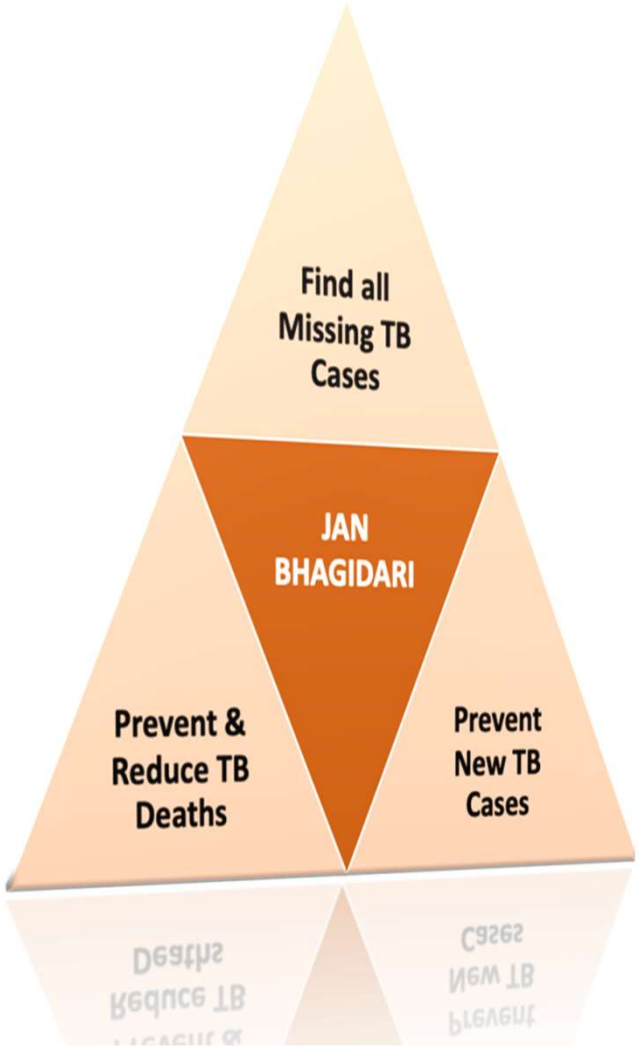
TB MUKT BHARAT ABHIYAAN 2.0

Sensitization on Reporting on NCD and UWIN portal

Himachal Pradesh

25th March 2026

TB Mukt Bharat Abhiyaan – Objectives



Find all Missing Cases through proactive screening of vulnerable population

To prevent & reduce TB deaths through personalized touch, differentiated TB care & nutrition interventions.

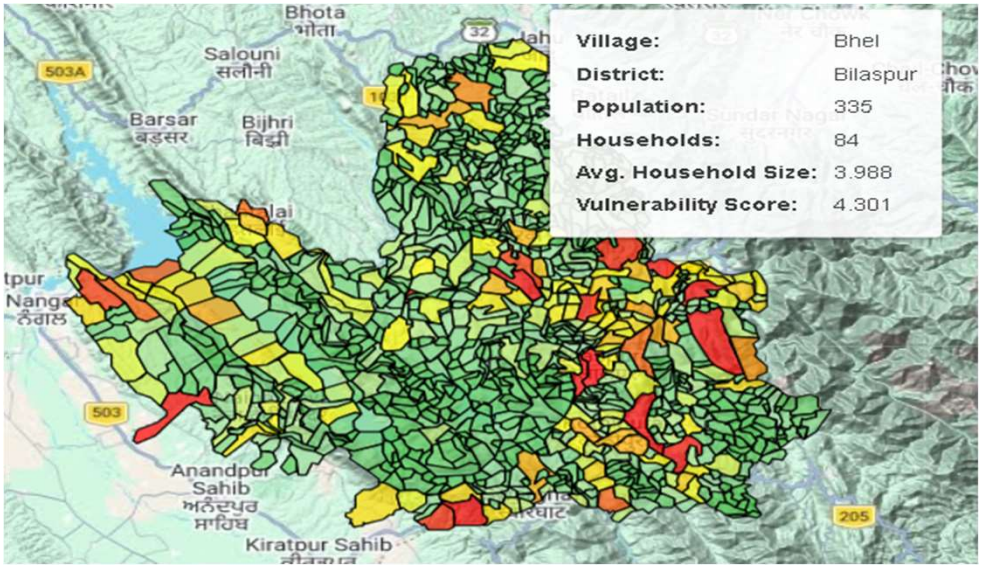
To prevent new TB cases by screening and providing TB preventive treatment (TPT)

Jan Bhagidari through a 'Whole-of-Society and 'Whole-of-Government' approach

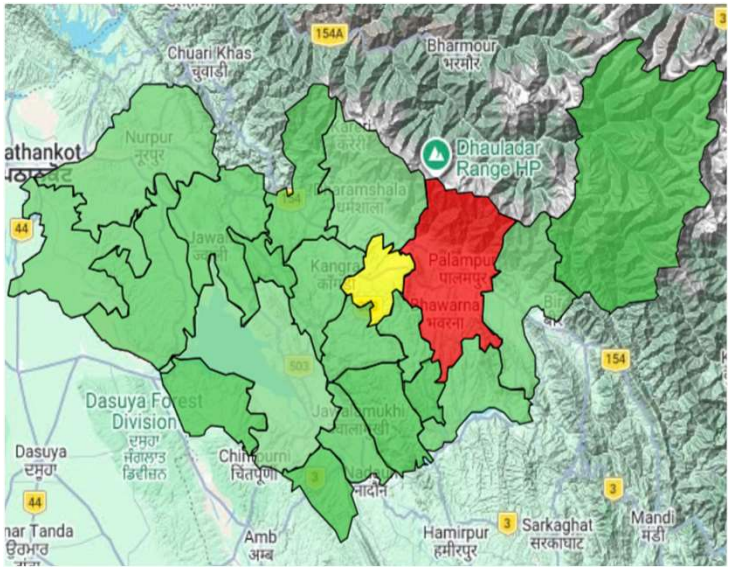
TB Mukt Bharat Abhiyaan – Key Strategies

- **5176 high risk villages & wards** identified using AI based assessment, vulnerable individuals and congregate settings (based on **30+ region specific indicators** using high TB burden & TB related pre-disposing factors like, anaemia, tobacco use, population density, child malnutrition, occupation, use of clean cooking fuel, etc.)
- **Ayushman Arogya Shivir**
- **25 hand-held X-rays** with AI tool & **123** high sensitive **NAAT machines**
- **Targeted microplanning** in high-risk villages & wards, unreached vulnerable individuals
- **Differentiated TB care**, **Nutritional & Psychosocial support** for TB Patients
- **TB Preventive Treatment**
- **Urban and Tribal** Specific strategies
- **Jan Bhagidari** approach

High risk Village/ward identification
~ Hotspot Mapping of Vulnerable Areas



Bilaspur District – village level



Sub-districts, Kangra

- AI tool used to identify **TB-vulnerable areas (villages/urban wards)**
- 31,71,916 **high risk estimated population identified based on AI-tool in High-Risk Villages**
- **Vulnerable mapping by geolocation**

District wise high-risk villages/wards

Districts	Total no. of High-Risk Villages (HRV) ~ (AI-based)	Estimated High Risk Population (AI-based)	Total estimated Population of district	% of the estimated HRV Population out of Total Population
Bilaspur	263	187621	433908	43%
Chamba	397	205797	589261	35%
Hamirpur	432	175336	515949	34%
Kangra	969	732174	1711782	43%
Kinnaur	165	22188	95738	23%
Kullu	82	206160	496847	41%
Lahual and Spiti	130	2274	35807	6%
Mandi	835	464907	1135172	41%
Shimla	809	368233	923776	40%
Sirmaur	244	227269	602117	38%
Solan	637	302960	654936	46%
Una	213	276997	591774	47%
State Total	**5,176**	**31,71,916**	**7787067**	41%

Campaign strategy

Strategies to Reduce TB Incidence

Vulnerable population

- > 60 years, Malnourished, Diabetes, Smokers, Alcoholic, Previous TB cases Household Contacts of TB patients, PLHIV
- In High-Risk Villages & Wards – All population

Intensified case finding

- Screening in Vulnerable Population & Congregate settings
- Screening in people visiting special clinics

Use of X-Ray and NAAT

- Rule out Active TB and testing for TB infection
- Once a week TB preventive treatment

Strategies to Reduce TB Incidence

Strategies to Reduce TB Mortality

Strategies to Reduce TB Mortality

Early detection and right treatment

- Risk assessment for Diabetes, HIV, Cancer, Heart, Kidney, Liver disease
- Priority care for high-risk cases
- Admission in hospital, if required

Differentiated TB Care approach

Nutrition support

Nikshay Poshan Yojana of Rs 1000/month
Ni-kshay Mitra - cover household contacts

- Energy dense nutrition support with treatment for malnourished TB patients

Follow up & monitoring

Death Audit

Campaign Activities

High-Sensitivity Testing

Utilize accurate diagnostic tools like NAAT at community & facility levels.

Jan Bhagidari

Proactive Screening

Screen vulnerable individuals including asymptomatic through X-ray

Case Notification

Ensure 100% notification to enable tracking, treatment, and support

TB Preventive Treatment

For household contacts and high-risk populations

Nutrition Interventions

Ni-kshay Poshan Yojana,
Energy Dense Nutrition Supplement
Ni-kshay Mitra initiative

Personalized Care

Differentiated TB care,
Psychosocial support
Khushi
Aapki e-Sangini
Chatbot

Health Facility Based Activities

- **Routine OPD** – Screen 10% for TB
- **Specialized OPD -** Screen 100% in NCD, HIV, Cancer, Dialysis, Geriatric,
- **Indoor (IPD) facilities** – Screen 100% of patients admitted in hospitals
- **Facilities outside NHM** like AIIMS, INI, CGHS, Central / State Govt Hosp & Municipal Corporation hospitals
- **Facilities of line ministries –** ESIC, Railways, Defence, Para Military, Ports, Mines, PSUs with health facilities, etc
- **Private healthcare facilities** – corporate hospitals, polyclinics, dispensaries

Expected Activities @Ayushman Arogya Shivir

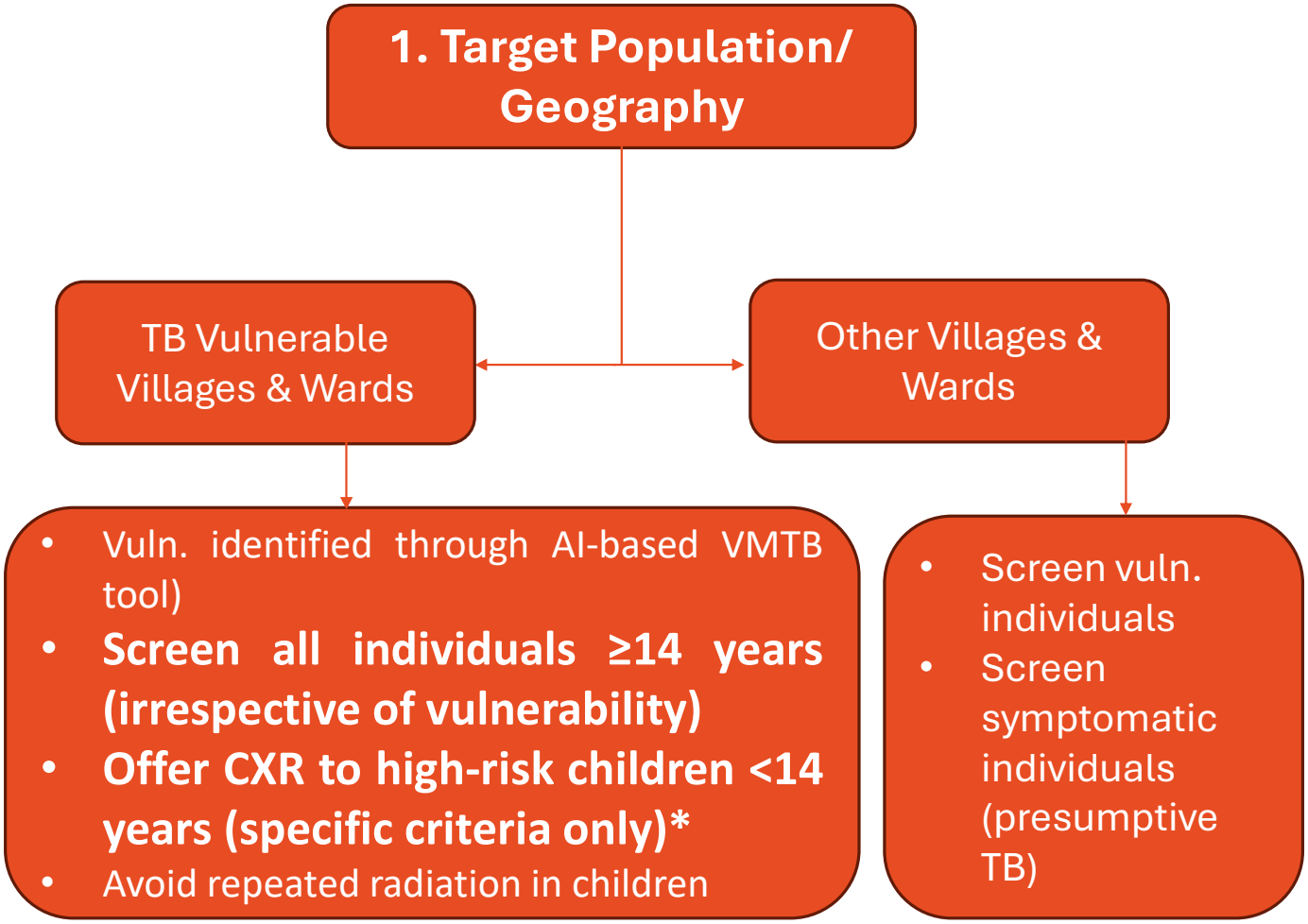
- **Elected representatives** to be involved
- **Ni-kshay Vahans** with handheld X-Rays, NAAT, blood sugar, Hb, blood pressure, BMI measurement
- **Specialist Services** through tele-consultation (e-Sanjeevani)
- **IEC activities** – posters, banners, AV display, nukkad natak, quiz, etc

- **Prescheduled route map** for high risk villages & wards
- **Congregates settings** like slums, prisons, tea gardens, mines, old age homes, orphanages, night shelters, migrant & industrial clusters, etc
- **Community** & Civil society organizations, PRIs, SHGs, MY Bharat volunteers, Ni-kshay Mitra, TB Champions, etc

Operational Plan

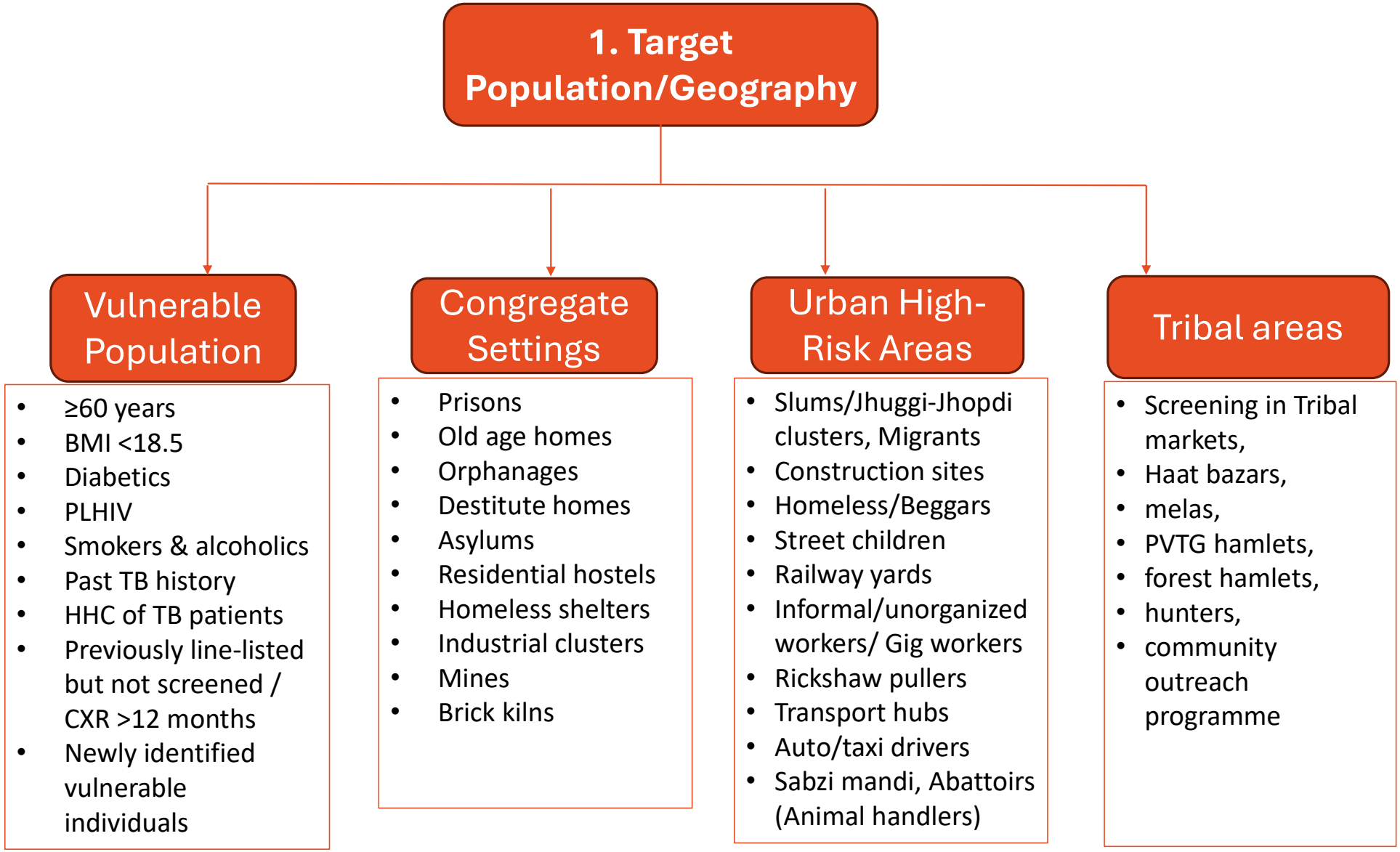
Target geography and population

Type	Eligible population for screening
High risk villages & wards	• All population
Other villages & wards	• Vulnerable population not screened by X-ray earlier • Vulnerable population screened more than 12 months back
Congregate settings	• All population



* **If Children,**

- With known exposure to TB disease in the **last 2 years**
- Having severe **undernutrition**
- Living with **HIV or immunosuppressed** due to other reasons
- Living in **congregate settings** (residential schools, rehabilitation centres etc)
- In **other high risk** population groups like drug abuse.


1. Target Population/Geography
Vulnerable Population
≥60 years
BMI <18.5
Diabetics
PLHIV
Smokers & alcoholics
Past TB history
HHC of TB patients
Previously line-listed but not screened / CXR >12 months
Newly identified vulnerable individuals
Congregate Settings
Prisons
Old age homes
Orphanages
Destitute homes
Asylums
Residential hostels
Homeless shelters
Industrial clusters
Mines
Brick kilns
Urban High-Risk Areas
Slums/Jhuggi-Jhopdi clusters, Migrants
Construction sites
Homeless/Beggars
Street children
Railway yards
Informal/unorganized workers/ Gig workers
Rickshaw pullers
Transport hubs
Auto/taxi drivers
Sabzi mandi, Abattoirs (Animal handlers)
Tribal areas
Screening in Tribal markets,
Haat bazars,
melas,
PVTG hamlets,
forest hamlets,
hunters,
community outreach programme

2. Facility-Based Intensified Services

Intensified **routine services** at: Ayushman Arogya Mandirs (AAMs), CHCs, DHs, Medical Colleges

General OPDs 10% chest symptomatic screening among adult attendees

Specialized OPDs 100% mandatory TB screening (HIV, NCD, cancer, dialysis, undernutrition, anaemia clinics)

Cough Corners Near registration counter ,Mask provision, Fast-track tagging, Priority consultation, lab & drugs

Indoor Facilities 100% TB screening of admitted vulnerable patients, Universal CXR for indoor patients

NAAT if abnormal CXR / symptomatic

Screening Using X-Ray, OPD–X-ray unit coordination, Line-list all routine CXRs, Mobility support where X-ray unavailable & Report in Ni-kshay

Indoor TB Care - Dedicated beds at CHCs, DHs, Medical Colleges

Screening Using 10-Symptom Tool (10-S)

Sample Collection & Transport

Comorbidity testing

Deployment of Ni-kshay Vahan with HH X-ray with AI

Ayushman Arogya Shivir
(Mobile Unit-Led Outreach Activity)

NAAT testing & Specimen collection

Tele - consultation (e-Sanjeevani)

IEC activities & Jan Bhagidari

Targeted Intervention Sites

- High Risk Village
- Urban high risk areas
- Tribal areas
- Congregate settings

Human Resources on Roster of nearest health facility

- **Medical Officer**
- **CHO**
- **ANM / Nurse**
- **Lab Technicians**
- **Radiographers**
- **MPWs**

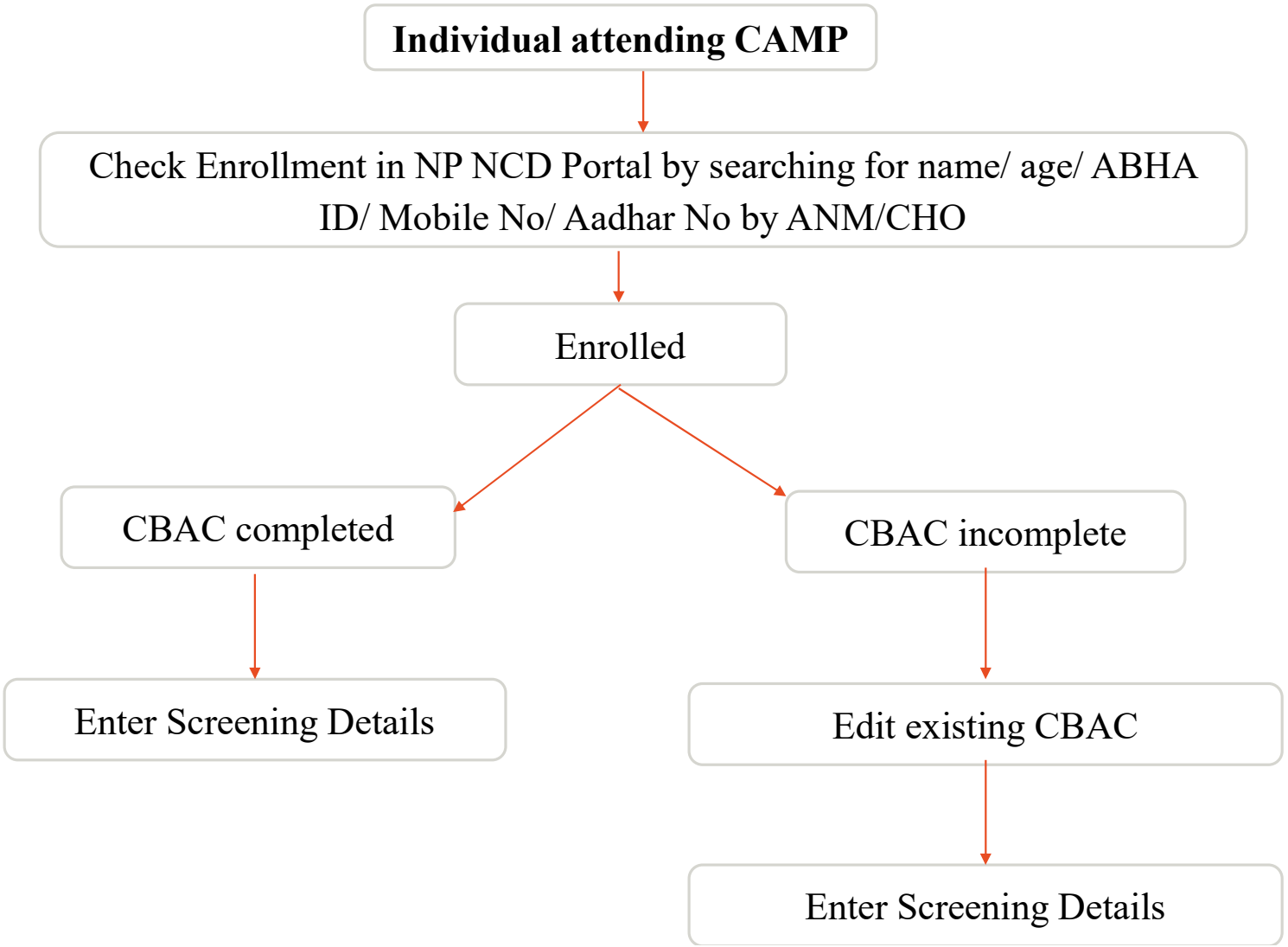
Recording & Reporting

Reporting of Campaign activities during Shivir

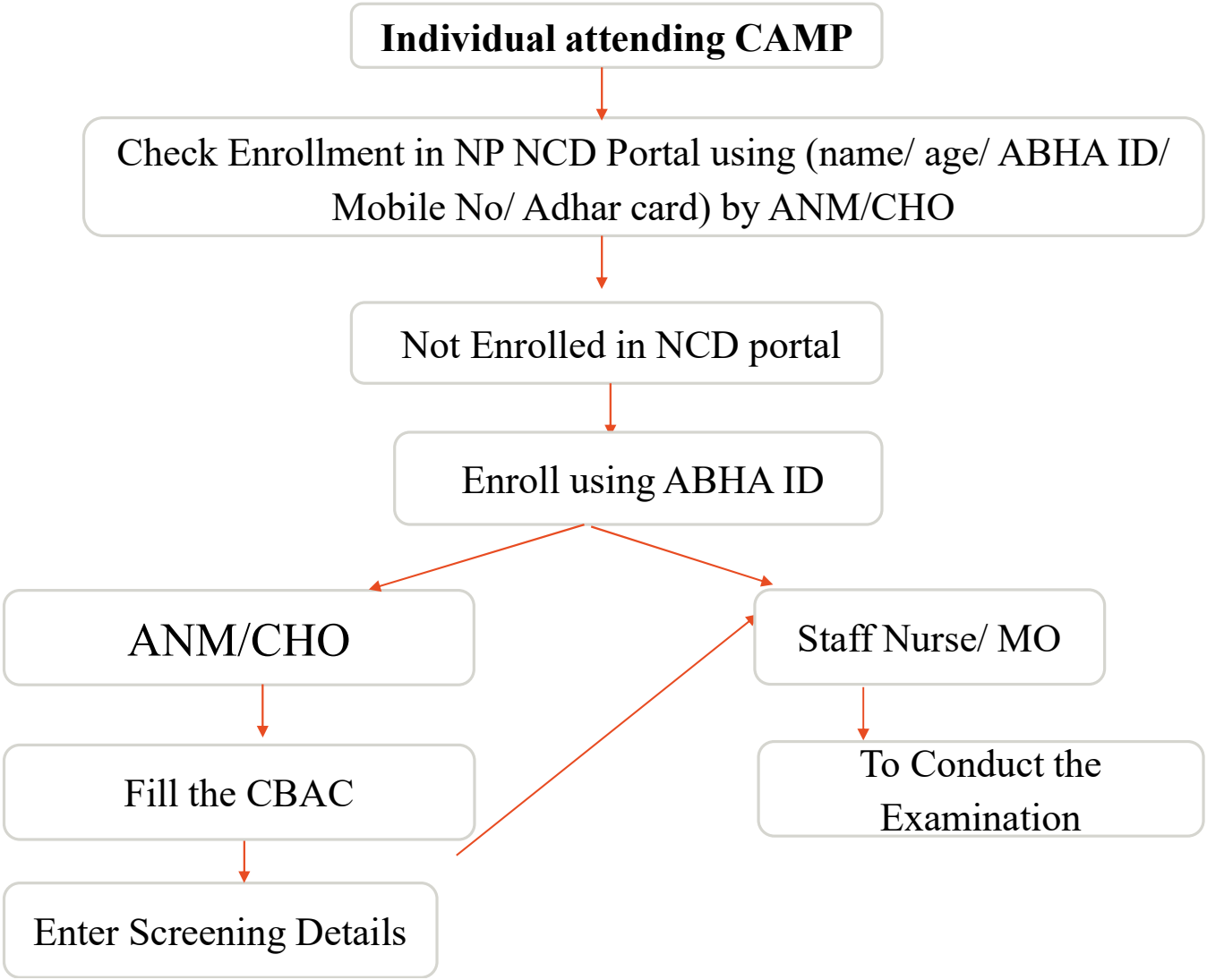
TB Screening	• Enrol all the beneficiaries for chest x ray in Nikshay and add x ray as screening test
Blood Pressure	• Register and national NCD portal/app (As per the NCD program guidelines)
Blood Sugar (RBS)	• Register and national NCD portal/app (As per the NCD program guidelines)
Haemoglobin (Hb)	Register & UWIN portal
BMI assessment	Register and national NCD portal/app (>30 years) & for <30 years – record in register

*Districts may expand the service delivery during shivir with provision of sufficient human resource and logistics

Flow for reporting on NCD Portal – BP, RBS & BMI Assessment



Flow for reporting on NCD Portal – BP, RBS & BMI Assessment



Flow for reporting on UWIN Portal - Haemoglobin

PW/LM/WRA/Adolescent/Children **attending CAMP**

Check Registration in UWIN Portal using (name/ ABHA ID/ Mobile No/ Aadhaar card) by ANM

Equipment required at camp site:
- Digital Invasive Hemoglobinometer (DIH)
- Hb Strips, lancet, cuvette
- Gloves, bins
- Electricity- extension cords for uninterrupted supply

Not Enrolled in UWIN portal

Enroll using ABHA ID

ANM/CHO to test for anemia using DIH

Enter the Hb value in UWIN, it will provide the category of anemia

If anemic, provide counselling for eating right and refer to higher facility for treatment as per anemia management protocols

If non-anemic, provide counselling for eating iron rich locally available food resources fro prevention of anemia

Way Forward

- Ensure covering the 100% population in the high-risk villages & wards, vulnerable population and congregate settings.
- State Program Officers should ensure engagement of District Program Officers an d ANMs, CHOs and field staff to achieve the Abhiyaan targets.
- All DPOs should coordinate with the respective District TB Officer and Block Medic al Officer for smooth implementation.
- ANMs / CHOs should ensure community screening and testing.
- Ensure indoor beds for TB patients who require admission / IPD services

Please refer the TB Mukt Bharat Abhiyaan 2.0 guidance document (Highlighted tasks for CHOs / ANMs/ ASHAs)

Together We can &
We Will Build

TB Mukt Himachal

“हिमालय सा इरादा - टीबी मुक्त राज्य का वादा ”