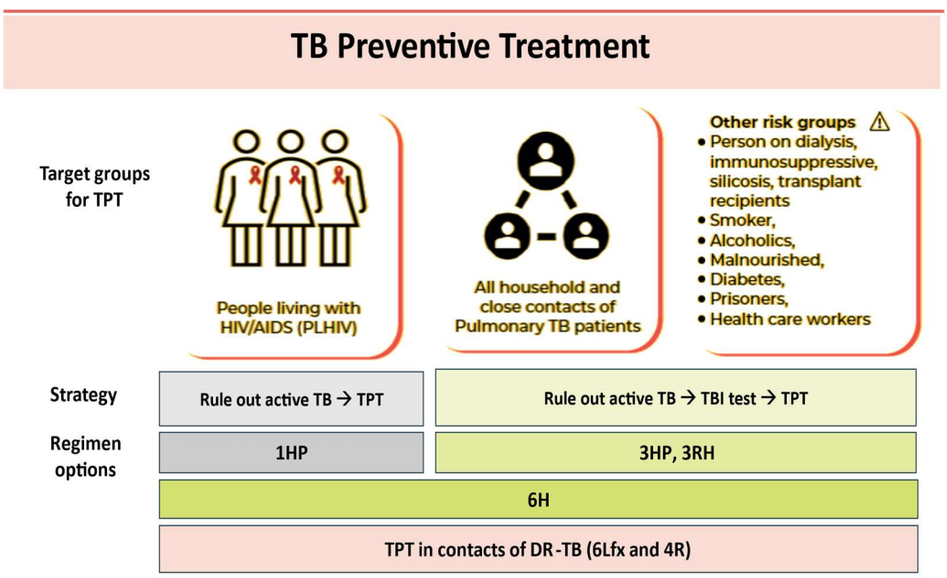
Action:

- Counseling and dispensation of TPT should be arranged from AAM centres
- 100% recording and reporting through Ni-kshay should be ensured

6.2.4. Ruling out Active TB is very critical before initiating TPT. At present, an individual should be screened by both symptoms and CXR to rule out TB. TB preventive treatment should be initiated, only after ruling out active TB, as per the TPT guideline

Action

All patients eligible for TPT should be provided a 3HP treatment regimen as per eligibility. TPT completion is equally important. Patients, family members and treatment supporters should be trained on TPT, any potential side effects and contact details for any support. District supervisory staff of the program should ascertain that frequency of visits is determined for each patient household with and without treatment supporters. The other TPT option for PLHIVs, Less than two years of HHCs, HHCs of H-mono-poly/ MDR TB are to be exercised as per TPT guidelines.



6.2.5. Nutrition support to household contacts- Under the Ni-kshay Mitra initiative, the provision of food baskets has been expanded to all household of the index case.

Action: Through Ni-kshay Mitra food baskets should be provided to patients and their household contacts, with a focus on starting support within the first month of diagnosis itself and every month thereafter for the entire duration of treatment.

6.2.6. Airborne infection control protocols in households, healthcare facilities, community and congregate settings, and workplaces should be implemented similar to the COVID-19 pandemic response.

At the community level, through local self-governments, air-borne infection control practices like sanitation, preventing spitting in public places, cough etiquette in community & high-density population settings like bus stands, railway stations, trains, buses, etc should be practiced especially in chest symptomatic. Adequate IEC for community awareness should be ensured.

Action: All TB patients and their household contacts of index TB cases should be sensitized and provided AIC kits to ensure air-borne infection control within the household. Contact tracing should be expanded to workplaces and surrounding areas of residential facilities to cover close contacts.

At the health facility level, air-borne infection control should be ensured as per guidelines through appropriate administrative & minor civil work re-arrangements. Cough corners in hospital registration areas, fast tracking of chest symptomatics & strict monitoring through the Hospital Infection Control Committee (HICC) should be ensured.

6.2.7. State/UTs must also implement adult BCG vaccination in selected intervention districts and follow-up on vaccinated beneficiaries for adverse events following immunization (AEFI) and early identification of break-down to TB disease.

Action: Adult BCG Vaccination is being implemented in a programmatic study mode in the country since 10th Jan 2024 in a parallel arm cluster randomized design. 18 States have implemented the study till date where 50% of the districts are assigned to intervention arm after randomization. The study is being implemented in collaboration with ICMR, NTEP and Immunization Division. Consented vulnerable population of aged 18 years and above belonging to 6 vulnerable groups i.e. persons with history of previous TB disease, contacts of TB patient, BMI < 18.5 kg/m2, aged ≥60 years, self-reported smoking, self-reported diabetes are eligible for adult BCG vaccination. Those who have been linelisted through head count surveys may be taken up for vaccination if not yet vaccinated.

7. Follow up and Review

7.1. End of Treatment Evaluation

All the TB/DR-TB patients must undergo end of treatment evaluation before declaring treatment outcome. At the end of treatment, every person with TB should be evaluated for the i) completion of treatment, ii) bacteriological test (culture) and Chest X-Ray, in case of pulmonary TB and iii) Other tests in extra-pulmonary TB, based on the recommendations of clinicians.

Action:

If any of these evaluations warrant for continuation of treatment, it should be extended as per the guidance of the clinician.

7.2. Post-Treatment Follow up

All TB patients should be followed up at the end of 6, 12, 18 and 24 months of completion of treatment. These patients should be evaluated by symptoms, chest X-ray and culture.

Action:

List of all past TB patients should be generated **from Ni-kshay** and shared with the concerned AAM. The CHO/MO should screen these patients locally and refer for CXR and culture at the linked facility.

7.3. TB Death Review

States must ensure that death reviews are conducted for every TB-related death under the supervision of the District Collector.

Action:

Findings from these reviews should inform corrective actions to prevent deaths among other TB patients.

7.4. Mitigating Catastrophic Cost and Socio-economic Impact

State/UTs should ensure that all TB patients (both public & private sector; DS-TB & DR-TB) receive free drugs and diagnostics, not only for TB but also for any ancillary investigations and medications required during treatment. This must be implemented with support of the Free Drugs and Free Diagnostics Initiatives under NHM.

Action:

Linkages with PMJAY for inpatient care, procedures and treatment must be actively facilitated. Timely disbursement of Direct Benefit Transfers (DBT-NPY) is essential to ensure that patients do not face financial hardship. States must encourage Panchayats, Urban Local Bodies, TB Champions, and local private sector/corporate sector to provide additional support to cover for travel, nutrition and wage loss.

7.5. Strengthening Enabling Mechanisms

A data-driven approach must guide implementation. States should continuously use Nikshay data to plan, monitor, and improve program outcomes. Regular training and capacity building must be institutionalized at all levels—from ASHAs and CHOs to district program managers.

Action:

Jan Bhagidari through multi-sectoral convergence is non-negotiable. States should co-ordinate with line departments (e.g., Education, Labor, Panchayati Raj, Urban Development, Coal & Mines, Social Welfare, etc) to maximize outreach and impact.

8. Supervision and Monitoring

Supervision and monitoring should be scheduled and followed earnestly to ensure quality of services at health facilities and community.

8.1. Supervisory Visits

8.1.1. State Level

The state team should visit all districts at least once a quarter. The team should prioritize districts based on their performance, burden of disease, programme management issues (like HR, infrastructure, logistics, funds utilization, etc.) or feedback from the community (like call centre, TB forum, media, etc.).

The visit duration can be 2 days to 5 days depending on the thematic review or the full review of the TB services of the district. The team should be a combination of staff from State TB Cell, STDC, District TB Centre, Intermediate Reference Laboratory, DR-TB Centre, CoE, Medical College, Institutes or Committees, NHM, SHSRC, SIHFW, Regional Director, any central government institute, development organizations, private sector, civil society and/or community.

During the visit, meetings with all staff should be arranged to review their performance and get feedback on challenges they are facing, interact with health facility level service delivery staff, field outreach staff, patients / beneficiaries and community. Review of records at the health facility and programme management unit should be conducted and validated against the reports or physical assets like lab consumables, drugs stocks, kits distributed, NPY etc

8.1.2. District Level

The district team should visit all blocks every month, depending upon the number of blocks. The team should prioritize visiting the blocks more frequently, based on their performance, burden of disease, programme management issues (like HR, infrastructure, logistics, funds utilization, etc.) or feedback from the community (like call centre, TB forum, media, etc.).

The team should be a combination of staff from District TB Centre, Culture & DST Laboratory, DR-TB Centre, Centres of Excellence (CoE), Medical College, Institutes or Committees, CMO, DTT, any state government institute, development organizations, private sector, civil society and/or community.

During the visit, meetings with all staff should be arranged to review their performance and get feedback on challenges they are facing, interact with health facility level service delivery staff, field outreach staff, patients / beneficiaries and community. Review of records at the health facility and programme management unit should be conducted and validated against the reports or physical assets like lab consumables, drugs stocks, kits distributed, NPY etc.

8.1.3. Block Level

The block team should visit all PHIs every month. The team should prioritize visiting the blocks more frequently, based on their performance, burden of disease, programme management issues (like HR, infrastructure, logistics, funds utilization, etc.) or feedback from the community (like call centre, TB forum, media, etc.).

The team should be a combination of staff from STS, STLS, Block Medical Office, development organizations, private sector, civil society and/or community. During the visit, meetings with all staff should be arranged to review their performance and get feedback on challenges they are facing, interact with health facility level service delivery staff, field outreach staff, patients / beneficiaries and community. Review of records at the health facility and programme management unit should be conducted and validated against the reports or physical assets like lab consumables, drugs stocks, kits distributed, NPY etc.

8.1.4. Health Facility Level

At the health facility level, an in-charge person or nodal officer should visit TB laboratory and TB drug dispensation facility every week in PHC, CHC, and SDH and every fortnightly in DH and Medical College.

During the visit, interact with health facility level service delivery staff, field outreach staff, patients / beneficiaries and community. Review of records at the health facility and programme management unit should be conducted and validated against the reports or physical assets like lab consumables, drugs stocks, kits distributed, NPY etc.

CHO at AAM, should physically visit TB patients once every two weeks. ASHA workers need to physically visit TB patients once every week.

8.2. Monitoring

Ni-kshay serves as a tool to monitor programmatic performance of each level of programme management units (state, district, block) and health facility, near real time basis.

8.2.1. Monitoring Matrix

While key monitoring indicators have been provided below, the state, district, block and health facility level analysis is possible with more granularity. The officers at each level should analyze data and provide feedback to the units they are supervising. Refer to Annexure 2.

8.2.2. Feedback

Feedback on performance is key to bringing change and improvement at each level. While the feedback should be shared immediately upon finding any gaps or deficiencies, fixed frequency written feedback will drive the regularity in the process. The suggested frequency of feedback is as follows

State to districts	Monthly
Districts to blocks	Biweekly
Blocks to health facilities	Weekly

8.2.3. Review Meeting

Another process of providing feedback is to have regular review meetings. The following schedule should be followed for the review of programme performance at least.

Review with DTO	Weekly
Review of BMO/MO-TC	Weekly
Review of CHO/ health facilities	Weekly

The state and district should do review of specific thematic area reviews more frequently. Specific thematic review should be carried out by the state on laboratory operations, DR-TB, private sector engagement, NPY, Ni-kshay Mitra, active case finding, TPT etc.

9. TB MUKT CITY: an URBAN TB INITIATIVE UNDER TB MUKT BHARAT ABHIYAAN

Screening Strategies for Vulnerable Urban Populations under TB Mukt Bharat Abhiyaan

In India, "urban" concerning TB goes beyond a simple geographic label, signifying densely populated areas, particularly slums, marked by overcrowding, inadequate sanitation, and transient populations, which collectively create environments conducive to TB transmission; these settings often house vulnerable groups facing significant barriers to accessing healthcare, leading to delayed diagnosis and increased spread, thus necessitating tailored strategies within the National TB Elimination Program, such as active case finding in communities, targeted interventions in hotspots, and robust engagement with the diverse private healthcare sector, to effectively detect, treat, and prevent TB in these challenging environments and achieve elimination goals.

TB Burden in Urban India: Incidence and Prevalence

India carries a disproportionate share of the global tuberculosis (TB) burden, with an estimated 2.8 million people newly affected in 2023. While the nation has made commendable strides in reducing overall TB incidence from 237 per 100,000 population in 2015 to 195 per 100,000 in 2023, and concurrently lowering TB-related mortality, urban areas present a concentrated and complex challenge. The National TB Prevalence Survey (2019-2021) reported an overall prevalence of all forms of TB for all ages in India as 312 per 100,000 population for 2021, suggesting potential variations in different geographies.

A critical aspect of the urban TB burden is the prevalence of drug-resistant TB (DR-TB). India accounts for over a quarter of the global DR-TB burden, and managing these cases is inherently more complex, prolonged, and costly, placing an additional strain on urban health systems and affected households.

Why Focus on Urban Vulnerable Populations, Including Asymptomatics?

High density and poor conditions in urban India foster TB spread, especially among vulnerable groups facing healthcare access barriers. Screening these populations, including asymptomatic individuals (who transmit TB) and those with weakened immunity like the terminally ill, is critical to break transmission chains and reach elimination goals.

Key Vulnerable Populations in Urban India (including specific considerations):

Based on prevalence data and risk factors, the key vulnerable populations in urban areas targeted for intensive screening include:

- **Slum Dwellers:** High density living, poor ventilation, and limited access to healthcare.
- **Migrant Workers:** Often employed in informal sectors (construction, factories), facing transient living situations and lack of social support.
- **Industrial Workers:** Especially in sectors like mining and textiles, exposed to environments that can compromise respiratory health.
- **Homeless Individuals:** Lack of stable housing, poor nutrition, and limited access to health and support systems.
- **People Living with HIV (PLHIV):** Increased susceptibility to TB due to compromised immune systems. Screening is a routine part of HIV care.
- **Individuals with Co-morbidities:** Such as diabetes, which increases the risk of developing active TB.

- **Smokers and Individuals with Substance Abuse:** Higher risk of TB infection and disease progression.
- **Household Contacts of TB Patients:** Increased risk of infection through close proximity. This group is particularly important for screening **asymptomatic** individuals.
- **Elderly Individuals (>60 years):** Often have underlying health conditions and may face mobility issues in accessing care.
- **Individuals in congregate settings:** Individuals in congregate settings like Prisons, Orphanage homes, Juvenile Homes, Target Intervention sites, Hostels, Brothels should have TB screening as part of their comprehensive care plan.

Modalities for TB screening in Urban areas

The development of a comprehensive microplan that takes into account urban geography, available resources, advocacy and communication strategies, as well as transmission dynamics, is essential for accelerating intensive TB case-finding activities under the TB Mukt Bharat Abhiyaan in urban areas.

This microplan should include the following components:

1. **Urban Geography Analysis**: Mapping out the urban landscape to identify high-burden areas, community hotspots, and demographic segments most affected by TB. Understanding the geographical distribution of populations will help tailor interventions effectively.

2. **Resource Allocation**: Inventorying existing healthcare facilities, human resources, and diagnostic tools within urban settings. Identifying gaps in resources will inform the allocation of necessary materials and personnel for effective TB management.

3. **Advocacy and Communication Strategies:** Developing targeted advocacy campaigns that resonate with urban populations. This can involve community outreach programs, public awareness initiatives, and collaboration with local influencers to promote TB awareness and encourage testing and treatment.

4. **Incorporating Transmission Dynamics:** Analyzing transmission patterns within urban areas to understand the spread of TB. This could involve studying sociological factors, mobility patterns, and the impact of comorbidities to implement timely interventions.

5. **Engagement with Local Communities**: Establishing partnerships with local organizations, NGOs, and community leaders to foster trust and encourage participation in TB programs. Involving the community in planning and decision-making can enhance the effectiveness of the interventions.

6. **Training and Capacity Building**: Providing training for healthcare workers on best practices for TB diagnosis and treatment in urban settings. This could include workshops on case identification, management of drug-resistant TB, and effective communication with patients.

7. **Monitoring and Evaluation**: Implementing a robust monitoring and evaluation framework to assess the impact of TB interventions and continuously improve strategies based on real-time data and feedback.

By integrating these elements into a comprehensive microplan, urban TB case-finding efforts can be significantly boosted, ultimately contributing to the overarching goal of ending TB in India.

Operationalization of TB Mukt Bharat Abhiyaan

TB Mukt Bharat Abhiyaan has been a testament to the Government's collective resolve in eliminating TB from our country. Through concerted efforts, the NTEP successfully screened 12.97 crore vulnerable individuals by organizing more than 13.46 lakh Ni-kshay Shivirs (screening camps) across States and Union Territories, during the 100-day intensive TB case finding campaign under the TB Mukt Bharat Abhiyaan. This initiative enabled identification of 7.19 lakh TB cases, including 2.85 lakh asymptomatic cases that might have otherwise remained undiagnosed.

Further, community engagement efforts led to registration of 1.05 lakh new Ni-kshay Mitras who provided over 3 lakh nutrition food baskets to TB patients, ensuring comprehensive care and much needed nutritional support.

The central government's commitment to decentralized healthcare has strengthened service delivery through more than 1.7 lakh Ayushman Aarogya Mandirs, bringing TB diagnostic and treatment services closer to the community. The achievement of TB-free certification by 46,118 Gram Panchayats also marks a significant milestone in our journey towards TB elimination.

It is well observed that the 10O-days TB Mukt Bharat Abhiyaan has registered commendable achievements. However, sustained, timely and collaborative efforts are crucial for ensuring lasting impact to attain our goal of a TB-free India.

ln this context, a decision has been taken by the **Union Government** to extend this intensive TB case finding campaign activity in all districts at all levels under the TB Mukt Bharat Abhiyaan activities. Implementation of all strategic interventions to identify, test, treat and prevent TB needs to be ensured.

The initiatives undertaken during the 100-days TB Mukt Bharat Abhiyaan needs to be institutionalized at all levels of health administration. The continued leadership and proactive engagement of all States/UTs and various Union Ministries/Departments is vital to ensure that TB services remain accessible, well integrated, and responsive to community needs.

The Ministry of Health and Family Welfare remains committed to providing all necessary resources and technical assistance to support these efforts.

10. Operational planning

10.1. All districts should prepare micro-plan up to village level. The process of micro planning has been given in Annexure 3. The State/UTs should support and review district plans

10.2. State/UTs should identify nodal person in-charge of each district for

- development of district micro-plan
- reporting, hand holding and supportive supervision during the TB Mukt Bharat Abhiyaan activity
- ensuring monitoring, reporting and follow-up
- State/UTs should ensure adequate human resource, functional laboratories, consumables and drugs are available as required under NTEP during the TB Mukt Bharat Abhiyaan activity

11. Human resource

11.1. Health care workers and community volunteers requirements should be calculated based on the workload of community outreach activities.

11.2. Health care workers should be mobilized and deputed to the districts for covering population and beneficiaries.

11.3. Community volunteers should be engaged and their honorarium should be planned as per ACF guidelines approved in PIP.

11.4. If the requirement of workload is double than the existing staff or mobilization of staff from other districts is not possible, the district may engage NGO/agency for outsourcing these services (consider time required to hire an agency during the micro-planning)

11.5. Laboratory technicians should be made available based on assessment of the anticipated workload.

11.6. District and block supervisory staff should manage all activities related to coordination of sample transport and tracking patient referral.

12. Trainings

12.1.1. Training on the TB Mukt Bharat Abhiyaan preparation, micro plan development, campaign operation and reporting should be carried out for NTEP staff at all levels and non-NTEP health staff who are going to be engaged for the campaign

12.1.2. Community volunteers engaged for the TB Mukt Bharat Abhiyaan should be trained on the SOP of the outreach activities.

13. Logistics arrangement

13.1. Enlisting of X-Ray facilities should be carried out to understand available functional X-Ray facilities. Workload of X-ray should be calculated based on outreach activities planned and health facility level requirements. Mobile X-Ray units (incl. Handheld X-Rays) should be mobilized to the district prioritized for the TB Mukt Bharat Abhiyaan . Based on this calculation, any additional requirement of X-Ray services should be purchased from the private sector by fixing per X-ray rate from empanelled private provider

13.2. Enlisting of NAAT facilities (incl. Machines and modules) should be carried out to understand available functional capacity for testing. Workload of NAAT should be calculated based on outreach activities planned and health facility level requirements. Mobile NAAT units should be mobilized to the district prioritized for the TB Mukt Bharat Abhiyaan . Based on this calculation, adequate NAAT chips/cartridges should be made available. If these are not supplied, purchasing of services should be considered by fixing per test rate from empaneled private providers.

13.3. Specimen transportation should be arranged, at least from AAMs to the NAAT facilities. States may opt for the option of runners (people hired for specimen transport), community volunteers provided honorarium for transportation, postal department engagement, courier engagement or in limited settings, health care staff should be engaged for specimen transportation. Adequate sputum container, packaging material and transportation container should be provided.

14. Supervision, Monitoring and Evaluation

14.1. During the TB Mukt Bharat Abhiyaan activity:

14.1.1. Supervisory visits should be scheduled and followed to ensure quality of services at health facilities and community. Team of supervisors should be prepared and they should be trained on TB Mukt Bharat Abhiyaan and in a standardized supervisory checklist

14.1.2. Data quality should be monitored daily for a) tracking coverage of services b) understanding the quality of services. This data should be used in real time for any corrective actions. Dedicated data managers (Ni-kshay operators) and officers should look after data quality monitoring.

14.2. After the TB Mukt Bharat Abhiyaan activity is over:

14.2.1. Review of activities by administrators at district and state level along with insights from program managers and supervisory visit teams should be carried out.

14.2.2. A detailed data analysis should be done to understand the coverage and results to find any gaps or effort that worked.

14.2.3. Review of payments should be conducted and all payments due should be cleared.

14.3. Recording and reporting of all performance parameters will be drawn from the Ni-kshay. Monitoring matrix is placed at Annexure 2

15. Budget for TB Mukt Abhiyaan

15.1. The financial implications will be met under existing resources available under NTEP in the RCH flexipool.

15.2. Any additional resources required by the state will be considered in supplementary PIP.

16. Award for best performing states/UTs and districts

16.1. The States/UTs and Districts will be awarded for the performance of the TB Mukt Baharat Abhiyaan, based on the key performance indicators for the activity.

17. Roles and Responsibilities for the Health Staff

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

- 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)
- 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 camp site 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 mobilise 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, emphasise 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 linelist 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
- Ensure Mobilisation 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 Extra pulmonary TB (expanded spectrum of symptoms should be enquired and people should be examined for extrapulmonary TB like swelling in the neck.
- Organ specific extrapulmonary TB signs or symptoms should be observed like joint pain or backache, headache or confusion, blood in urine, persistent abdominal pain etc.
- Ensure enrollment in Ni-kshay portal and mobilisation of individuals identified during screening activities for X ray (public/private) and collect sputum sample and transportation to nearest testing centre
- For those identified as TB, ensure initiation of treatment by Medical Officer (use E-Sanjeevani) and monitor treatment adherence, side effects, complications, or co-morbidities
- 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 focussed awareness activities (educate communities about TB, its symptoms, causes, and how it spreads, emphasise the importance of early detection and treatment, IEC material distribution, Motivating people) in the villages, schools, and Gram

Panchayat, 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)
- 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, aapl dawakhana etc. or school (during non-teaching time), or ward office or any other community setting
- Coordinate with ASHA and CVs for mobilisation 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 mobilise 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 aarogya 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 mobilise 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

- Coordination TB Mukt Bharat Abhiyaan activities within the TB unit, supervised
- Training of CHO, ASHA and volunteers involved in the TB Mukt 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 microplan [Who (personnel), When (timelines), Where (sites/facilities) and What (consumables/materials)] and compile at TB unit level
- 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 Mukt Bharat Abhiyaan .
- Train staff at the health facilities on the protocol of the TB Mukt 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 Mukt 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 PMTBMBA 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

- 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 Mukt 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 paediatric TB and extrapulmonary 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; turn around 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 examined by X-Ray, % of people with abnormal X-Ray, % diagnosed with NAAT or by X-Ray alone.

7. Block Medical Officer and Block Program Manager

- Overall responsibility of operationalization and output of TB Mukt 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 microplan
- Communicate to all health facilities in the block on the protocol and plan of the TB Mukt Bharat Abhiyaan
- Prepare training calendar and operationalize training of all medical, para medical staff and community volunteers on the TB Mukt 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 Mukt Bharat Abhiyaan
- Complete training/ orientation of all staff involved/deputed for the TB Mukt 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 PPM (public private mix) Coordinator and DR-TB/TB comorbidity coordinators

- To work in close coordination with DTO for the roll out of the TB Mukt Bharat Abhiyaan in the district which includes planning, budgeting, procurement, drugs and logistics management, and preparation of reports.
- To assist the DTO in organising training, meetings, reviews and sensitization of communities at the district level.
- To assist District TB Officer in district level human resources management for the TB Mukt 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 redressal mechanism in the District TB Office.
- Any other task assigned by DTO to roll out TB Mukt 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 Mukt Bharat Abhiyaan activities
- District TB officers will assist the Chief medical officer for overall coordination and reporting and for organising all district level meetings for implementation of TB Mukt Bharat Abhiyaan activities.
- Responsible for the public grievance redressal mechanism in the District TB Office.

10. Chief Medical Officer

- Chief Medical Officer will be responsible for overall coordination and supervision of this TB Mukt 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.

12. State TB Officer

- State TB Officer will be responsible for overall coordination and supervision of TB Mukt Bharat Abhiyaan for the whole state and sharing of reports to concerned Secretary (Health) / MD (NHM) and with Government of India / Central TB Division
- Issue guidance to all district and management units to engage for the TB Mukt Bharat Abhiyaan operation
- Galvanise support of administration for taking the activity as a whole-of-government approach
- Funds availability for the additional consumables, human resources, agency engagement, printing, vehicles/transportation
- Guide the district health team on high visibility of awareness and social mobilisation
- Hold meetings with the state level officials of the key departments, industries, private sector, community representatives and influencers to take their support for the TB Mukt Bharat Abhiyaan
- Review activities of the TB Mukt Bharat Abhiyaan and address any gaps in the operation

13. Principal Secretary (Health) / Mission Director (NHM)

- Act as nodal officer for the State/UT concerned for overall administrative supervision for the whole state/UT.
- Guide and orient all district level administration units on the operationalization of TB Mukt Bharat Abhiyaan
- Mobilize other relevant departments like Panchayati Raj, tribal, urban affairs, rural development, education etc. for the TB Mukt Bharat Abhiyaan activities
- Issue guidance to departments which cover congregate settings, residential institutions, industries, private sector and other vulnerable settings to ensure saturation of coverage
- Review TB Mukt Bharat Abhiyaan activities on a regular basis to ensure quality of activities and desirable output

18. Microplanning

On March 24, 2025, in commemoration of World TB Day, Hon'ble Union Health Minister, Shri JP Nadda, initiated a nationwide call for the expansion of Intensive TB Case Finding activities under the **'TB Mukt Bharat Abhiyaan'**. This call emphasizes extending efforts from the successful 100-Days campaign to all districts across the country.

Aligning with the sustainable development goals for 2030, our primary objective is to reduce both the incidence rate and mortality of TB from baseline levels recorded in 2015 by 80% and 90%, respectively. Each district will undergo evaluations to assess the impact of these activities. Interim assessments will be conducted periodically using Key Program Indicators as outlined in Supervision and Monitoring.

States need to involve all their districts which were not part of the earlier 100-Days campaign with below mentioned activities that need to be planned.

STEP 1- SITUATION ANALYSIS

Analysis of data of TB patients to identify groups that need early testing and treatment.

- State wise key variables and indicators should be analyzed to identify the districts, blocks, urban, rural, tribal and other parameters to identify groups of patients that need early testing and treatment.
- Vulnerability mapping of vulnerable population and areas to be done
- State/UTs to jointly prioritize the geography and vulnerable population settings for early detection and treatment
- Enlist congregate settings, high risk occupational settings, and other locally identified vulnerable settings
- State/Districts to focus on case finding in this area/population and tracking through Ni-kshay.

STEP 2- Energize Ni-kshay Mitra initiative

- Streamline last mile food basket delivery mechanism
    - Engage Gram Pradhans, SHGs, MY Bharat Volunteers or other field functionaries such that there are at least 2 volunteers per Ayushman Arogya Mandir
    - Engage celebrities for branding & awareness on Ni-kshay Mitra
    - Incentives to be designed for poshan kit distribution by volunteers
    - Certifying or acknowledgement of receipt by the patients
    - Use Ni-kshay portal for end-to-end tracking
- Mapping of Ni-kshay Mitras with patients to identify & fund underserved areas through new Ni-kshay Mitras
- Corpus fund to be created at State/District level - Corpus fund is a lump sum amount collected by the promoters or developers to provide amenities and other facilities for the residents
- Digital platform for sourcing voluntary contributions will be used.
- Meetings with Hon'ble HFM and Ministry of Rural Development for engagement of SHGs and with Ministry of Panchayati Raj for involvement of PRIs and Ministry of Education for involvement of schools, colleges and universities

STEP 3- Janbhagidari for TB Mukt Bharat

(Refer to Section on Jan Bhagidari)

STEP 4- Plan Resources well in advance

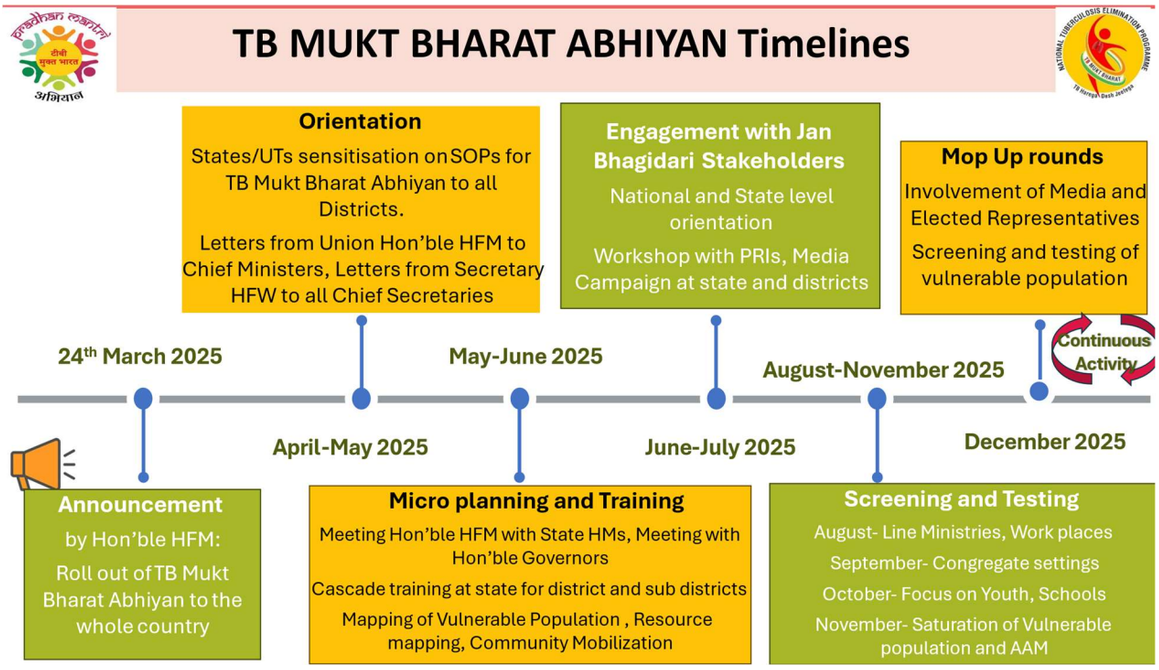
- Ensuring adequate & uninterrupted supplies for drugs, diagnostics and consumables
- AI enabled hand-held X-ray – additional supplies
- Pathodetect – introduction in identified sites
- Energy Dense Nutrition Support – introduction and scale up
- Mobilize CSR resources for Ni-kshay Mitra & diagnostics (NAAT / X-ray)
- IT Platform for re-strategizing Ni-kshay Mitra operations

STEP 5- Having a Media Plan

- Social Media campaign
- TV / Radio spots, talk shows, competitions, etc
- OpEDs & Editorials by eminent personalities / Experts
- Mid-media activities at community level – wall paintings, miking, bus panels, digital outdoor panels, nukkad nataks, etc
- Sensitization of media / journalists and field visits for positive stories

Involvement of line ministries for IECs – Railways, Airports, Road Transport & Highways, Monuments, I&B channels, PRIs

19. Way Forward



- **Timeline of Activities under TB Mukt Bharat Abhiyaan:**

✓ **May- June 2025**

National Level

- Meeting of Hon'ble HFM with State Health Ministers
- Meeting with Hon'ble Governors / Lt Governors / Administrators
- Sensitization of line departments

State level

- Cascade training of all district & sub-district level healthcare workers
- Mobilization of resources – X-rays & NAAT

District level

- Micro-planning for TB Mukt Bharat Abhiyaan at District / Block and Panchayat level
- Cascade training of all district & sub-district level healthcare workers
- Line-listing & mapping of vulnerable population through AAM

✓ **June-July 2025**

Engagement with Janbhagidari stakeholders

National Level

- Orientation of Jan Bhagidari Stakeholders (Professional Medical Association, Business Associations / Unions, TB Forums / TB Champion Networks, Media, NGOs)

State level

- Sensitization of MPs / MLAs
- Orientation of Jan Bhagidari Stakeholders, Media campaign

District level

- Screening & testing of vulnerable population
- **Workshops with PRIs / ULB members**
- Jan Bhagidari activities at community level

✓ **August-November 2025**

Screening & testing of vulnerable population

- **August -** Line ministries and work places, PSUs, Trade & Business Associations & Voluntary organizations
- **September** - Congregate settings like Prisons, Mines, Tea Gardens, Urban Slums, Construction sites, etc
- **October -** Elected representatives involvement and Focus on Youth, Schools & Colleges, My Bharat volunteers
- **November** - Saturation of vulnerable population & AAM saturation

✓ **December 2025**

- Screening & testing of vulnerable population
- Mop up of left out vulnerable population
- Visits of media / journalists to field to showcase achievements
- Elected representatives involvement in showcasing achievement

✓ **January-February 2026**

- Annual assessment of impact (9.3)
- Interim assessment through KPIs enlisted in Chapter 7.
- Continuation of Intensive TB case finding efforts for the next year

Impact of TB Mukt Bharat Abhiyaan

This will be assessed through the already ongoing Sub National Certification activity. Government of India's Mission Steering Group of the National Health Mission, in their 6th meeting held on 2nd February 2019, approved the initiative of sub-national certification of the status of elimination efforts for malaria, kala azar and lymphatic filariasis, tuberculosis, leprosy and cataract surgeries. This initiative provides for awards to be presented to the States/ Districts upon achievement of the elimination benchmarks.

Criteria of milestones to TB Mukt status:

As per the approvals, for Tuberculosis, a District or a State\UT will be recognized for "TB Free" efforts based on the criteria outlined below.

A District or a State\UT will be recognized for "TB Free" efforts based on the **criteria of 80% reduction from incidence from that in 2015**. Since it may take a longer duration for achieving TB free status, in order to motivate states, interim recognition is also considered to give awards under bronze, silver and gold categories.

For States /UTs with population less than 50 lakhs and districts with population less than 2 lakhs, the award amount shall be 50% of the amounts considered.

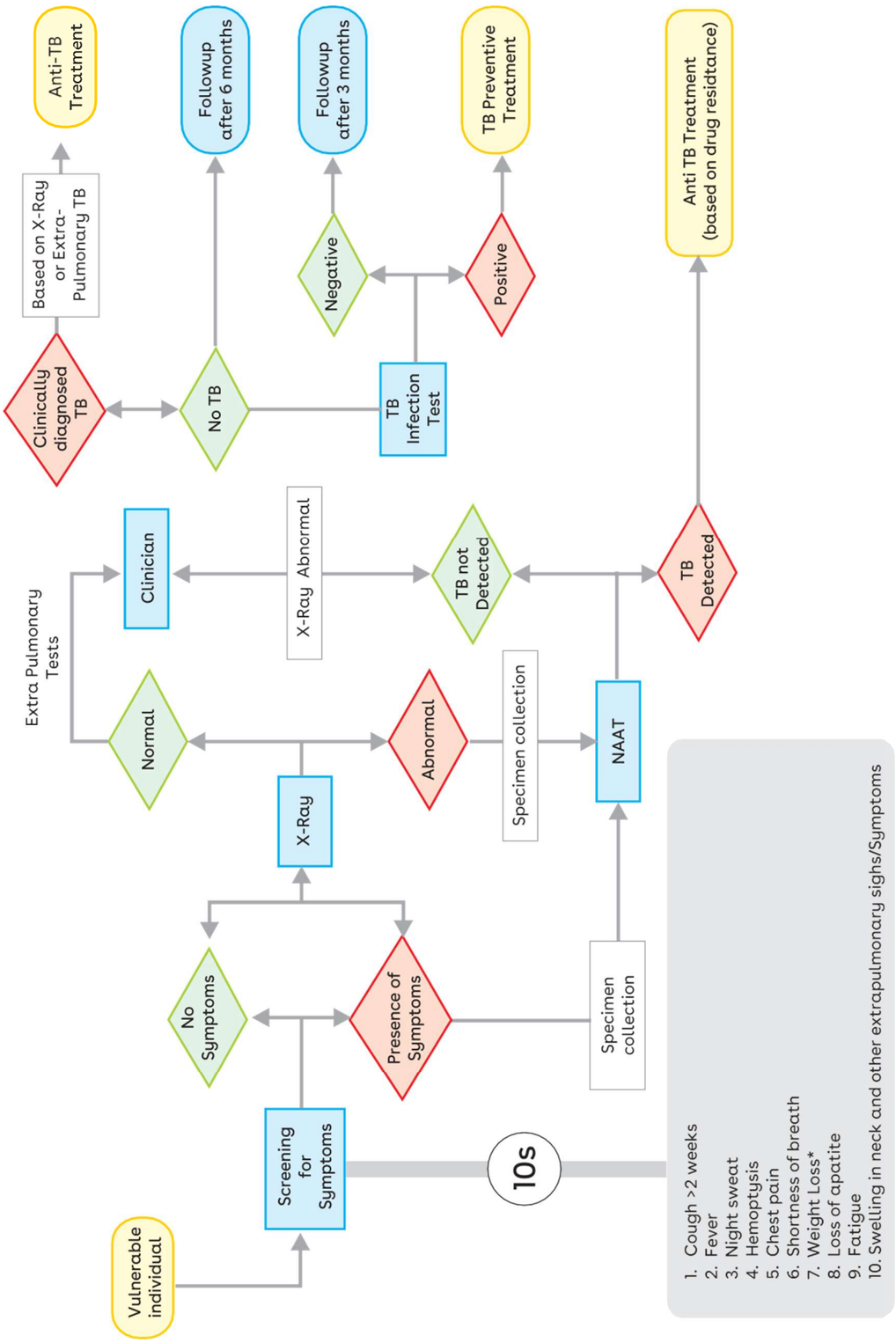
Award Details

Awards	Bronze	Silver	Gold	TB Free
Criteria *(Incidence decline compared to 2015)*	↓20%	↓40%	↓60%	↓80% / ≤ 44/Lakh

Annexures

Annexure 1: ALGORITHM FOR TB SCREENING, DIAGNOSIS OF TB DISEASE AND INFECTION

TPT arm needs to mention that even if TBI testing is not available, TPT should not be denied after ruling out active TB. Also cough for > 2 weeks; for vulnerable population the guideline is cough of any duration



Annexure 2: Monitoring Matrix

Sr. No.	KEY PROGRAM INDICATOR (KPI)	Numerator and Denominator
1	100% Vulnerable population screened	No. of vulnerable individuals screened
		No. of vulnerable individuals mapped
2	100% Screening of population by X-Ray (out of total screened)	No. of vulnerable individuals screened with X-Ray
		Total no. of vulnerable individuals screened
3	100% Screening of asymptomatic individuals using X-ray	Number of asymptomatic individuals screened with X-ray
		Number of asymptomatic vulnerable individuals identified during screening
4	100% Presumptive testing by molecular method (out of total tested)	No. of presumptive cases tested with NAAT
		Total no. of presumptive cases tested with microscopy and NAAT
5	TB notification increase compared to last year	No. of TB patients notified
		No. of TB patients notified during same period last year
6	100% Treatment Initiation	Number of TB patients initiated on treatment
		No. of TB patients notified
7	100% Resistance testing for at least Rifampicin among notified TB patients	No. of TB patients with valid Rifampicin resistance testing result
		No. of TB patients notified
8	100% Ni-kshay Poshan Yojana (DBT) payment to eligible beneficiaries (all benefits)	No. of beneficiaries paid all eligible benefits of Ni-kshay Poshan Yojana (DBT)
		No. of beneficiaries eligible excluding foregone (current facility)
9	100% TB Patients linked with Ni-kshay Mitra and provided at least one food basket	No. of TB patients linked with Ni-kshay Mitra and provided at least one food basket
		No. of TB patients notified and given consent to receive support
10	100% TB patients triaged for differentiated TB Care - assessment for high risk of death (nutrition, vitals, clinical, laboratory)	No. of TB patients triaged (assessed) for differentiated TB care
		No. of TB patients notified
11	100% Eligible vulnerable population initiated on TB preventive treatment (TPT)	No. of eligible vulnerable individuals who were initiated on TPT
		No. of vulnerable individuals eligible for TPT
12	Asymptomatic TB cases diagnosed among notified	Numbers

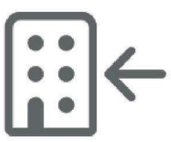
Annexure 3: Micro Plan Process

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

Annexure 4: SOP FOR GOOD QUALITY SAMPLE COLLECTION AND TRANSPORT

Ministry of Health and Family Welfare
Government of India

GUIDANCE FOR HEALTH WORKERS (ASHA, ANM etc)
Sputum Collection and Transportation to NAAT facility for TB Diagnosis

स्वास्थ्यकर्मियों (आशा, एएनएम आदि) के लिए मार्गदर्शिका
टीबी की जांच के लिए बलगम का सैंपल लेना और NAAT सुविधा केंद्र पहुंचाना

1

Mouth should be clear of any food, paan and other solid materials

सुनिश्चित करें कि व्यक्ति के मुंह में भोजन, पान या अन्य ठोस पदार्थ न हो!

2

Person to breathe deeply in and out 2-3 times

व्यक्ति को 2-3 बार गहरी सांस लेने के लिए कहें

3

Ask the person to cough and give sputum in sample container

व्यक्ति से कहें कि वह खांसकर सैंपल कंटेनर में बलगम दें

Sputum/बलगम

Saliva/थूक

4

If person is unable to produce sputum

अगर व्यक्ति को बलगम न आ रहा हो

Try to induce sputum by using steam inhalation and then cough to expel the loosened secretions into a container

भाप लें और फिर खांसें ताकि बलगम ढीला होकर बाहर निकल सके। बलगम को सैम्पल कंटेनर में एकत्रित कर लें।

5

Label the sample container

सैम्पल कंटेनर को लेबल करें

6

Collect two sputum samples in open space:

i. Morning sample
ii. Spot Sample

खुले स्थान पर सैंपल एकत्रित करें

1- सुबह का सैंपल 2- स्पॉट सैंपल

Ensure lid is tight
ढक्कन कस है सुनिश्चित करें

Morning sample of sputum (NOT Saliva)
सुबह के बलगम का सैम्पल (थूक नहीं)

Spot sample of sputum (NOT Saliva)
स्पॉट के बलगम का सैम्पल (थूक नहीं)

7

Fill the referral form

रेफरल फार्म भरें

8

Transport the sputum to the nearest NAAT facility within 24 hours of testing

सैंपल को 24 घंटे के भीतर नज़दीकी NAAT सुविधा केंद्र तक भेजें

Always keep the sample straight
सैम्पल कंटेनर को हमेशा सीधा रखें

Transport and submit sample at NAAT facility
सैम्पल ले जाकर NAAT सुविधा केंद्र पर जमा करें

9

Share the sputum test report with the person and the referring doctor

बलगम की जांच रिपोर्ट व्यक्ति व रेफर करने वाले डॉक्टर के साथ साझा करें

If negative, refer the person to the nearest health centre for further investigation
यदि रिपोर्ट नेगेटिव है तो, व्यक्ति को सुदृढ़ जाँच के लिए नज़दीकी स्वास्थ्य केन्द्र पर भेजें

If tested positive, seek free treatment from your nearest DOTS center or public health facility
यदि रिपोर्ट पॉजिटिव है तो, अपने नज़दीकी डॉट्स केन्द्र या सार्वजनिक स्वास्थ्य केन्द्र पर मुफ्त इलाज पाएँ


pradhan mantri
टीबी
मुक्त भारत
अभियान