स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार

National TB Elimination Programme (NTEP)

100 days campaign

Central TB Division

Ministry of Health & Family Welfare

New Delhi

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Overview

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 with tuberculosis. 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 goal of advancing SDG targets to ending 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

To achieve this ambitious goal, the programme is implementing a National Strategic Plan 2017-25. Key activities under the NTEP are

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 access of presumptive TB cases to diagnosis and treatment. On treatment TB cases also have challenges in accessing treatment.
- **Low TB testing rate**: Under the programme, there is a high dependency on sputum smear microscopy as the primary tool for TB diagnosis (more than 70% patients diagnosed by microscopy)
- **Poor Health Seeking Behavior**: Stigma still prevails in the community and almost 60% of the symptomatic did 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 and delayed diagnosis are contributing factors to higher mortality.

Rationale of the campaign

The progress made so far and to address the challenges in achieving SDG goals, there is a felt need for a renewed approach. The TB burden in India has wide variations in incidence ranging from 12 to 595 cases per lakh population across different geographies in the country. Also, the progress made on key performance indicators (KPIs) by the State/UTs also have wide variations. Hence, to accelerate efforts in finding missing cases, reducing TB deaths and prevention of new cases; a stratified approach has been designed to be implemented through this campaign. While routine programmatic activities will continue in all districts/blocks, the campaign specific focused interventions will be put in place in selected high focus districts for increased case detection, increased coverage of nutrition interventions and increased awareness in the community towards importance of early detection and complete treatment of TB.

Goal & Importance of the campaign

The Goals of the campaign are:

1. To increase case detection through intensified IEC campaign on community awareness and screening & testing of vulnerable populations
2. To reduce death among people with TB by implementing a differentiated TB care approach with nutritional support interventions
3. To prevent occurrence of new TB cases in the community by providing TB preventive treatment to household contacts, PLHIV & vulnerable populations

Geographical prioritization

To identify high focus districts, the following criteria has been adopted:

Sr. No.	Criteria*	Number of districts
1	Death rate >=3.6% & presumptive TB examination rate (testing rate) <1700/lakh population	195
2	Death rate >=3.6% & 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** have been 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

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

Telangana	9
Himachal Pradesh	8

Chandigarh	1
TOTAL	**347**

Key strategies

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 early and all TB patients, there will be focus on identification of high burden area, mapping vulnerable population and conduct pro-active extensive screening & testing campaigns (*Ni-kshay Shivir*). The methods of screening and testing use high sensitivity tools like X-Ray, Nucleic Acid Amplification Test (NAAT) and any newer tool as available in the future.

Screening coverage aims to move to a 3-pronged approach as under:

a) Screen 100% of line-listed vulnerable populations through active case finding in the community
b) Screen 100% among those attending special Outpatient Department (OPDs) like HIV, Non-Communicable Diseases (NCD), Tobacco Cessation Clinics, Cancer, Dialysis, etc
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).

High Risk Groups

- Previous TB patients
- Household contacts of TB patients
- People with malnutrition,
- People with diabetes,
- People with HIV,
- People over 60 years

Vulnerable individuals identified and after ruling out active TB would be tested for TB infection. If eligible, these vulnerable individuals would be offered TB preventive treatment, using shorter 3HP regimen (with once a weekly dose).People living with HIV(PLHIV) will be offered 1HP after ruling out active TB.

- **Key strategies to reduce TB deaths**

To reduce TB mortality, the strategy focuses on early diagnosis and appropriate treatment of TB patients. A 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 a 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 nutritional support to household contacts of TB patients. 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.

Campaign Implementation Timelines

The 100 days campaign will be launched on 7th December 2024 and will culminate on 24th March 2025 – the World TB Day. Below are the timelines for the campaign implementation

Timelines	Activities
Before campaign launch	
1 -14 October 2024	Finalization and approval of Campaign, Communication to States
11 – 18 October 2024	Sensitization of States & Resource Mapping
23 October 2024	Orientation of State TB Officers
7 – 15 November 2024	• Training & Micro planning at grassroot level • Mapping & Identification of Vulnerable Population and Community Mobilization
16 – 30 November 2024	Pre-campaign visits by Prabhari officers to states & districts
6 December 2024	Completing the preparation for campaign
Launch of Campaign – 7th December	
7 December 2024	Launch of campaign in all State/UTs & 347 Districts
8 December 2024 – 17 March 2025	• Ni-kshay Shivir and implementation of campaign activities at District / Block and Panchayat level • Concurrent monitoring of indicators • Supervisory visits to States & Districts
17 – 23 March 2025	• Analysis of data of campaign • Shortlist best performing districts and states
Culmination of Campaign – 24th March 2025	
24 March 2025	• World TB Day Celebration • Culmination of Campaign

Expected outputs

The campaign will impact positively towards the overall goal of reducing mortality and morbidity due to TB. Specific Outputs expected from the Campaign are as under:

1. Detect additional 2 lakh cases

2. At least 90% screening by X-Ray of line-listed vulnerable individuals and 90% testing by NAAT
3. Increase upfront NAAT for diagnosis of TB/MDR-TB from existing 30% to 70% testing of patients with presumptive TB.
4. 100% coverage by Ni-kshay Poshan Yojana & Ni-kshay Mitra.
5. 50,000 Panchayats prepared for TB free certification

Janbhagidari for TB Mukt Bharat

Janbhagidari (community participation) for TB Mukt Bharat will be an important element of the '100 days campaign' to foster community participation in TB elimination. 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 Official (PS, MD (NHM), STOs)	State Level NGO
District	Elected Representatives (Zilla Panchayat) District Collectors, District Development Officers, Chief Medical Officers	District level NGO/ Voluntary Organizations
Block	Elected Representatives (Block Panchayat Samiti) Rural Development, Block Development Officers, Block Medical Officers	Development Partners
Village Panchayat	Elected Representatives (Gram Panchayat) Ayushman Arogya Mandirs	Self Help Groups

	Gram Panchayats	

Calendar of focused activities of Janbhagidari :

Janbhagidhari activities would be implemented throughout 100 days of the campaign for certain stakeholders, like elected representatives, panchayati raj institutions, urban local bodies, community structures (VHSNC, SHGs, JAS, MAS), TB Vijeyeta (TB Champions) and local NGOs. However, focused activities of identified days/week as per the calendar below would be implemented by the stakeholders like community influencers, religious leaders, schools, colleges, government dept (other than health), workplaces, industries, media persons / journalists

Date	Activities
7th December 2024	Launch of Campaign
8th – 22nd December 2024	Mobilization of vulnerable population, sensitization of local stakeholders & Ni-kshay Shivirs in AAM & community
23rd – 31st December 2024	Community Influencers & Religious Leaders during Christmas & New Year Festivities
1st Jan -12th January 2025	Elected Representatives involvement, public gathering, Ni-kshay Shivirs in workplaces, congregate settings. National Youth Day Celebration
13th Jan – 15th January 2025	Community Influencers & Religious Leaders during Lohri, Makar Sankranti & Pongal Festivities
16th – 24th January 2025	Youth Involvement with events in schools, colleges 23rd Jan – Neta Ji Subash Jayanti
25th - 26th January 2025	TB messaging in Republic Day festivities at District level events
27th January – 2nd February 2025	Ni-kshay Saptah in Govt Depts
3rd – 15th February 2025	Ni-kshay Shivirs in workplaces, congregate settings
15th – 28th February 2025	Media Involvement – Media workshops, field visits by journalists
28th February – 7th March 2025	Community Influencers & Religious Leaders during Ramadan Festival
8th – 23rd March 2025	Mop up for conclusion of campaign
24th March 2025	Culmination of Campaign with celebration of World TB Day

Stakeholder wise activities under the Janbhagidari for TB Mukt Bharat:

1. Elected representatives, parliamentarians and political parties

Elected representatives i.e., Members of Parliament (MPs), Members of Legislative Assembly (MLAs) and political parties represent society and support of such mass leaders is critical to address the challenges of addressing TB. Following activities will be carried out during the campaign period by the elected representatives.

- Flagging off Ni-kshay Vahan within their constituencies (7th December 2024 onwards)
- 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 & 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 & 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 campaign 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 campaign during the preparatory phase. Thereafter, the nodal officer through the district authorities should invite the elected representatives for launch of campaign activities and provide progress update periodically on the campaign 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 & 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 during the campaign period

- **Planning and review of campaign**
    - Plan campaign activities in the village/ward with the help of Gram Pradhan / Ward Adyaksh and local health functionaries
    - Extend support to health staff in implementation & concurrent monitoring

- **Resource support**
  - Mobilize local resources and/or budget in Gram Panchayat Development Plan (GPDP) / urban plan for sustainability
  - Mobilize budget for campaign 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 awareness
  - 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 & encourage community participation
  - Motivate community to be Ni-kshay Mitras
  - Ensure appropriateness of IEC in the community viz. wall painting, posters in Common Service Centre (CSC), library & 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 during the campaign.

NTEP will work with the M/o Education and M/o Youth Affairs & Sports to carry out following activities during the campaign period

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 programmes like National Youth Day (12 January 2025), National Youth Festival, 23rd January 2025 (Netaji Subash Chandra Bose Jayanti)

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 during the campaign.
f. Taking **Ni-kshay Shapath** (pledge) from 27th January to 2nd February 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 will be carried out during the campaign period by these community influencers and leaders:

a) Religious Leaders

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

b) Local Opinion Leaders

- TB messaging in community events
- Taking Ni-kshay Pledge
- Publishing articles in local newspapers
- Participating 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 Sapthah (27th Jan – 2nd Feb'2025)

For Jan-Andolan against TB to gain momentum, engagement with other ministries, government departments & agencies is recommended.

a) **Ni-kshay Saptah:** To be observed by all ministries, government departments & 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 Sapthah

Sr.No	Departments	Key Expectation to support 100 days Intensified Campaign
1	Ministry of AYUSH	• Engagement of all institutions and organisations of AYUSH in the 100 days campaign. • Display of IEC materials in all offices and institutions. • Awareness generation of all staff on TB. • Organize Ni-kshay Shivir (screening camps) by AYUSH institutions to be organised in consultation with State nodal Health Department during the period from 3rd February to 15th February 2025. • Dissemination of anti-TB messages on social media of the Ministry. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025. • Communicate to all state functionaries on TB campaign seeking their support. Register new Ni-kshay Mitra in all institutions and organisations and Ministry of AYUSH.
2	Ministry of Coal (PSUs- Coal India Limited & Subsidiaries and Coal Companies)	• Engagement of Coal India Limited (CIL) & other subsidiaries/attached offices/institutions [(BCCL, CCL, ECL, MCL, NCL, SECL, WCL & CMPDI) and NLCIL and SCCL] in the 100 days campaign. • 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 State nodal Health Department. • Organization of Ni-kshay Shivir (screening camps) in industries and PSUs during the period from 3rd February to 15th February 2025. • Taking Ni-kshay Shapath (pledge) in all offices, industries and PSUs during the period from 27th

		January to 2nd February 2025. • 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
3	**Ministry of Corporate Affairs**	• Engagement of all organisations, attached & autonomous bodies, professional bodies in 100 days campaign. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) during the period from 27th Jan to 2nd February 2025 in all organisations. • 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 organisations, attached & subordinate offices, autonomous bodies in 100 days campaign. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 in all organisations/offices. • Illumination of monuments on the 24th of every month to mark Ni-kshay Diwas. • Promote TB awareness through art & 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 & subordinate offices, and Autonomous institutions (like ARAI, FCRI, CMTI, GARC, ICAT, NATRAX etc.) in the 100 days campaign. • 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 & institutions to be conducted in consultation with State nodal Health Department during the period from 3rd February to 15th February 2025 • Taking Ni-kshay Shapath (pledge) in all CPSEs & institutions during the period from 27th January to 2nd February 2025. • Dissemination of awareness messages on social media of the Ministry/Department/PSUs/attached institutions . • Register Ni-kshay Mitras from the CPSEs and staff of the Ministry of Heavy Industries
6	Ministry of Home Affairs	• Screening camps (Nikshay Shivir) for all Inmates to be organised during the period from 3rd February to 15th February 2025. • 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) during the period from 27th January to 2nd February 2025 in all Prisons. • 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 & autonomous bodies, and PSUs in 100 days campaign. • 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) during the period from 27th January to 2nd February 2025 in all offices and organizations. • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra in all offices and institutions of

		the Ministry of Housing & Urban Affairs
8	Ministry of Labour & Employment	• Engagement of all attached & subordinate offices (DGFSALI, DGMS) Statutory Organisations (ESIC, EPFO), Autonomous Bodies (DTNBWED, VVGNLI) in 100 days campaign. • Display of IEC materials in all offices. • Organise TB screening camps through ESIC Hospitals in consultation with State nodal health department. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 in all organisations. • 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 campaign seeking their support. • Register Ni-kshay Mitra from various organizations and institutions of Labour & Employment.
9	Ministry of Micro, Small and Medium Enterprises	• Engagement of all offices, institutions, and attached organizations in 100 days campaign. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 in all organisations/offices/institutions. • Ni-kshay Shivir (screening camps) in MSME and industrial hubs to be organised in consultation with State nodal health department during the period from 3rd February to15th February 2025 • 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 & Subordinate Office (IBM, GSI) etc. in the 100 days campaign

		• 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 during the period from 3rd February to 15th February 2025. • Screening of staff & workers engaged in the mining sector to be conducted in consultation with Health Department. • Taking Ni-kshay Shapath (pledge) in all industries during the period from 27th January to 2nd February 2025. • Awareness messages on social media of the department. • Register Ni-kshay Mitras from the Mines PSUs & 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 in 100 days campaign. • Awareness of all staff on TB. • Involvement of Panchayati Raj Institutions in Nikshay Shivir (Screening Camps) in consultation with State nodal health department. • Mobilize local resources and budget in Gram Panchayat Development Plan (GPDP) for campaign activities viz. patient referral transport, sputum transportation, etc. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 along with members/residents of the panchayats. • Dissemination of awareness messages on social media of the Ministry. • Register Ni-kshay Mitra in all offices and Panchayati Raj Institutions.
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 during the period from 27th January to 2nd February 2025. • 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 in 100 days campaign. • Screening camps (Nikshay Shivir) at all stations in consultation with State nodal health department. • Display of IEC materials in all offices & railway stations. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 in all organisations & 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 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 in 100 days campaign. • 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 organised in consultation with State nodal health department during the period from 3rd February to 15th February 2025.

		• Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 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 & Highways
15	Ministry of Rural Development	• Facilitate engagement of all Divisions and schemes (like MGNREGA, NRLM, PMAY-G) in 100 days campaign. • Display of IEC materials in all offices. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 in all organisations/offices. • Dissemination of awareness messages on social media 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), etc in 100 days campaign. • Organize art & 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) during the period from 27th January to 2nd February in schools/attached offices of the department. • Dissemination of awareness messages on social media of the department during the period from 16th January to 24th January 2025. • Register Ni-kshay Mitra from various organizations,

		institutions and staff of the Dept. of School Education & 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 organisations during the period from 27th January to 2nd February 2025. • Dissemination of awareness messages on social media of the Department/attached offices. • Register Ni-kshay Mitra from various organizations and staff of the Dept. of Telecommunication/attached offices.
18	**Ministry of Tribal Affairs**	• Engagement of all offices, institutions, and major initiatives like Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PMJANMAN), Dharti Aaba Janjatiya Gram Utkarsh Abhiyan in 100 days campaign. • Awareness generation of all staff on TB. • Communicate to all state functionaries on TB campaign seeking their support. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 in all institutions/offices. • 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 Development**	• Facilitate engagement of all Divisions, Missions & Schemes (like Mission Saksham Anganwadi & Poshan 2.0, Mission Sakti, Mission Vatsalaya), and Associated Organisations (CARA, NIPCCD, NCPCR, NCW) in 100 days campaign. • Display of IEC materials in all offices/attached

		institutions. • Awareness generation of all staff on TB. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February 2025 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 during the period from 3rd February to 15th February 2025 • Dissemination of awareness messages on social media 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 in 100 days campaign.** • Awareness generation of all staff on TB. • Display of IEC materials in all major offices & institutions. • Taking Ni-kshay Shapath (pledge) during the period from 27th January to 2nd February in all organisations. • Awareness generation through inclusion of TB-related messages in major events and youth programmes like National Youth Day (12 January 2025), National Youth Festival, 23rd January 2025 (Netaji Subash Chandra Bose Jayanti) • 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.

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. NTEP will engage with mining PSUs under the Ministry of Coal, Steel and Mines for the

campaign. Trade Unions and Market associations can play a critical role in implementing the campaign in the workplaces, especially industries and factories and marketplaces

Following activities will be carried out during the campaign period

a. Ni-kshay Shivir screening camps for all workers employed by these industries, mining clusters under major mining-based PSUs & 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 & diagnosis among workers engaged in the mining sector, communities residing near mining areas, and notification of TB cases in Ni-kshay.
e. Coordinate with partners signed under Corporate Pledge and involve their active participation during 100 days event
f. The key leadership of all trade unions and market associations to be sensitized on the campaign for their support in implementing the campaign
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 and the campaign through display of IEC materials in the markets and shops
i. Auto-taxi- bus associations can support the IEC campaign through display of materials on the public transport vehicles.
j. Trade unions 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 campaign, 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 during the campaign period

a. **Support community screening campaign** through activities like awareness, mobility support, specimen transportation etc. in consultation with Health Department,

b. Organize TB **awareness** and anti-stigma IEC campaign in all branches of NGOs, Voluntary clubs, civil society organizations
c. Identification of vulnerable population, mobilize them and arrange Ni-kshay shivir
d. Provide **mobility support** for patient referral for X-Ray, specimen transportation during campaign
e. Taking Ni-kshay Shapath (**Pledge**) with community
f. Extend **support in post-diagnosis** follow up, adherence support and nutrition kit distribution.
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 PMTBMBA initiative.
i. **Post-campaign 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. These 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 programs span 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 campaign. NTEP will seek the support of the M/o Tribal Affairs and M/o Development of North Eastern States for the campaign.

The key activities to be implemented by these 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 AWW 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 be carried out during the campaign period:

a. NTEP will increase the pool of TB champions at Ayushman Arogya Mandir (AAM) of the identified districts during the campaign.
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 campaign period in each district and feedback from the TB champions will be provided.
d. At least one anti-stigma campaign will be conducted within each block during the campaign period by NTEP and TB champions.
e. CHO & 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 parties, 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 campaign period:

a. Registration desks will be set up at all campsites 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 during the campaign

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 patrients seeking seek 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 & Druggists (AIOCD) etc. can influence the practitioners to follow standards for care and endorse the collaboration with government initiatives. The country has a large number of 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 campaign period:

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 & 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. Editorial 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 & 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 in Varanasi, Guwahati, Chennai / Baengaluru

Information Education and Communication (IEC)

An **IEC campaign** for 100 day nation wise campaign would 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.

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.

Campaign 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, churches, 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 Campaigns**
   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) would be used for the 100 Days TB campaign. About 1000 Mobile medical Units (available under NHM) would be utilized for IEC, organizing camps and mobility of health personnel in the peripheral areas. The mobile units would 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 would have portable X-ray machines for on-spot chest X-ray, Truenat machines for sputum testing & any other tests as per local context, where ever required.

Through these MMUs following services would be provided

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

Field Activities

1. Screening (identification of persons with presumptive TB)

1.1. Community Level:

1.1.1. 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 Person 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 every **six months** to ensure early detection and timely intervention.

1.1.2. Evidence has shown that active case finding in people living in congregate settings, residential institutions and workplaces in vulnerable settings, resulted in high yield in detection of TB cases i.e. low number needed to test (NNT) to detect one case.

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

1.1.3. 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 sub-health centre 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.

1.1.4. 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, 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.

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

1.2. At health facility

1.2.1. Screening of individuals for TB should be ensured at all OPD settings.
Expected 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. Screening method will remain the same for pulmonary and extra pulmonary TB. Chest X-Ray screening will remain a challenge within the health facility settings as well. Reason being a) all health facilities do not have X-Ray facilities b) within available facilities also, there are chances of loss to referral within set up.

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 presumptive Person with TB.

Action:

- Mapping and line-listing of health facilities 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.

- Wherever PPSA is available, they should be fully utilized

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 campaign in priority geography.
- Route of mobile testing units should be prepared along with logistics, HR and syncing it with the timing of the campaign.

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 sputum 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. 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.

2.2.2. 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 HR 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

2.2.3. 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.

3. Notification

3.1. At health facility:

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

Action:

- All departments of the multi-speciality 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, often delay / miss reporting TB cases.

Action:

- Visit all these health facilities to advocate for consistent reporting of all 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

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

4.1. At health facilities:

4.1.1. All Person with TB should be assessed with drug resistance testing and comorbidity (HIV and Diabetes) 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. This campaign 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 protocol. If not available, the tests should be arranged to complete the protocol.
- Admission beds / facilities should be identified in each district based on potential workload
- Linkage with PMJAY empanelled 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 and Diabetes 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 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 a continuous engagement with patients during this period with a patient centric time and place for those interactions.

Action:

- Engage family care giver and treatment supporters for comprehensive patient support through the duration of treatment.
- Frequency of visits by CHO / ANM / ASHA should be determined 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 as part of differentiated care protocol
- Arrange for sample collections for follow up of patients.

5. Nutrition interventions

Undernutrition increases the risk of mortality by 3 times among Person with TB. In 2023, deaths associated with low BMI was 56.62%. The Ration study indicated that nutrition decreases the risk of mortality by 40%. ICMR-NationaL Institute of Nutrition recommended nutritional support of Rs. 1,080 per month per patient. Considering these facts, the campaign will aim to boost existing nutrition interventions.

5.1. Ni-kshay Poshan Yojana (NPY):

5.1.1. The NPY benefits will be revised and it will be doubled than earlier. Now on, every TB patient will be supported at the rate of Rs. 1000 per month. It will be paid through direct benefit transfer.

Action:

- District health teams would follow the NPY guidelines under the NTEP. Ensure adequate budgetary provision to provide revised NPY benefits. Person with TB should be made aware about 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 kg/m2) will be provided a nutrition supplement for initial 2 months of treatment. This is a newer policy under the NTEP.

Action:

- Ensure availability and supply chain of supplemental nutrition. District staff should follow NTEP guidelines for its operationalization.

5.3. Pradhan Mantri TB Mukt Bharat Abhiyan (PMTBMBA)

5.3.1. The scope of PMTBMBA support has been increased now to cover all household contacts in addition to patients. Again, important revision in the policy.

Action:

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

6. Preventive treatment

6.1. At community:

6.1.1. Contact investigation is an important activity to identify additional people with TB and if not, then to prevent TB among them. Follow NTEP protocol for contact investigation i.e. symptom screening, ruling out active TB and testing.

Action:

- Enlist all household (HH) contact of pulmonary Person with TB.
- Screen HHCs for symptoms by CHO/ANM in rural areas and through STS/TB-HVs in urban areas / areas where CHO is not available.

- Arrange X-Ray at a nearby facility. If the TB infection testing services are available, arrange TBI testing closest to the beneficiary residence, preferably in AAM centres.

6.1.2. TB preventive treatment should be initiated as per the NTEP protocol. TPT completion is equally important.

Action:

- Patient, family members and treatment supporter 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. Besides it, non-functional facilities 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 the private sector.

6.2.2. TB infection testing should be available widely within the public health system. Skilled 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.

Action:

- TBI 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. TPT initiation requires careful rule out of TB by health staff. Besides it, completion of treatment is equally important but challenging.

Action:

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

Operationalization of campaign

7. Operational planning

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

7.2. State/UTs should identify nodal person in-charge of each district for
- development of district micro plan
- ensuring pre-campaign preparations
- reporting, hand holding & supportive supervision during campaign period
- ensuring post campaign monitoring, reporting and follow-up

7.3. State/UTs should ensure adequate human resource, functional laboratories, consumables and drugs are available as required under NTEP before the campaign

8. Human resource

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

8.2. Health care workers should be mobilized and deputed to the campaign districts for covering population and beneficiaries during the campaign period

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

8.4. 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 campaign micro-planning)

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

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

9. Trainings

9.1. Training on the campaign 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

9.2. Community volunteers engaged for the campaign should be trained on the SOP of the outreach activities.

10. Logistics arrangement

10.1. 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 campaign. 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

10.2. 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 campaign. 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.

10.3. 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.

11. Supervision, Monitoring and Evaluation

11.1. During the campaign

11.1.1. 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 the campaign and in a standardized supervisory checklist

11.1.2. 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.

11.2. After the campaign

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

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

11.2.3. Review of payments should be conducted and all payments due for the campaign should be cleared.

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

12. Budget for campaign

12.1. The financial implications would be met under existing resources available under NTEP in the RCH flexipool.

12.2. Any additional resources required by the state would be considered in supplementary PIP.

13. Award for best performing states/UTs and districts

13.1. The States/UTs and Districts will be awarded for the performance of the campaign, based on the key performance indicators for the campaign.

14. Roles and Responsibilities for the campaign

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

- 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 during the campaign, ensure initiation of treatment by MO & monitor treatment adherence, side effects, complications, or co-morbidities.
- 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 house hold contact to MO/CHO for screening
- For those individuals initiated on TB preventive treatment (TPT) by the MO/CHO ensure dispensation of drug and monitor treatment adherence
- During the campaign 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 for attending the campaign,) 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

0. <u>Community Health Officer (CHO)</u>

- 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 during campaign 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) & 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) & collect sputum sample & transportation to nearest testing centre
- For those identified as TB during the campaign, ensure initiation of treatment by MO (use E-Sanjeevni) & 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 & 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)
- Ensure initiation of TPT by MO (use E-Sanjeevni) 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 for attending the campaign,) in the villages, schools, 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

1. **TB Health Visitors (in Urban areas)**

- Identify and facilitate engagement of ASHA (wherever ASHA is not sufficiently available, community volunteers (CVs)) in urban areas for campaign activities.
- 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 house hold 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
- During the campaign 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 for attending the campaign,) in the wards, schools, Nagar Panchayat, mahila arogya samitis and any other public places.
- Nutritional and Social Support: Linking these Person with TB with Ni-kshay Mitra and ensure delivery of food basket in coordination with MO / CHO / STS every month

0. **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 compile 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 microplans and compile to prepare PHC level microplan (Who, Where, When and What required)
- Arrange for mobilisation 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, arrangements made for the campaigns and roles assigned to each of them
- Maintain a high referral and screening rate at the health facility OPD
- For those identified as TB during the campaign, initiate treatment, comorbidity testing, differentiated TB care assessment, contact investigation, nutrition support initiated.
- Ensure contact tracing & 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.

0. Senior Treatment Supervisor

- Coordination campaign activities within the TB unit, supervised
- Training of CHO, ASHA & volunteers involved in the campaign. 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)] for the campaign 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 campaign.
- Train staff at the health facilities on the protocol of the campaign. 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 campaign, 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 Person 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 campaign 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 campaign indicators from TB unit level.

0. Senior TB Laboratory Supervisor

- Arrange for specimen collection and transport services from village to NAAT and C&DST 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 campaign 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 during the campaign 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.

0. **Block Medical Officer and Block Program Manager**

- Overall responsibility of operationalization and output of 100 days campaign at block level
- Coordinate with all medical officers, STS, STLS, TB-HV, block community mobilizer, block program manager and supervisors and compile block level microplan of campaign
- Communicate to all health facilities in the block on the protocol and plan of the campaign
- Prepare training calendar and operationalize training of all medical, para medical staff and community volunteers on the campaign activities

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

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

- To work in close coordination with DTO for the roll out of the campaign 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 campaign activities.
- To facilitate change management with respect to use of ICT & Nikshay 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 this campaign.

1. **District TB Officer**

- DTO will be responsible for planning the TB screening activities in the district during the campaign and to ensure the supply of of drugs and logistics for the campaign activities
- District TB officers will assist the Chief medical officer for overall coordination and reporting and also for organising all district level meetings for implementation of campaign activities.
- Responsible for the public grievance redressal mechanism in the District TB Office.

2. **Chief Medical Officer**

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

3. **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.

4. **State TB Officer**

- State TB Officer will be responsible for overall coordination and supervision of this campaign activities for the whole state and sharing of reports to concerned Secretary (Health) / MD (NHM) and with Central TB Division
- Issue guidance to all district and management units to engage for the campaign 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 campaign
- Hold meetings with the state level officials of the key departments, industries, private sector, community representatives and influencers to take their support for the campaign
- Review activities of the campaign and address any gaps in the operation

5. 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 campaign
- Mobilize other relevant departments like Panchayati Raj, tribal, urban affairs, rural development, education etc. for the campaign activities
- Issue guidance to department which cover congregate settings, residential institutions, industries, private sector and other vulnerable settings to ensure saturation of coverage
- Review campaign activities on a regular basis to ensure quality of activities and desirable output

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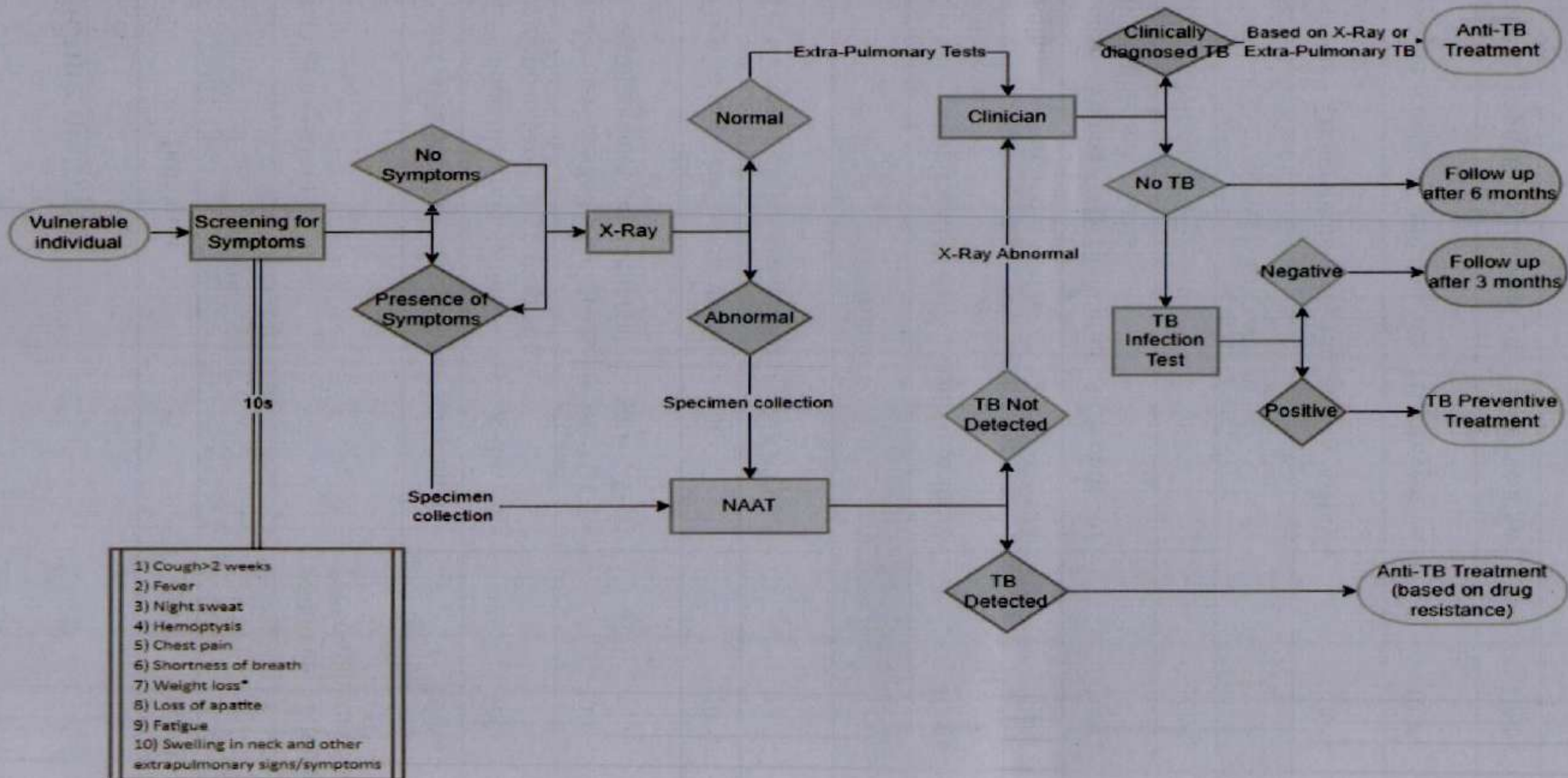
Annexures

Annexure 1: Flow chart of ACF and TPT

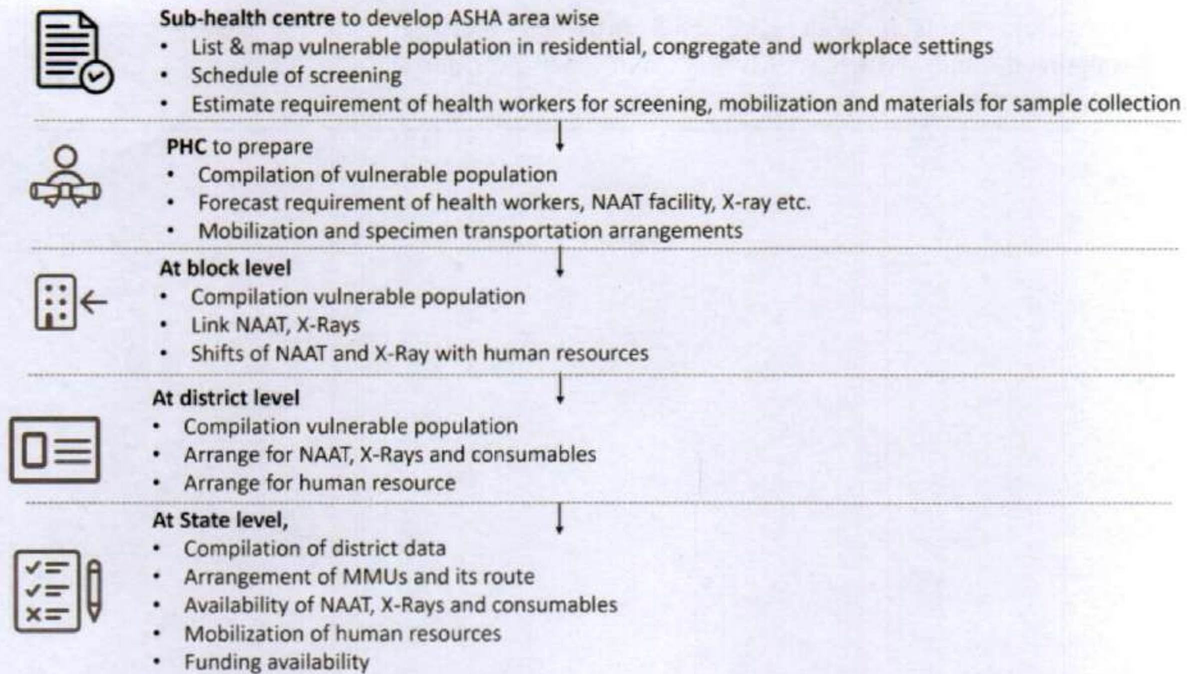


Annexure 2: Monitoring matrix

Sr. No.	Indicator	Target
TB detection		
1	Increase testing (with quality)	>3000 per lakh population [>5% symptomatics, >5% TB]
2	Screening of vulnerable population - symptom screening	100%
3	Screening of vulnerable population - by X-Ray for vulnerable population even if asymptomatic	90%
4	Testing by molecular method (for diagnosis of TB) for those found symptomatic & vulnerable with X-ray abnormal	100%
5	Person with TB with microbiological confirmation	70%
6	Person with TB tested for drug resistant testing (NAAT) out of eligible	100%
Treatment		
7	Person with TB assessment for high risk of death (nutrition, vitals, clinical, laboratory	100%
8	High risk patients admitted to hospitals	90%
9	Ni-kshay Poshan Yojana (DBT) within 1 month of notification for eligible individuals	100%
10	Patients linked with Ni-kshay Mitra	100%
TB Prevention		
11	Household contacts - TB symptom screening and by X-Ray even if asymptomatic	100%
12	Eligible household contacts initiated on TB preventive treatment	100%
13	Eligible vulnerable population initiated on TB preventive	100%

	treatment	
14	Household contacts assessed for nutritional status	90%
15	Household contacts with BMI<18.5 provided nutrition support through Ni-kshay Mitra / additional nutritional supplementation	90%

Annexure 3: Micro plan process



Formats of micro plan have been provided separately as attachments